



Psychology Internship Consortium

# Intern Handbook

2023-2024

[www.SH-PIC.org](http://www.SH-PIC.org)

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## Program Mission

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The mission of the Sanford Health-Psychology Internship Consortium is to train and prepare future psychologists to provide outstanding, culturally competent, and compassionate clinical health care in rural and frontier communities across the Midwest.

Sanford Health-Psychology Internship Consortium (SH-PIC) is comprised of three (3) primary training sites within the Sanford Health Enterprise in the Greater Fargo-Moorhead region. These sites include the Moorhead Adult Behavioral Health Clinic (MABHC), the Traumatic Stress Treatment Center (TSTC), and the Valley City Clinic (VCC). These sites collaborate to share resources and faculty for the purpose of providing a diversified educational program for psychology interns, focusing on training in culturally relevant and competent services for the region's diverse, and often underserved population, in addition to the professional competencies outlined by the American Psychological Association.

SH-PIC offers generalist training with a focus on rural and underserved populations, with the opportunity for specialized training that varies across training sites. The Consortium is also intended to be practical and adaptive – fostering the ability to move learning rapidly from the conceptual into actual clinical applications, affording opportunities to integrate science, theory, and ethics into real-world practice typically encountered by a health service psychologist.

SH-PIC has partnered with the Western Interstate Commission for Higher Education's Behavioral Health Program (WICHE BHP) in the development of the internship consortium to provide consultation and support. The WICHE BHP has the building of the behavioral health workforce in the western United States as a central tenet to its mission and a track record of assisting in the development of successful and accredited psychology internship consortia in eight other western states and territories.

### Accreditation Status

Sanford Health-PIC has been granted provisional membership by the Association of Postdoctoral and Internship Centers (APPIC) and participates in the APPIC Match. Sanford Health's internship consortium sites can be found in the APPIC Member Directory #2586.

### APPIC Membership Status

SH-PIC is not a member of APPIC. The Consortium is currently in the application process for APPIC membership.

## Program Structure Overview

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SH-PIC offers three (3) one-year, full-time doctoral internships beginning and ending in mid-August. The start date for the inaugural 2023-2024 cohort is August 14, 2023. The Consortium provides a range of clinical and didactic experiences that represents the necessary depth and breadth required for future professional practice within psychology. Interns are placed at one of the three sites with required rotations at other sites within the consortium.

The Sanford Health-Psychology Internship Consortium (SH-PIC) strives to prepare interns for entry-level generalist practice in health service psychology with a strong emphasis on clinical excellence and scholarship in underserved communities. SH-PIC firmly believes that all forms of diversity serve to enhance the training environment and professional growth of interns and faculty alike, as well as allow the diverse range of patients served to see themselves in their providers.

The program is designed to train interns, through multiple, evidence-based experiences and focus areas, to function as independent, ethical, and culturally competent professional psychologists who have the capability of acting as an integral member of a multidisciplinary health delivery team, focusing on the evaluation and treatment of behavioral health disorders and the complex interplay between emotional and physical well-being.

Training goals are accomplished by providing a broad range of high-quality learning opportunities and supervision to the intern in a supportive and professional environment. The internship is pluralistic, recognizing that there is no dominant paradigm for understanding human development, psychopathology, assessment, or treatment in contemporary clinical psychology. Rather, our field is characterized by its conceptual diversity, necessitating broad models and practices within multidisciplinary frameworks.

Interns are provided opportunities to expand their knowledge base through staff psychologist consultation groups, grand rounds presentations in psychiatry, individual and group supervision, selected readings, and interactions with other professionals within the health care system. Additionally, the Consortium offers a robust series of weekly didactic trainings focused on relevant topics and developmentally appropriate for advanced psychology interns. Additional didactic training and experiential opportunities may be offered throughout the year, both cohort-wide and at individual sites.

Interns participate in at least four (4) hours per week of individual and group supervision with licensed psychologists. Regardless of training site, all interns are expected to complete 2,000 training hours over the course of the year with at least 25% (500 hours) spent in face-to-face direct service delivery. In order to successfully complete the program, interns are also expected to achieve competence in all nine (9) APA Profession-Wide Competencies and associated Learning Elements, as well as abide by the APA Code of Ethics, Consortium policies and procedures, and the policies and procedures of individual sites. More information about each site's training opportunities and resources is provided below.

## Required Major Training Emphases

All sites offer the following major training emphases. See site descriptions for additional training details.

### **Behavioral Health Intervention**

As behavioral health intervention is the primary training emphasis, interns across consortium sites spend approximately 10-15 hours per week in activities related to behavioral health intervention. All sites provide interns the chance to work with a diverse range of underserved clients within a variety of therapeutic modalities. Individual, group, family, and/or couples therapy treatments are available at some sites. Clients served range widely in age, race, ethnicity, and diagnostic presentation.

### **Psychological Assessment**

Interns across training sites spend approximately 5-15 hours per week in activities related to assessment. Interns at every site administer, interpret, and provide written synthesis of psychological test batteries. Assessments may include record reviews, clinical interviews, intellectual, achievement, personality, neuropsychology and/or competency-based measures. Interns have opportunities to write reports and make recommendations that convey meaningful information to prescribers, treatment teams, clients, and families. Assessment opportunities and requirements vary by site.

### **Care Collaboration & Consultation**

Interns spend approximately 6-8 hours per week in activities related to care collaboration and consultation, to facilitate patient care between a variety of other providers and stakeholders. Collaborative care opportunities include working within an interdisciplinary treatment team, providing psychological consultation to other disciplines, and partnering with community social service, medical and legal services. Opportunities for care collaboration and consultation vary by site.

## Required Minor Training Emphases

All interns will participate in minor rotations throughout the training year to gain experience in a variety of settings, including hospital settings, inpatient treatment units, and rural care clinics. These required rotations allow interns experience in more acute psychiatric settings, as well as provides opportunities for interns to work on multidisciplinary teams. Interns will also participate together in didactic trainings and experiential activities to further their understanding the impact of culture, one's own and the client's, within service delivery.

# Aim and Competencies

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## Program Aim

*The aim of the Sanford Health-Psychology Internship Consortium is to increase patient access to quality behavioral health services in rural America by creating a pathway within our organization to take pre-doctoral interns through to fully licensed and independently functioning psychologists, recognizing the critical role that psychologists play in the overall delivery of healthcare.*

### **APA Profession Wide Competencies and Learning Elements**

It is expected that by the conclusion of the internship year, interns will have achieved competence demonstrating that they are prepared for entry level independent practice and licensure in the following areas:

#### Competency 1: **Research.**

Learning Elements to achieve this competency include:

- Demonstration of the substantially independent ability to critically evaluate research or other scholarly materials (e.g., literature reviews, efficacy studies, clinical case studies)
- Dissemination of research-based concepts at the local (including the host institution), regional, or national level (e.g., case conference, presentation, publications)
- Application of historical and contemporary scientific knowledge to inform clinical practice
- Conduct research of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base
- Participation in case conferences and/or medical grand rounds with healthcare professionals from other disciplines

#### Competency 2: **Ethical and Legal Standards**

Learning Elements to achieve this competency include:

- Knowledge of and adherence to the current version of each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - Relevant professional standards and guidelines
- Recognition of ethical dilemmas as they arise and the ability to apply ethical decision-making processes to resolve the dilemmas
- Conduct self in an ethical manner in all professional activities

#### Competency 3: **Individual and Cultural Diversity**

Learning Elements to achieve this competency include:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves,

- specifically within complex healthcare systems
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work
- The understanding and appreciation of “rurality” as a cultural variable

#### Competency 4: *Professional Values & Attitudes*

Learning Elements to achieve this competency include:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness
- Actively seek and demonstrate openness and responsiveness to feedback and supervision
- Respond professionally to increasingly complex situations with a greater degree of independence as they progress across levels of training
- Accept responsibility for meeting deadlines, completing required documentation promptly and accurately

#### Competency 5: *Communication and Interpersonal Skills*

Learning Elements to achieve this competency include:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts relevant to healthcare delivery
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well

#### Competency 6: *Assessment*

Learning Elements to achieve this competency include:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural)

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
- Clinical formulation and combining multiple data sources towards unified conclusions
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences, including service recipients and medical, nursing, and allied health professionals

### Competency 7: *Intervention*

Learning Elements to achieve this competency include:

- Establish and maintain effective relationships with the recipients of psychological services
- Development of evidence-based intervention plans specific to the service delivery goals
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- Implementation of evidence-based theories and tools for consultation with other health professionals
- Demonstrate the ability to apply the relevant research literature to clinical decision making
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation
- Crisis intervention including skills in assessing, evaluating, and managing psychological emergencies

### Competency 8: *Supervision*

Learning Elements to achieve this competency include:

- Demonstrate knowledge of supervision models and practices
- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees
- Apply the supervisory skill of observing in direct or simulated practice
- Apply the supervisory skill of evaluating in direct or simulated practice;
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice, particularly regarding peers' clinical work in context of group supervision or case conference

### Competency 9: *Consultation and Interprofessional/Interdisciplinary Consultation*

Learning Elements to achieve this competency include:

- Demonstrate knowledge of and respect for the roles and perspectives of other professionals typically encountered in complex health systems and settings
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior
- Engagement in interdisciplinary consultation and collaboration both formally and informally with particular emphasis on rural communities

## Intern Evaluations

SH-PIC interns are required to demonstrate minimum levels of achievement across all nine (9) APA Profession-Wide competencies and associated learning elements described above. Informal evaluation is ongoing throughout the year and supervisors are expected to provide interns with routine feedback on strengths and areas for growth, such that formal evaluation feedback does not come as a surprise. Interns are formally evaluated by their primary supervisor three (3) times per year, at the 3-month, 7-month, and 12-month marks. Evaluations are conducted using the SH-PIC Intern Evaluation Form, which includes a Likert Scale and comment spaces for qualitative feedback regarding the intern's performance and progress. The evaluation form includes ratings on all nine profession-wide competencies and associated learning elements. Supervisors are expected to carefully review the evaluations with interns during scheduled supervision, and interns are encouraged to ask for clarification and express concerns as indicated. The evaluation is signed by both the intern and supervisor, and the intern receives a copy. A copy is also submitted to the Program Co-Directors who maintain this in the intern's records indefinitely. A copy is also provided to the Director of Clinical Training (DCT) at the intern's graduate program.

The minimum level of achievement (MLA) on all nine profession-wide competencies assessed by the intern evaluation increases over the course of the year to reflect expected growth in competence. The MLA for each of the three (3) evaluations is as follows:

- 3-month evaluation: "2" (Beginning)
- 7-month evaluation: "2" (Beginning)
- 12-month evaluation: "3" (Intermediate)

If an intern receives a score lower than the MLA on any competency, or if supervisors have reason to be concerned about an intern's performance or progress, the Intern Due Process procedures may be initiated. The Intern Due Process and Grievance Procedures may be found at the end of this handbook.

In order to successfully complete the training program, interns must receive a rating of "3" or above on all learning elements and profession-wide competencies and complete 2000 hours of training, 500 of which must be direct service hours.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning and end of the internship. Interns must complete an evaluation of their supervisor at 3-months, 7-months, and 12-months and a program evaluation at the end of the training year in order to provide feedback that informs any changes or improvements in the training program. Interns are required to submit evaluations for each didactic session during the year. All evaluation forms can be located in the SH-PIC Intern Handbook, on the MedHub platform, and

on [www.SH-PIC.org](http://www.SH-PIC.org). Evaluations are submitted to the Training Director(s) via MedHub.

## Didactic Seminars

SH-PIC is designed to meet the increasing skill level of interns, approaching training and supervision from a developmental model focused on incrementally improving autonomy and professional development as the intern transitions from student to entry-level practitioner. Training faculty strive to embody the spirit of life-long learners and view professional development as a continuous process with no fixed endpoint. The didactic seminars are one way in which interns will be exposed to clinically relevant topics, empirical research, and evidence-based practices.

Interns are exposed to a variety of speakers through a comprehensive didactic seminar series throughout the training year. Didactics focus on a range of relevant topics, designed to build upon and enhance prior knowledge and experiences, as well as complement the direct service/experiential training provided during internship. All didactic seminars are expected to be professional grade presentations with evidence-based citations and references as indicated. Seminars are also expected to attend to individual and cultural diversity factors.

Didactic seminars are held once per week for two (2) hours at the Sanford Health Moorhead campus. Interns are expected to be present on-site for these seminars. In the instance of inclement weather, interns will be contacted by the Training Director(s) and informed that the didactic seminar will be held via high quality videoconferencing. Attendance at didactics and all other scheduled group training activities is mandatory for all interns and is required for successful completion of the internship. Attendance at these scheduled activities take priority over other site obligations each week. Site supervisors are aware of these activities and their requirement for interns. A didactic calendar is distributed during orientation and may be updated throughout the year.

An intern is permitted no more than three absences during the calendar year. After the second absence, interns will receive a reminder from the Program Director(s). After the third absence, the Program Director(s) will initiate SH-PIC Due Process procedures. Interns may use only three of their allotted vacation and/or professional development days on didactic training days. The Program Director(s) must be notified in advance of planned absences. Interns who miss a meeting of the didactic seminar or other group because of a serious emergency or for a serious illness should alert their Site Director and the Program Director(s) as soon as possible. For all didactic absences, interns must watch the recorded training seminar and submit a 1-2 page summary of the main concepts and relevance of the topic to their professional role. If the live didactic session was not recorded, interns will review a research article related to the didactic topic and submit a 1-2 page review of the article. This review must be submitted to the Program Director and their site supervisor and is due one week from the absence.

Interns are expected to join all Friday training activities on-site, but if they have a conflict and must join virtually, interns may not be driving or in a public location during Friday training activities. Calling into a didactic presentation by phone is discouraged. Interns are allowed to call into a didactic presentation by phone a maximum of two times during the training year and they must let the speaker (or faculty member in charge if an outside speaker is scheduled), and the Program Director(s) know at least one week in advance. If an intern calls into a didactic presentation by phone more than two times during the training year, the Program Director(s) may initiate SH-PIC Due Process Procedures.

## Intern Cohesion

The SH-PIC Training Committee (TC) faculty is in a unique position to understand and appreciate the personal and/or professional isolation that may come with working as a psychologist in a rural area. In

response, the TC is committed to establishing a cohesive internship learning community focused on inclusivity, connection, and respect. All interns begin the training year during a two-day orientation in-person at one of the training sites. The orientation includes a comprehensive introduction to the internship, including an orientation to the region and cultures of the rural Midwest region, and a thorough review of the SH-PIC Intern Handbook, including all of the policies and procedures interns need to adhere to in order to have a successful training year. During this time, interns are afforded the opportunity to establish relationships and connections with each other and the training faculty. These relationships are deepened throughout the course of the training year through shared weekly training activities (i.e., group supervision and didactic seminars) held in-person at the Sanford Health Moorhead Campus. Interns are also provided with contact information and encouraged to virtually connect at any time, as needed and/or desired.

In addition to orientation and the weekly structured learning activities, SH-PIC plans two other in-person meetings during the course of the training year. Interns and the Training Committee plan a mid-point meeting at the 7-month mark and a graduation celebration in August. Interns will also have the opportunity to travel together and attend a state psychology association conference around May.

### Communication with Graduate Program

In an effort to ensure a successful training year of personal and professional growth, SH-PIC prioritizes a close, working relationship with intern graduate programs. To this end, interns sign a release of information to facilitate communication between their graduate program and SH-PIC. Formal communication begins after an intern successfully matches or accepts a position with SH-PIC with the DCT being included in the match/confirmation letter. Written communication with feedback regarding intern progress is also provided by the SH-PIC Program Director(s) after each formal evaluation. The final contact includes confirmation that the intern successfully completed internship. If successful completion comes into question at any point during the internship, or if an intern enters into the formal review step of the Due Process Procedures, the home graduate program is contacted within two (2) weeks. The program is also notified of any further action that may be taken by SH-PIC, up to and including termination from the program.

### Supervision

One licensed psychologist serves as the primary clinical supervisor at each consortium site. The supervisor holds primary responsibility for all cases under supervision. Interns receive a minimum of two (2) hours of face-to-face individual supervision each week from their primary supervisor. Supplemental weekly individual supervision is provided as needed and all sites subscribe to an informal “open door” policy, encouraging interns to approach supervisors and staff with questions and concerns “on the fly.” In addition to individual supervision, interns are provided with two (2) hours of scheduled group supervision each week. Group supervision is led by one of the supervising psychologists and is conducted in-person at the Moorhead Campus with all interns across consortium sites. Group supervision may focus on legal/ethical issues, professional development topics, and/or clinical concerns. In total, interns receive a minimum of 4 hours per week of formal, scheduled supervision that is prioritized and protected. Interns may also have the opportunity to participate in multidisciplinary group supervision at their training sites. Interns are referred to as “psychology interns” during all interactions and are required to introduce themselves as trainees during initial contacts with clients. They must also provide the name and credentials of their primary supervisor, who co-signs all written documentation as an additional layer of oversight and responsibility.

### Research

All SH-PIC interns are trained to be effective consumers, interpreters, and appliers of scientific information. Interns are expected to integrate current research literature and findings into case presentations and clinical practice. Research opportunities vary by site and may include local program evaluation and treatment outcome studies and may not be offered at all consortium sites. Please inquire

with Site Directors about current and future research opportunities.

## Stipend, Benefits, and Resources

The annual internship stipend across all consortium sites is \$45,000.

As employees of Sanford Health, all interns will receive comparable health benefits (medical, dental, vision), as well as paid time off. Additional benefits include the use of the Sanford Health virtual library resource, access to Sanford's Employee Assistance Program (EAP), Sanford Wellness benefits discount, and Continuing Education (CE) reimbursement.

To support Interns role in caring for others they will be provided Sanford's Provider Well Being resources. This includes a time-saving virtual assistant, and in-the-moment counseling for you and your family members available by phone or in-person to manage depression, stress, anxiety, anger management, marital and parenting concerns, work life issues, wellbeing lifestyle changes. Interns will also have access to legal & financial resources, leadership development information, and referrals to reputable resources for issues such as chemical dependency

Interns will also be reimbursed for some travel-related expenses incurred during travel for mandatory, off-site training activities. For more information about eligible reimbursements, please see the Travel Reimbursement policy.

## Successful Internship Completion

The SH-PIC training program is a year-long, full-time doctoral internship training experience. Doctoral interns are expected to complete 2000 hours of training, with 500 hours in direct client service, during the year. Doctoral interns are also expected to achieve the goals and objectives of the internship program, as stated on the "Training Goals" page of the website, and as reflected by final evaluation scores meeting the minim level of achievement as stated in the Intern Evaluation Policy. Interns are expected to attend all mandatory training activities, as well as to abide by the APA Code of Ethics, the SH-PIC Code of Conduct, and the requirements of the SH-PIC training program.

# SH-PIC Training Sites

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## Moorhead Adult Behavioral Health Clinic (MABHC)

The Moorhead Adult Behavioral Health Clinic (MABHC) is a program located within the larger Sanford Health Moorhead Campus, which is a group practice that includes providers in Family Medicine, Internal Medicine, Behavioral Health, Women's Health, and Pediatrics. The Moorhead Campus also features several on-site services including pharmacy, lab, x-ray, mammography, and ultrasound. While a number of patients reside in the local Fargo-Moorhead metro area, many others travel from rural, frontier, and tribal areas across the state to receive both routine and specialized health services. The Behavioral Health clinic offers individual and group therapy, as well as psychological assessment services. The provider team includes: seven psychiatrists, 7 psychologists, 4 master-level therapists, 1 psychiatric mental health nurse practitioner, and 1 post-doctoral psychology resident. The Behavioral Health team provides additional patient support with registered nurses and social workers.

### **The Internship Experience:**

At MABHC, interns will have the opportunity to gain experience in multiple areas of psychology which include, but are not limited to, individual and group psychotherapy, psychological testing, report writing, consultation, and supervision. Interns not only work directly with adult clients, they also have the opportunity to learn within a multi-disciplinary behavioral health team and collaborate with psychologists, master's level therapists, social workers, nurses, psychiatrists, psychiatry residents, and mid-level psychiatry providers. Interns who complete an internship with MABHC are expected to be well-rounded in the practice of psychology and leave with the skills necessary to treat and assess diverse populations as well as those who live with various mental health conditions and stressors.

Interns will have the opportunity to provide psychotherapy among individuals and groups spanning from young adults to seniors. Our clinic regularly provides care to patients with LGBTQ+ related concerns, as well as offers specialized care for patients pursuing gender affirming care in coordination with appropriate medical professionals. Patients present from varied socioeconomic backgrounds and diverse cultures. Referral for behavioral health services is required, so patients are most often referred from primary care clinics and from our psychiatry team, but we receive referrals from specialty medical providers all over the health system.

While patients present to the clinic for a variety of reasons, common presenting problems include depression, anxiety, adjustment disorder, trauma effects, sleep issues, and relationship concerns. We also work with patients who have severe and persistent mental health conditions (e.g., bipolar disorder, schizophrenia). Interns will have the opportunity to conduct psychological testing using tools like the MCMI-IV and MMPI-3 for diagnostic clarifications, presurgical evaluations, and for evaluation referrals from the Sanford Health Huntington's clinics. Interns will also be trained in the Collaborative Assessment and Management of Suicidality (CAMS). Many patients are referred to the clinic by primary care providers and other medical specialists, so an integral part of therapeutic intervention focuses on coping and management of comorbid health concerns, such as diabetes, coronary artery disease, chronic pain, and gastrointestinal problems. Interns may also have additional opportunities to receive training that complements their area of clinical interest or specialization.

Interns are given the opportunity to provide a variety of treatment modalities to help patients achieve their treatment goals. These include, but are not limited to, activities that are in consultation with treatment team members, as an individual therapist, or as a treatment team member within the unit milieu:

- Psychoeducation
- Acceptance and Commitment Therapy (ACT)
- Cognitive Behavioral Therapy
- Mindfulness training
- Dialectic Behavioral Therapy (DBT) skills
- Psychopharmacological therapy
- Cognitive Processing Therapy (CPT)
- Written exposure therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- CBT for Insomnia (CBT-I)
- Chronic pain management
- Other physician ordered interventions, as appropriate

At MABHC, interns will develop competencies in psychological assessment and clinical interventions among a diverse panel of patients. The training provided is designed to develop competencies in psychological assessment and diagnosis, psychological interventions, and interdisciplinary consultation. While acquiring these competencies, interns will also develop sensitivity to issues of cultural diversity, awareness of professional ethics in the delivery of clinical services, and self-awareness as these relate to issues that impact professional functioning.

#### **Required Minor Rotations:**

An internship with Sanford Health prepares interns for doctoral-level independent practice in clinical psychology by providing interns exposure to various professional roles, treatment settings, and clinical acuities. All interns are required to participate in minor rotations during their internship year to gain training experience related to inpatient behavioral health, hospital consultation, and rural behavioral health. Rotation schedules and placement details are pre-determined based on the intern's Primary Site placement.

Each rotation provides a unique learning experience that enhances the intern's clinical, diagnostic, and assessment skills and knowledge. For each rotation, interns participate in treatment team meetings, site-specific didactic trainings, supplemental supervision, as well as other tasks that are delegated by the supervising psychologist. The following are brief descriptions of the rotations:

#### *Detroit Lakes Clinic (DLC)*

The Sanford Health Detroit Lakes Clinic (DLC) is a multi-specialty group practice located in Detroit Lakes, MN. The clinic is located 45-miles from the Fargo-Moorhead metro area. It features providers of family medicine, internal medicine, audiology, general same-day surgery, women's health, podiatry, dermatology, optometry, psychology, psychiatry, and physical therapy. Additionally, there are 20 specialist providers who rotate through DLC monthly to keep services close to home for their patients. Interns placed at Primary Sites located in the Metro area will have the opportunity to provide clinical services, such as individual psychotherapy and care collaboration, in a rural setting with a diverse patient population. This rotation will last 6-months, and interns are expected to be on-site one day per week. Interns will receive training in various therapeutic modalities, including but not limited to cognitive behavioral therapy, dialectic behavioral therapy, prolonged exposure, motivational interviewing, and solution-focused brief therapy.

#### *Adult Inpatient Psychiatric Unit (AIPU)*

The Adult Inpatient Psychiatric Unit is a 10-bed acute inpatient psychiatric treatment unit located at the Sanford South University Medical Center in Fargo, ND. This rotation will span 3-6 months

based on the intern's schedule at their Primary Site and will take place one day per week. This is an adult facility treating patients 18 years and older. The AIPU patient population has variability in socioeconomic status, as well as diversity, ethnicity, and multicultural issues. Many patients treated in this setting have high comorbidity with substance use disorders. Psychology services are an integral part of Inpatient Psychiatric Services. Psychology receives requests for consultation from the AIPU psychiatry partners. Psychologists offer evaluations for assistance with diagnostic clarification with complex patient presentations and to initiate therapy while patients are on the unit. Psychological testing is appropriate at times, and this service uses the MMPI-3 and MCMI-IV. Interns will have the opportunity to facilitate a group each day they are on rotation at this location.

### Consult Liaison Hospital Service (CLHS)

The Consult Liaison Hospital Service is a service offered at the Sanford Medical Center Fargo (SMCF), which is a 300+ bed medical facility in Fargo, ND. The CLHS team consists of a multidisciplinary team comprised of a psychologist, psychiatrist, psychiatry residents, and social workers who respond to referrals for behavioral health services throughout the medical center, including the Emergency Department. Services are provided to adult patients from a variety of diverse cultures and from geographic areas across the rural Midwest region. In this acute hospital setting, psychology services are often requested for patients who are experiencing psychological symptoms in reaction to traumatic accidents, chronic pain, insomnia, depressive and anxious reactions, psychological trauma effects, suicidal ideations, and grief reactions. CLHS team members are also consulted for capacity evaluations to determine if patients have the capacity to make medical decisions for themselves. During their 3–6-month rotation, interns will have the opportunity to shadow CLHS team members, conduct psychological evaluations, and offer psychological treatment in an individual format. Interns are expected to be on-site one day per week during this rotation.

#### Contact Information

Site Director: Jon Ulven, Ph.D.

Email address: [Jon.Ulven@sanfordhealth.org](mailto:Jon.Ulven@sanfordhealth.org)

Phone number: (701) 417-6999

Address: 4000 28th Ave S, Moorhead, MN, 56560

### Traumatic Stress Treatment Center (TSTC)

The Traumatic Stress Treatment Center (TSTC) is housed in the Sanford Health Professional Building in Fargo, ND. Co-located within this Sanford Health facility are the Child and Adolescent Behavioral Health Clinic and the Care Clinic (Child Abuse Referral and Evaluation). Both the Traumatic Stress Treatment Center and the Child and Adolescent Behavioral Health Clinic provide clinical psychotherapy, psychological assessment, psychiatric management, case management, and social support services to children, adolescents, adults, and families. These services offer families who travel from rural and frontier regions across the state to receive high-quality, evidence-based treatment following major stressors, traumatic events, or the onset of psychiatric symptoms. The team of psychologists include both trauma specialists and general child psychologists. Psychologists are co-located with the child and adolescent psychiatrists with whom regular consultation occurs. In the stress clinic, behavioral health providers offer specialized trauma services to help children, teens, and families navigate difficult situations, such as trauma grief, child abuse and neglect, and caregiver substance use. There is significant collaboration with many multidisciplinary partners, including pediatricians, nurse practitioners, psychiatrist, social workers, child protective services, law enforcement, and prosecutors.

Additionally, the Care Clinic program uses a team approach to diagnose, treat and prevent abuse and evaluate injuries without a known accident or cause. This team is composed of a physician, family nurse practitioners, RN's and social workers. They work closely with the Red River Children's Advocacy Center (RRCAC) to provide medical evaluations, treatments, and recommendations. The staff work with childcare agencies, medical agencies, law enforcement officials and social service agencies to educate the public about abuse and its prevention.

### **The Internship Experience:**

At TSTC, interns will have an array of training opportunities related to the assessment and treatment of children, adolescents, and families. The larger team of psychologists at this site include both trauma specialists and general child psychologists and are co-located with the child and adolescent psychiatrists with whom regular consultation occurs. In the trauma clinic there is significant collaboration with many multidisciplinary partners, including pediatricians, nurse practitioners, psychiatrist, social workers, child protective services, law enforcement, and prosecutors. Interns are expected to work closely with primary care and pediatrics, social workers, and other professionals to support our patients. Interns who complete an internship with TSTC are expected to be well-rounded in the practice of psychology and leave with the skills necessary to treat and assess diverse populations as well as those who live with various mental health conditions and stressors.

Patients present at the Traumatic Stress Treatment Center (TSTC) from a variety of backgrounds for a range of behavioral health concerns. Patients treated include children (2-17 years old), young adults, and caregivers of children and young adults. Some patients travel from geographically remote regions as child behavioral health specialty services are scarce in this region. Many patients belong to racial and ethnic minority groups, identify as LGBTQAI+, are from economically disadvantaged backgrounds, and are in foster care or kinship care.

Presenting problems for children and families include child abuse, sexual assault, medical trauma, motor vehicle accidents, traumatic grief, involvement in the foster care system, caregiver substance use disorders, and homelessness. Common clinical conditions include PTSD, Major Depressive Disorder, Adjustment Disorder, Generalized Anxiety Disorder, and Phobias. Many patients present with co-morbid anxiety and depression.

TSTC therapeutic services are delivered in traditional office-based and telehealth delivery models. Interns will conduct initial intake assessments and provide individual, family, and group therapy interventions.

Interns are given the opportunity to provide a variety of treatment modalities to help patients achieve their treatment goals. These include, but are not limited to, activities that are in consultation with treatment team members, as an individual therapist, or as a treatment team member within the unit milieu:

- Psychoeducation
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Cognitive Processing Therapy (CPT)
- Child Parent Psychotherapy

- Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)
- Dialectical Behavioral Therapy (DBT)
- Parent-Child Interaction Therapy (PCIT)
- Cognitive Behavioral Therapy for Depression and Anxiety
- Exposure Therapy
- Other physician ordered interventions, as appropriate

At TSTC, interns will develop competencies in psychological assessment and clinical interventions among a diverse panel of patients. The training provided is designed to develop competencies in psychological assessment and diagnosis, psychological interventions, and interdisciplinary consultation. While acquiring these competencies, interns will also develop sensitivity to issues of cultural diversity, awareness of professional ethics in the delivery of clinical services, and self-awareness as these relate to issues that impact professional functioning.

### **Required Minor Rotations:**

An internship with Sanford Health prepares interns for doctoral-level independent practice in clinical psychology by providing interns exposure to various professional roles, treatment settings, and clinical acuties. All interns are required to participate in minor rotations during their internship year to gain training experience related to inpatient behavioral health, hospital consultation, and rural behavioral health. Rotation schedules and placement details are pre-determined based on the intern's Primary Site placement.

Each rotation provides a unique learning experience that enhances the intern's clinical, diagnostic, and assessment skills and knowledge. For each rotation, interns participate in treatment team meetings, site-specific didactic trainings, supplemental supervision, as well as other tasks that are delegated by the supervising psychologist. The following are brief descriptions of the rotations:

#### *Inpatient Pediatric Services*

This specialty service is located at the Sanford Children's Hospital in Fargo, ND, which is the only Level II Pediatric Trauma unit in the state of North Dakota. Patients include children from birth to age 18 and parents of children currently in the hospital. The service area for the Children's Hospital is the entire state of North Dakota, Northern Minnesota, Eastern Montana, and Northern South Dakota; therefore, individuals from both urban and rural areas, as well as from tribal communities are encountered at this facility. In the hospital environment, interns will be a member of a large, multi-disciplinary team consisting of pediatricians, critical care physicians, neonatologists, nurse practitioners, pediatric subspecialist providers, case managers, chaplains, nurses, speech therapists, physical and occupational therapists, dieticians, and medical residents. Interns will complete inpatient consultations and patient follow-up visits, which includes completing assessments and providing guidance for patients who have experienced a traumatic injury, assessing, and providing disposition for patients admitted following a suicide attempt, completing NICU family support consults and visits, and conducting consultations for new diagnoses and medical non-adherence. Patient presentations and conditions vary considerably between cases, but common mental health diagnoses and health conditions include adjustment disorders, depression, anxiety, acute trauma reaction, acute suicidality, traumatic injuries from accidents, traumatic brain injuries, complex broken bones, Crohn's disease, diabetes, and Functional Neurological Disorders. Interns will learn psychological first aid strategies, behavior modification techniques, and cognitive behavioral therapy strategies, as well as utilize mindfulness-based skills when working with NICU families. Interns will become familiar with the Columbia Suicide Screener, PHQ-9, GAD-7, Edinburgh Postnatal Depression

Screening and STEEP screener as nursing evaluations of these assessments often result in a referral for psychological consultation.

### *Detroit Lakes Clinic (DLC)*

The Sanford Health Detroit Lakes Clinic is a multi-specialty group practice located in Detroit Lakes, MN. The clinic is located 45-miles from the Fargo-Moorhead metro area. It features providers of family medicine, internal medicine, audiology, general same-day surgery, women's health, podiatry, dermatology, optometry, psychology, psychiatry, and physical therapy. Additionally, there are 20 specialist providers who rotate through DLC monthly to keep services close to home for their patients. Interns placed at Primary Sites located in the Metro area will have the opportunity to provide clinical services, such as individual psychotherapy and care collaboration, in a rural setting with a diverse patient population. This rotation will last 6-months, and interns are expected to be on-site one day per week. Interns will receive training in various therapeutic modalities, including but not limited to cognitive behavioral therapy, dialectic behavioral therapy, prolonged exposure, motivational interviewing, and solution-focused brief therapy.

#### Contact Information

Site Director: Nicola Herting, Ph.D.

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Phone number: (701) 234-4141

Mailing address: 100 Fourth St. S, Suite 308, Fargo, ND 58103

### Valley City Clinic (VCC)

The Sanford Health Valley City Clinic is a multi-specialty group practice featuring 3 family medicine physicians, as well as 5 advanced practice providers, including an internal medicine physician, a psychologist, an integrated health specialist, and a RN care manager. Outreach services are provided to keep additional specialty services in the Valley City area, including urology, dermatology, OBGYN, podiatry, orthopedics, surgery, nephrology, oncology, and sleep medicine. Valley City Clinic staff work closely with providers in the Fargo metro and further rural Jamestown areas for both specialty consultation and for collegial activities within their own disciplines. Healthcare providers in Valley City support their small local community and other geographically remote communities across North Dakota. Behavioral health services include individual therapy, psychological assessment, crisis services, and interdisciplinary consultation to provide an exceptional integrated healthcare experience.

#### **The Internship Experience:**

At VCC, interns will have the opportunity to gain experience in multiple areas of psychology, which include, but are not limited to, individual and group psychotherapy, psychological testing, report writing, and consultation. Interns will have the opportunity to work directly with adolescent and adult patients, as well as work within a multidisciplinary team as many of the patients seen for behavioral health services also see medical doctors and specialists at the clinic. Interns who complete an internship with VCC are expected to be well-rounded in the practice of psychology with an emphasis on rural behavioral health care. Interns will leave with the skills necessary to treat and assess diverse populations as well as those who live with various mental health conditions and stressors.

Interns will have the opportunity to provide individual psychotherapy and psychological assessments among individuals ranging from 13 to 100 years old. Patients present from varied socioeconomic backgrounds and diverse cultures, including tribal communities. Patients seeking behavioral health

services present with a variety of conditions, many of which include depression, anxiety, chronic pain, trauma effects, sleep issues, and relationship concerns. Interns will be trained in various assessment tests including MoCA, RBANS, Trails A&B, KBIT-2, IVA-2, CAARS, MMPI-RF, MCMI-III, PHQ-9, GAD-7, and Columbia Suicide Screener. Additionally, Interns are expected to attend and participate in care team meetings to collaborate with medical staff, as well as consultation meetings with various professionals with mutual patients.

Interns are given the opportunity to provide a variety of treatment modalities to help patients achieve their treatment goals. These include, but are not limited to, activities that are in consultation with treatment team members, as an individual therapist, or as a treatment team member within the unit milieu:

- Psychoeducation
- Cognitive Behavioral Therapy
- Mindfulness training
- Dialectic Behavioral Therapy (DBT) skills
- Eye Movement Desensitization and Reprocessing (EMDR)
- Motivational Interviewing
- Family Systems theory
- Chronic pain management
- Other physician ordered interventions, as appropriate

At VCC, interns will develop competencies in psychological assessment and clinical interventions among a diverse panel of patients. The training provided is designed to develop competencies in psychological assessment and diagnosis, psychological interventions, and interdisciplinary consultation. While acquiring these competencies, interns will also develop sensitivity to issues of cultural diversity, awareness of professional ethics in the delivery of clinical services, and self-awareness as these relate to issues that impact professional functioning.

### **Required Minor Rotations:**

An internship with Sanford Health prepares interns for doctoral-level independent practice in clinical psychology by providing interns exposure to various professional roles, treatment settings, and clinical acuities. All interns are required to participate in minor rotations during their internship year to gain training experience related to inpatient behavioral health, hospital consultation, and rural behavioral health. Rotation schedules and placement details are pre-determined based on the intern's Primary Site placement.

Each rotation provides a unique learning experience that enhances the intern's clinical, diagnostic, and assessment skills and knowledge. For each rotation, interns participate in treatment team meetings, site-specific didactic trainings, supplemental supervision, as well as other tasks that are delegated by the supervising psychologist. The following are brief descriptions of the rotations:

#### *Adult Inpatient Psychiatric Unit (AIPU)*

The Adult Inpatient Psychiatric Unit is a 10-bed acute inpatient psychiatric treatment unit located at the Sanford South University Medical Center in Fargo, ND. This rotation will span 3-6 months based on the intern's schedule at their Primary Site and will take place one day per week. This is an adult facility treating patients 18 years and older. The AIPU patient population has variability in socioeconomic status, as well as diversity, ethnicity, and multicultural issues. Many patients treated in this setting have high comorbidity with substance use disorders. Psychology services are an integral part of Inpatient Psychiatric Services. Psychology receives requests for consultation from the AIPU psychiatry partners. Psychologists offer evaluations for assistance

with diagnostic clarification with complex patient presentations and to initiate therapy while patients are on the unit. Psychological testing is appropriate at times, and this service uses the MMPI-3 and MCMI-IV. Interns will have the opportunity to facilitate a group each day they are on rotation at this location.

*Consult Liaison Hospital Service (CLHS)*

The Consult Liaison Hospital Service is a service offered at the Sanford Medical Center Fargo (SMCF), which is a 300+ bed medical facility in Fargo, ND. The CLHS team consists of a multidisciplinary team comprised of a psychologist, psychiatrist, psychiatry residents, and social workers who respond to referrals for behavioral health services throughout the medical center, including the Emergency Department. Services are provided to adult patients from a variety of diverse cultures and from geographic areas across the rural Midwest region. In this acute hospital setting, psychology services are often requested for patients who are experiencing psychological symptoms in reaction to traumatic accidents, chronic pain, insomnia, depressive and anxious reactions, psychological trauma effects, suicidal ideations, and grief reactions. CLHS team members are also consulted for capacity evaluations to determine if patients have the capacity to make medical decisions for themselves. During their 3–6-month rotation, interns will have the opportunity to shadow CLHS team members, conduct psychological evaluations, and offer psychological treatment in an individual format. Interns are expected to be on-site one day per week during this rotation.

Contact Information

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Address: 520 Chautauqua Blvd., Valley City, ND 58072

# Life in the Midwest

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SH-PIC is a consortium with training sites located in small city regions and a rural town in the Fargo-Moorhead region of the Midwest. Interns are placed primarily at one site for the full internship year with opportunities to participate in training experiences at other sites within the consortium. Of note, these rural communities boast ample opportunities for loan repayment through the National Health Service Corps loan repayment program (<http://nhsc.hrsa.gov/>).

## [Fargo, ND](#)

The City of Fargo is located in Cass County, North Dakota, along the Red River of the North which forms the border between Minnesota and North Dakota. An estimated 124,844 people live in Fargo. Fargo is the economic center of southeast North Dakota, Fargo offers a strong economy, reasonable cost of living, and a wealth of cultural and outdoor activities. Home to North Dakota State University and Sanford Health, on the banks of the Red River, Fargo is considered an educational and health-care hub. Living in Fargo offers residents an urban feel and many bars, coffee shops, and parks. Many families and young professionals live in Fargo and the city enjoys four distinct seasons allowing residents to ski and ice skate in the winter while heading east into Minnesota Lake Country in the summer for fishing, swimming, and boating.

## [Moorhead, MN](#)

Moorhead, Minnesota is located in Clay County and is the largest City in northwest Minnesota. Situated in the Red River Valley, Moorhead is part of a rich agricultural region that was created from silt deposits leftover when glacial Lake Agassiz melted approximately 10,000 years ago. The city borders the Red River of the North which flows northward into Manitoba, Canada. The Red River forms the border between Minnesota and North Dakota. The City of Moorhead is a growing community with a population of 44,505 residents. Moorhead is unique in that it provides the feeling of a small town, with the amenities of a large community. There are numerous entertainments, arts and culture, dining, shopping, parks and recreation, and sports events and opportunities.

## [Valley City, ND](#)

Valley City, which has been voted North Dakota's Most Beautiful Town, is located in the heart of the Sheyenne River Valley, which offers a variety of outdoor activity such as hiking, fishing, kayaking and birding. Valley City has a population of 6,500 people, with larger city amenities easily accessible with Fargo, the largest city in ND, being 50 miles east. With each season brings new opportunities to discover the beauty of the area with many local parks and hiking trails within a 40-mile radius. Take a drive down the stunning winding roads of the Sheyenne River Scenic Byway, have a freshly crafted beer at the local brewery, or walk downtown to shop in a handful of charming boutiques. The robust and diverse campus of Valley City State University also provides activities, community events and opportunities for all residents of the town to enjoy.

# Application Process and Selection Criteria

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The Sanford Health-Psychology Internship Consortium (SH-PIC) currently offers three full-time intern positions.

A complete application consists of the following materials:

- 1) A completed online AAPI (APPIC's standard application)
- 2) Cover letter stating your preferred training site(s) and why you are interested in those sites specifically. Applicants may indicate their interest in more than one site within the consortium without providing additional cover letters.
- 3) A current Curriculum Vitae
- 4) Three standardized reference forms, two of which must come from individuals who have directly supervised the applicant's work
- 5) Official transcripts of all graduate coursework
- 6) Supplementary Materials
  - a. One fully integrated assessment report
  - b. A one-page clinical case conceptualization

SH-PIC will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. APA accredited doctoral program in clinical or counseling psychology
2. A minimum of 400 intervention hours
3. A minimum of 50 assessment hours
4. Dissertation proposal defended, and IRB approval granted
5. Experience or special interest in working with diverse populations and/or in rural or underserved areas

SH-PIC firmly believes that all forms of diversity serve to enhance the training environment and professional growth of interns and faculty alike, as well as allow the diverse range of patients served to see themselves in their providers. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship, as well as considered for the diversity that they may bring to the program. In addition to the preferences noted above, SH-PIC takes into consideration the potential commitment or interest of any prospective intern to remain in the North Dakota/Minnesota region following internship and work in behavioral health. Developing a strong behavioral health workforce is an important consideration for the state, and an interest in remaining in the Midwest to join the workforce is be considered a benefit in a potential intern.

All interns must undergo comprehensive background checks and screening per Sanford Health Human Resources procedures. Requirements include background check, fingerprinting, Tuberculosis test, drug screen, and up-to-date vaccinations.

Finally, interns will be required to purchase student liability insurance through the APA Trust for the period of the internship training year.

**Students interested in applying for the internship program for the 2023-2024 training year should submit their AAPI and accompanying materials via email directly to the Program Administrator, Shelly McCann at [Shelly.Mccann@sanfordhealth.org](mailto:Shelly.Mccann@sanfordhealth.org).**

Applicants are encouraged to apply to as many or as few training sites within SH-PIC as they choose and should specify the site(s) they wish to be considered for in a cover letter/email, as noted above. Only one complete application is required for consideration to any of the sites in the Consortium.

Questions regarding the application or interview process may be directed to either of SH-PIC's Program Director(s), Dr. Jeffrey Leichter ([Jeffrey.Leichter@sanfordhealth.org](mailto:Jeffrey.Leichter@sanfordhealth.org)) and Dr. Jon Ulven ([Jon.Ulven@sanfordhealth.org](mailto:Jon.Ulven@sanfordhealth.org)), or to the Program Administrator, Shelly McCann ([Shelly.Mccann@sanfordhealth.org](mailto:Shelly.Mccann@sanfordhealth.org)).

# Program Policies

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## SH-PIC Diversity and Non-Discrimination Policy

The Sanford Health-Psychology Internship Consortium strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, contributes to the overall quality of the program, and strengthens communities and the workplace. Every effort is made by SH-PIC to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. SH-PIC fosters an understanding of cultural and individual diversity as it relates to professional psychology. SH-PIC strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. SH-PIC's training program includes an expected competency in diversity training, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in this area. SH-PIC avoids any actions that would restrict program access or completion on grounds that are irrelevant to success in the training program or the profession. SH-PIC welcomes applicants from diverse backgrounds and underrepresented communities. SH-PIC provides equal opportunity to all prospective interns and does not discriminate because of a person's race, ethnicity, color, religion, sex and gender, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

## SH-PIC Due Process and Grievance Procedures Policy

### GENERAL DUE PROCESS GUIDELINES

SH-PIC has developed a Due Process Policy and Resolution Procedure, which focuses on the prevention of and timely response to identified problematic behavior within the consortium. Due Process, as described within, applies to actions that are taken as a result of underdeveloped competencies, unmet training expectations, and/or intern misconduct, that may impact the intended career development of the pre-doctoral intern. Our Due Process Policy ensures that decisions made by the consortium are not arbitrarily or personally based and outlines specific steps that are applied to all interns. These procedures are a protection of intern rights and are implemented to afford the intern with every reasonable opportunity to remediate problems and to receive reasonable support and assistance. These procedures are not intended to be punitive.

Doctoral-level psychology interns are expected to maintain the highest standards of personal conduct, integrity, and professionalism. They are expected to support and comply with APA Ethical Guidelines and to utilize supervision effectively to grow professionally throughout the training year. It also is the responsibility of the intern's clinical supervisor and the SH-PIC faculty to assure that high standards of professionalism are attained by the interns under their supervision. Maintenance of these standards will promote effectiveness of both the professional training provided by the internship and the quality of psychological work provided by the interns to the clients and communities of the consortium sites.

During their orientation, interns will be introduced to the Due Process procedures as a group, each will be given a copy of the policy, and they will be required to confirm receipt of receiving these written procedures. Similarly, the SH-PIC training committee will review the Due Process procedures during a consortia-wide training committee prior to beginning the training year, which will be documented in the meeting minutes. The SH-PIC training committee faculty and clinical supervisors will also be required to confirm receipt of the written Due Process procedures.

#### Definition of Problematic Behavior

For purposes of this document, a problem behavior is defined broadly as **an interference in professional functioning which is reflected in one or more of the following ways:**

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. an inability to acquire professional skills to reach an acceptable level of competency; and/or
3. an inability to control psychological dysfunctions and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes problematic rather than a behavior of concern. Intern trainees may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Problems typically become identified as incidents that require Due Process remediation when they include one or more of the following characteristics:

- the intern does not acknowledge, understand, or address the problem

- when it is identified;
- the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- the quality of services delivered by the intern is sufficiently negatively affected;
- the problem is not restricted to one area of professional functioning;
- a disproportionate amount of attention by training personnel is required;
- the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time;
- the problematic behavior has potential for ethical or legal ramifications if not addressed;
- the intern's behavior negatively impacts the public view of the agency;
- the problematic behavior negatively impacts the intern cohort;
- the problematic behavior potentially causes harm to a patient; and/or,
- the problematic behavior violates appropriate interpersonal communication with Sanford staff.

### Due Process Procedure

SH-PIC's Due Process procedure occurs in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Due process includes steps that assure fair evaluation of intern performance, intern awareness of options for resolution of performance issues and clearly defined steps for notice, hearing, and appeal. The procedure for dissemination and implementation of Due Process at SH-PIC includes the following:

A. The Training Faculty will present SH-PIC's program expectations to interns in writing, at the start of the training period. This is discussed in a group format during orientation and may be followed up individually during supervision. Interns sign an acknowledgment indicating receipt and understanding of, and agreement to abide by, these guidelines and other SH-PIC policies.

B. The process for evaluation of interns is clearly described during orientation. Interns will be formally evaluated three times annually by their primary supervisor. The written evaluation is based on APA criteria and includes the nine (9) profession-wide competencies as outlined by the APA's Standards of Accreditation (SoA). <https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

C. The various procedures and actions involved in decisions regarding inadequate skills or problematic behaviors are described to interns.

D. The Training Directors (TDs) and/or Primary Site Supervisor will communicate early and often with academic programs about any suspected difficulties with interns.

### Informal Review

When a supervisor or SH-PIC faculty member believes that an intern's behavior is becoming problematic, the first step will be to address the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, additional didactic training, and/or structured readings. Informal

remediation efforts will be discussed with the Training Directors and Training Committee. This process will be documented in writing in supervision notes; however, it will not become part of the intern's professional file. Additionally, the Training Directors and Training Committee will be notified of informal reviews and/or remediation plans.

### Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, i.e. if an intern receives below a "2" on the 3-month or 7-month evaluations or if any elements are rated below a "3" on the final evaluation, the following process is initiated:

- A. The supervisor will meet with the TDs and intern within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the TDs are the intern's direct supervisor, an additional supervisor and member of the Training Committee will be included in the meeting.
- B. The intern will have the opportunity to provide a written statement related to his/her/their response to the problem. The intern must submit the response to his/her/their primary supervisor and the TDs within 5 working days of the meeting described in Step 1.
- C. After discussing the problem and the intern's response, the supervisor and TDs **may**:
  - i. Issue an "*Acknowledgement Notice*," which is a written warning, formally acknowledging the following:
    1. The faculty is aware of and concerned with the problem;
    2. The problem has been brought to the attention of the intern;
    3. The faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating;
    4. The problem is not significant enough to warrant serious actions; and
    5. A written notice will be submitted to the intern and the Co-Directors of Clinical Training at the intern's graduate institution.
  - ii. Issue a "*Remediation Plan*," which is a time-limited, remediation-oriented, closely supervised period of training indicating the need to immediately work on improving the behavior resulting in the ratings received or to discontinue the concerning/problematic behavior. A remediation plan is an accommodation made to assist the intern, with the full expectation that the intern will complete the internship. This period will include more closely overseen supervision conducted by the intern's supervisor(s) in consultation with the TDs. The TDs, in consultation with the primary supervisor and the Training Committee will determine the length of a remediation plan. The termination of the remediation plan will

be determined, after discussions with the intern, by the TDs in consultation with the primary supervisor. Several possible and perhaps concurrent courses of action may be included in the remediation plan.

These include:

- i. increasing the amount of supervision, either with the same or additional supervisors;
- ii. changing the format, emphasis, and/or focus of supervision;
- iii. recommending personal therapy and providing community referrals;
- iv. adjusting the intern's clinical or other workload;
- v. requiring specific readings and assignments, and/or academic coursework.

The TDs will write a letter within 10 working days of informing the intern of this due process decision. A copy of this letter will be kept in the intern's file and emailed to the intern, primary supervisor, and Director of Clinical Training within 10 working days of completion of the letter.

The letter shall contain:

- i. a description of intern's unsatisfactory performance;
- ii. actions needed by the intern to correct the behavior;
- iii. the timeline for correcting the problem; and
- iv. what action will be taken if the problem is not corrected.

At the end of this probation period, the TDs will provide a second written statement indicating whether or not the problem has been remediated. Both statements will become part of the intern's permanent file and will also be shared with the intern and sent to the Co-Directors of Clinical Training at the intern's graduate institution.

iii. Issue a decision of "*No Cause*," which indicates the determination that the intern's actions may not constitute a formal problem, but rather a concern as defined above in the "Definition of Problematic Behavior." The awareness of the concern may be sufficient to rectify the issue and may not warrant further formal remediation.

In this case, the TDs will complete a written statement identifying that a formal review was held and that the claim was dismissed due

to “No Cause.” The TDs will issue this statement within 10 working days of the meeting. The statement will be placed in the intern’s professional file, emailed to the intern and primary supervisor and based on the TD’s discretion, may be sent to the Co-Directors of Clinical Training at the intern’s doctoral institution within 10 working days of writing the statement.

D. If the problem is not rectified through the above processes, the intern’s placement within SH-PIC may be terminated.

E. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern’s placement within SH-PIC may be terminated.

F. The final decision to terminate an intern’s placement will be made by the entire Training Committee and will represent a discontinuation of participation by the intern within every aspect of the consortium. The Training Committee will make this determination during a meeting convened within a reasonable timeframe following the conclusion of step A or during the regularly scheduled monthly Training Committee meeting, whichever occurs first.

G. The TDs may decide to temporarily suspend an intern’s clinical activities or place an intern on paid administrative leave during this period prior to a final decision being made, if warranted.

H. SH-PIC will adhere to the APPIC’s Policies on intern dismissal and secure a release from the Match contract.

I. If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the Training Director(s). The intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

#### Due Process Appeal and Review Panel

In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions, or dismissal, an Appeal may be submitted by the intern to the Training Committee.

A. The intern will file a formal appeal in writing with all supporting documents - an email will suffice- to the TDs. The intern must submit this appeal within 5 working days from their notification of any of the above (notification, remediation, or dismissal).

B. If requested, the Appeal review will be conducted by a panel convened by the TDs and consisting of themselves, the intern's primary supervisor, and at least two other members of the Training Committee. The intern may request a specific member of the Training Committee to serve on the review panel.

C. The Appeal review will be held over a two-week period. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may appeal or modify them. The review panel has final discretion regarding outcome.

D. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Training Committee and supported by the TDs, then that appeal is reviewed by the TDs in consultation with the Training Committee. The Directors will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original review panel is upheld.

## **INTERN GRIEVANCE PROCEDURES**

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program, the following procedures will be followed:

### **Informal Review**

First, the intern will raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Training Directors to informally resolve the problem.

### **Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Directors. If the Training Directors are the object of the grievance, the grievance will be submitted to a Site Director. The individual being grieved will be asked to submit a response in writing within 5 working days of receiving the formal grievance.

The Training Director(s) (or Site Director, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the Training Director(s) or Site Director may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve

the matter.

The plan of action will include:

- a. the behavior associated with the grievance;
- b. the specific steps to rectify the problem; and,
- c. procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director(s) or Site Director will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Training Director(s) or Site Director in writing within 10 working days regarding whether the issue has been adequately resolved.

In situations where the nature of the grievance constitutes a potential violation of the subject of the grievance's contract with Sanford Health, Sanford will be notified in accordance with the policies and procedures of the agency.

If the plan of action fails, the Training Director(s) or Site Director will convene a review panel consisting of him/her/themselves and at least two other members of the Training Committee within 10 working days. The intern may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against an individual cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to Sanford Health Human Resources of to initiate the due process procedures outlined in his/her/their employment contract.

If the review panel determines that the grievance against the individual does not constitute a violation of his or her employment contract and can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the TDs or Site Director. The intern and the individual being grieved will be asked to report in writing to the TDs or Site Director regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days of receiving the intern's and individual's report to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to Sanford Health to initiate the due process procedures outlined in the employment contract.

### **USE OF VIDEOCONFERENCE**

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of North Dakota and Minnesota, if needed.

Please sign this acknowledgement page and return to the Training Director(s).

**Acknowledgment:**

I acknowledge that I have received and reviewed the Due Process procedures of the Sanford Health-Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

I have been provided with a copy of this document to keep in my files of the Sanford Health-Psychology Internship Consortium.

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Signature

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Print Name

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Date

## SH-PIC Supervision and Videoconference Supervision Policy

### **GENERAL OVERVIEW**

The Sanford Health-Psychology Internship Consortium (SH-PIC) recognizes the rights of interns and faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff are collegial and professional and conducted in a manner that reflects the highest standards of the profession. SH-PIC faculty inform interns of these principles and of their avenues of recourse should problems arise through policies that are available at <http://www.sh-pic.org> and in the SH-PIC Intern Handbook.

SH-PIC faculty provide interns with a level of observation, guidance and supervision that encourages successful completion of the internship. Faculty serve as professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the SH-PIC training aims. All interns will receive a total minimum of four (4) hours per week of supervision; at least 50% of this time will be delivered in-person.

### **SUPERVISION DETAILS**

Sanford Health-Psychology Internship Consortium Supervisors will schedule two (2) hours of face-to-face supervision for each intern at their primary site. However, primary and/or secondary supervisors are always accessible for remote consultation while interns are providing clinical and support services. Two (2) hours of group supervision will be scheduled weekly for interns to learn from and consult with multiple training committee faculty and the interdisciplinary teams at their sites.

There is one licensed psychologist designated as the primary clinical supervisor for each site in the Sanford Health consortium. The primary supervisor establishes training goals for the intern at that site which are continually revisited and adjusted as necessary for each intern's specific professional needs and development. Interns receive a minimum of two (2) hours of individual supervision each week. Supplemental individual supervision may be provided by other appropriately credentialed professionals at the training site as delegated by the site's primary clinical supervisor.

#### **Group Supervision Structure**

Weekly group supervision will be held in-person at a designated central location. It is required for all current interns for successful program completion. All group supervision facilitators are licensed psychologists. One (1) hour of group supervision will focus on clinical case consultations and presentations. One (1) hour will serve as a Professional Development group where interns will explore legal and ethical issues, as well as clinical topics reflecting best practices within the current psychological literature.

Group supervision is led by SH-PIC training faculty on a rotating basis to provide all interns with the opportunity to experience a breadth of supervisory relationships beyond their primary supervisor. Given the geographic distance between training sites, this model allows the interns to

form greater connections to the entire training faculty than would be experienced otherwise. It is expected that the foundation for these supervisory relationships will be initially cultivated during SH-PIC Orientation, such that interns will have formed relationships with the entire training faculty (as reasonably as possible) prior to engaging in videoconference group supervision. *For all clinical cases discussed during group supervision, full professional responsibility remains with the intern clinician's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately.*

## **TELESUPERVISION**

The Sanford Health-Psychology Internship Consortium (SH-PIC) may, on occasion, use videoconferencing to provide individual or group supervision when necessary, such as in instances of inclement weather.

Tele-supervision can only account for 1 of the 2 hours of required individual supervision per week. The other hour of required weekly individual supervision must be in-person. Tele supervision may not account for more than 2 hours of the minimum required 4 total weekly hours of supervision.

### **Support for Tele-supervision and Impact on Intern Learning**

We believe that the use of technology in training serves as an opportunity to introduce, acquaint, and equip interns with good video-conferencing skills and practices that inform distance learning and telehealth, should they need to provide distance-delivered services in the course of their professional work after completing the internship. *Particularly in rural areas, telehealth technology can provide accessibility to psychological services that might otherwise be unavailable via conventional face-to-face service delivery.*

Videoconference supervision will not commence until after the SH-PIC Orientation and the intern has become acquainted with the assigned supervisors and peers through in-person interaction. Also, prior to obtaining supervision via videoconference, interns will become familiar with the concept through readings and didactic training provided during SH-PIC Orientation.

SH-PIC recognizes that distance technology is often a key component of rural practice, and in this way, tele supervision is consistent with the overall mission of the internship program and the mission of the Sanford Health System to serve rural and frontier patient populations.

### **Tele-security and Privacy**

All SH-PIC videoconferencing occurs over a secure network using videoconferencing. Supervision sessions using this technology are never recorded. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the appropriate IT personnel at each site.

## SH-PIC Didactic and Intern Group Attendance and Etiquette Policy

Attendance at the weekly Didactic seminar and other scheduled group training activities is mandatory for all interns in the Sanford Health Internship Consortium and is required for successful completion of the internship. Attendance at these scheduled activities **take priority over other site obligations each week**. Site supervisors are aware of these activities and their requirement for interns.

Attendance at didactics and all other scheduled group training activities is mandatory for all interns and is required for successful completion of the internship. Attendance at these scheduled activities take priority over other site obligations each week. Site supervisors are aware of these activities and their requirement for interns. A didactic calendar is distributed during orientation and may be updated throughout the year.

An intern is permitted no more than three absences during the calendar year. After the second absence, interns will receive a reminder from the Program Director(s). After the third absence, the Program Director(s) will initiate SH-PIC Due Process procedures. Interns may use only three of their allotted vacation and/or professional development days on didactic training days. The Program Director(s) must be notified in advance of planned absences. Interns who miss a meeting of the didactic seminar or other group because of a serious emergency or for a serious illness should alert their Site Director and the Program Director(s) as soon as possible. For all didactic absences, interns must watch the recorded training seminar and submit a 1-2 page summary of the main concepts and relevance of the topic to their professional role. If the live didactic session was not recorded, interns will review a research article related to the didactic topic and submit a 1-2 page review of the article. This review must be submitted to the Program Director and their site supervisor and is due one week from the absence.

Interns are expected to join all Friday training activities on-site, but if they have a conflict and must join virtually, interns may not be driving or in a public location during Friday training activities. Calling into a didactic presentation by phone is discouraged. Interns are allowed to call into a didactic presentation by phone a maximum of two times during the training year and they must let the speaker (or faculty member in charge if an outside speaker is scheduled), and the Program Director(s) know at least one week in advance. If an intern calls into a didactic presentation by phone more than two times during the training year, the Program Director(s) may initiate SH-PIC Due Process Procedures.

During didactics, or any internship videoconferencing function, professional and attentive etiquette is expected at all times. **Turn video on, sit in a well-lit area, and give the screen your undivided attention.** Be aware of what you are doing while on video (i.e., drawing, looking at your phone, eating, etc.), if you would not do those things in front of a live presenter when in person then you should not be doing it while on video. Do not use the computer to go on the internet, email, or do other work. Be seated in appropriate setting.

**Acknowledgment:**

I acknowledge that I have received and reviewed the Didactic and Intern Group Attendance and Etiquette Policy of the Sanford Health-Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## SH-PIC Code of Conduct Policy

In addition to making progress towards the SH-PIC Aim and Profession-Wide Competencies during the training year, it is expected that interns follow the SH-PIC Code of Conduct at all times during the year. Failure to meet these requirements may result in the initiation of the SH-PIC Due Process Procedures.

### Sanford Health-Psychology Internship Consortium Code of Conduct

1. Compliance with the APA 2017 Ethical Principles and Code of Conduct
2. Compliance with all SH-PIC policies and expectations
3. Honesty and integrity in all professional interactions
4. Respectful and professional behavior toward all SH-PIC faculty members, interns, agency staff, guests, and clients both within and outside of standard work hours
5. Support of and contribution to the betterment of the SH-PIC training program
6. Active and meaningful participation as a member of the internship cohort
7. Willingness to be supervised, including following supervisors' directives, and to accept constructive criticism
8. Acceptance of responsibility for one's own actions
9. Pursuit of problem resolution through appropriate channels
10. Submit necessary documentation within specified timeframes
11. Compliance with any codes of conduct or policies regarding professional expectations at SH-PIC Member Agencies

### **Acknowledgment:**

I acknowledge that I have received and reviewed the SH-PIC Code of Conduct Policy. I agree to abide by the code during my training year with SH-PIC. I have been provided with a copy of the document to keep in my files.

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Intern Signature

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Print Name

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Date

## SH-PIC Intern Evaluation, Retention, and Termination Policy

The Sanford Health-Psychology Internship Consortium (SH-PIC) requires that interns demonstrate minimum levels of achievement across all nine APA profession-wide competencies, as measured by the SH-PIC Intern Evaluation. Informal feedback to interns should be ongoing throughout the training year, with any concerns discussed early and often. Interns are formally evaluated by their primary supervisor three times annually, in November, March, and August. Evaluations are conducted using a standard rating form using a Likert Scale that includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about performance in all nine profession-wide competencies and associated learning elements.

Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback. Upon completion of the review both the intern and supervisor sign the evaluation. The intern receives one copy, and another copy is provided to the Training Director(s) who reviews and signs the document before it is placed in the intern file, where it is maintained indefinitely. Of note, interns are required to complete additional rotations under the supervision of someone other than their primary supervisor; therefore, the primary and adjunct supervisors should discuss the intern's performance before each evaluation period, and the primary supervisor should incorporate feedback from the adjunct supervisor into the intern's formal evaluation. The adjunct supervisor should also share ongoing verbal feedback directly to the intern throughout the training year. If an intern disagrees with the evaluation ratings they receive, this disagreement should first be discussed with their primary supervisor. If a resolution cannot be reached, the intern may file a grievance as discussed in the SH-PIC Due Process and Grievance Procedures.

### **Evaluation Scoring**

The scoring rubric for intern evaluations uses a Likert scale, with the following rating values:

A(4) Advanced; Skills comparable to autonomous practice at the licensure level

I(3) Intermediate; Supervision is developmental in nature

B(2) Beginning; Continued intensive supervision is needed

NI(1) Needing Improvement

U(0) Unsatisfactory/Fail

N/A Not Applicable/Not Observed/Cannot Say

### **Minimal Levels of Achievement**

The minimum level of achievement (MLA) on each evaluation changes over the course of the training year, reflecting expected growth in competence.

The MLA scores are as follows:

3-month evaluation: 2

7-month evaluation: 2

Final, 12-month evaluation: 3

A score of “2” on any element or competency during the first evaluation (3-months) will result in close monitoring by program supervisors, and a score of “1” will initiate the program’s formal Due Process procedures. At the 7-month evaluation, interns must score “2” on all elements and competencies; however, they must also receive a score of “3” on a minimum of two competency areas. By the end of the internship year, interns are expected to achieve intermediate to advanced level of skills on all elements and competencies. Thus, interns must receive a score of “3,” indicating the intermediate to advanced level of skill, or above on all elements and competencies to successfully complete the program.

If an intern receives a score lower than the MLA at any evaluation point, or if supervisors have reason to be concerned about the intern’s performance or progress, the consortium’s Due Process procedures may be initiated. The Due Process guidelines can be found in the SH-PIC Intern Handbook, which is carefully reviewed during Intern Orientation. The policy may also be found on the program’s website, [www.SH-PIC.org](http://www.SH-PIC.org).

Additionally, all SH-PIC interns are expected to complete 2000 hours of training during the internship year with a minimum of 500 hours in face-to-face clinical service delivery. Meeting the hours requirement, attending required training experiences (e.g., didactic seminars, consultation groups), and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program.

### **Communication with Graduate Training Programs**

Communication with the intern’s home doctoral program begins with a successful match and is provided throughout the internship year at each formal evaluation point when the Directors of Training are sent a copy of the evaluation. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters the formal review step of the Due Process procedures, the home doctoral program is contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the intern’s progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by SH-PIC as a result of the Due Process procedures, up to and including termination from the program.

### **Additional Evaluations**

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning and end of the internship. Interns must complete an evaluation of their supervisor at 3-months, 7-months, and 12-months. Interns will complete program evaluations twice during their training year in order to provide feedback that informs any changes or improvements. Interns are required to submit evaluations for each didactic session during the year. All evaluation forms can be located in the SH-PIC Intern Handbook, on the MedHub platform, and on [www.SH-PIC.org](http://www.SH-PIC.org). Evaluations are submitted to the Training Director(s) via MedHub.

### **Maintenance of Intern Records**

Information about interns’ training experiences, evaluations by supervisors, attendance at required training activities, and certificates of completion are maintained indefinitely in a secure digital file by the SH-PIC Training Director(s) for future reference and credentialing purposes.

Please sign this acknowledgement page and return it to the Training Director(s)

**Acknowledgment:**

I acknowledge that I have received and reviewed the Evaluation procedures of the Sanford Health-Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

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Intern Signature

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Print Name

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Date

## SH-PIC Policy: Record Retention Policy

### Record Retention

Sanford Health-Psychology Internship Consortium (SH-PIC) keeps all intern records that may be required for licensure purposes indefinitely. Our records are kept in an electronic system that is encrypted. Passwords are only provided to those individuals approved by SH-PIC Faculty and whom need access for the functioning of our consortium.

### Intern Performance

The SH-PIC documents and permanently maintains accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program and for future reference for the purposes of credentialing. Additionally, SH-PIC informs interns of its records retention policy.

### Complaints and Grievances

SH-PIC keeps information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. This information is tracked in an electronic log, and the records are stored in our electronic system. SH-PIC is aware that the Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

## SH-PIC Stipend, Benefits, and Resources Policy

The intern stipend across SH-PIC training sites will be \$45,000 annually. Interns will be designated as employees of Sanford Health System regardless of which site(s) they are primarily located. All interns will receive comparable health benefits (medical, dental, vision), as well as paid time off, through Sanford Health. Interns will also be reimbursed for some travel-related expenses as detailed in the accompanying Travel Reimbursement policy.

Additional benefits include:

- Use of the Sanford Health virtual library resource
- Access to Sanford's EAP service, Vital Work Life
- Sanford Wellness benefits discount
- Continuing Education (CE) reimbursement

To support Interns role in caring for others they will be provided Sanford's Provider Well Being resources. This includes a time-saving virtual assistant, and in-the-moment counseling for you and your family members available by phone or in-person to manage depression, stress, anxiety, anger management, marital and parenting concerns, work life issues, wellbeing lifestyle changes. Interns will also have access to legal & financial resources, leadership development information, and referrals to reputable resources for issues such as chemical dependency

Throughout their training experience, SH-PIC interns have access to numerous resources. Assessment and other training materials are provided by each training site, and additional materials that may be needed may be purchased using consortium funding with Training Committee approval. Each intern additionally has access to administrative and IT support through their primary training site and through WICHE. Interns will also be given access to a psychology scientific literature database.

Questions regarding specific benefits packages can be directed to the Sanford Health Human Resources department.

## SH-PIC Travel Reimbursement Policy

It is likely that some minor travel expenses may be incurred; however, interns may submit documentation for reimbursement of certain out-of-pocket expenses while traveling for required SH-PIC activities. Sanford Health provides funding for intern expenses incurred during travel for mandatory, off-site training-related activities, including but not limited to travel, lodging, and meals associated with a state psychological association conference. Meal reimbursements apply only to meals that are not made available to the intern by SH-PIC and only during the required training-related travel. Interns should plan to pay separately when dining together. SH-PIC will not reimburse for alcohol.

To be reimbursed, interns must save all original, itemized receipts, complete a travel expense form, and submit them to the SH-PIC Program Manager within 5 business days of returning from training experience. Travel reimbursements may not exceed \$2,000 per intern annually.

## SH-PIC Intern Evaluation

*To be completed by all intern supervisors and by the intern as a self-evaluation*

**Intern:** \_\_\_\_\_ **Supervisor(s):**  
\_\_\_\_\_

**Dates of Evaluation:** \_\_\_\_\_ to \_\_\_\_\_

**This evaluation is based on the following sources of information (check all that apply):**

Direct observation     Discussions in meetings     Audio/video tape review     Feedback from others  
 Participation in meetings     Review of clinical records     Individual Supervision  
 Group Supervision     Other (specify)

**Scoring Criteria:**

<p><b>Advanced.</b> The intern shows <u>strong</u> evidence of the knowledge, awareness, and/or skill. Performance is <u>consistent</u>, even in novel situations. The intern shows flexibility and exceeds standards expected of an intern. Can perform independently most of the time. Seeks supervision on the most difficult or complex cases; Reviews clinical work, professional behavior, and ethical issues in a proactive manner with colleagues/supervisors. <i>Knowledge, awareness, and/or skill are advanced and well-established. This rating may be evidenced at the completion of internship training. Supervision required while in training status. Focus is only on refining and developing more advanced performance.</i></p>	<p>A(4)</p>
<p><b>Intermediate/Internship.</b> The intern is <u>functioning</u> at entry-level practice of the knowledge, awareness, and/or skill. Performance is <u>consistent</u>. Knowledge and application of the skill are demonstrated in all but routine cases. <i>This rating may be used at the beginning of internship in areas of strength for the intern being evaluated, and some areas may remain a focus of supervision to increase advancement, integration, and consistency with this skill.</i> Readiness for entry-level practice is defined as: 1) the ability to independently function in a broad range of clinical and professional activities; 2) the ability to generalize skills and knowledge to new situations; and, 3) the ability to self-assess when to seek additional training, supervision, or consultation.</p>	<p>I(3)</p>
<p><b>Emerging.</b> This is an <u>emerging</u> knowledge, awareness, and/or skill for the intern. The intern may only have introductory knowledge and needs to develop the skill to be at an expected developmental level. Performance is adequate but <u>inconsistent</u>. The intern demonstrates a basic foundational understanding and they appear to be working towards acquiring competence in this area. <i>Routine, but intensive supervision and assistance is needed. This may be a common rating at the beginning of internship.</i></p>	<p>E(2)</p>

<p><b>Beginner/Remedial.</b> The intern lacks understanding and demonstrates minimal or no evidence of the knowledge, awareness, and/or skill OR the intern demonstrates problematic or harmful behavior requiring immediate attention. The intern may have very little awareness, experience, knowledge, or training in this area and the intern needs significant supervision and training. There may be safety concerns and/or the intern demonstrates poor clinical judgment. The intern may demonstrate little to no autonomous judgement and the supervisor has significant concerns about the interns ability to work independently during the current evaluation period. <i>Increased supervision and remedial work will be required if this rating is given. This is not an acceptable level of competency for entry-level practice.</i></p>	<p>B(1)</p>
<p>Not Applicable for this training period/Not Observed or Assessed (<i>cannot be used on final evaluation</i>)</p>	<p>N/A</p>
<p><b>NOTE: As described in the SH-PIC Intern Evaluation Policy, a score of “2” on any element or competency during the 3-month evaluation will result in close monitoring by program supervisors and a score of “1” will initiate the program’s formal Due Process procedures. On all other evaluations, any score less than “3” on any element or competency will initiate the program’s Due Process procedures. By the end of the internship year, interns are expected to achieve intermediate to advanced level of skills on all elements and competencies. Thus, interns must receive a score of “3” or above on all elements and competencies to successfully complete the program.</b></p>	
<p><b>Competency 1: Research</b></p>	
<p><b>Behavioral Benchmarks</b></p>	
<p>Exhibits excellent skills in utilization of research. Consistently and independently seeks out, critically evaluates, and appropriately interprets literature to form an evidence-based practice. Is capable of teaching or guiding others in areas of research. Applies these skills to the intern project, and is completing the project with only consultation from supervisor(s).</p>	<p>A(4)</p>
<p>Exhibits good skills in utilization of research. Frequently seeks out, critically evaluates, and appropriately interprets literature to form an evidence-based practice and mostly does so independently. Seeks out supervision and consultation effectively when identifying and evaluating relevant material. Applies these skills to intern project, and is working collaboratively with supervisor(s).</p>	<p>I(3)</p>
<p>Exhibits some skills in utilization of research. Demonstrates some degree of independence and proactive approach to seeking out research literature but continues to require supervision to prompt and assist with understanding a literature review and critical evaluation. Is responsive to supervisory input and suggestions. Needs supervisor guidance on the intern project, but is able to complete assigned tasks.</p>	<p>E(2)</p>

<p>Exhibits some awareness of the importance of effectively utilizing and evaluating the research literature and is receptive to guidance. May struggle to independently seek out relevant literature and make improvements without significant prompting and guidance. May struggle to appropriately evaluate and interpret information from literature. May include a lack of awareness about these deficiencies and/or an unwillingness to correct them. Needs significant supervisor guidance on the intern project and may have difficulty following guidance without additional support.</p>	<p>B(1)</p>
<p><b>Rating Elements</b></p>	
<p>Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems          Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications)          Disseminates research and other scholarly activities (e.g., case conferences, presentations, publications) at the local (including the host institution), regional, or national level</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including strengths &amp; training goals related to Research Competency):</p>	
<p><b>Competency 2: Ethical and Legal Standards</b></p>	
<p><b>Behavioral Benchmarks</b></p>	
<p>Demonstrates a superior level of knowledge of ethical codes, professional standards, and relevant regulations and state laws. Consistently and independently identifies ethical dilemmas and engages in appropriate ethical decision-making. Is able to conduct self in an ethical manner across professional activities with considerable skill and seeks consultation on ethical matters as needed. Knowledge base is sufficient to teach skills to others.          Exhibits knowledge of ethical codes, professional standards, and relevant regulations and state laws. Is generally able to recognize ethical dilemmas and engage in ethical decision-making with some supervisory support, and may occasionally need assistance from others to identify ethical issues.          Seeks out supervisory support or consultation to help address ethical and legal issues. Demonstrates ability to conduct self in an ethical manner across professional activities.          Exhibits incomplete knowledge of ethical codes, professional standards, and relevant regulations and state laws. May require frequent assistance from supervisors in regard to recognizing ethical dilemmas and engaging in</p>	<p>A(4)</p> <p>I(3)</p> <p>E(2)</p>

<p>ethical decision-making. May require occasional support from supervisors in order to conduct self in an ethical manner across professional activities.</p> <p>Exhibits relatively little knowledge of ethical codes, professional standards, or relevant regulations and state laws. Has marked difficulty recognizing an ethical dilemma or engaging in ethical decision-making. Willfully and/or repeatedly engages in unethical and/or illegal practice. May struggle with conducting self in an ethical manner across professional activities. May exhibit some defensiveness and/or disregard for supervisory input regarding ethics, professional standards and/or relevant laws.</p>	B(1)
<b>Rating Elements</b>	
<p>Demonstrates knowledge of and acts in accordance with each of the following:</p> <p style="padding-left: 40px;">The current version of the APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines; and</p> <p style="padding-left: 40px;">Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels</p> <p>Recognizes ethical dilemmas as they arise, applies ethical decision-making processes, and seeks supervision and consultation in order to resolve ethical dilemmas</p> <p>Conducts self in an ethical manner in all professional activities</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Ethical and Legal Standards Competency):	
<b>Competency 3: Individual and Cultural Diversity</b>	
<b>Behavioral Benchmarks</b>	
<p>Demonstrates the ability to independently apply knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during internship, tailored to the learning needs and opportunities consistent with the program’s aims. Demonstrates a high level of awareness of the ways their cultural history relates to the historical backgrounds of others. Displays expertise in theoretical and empirical literature related to diversity. Effectively integrates knowledge and awareness of individual and cultural differences across professional roles. Demonstrates a high level of ability to apply knowledge to working effectively with a range of diverse individuals and groups and seeks professional consultation on these issues as needed. Independently</p>	A(4)

<p>demonstrates motivation to increase knowledge on human diversity. Skill level suggests an overall level of expertise and could effectively teach others.</p> <p>Demonstrates awareness of the ways their cultural history relates to the historical backgrounds of others. Accepts feedback and has a developing level of knowledge of the theoretical and empirical literature related to diversity. Demonstrates knowledge and awareness of individual and cultural differences across professional roles and needs occasional supervisory support on these issues. Displays growing skills in applying knowledge to working effectively with diverse individuals and groups and seeks supervision on these issues as needed. Is capable of increasing knowledge on factors related to diversity, though may occasionally require prompting from a supervisor to do so.</p> <p>Demonstrates beginning awareness of the ways their cultural history relates to the historical backgrounds of others. Has some knowledge of theoretical and empirical literature related to diversity but requires development in this area. With the support of supervision, the student is beginning to integrate knowledge and awareness of individual and cultural differences across professional roles. Has a beginning level of skill in applying knowledge of working effectively with diverse individuals and groups but continues to require significant supervisory guidance. Generally requires guidance on when and how to expand knowledge base on human diversity.</p> <p>Demonstrates very limited understanding, or blatantly disregards or is unwilling to consider the ways their cultural history relates to the historical backgrounds of others. Has a relatively low level of knowledge of theoretical and empirical literature related to diversity. Has limited ability to integrate knowledge and awareness across professional roles and may be unable and/unwilling to try to improve. Struggles to apply knowledge of working effectively with diverse individuals and groups.</p>	<p>I(3)</p> <p>E(2)</p> <p>B(1)</p>
<p><b>Rating Elements</b></p>	
<p>Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with people different from them.</p> <p>Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.</p> <p>Articulates and applies a framework for working effectively with areas of individual and cultural diversity .</p>	<p>_____</p> <p>_____</p> <p>_____</p>

Demonstrates the ability to independently apply knowledge and approaches in working effectively with a range of diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews create conflict with one's own.	_____
Has the ability to integrate and awareness and knowledge of individual and cultural differences in the conduct of professional roles.	_____
Considers relevant cultural issues in case conceptualization, selection of assessment tools, diagnosis, and determination of treatment modality.	_____
AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Individual and Cultural Diversity Competency):	
<b>Competency 4: Professional Values, Attitudes, and Behaviors</b>	
<b>Behavioral Benchmarks</b>	
Demonstrates strong professional values and serves as a role model for other health service psychologists. Has an excellent self-reflective ability and shows openness to feedback. Handles complex situations with considerable skill and seeks consultation as needed. Has a clear understanding of strengths and weaknesses and is independently motivated to improve performance. Consistently completes all documentation on time and is punctual. Meaningfully participates in professional activities. Consistently demonstrates the professional values of health service psychology. Displays a strong self-reflective ability but may require supervisory support on occasion. Demonstrates openness to feedback and supervision. Responds well to complex situations and independently seeks supervisory or consultative support. Has a good understanding of strengths and weaknesses. Completes most documentation in a timely manner and is punctual with few exceptions. Is consistently attentive and meaningfully participates in professional activities the majority of the time.	A(4)
Demonstrates developing professional values of health service psychology. Engages in self-reflection but may require supervisory support in this area. Generally accepts feedback and supervision without requiring supervisory support in applying this feedback. Is capable of responding professionally to complex situations with some supervisory support. Has reasonable understanding of strengths and weaknesses. Generally completes documentation in a timely manner with some occasional prompting. Is generally punctual with a few exceptions. Is consistently attentive and often meaningfully participates in professional activities.	I(3)
	E(2)

Demonstrates difficulty in exhibiting professional values consistent with the field of health service psychology. May also struggle with self-reflective skills and responsiveness to feedback and supervision. Has a great deal of difficulty navigating complex situations. May repeatedly fail to complete documentation on time and consistently be significantly behind. May be often tardy or absent from professional activities, often fail to meaningfully participate, and/or participate in a way that is counter-productive.	B (1)
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**Rating Elements**

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, cultural humility, and concern for the welfare of others	_____
Engages in self-reflection regarding one's own personal and professional functioning	_____
Engages in activities to maintain and improve performance, well-being, and professional effectiveness	_____
Actively seeks and demonstrates openness and responsiveness to feedback and supervision	_____
Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through internship	_____
Actively participates in scheduled appointments, training activities, supervision, and meetings consistently and on-time	_____
Maintains appropriate boundaries in professional and clinical relationships	_____
Completes all required documentation in a timely manner	_____
Follows proper procedure in protecting client information and case files	_____

AVERAGE SCORE FOR COMPETENCY	
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Comments (including Strengths & Training Goals related to Professional Values, Attitudes, and Behaviors Competency):

**Competency 5: Communication and Interpersonal Skills**

**Behavioral Benchmarks**

<p>Demonstrates an excellent ability to form and maintain relationships with a diverse range of individuals. Demonstrates expertise in recognizing, incorporating, and responding to oral, nonverbal and written communication in both therapeutic and other professional relationships. Displays a very high level of skill in managing difficult communication and seeks consultation as needed. Is seen as a role model for others.</p> <p>Demonstrates a good ability to form and maintain effective relationships. Produces, comprehends, and responds to oral, nonverbal and written communication effectively in therapeutic and other professional relationships. Demonstrates consistently strong interpersonal skills. Effectively manages difficult communication with supervisory support and independently seeks consultation or supervision as needed.</p> <p>Demonstrates occasional difficulty in developing and maintaining relationships. Emerging abilities in effectively producing and comprehending oral, nonverbal and written communication. Demonstrates beginning level of development in effective interpersonal skills. May require high level of supervisory support to incorporate and respond to clients' communications in session. May require a high level of supervisory support in managing difficult communication with others.</p> <p>Demonstrates difficulty in developing and maintaining relationships. Struggles with effectively producing and comprehending oral, nonverbal and written communication. May have marked deficits in these areas.</p> <p>Demonstrates problems with interpersonal skills and struggles with difficult communication with others. May be hostile, aggressive, or combative in communication with clients or professionals. High levels of defensiveness may interfere with communication. May generally have difficulty understanding, incorporating, and responding to clients' communications in session.</p>	<p>A(4)</p> <p>I(3)</p> <p>E(2)</p> <p>B(1)</p>
<p><b>Rating Elements</b></p>	
<p>Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services</p> <p>Demonstrates effective interpersonal skills and the ability to manage difficult situations well</p> <p>Produces, comprehends, and engages in clear, informative, and well-integrated professional written communication</p> <p>Produces, comprehends, and engages in clear, informative, and well-integrated professional oral communication</p> <p>Is attuned to, incorporates, and responds to clients' verbal and non-verbal communication</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths &amp; Training Goals related to Communication and Interpersonal Skills Competency):</p>	

<b>Competency 6: Assessment</b>	
<b>Behavioral Benchmarks</b>	
Demonstrates expertise in selecting and applying assessment methods. Skillfully interprets assessment results to inform case conceptualizations, classifications and recommendations. Demonstrates excellent ability to communicate findings accurately and effectively to a wide range of audiences. Consistently utilizes professional literature to support assessment selection and interpretation. Is sufficiently skilled to teach multiple assessments to others.	A(4)
Demonstrates strong skills for selecting and applying assessment methods. Independently interprets assessment results to inform case conceptualizations, classifications and recommendations. Skillfully communicates findings accurately and effectively to a range of audiences. Commonly utilizes professional literature to support assessment selection and interpretation. Has enough skill to teach one or more assessments to others.	I(3)
Demonstrates emerging skill in selecting and applying assessment methods. Interprets assessment results to inform case conceptualizations, classification and recommendations with supervisory support as needed. Communicates findings accurately and effectively to a range of audiences with occasional supervisory support. Utilizes professional literature to support assessment selection and interpretation, occasionally requiring supervisory prompting to do so.	E(2)
Demonstrates beginning level of skills for appropriately selecting and applying assessment methods. Requires a high level of supervisory support in interpreting results to inform case conceptualizations, classification and recommendations. Requires supervisory guidance to select and interpret relevant professional literature for assessment selection and interpretation. Also requires supervisory direction in accurately and effectively communicating findings for various audiences.	B(1)
<b>Rating Elements</b>	
Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	_____
Demonstrates a thorough working knowledge of clinical interviewing techniques and utilizes clinical interviews to collect relevant data leading to appropriate diagnoses/conceptualization	_____

Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)	_____
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including the context to the assessment and/or diagnostic process	_____
Appropriately and accurately selects and applies assessment methods that draws from the empirical literature and that reflects the science of measurement, accurately administers and scores assessment instruments	_____
Appropriately interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective	_____
Identifies and synthesizes relevant data from multiple sources and methods into a holistic understanding of client and client's treatment needs	_____
Generates recommendations consistent with assessment questions and assessment findings	_____
Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	_____
<b>AVERAGE SCORE FOR COMPETENCY</b>	
<b>Comments (including Strengths &amp; Training Goals related to Assessment Competency):</b>	
<b>Competency 7: Intervention</b>	
<b>Behavioral Benchmarks</b>	
Demonstrates expertise in clinical intervention and displays superior skills in the areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. Independently seeks consultation for challenging cases or presenting concerns not previously encountered. Demonstrates expertise in responding to high risk clinical situations. Is recognized by others as having expertise in multiple areas of therapeutic intervention.	A(4)

<p>Demonstrates strong skills in clinical intervention areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. Independently seeks supervision or consultation as needed for specific cases or types of presenting concerns. Is capable of managing high risk clinical situations effectively with consultation and guidance from supervisor. May be recognized by others as having expertise in at least one area of therapeutic intervention.</p>	<p>I(3)</p>
<p>Demonstrates emerging level of intervention skills and may continue to require a high level of supervisory support in one or more areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. May need assistance in recognizing when to seek consultation or guidance from others. Requires high level of supervisory support to respond to high risk clinical situations.</p>	<p>E(2)</p>
<p>Demonstrates beginning level of intervention skills and difficulty in multiple areas of establishing and maintain therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. Demonstrates low responsiveness to supervisory support on these issues and may often fail to recognize when supervisory support is indicated. May be unable to adequately respond to high risk clinical situations with supervisor support. May not recognize when supervisory support is indicated.</p>	<p>B(1)</p>
<p><b>Rating Elements</b></p>	
<p>Establishes and maintains effective professional relationships with clients</p>	<p>_____</p>
<p>Develops effective treatment plans and implements evidence-based interventions specific to the service delivery goals</p>	<p>_____</p>
<p>Demonstrates the ability to apply the relevant research literature to clinical decision making</p>	<p>_____</p>
<p>Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking</p>	<p>_____</p>
<p>Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation</p>	<p>_____</p>
<p>States and explains one's theoretical orientation regarding behavior change</p>	<p>_____</p>
<p>Conceptualizes cases accurately and specifically to case, context, and diversity characteristics</p>	<p>_____</p>
<p>Appropriately assesses and intervenes with clients who are at risk of harm to self or others</p>	<p>_____</p>

Demonstrates self-awareness and impact of self on therapeutic relationship	_____
Terminates treatment appropriately and successfully	_____
AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Intervention Competency):	
<b>Competency 8: Supervision</b>	
<b>Behavioral Benchmarks</b>	
<p>As a supervisee, autonomously and effectively communicates supervision needs and preferences. Identifies the highly salient information for discussion in supervision. Maintains high levels of openness and non-defensiveness in supervision, including discussions that may provide discomfort. Independently identifies and tracks progress towards training goals. As a supervisor, demonstrates an excellent understanding of models, theories and research in supervision and effectively integrates this knowledge as a supervisor. Demonstrates expertise when providing formative and summative feedback in supervision. Demonstrates an integrated awareness of areas of competence and personal limits in providing effective supervision to others. Seeks out consultation on work as a supervisor as needed.</p> <p>As a supervisee, generally communicates supervision needs and preferences. Is often able to identify the salient information for discussion in supervision, with some assistance from supervisor. Often maintains levels of openness and non-defensiveness in supervision. Engages with supervisor to identify and track progress towards training goals. As a supervisor, demonstrates a good knowledge base in supervisory models and related literature, including its application to the supervision process. Continues to develop skills for providing formative and summative feedback as a supervisor, but may require occasional guidance while supervising. When supervising, displays knowledge of clinician's own limits.</p>	<p style="text-align: center;">A(4)</p> <p style="text-align: center;">I(3)</p>



AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Supervision Competency):	
<b>Competency 9: Consultation and Interprofessional/Interdisciplinary Collaboration</b>	
<b>Behavioral Benchmarks</b>	
Demonstrates excellent abilities for consultation with other professionals across disciplines. Displays integrated knowledge of unique patient care roles of other professionals. Effectively consults with other professionals in a highly skilled manner. Excels as a member of a team-based approach to clinical services.	A(4)
Demonstrates good skills for consulting with professionals across disciplines. Displays a high level of knowledge of unique patient care roles of other professionals. Demonstrates effective skills for consulting with other professionals. Is a highly effective member of a team-based approach to services.	I(3)
Demonstrates ability to consult with professionals across disciplines with support from supervisors. Displays knowledge of unique patient care roles of other professionals. Demonstrates ability to consult with other professionals with supervisory support. Has emerging skills that may require some supervisory guidance as a member of a team-based approach to clinical services.	E (2)
Demonstrates limited ability in consulting with other professionals across disciplines and may feel uncomfortable in this role. Displays beginning knowledge of the unique patient care roles of other professionals. Has beginning skills for consultation with other professionals but may require significant supervisory support. Requires high levels of supervision to understand and embody the role of treatment-team member. May not effectively work within a team-based approach to clinical services.	B(1)
<b>Rating Elements</b>	
Demonstrates knowledge and respect for the roles and perspectives of other professions	_____
Applies knowledge of consultation models and practices with staff across disciplines	_____
Demonstrates ability to work within a team-based approach to clinical services	_____

AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Consultation Competency):	
<b>Competency 10 (Program Specific): Public Behavioral Health</b>	
<b>Behavioral Benchmarks</b>	
<p>Has an excellent understanding of the public behavioral health system and the impact of it and other social and environmental stressors that impact underserved clients. Has excellent knowledge and understanding of policies, regulations, and statutes that impact service delivery. Has superior abilities to critically evaluate the system of care and make meaningful, empirically supported recommendations for change. Is proactive at advocating for informed changes to improve the services available.</p>	A(4)
<p>Has a good understanding of the public behavioral health system and its impact on underserved clients. Is able to recognize and incorporate social and environmental factors into clinical work with underserved populations. Has a good understanding of policies, regulations, and statutes that inform work. Can critically evaluate the system of care and recognize areas for improvement. Can identify opportunities to advocate on behalf of clients to improve services.</p>	I(3)
<p>Has a basic foundational understanding of the public behavioral health system. With supervisory guidance, understands and incorporates the impact of social and environmental factors in clinical work with underserved populations. Has an emerging understanding of policies, regulations, and statutes that inform work. With some support and guidance is able to critically evaluate the system of care and identify areas for potential improvement. May need continued support in advocating for realistic and informed change.</p>	E(2)
<p>Has a beginning level of understanding of the public behavioral health system. Relies on supervisory guidance to understand the impact of social and environmental factors in clinical work with underserved populations. Generally relies on supervisors for information on policies, regulations, and statutes that inform work. May blame or further marginalize the population, or have difficulty having a basic understanding of the public behavioral health system and need frequent direction from supervisors in this area.</p>	B(1)
<b>Rating Elements</b>	

Demonstrates understanding of the public behavioral health system	_____
Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis, and treatment planning	_____
Demonstrates knowledge of organizational, local, and state policies, regulations, and statutes and their impact on the profession of psychology and the delivery of services	_____
Demonstrates the ability to critically evaluate the system of care, including strengths, challenges, and impacts on persons served	_____
<b>AVERAGE SCORE FOR COMPETENCY</b>	
Comments (including Strengths & Training Goals related to Public Behavioral Health Competency):	
<b>OVERALL RATING (average of all required broad competency scores)</b>	
Comments on Intern's overall performance:	
<p>Goal for evaluations completed at 3-months: <i>The minimum level of achievement is "2." No competency areas will be rated as "1."</i></p> <p>Goal for evaluations completed at 7-months: <i>The minimum level of achievement is "2." Interns are expected to score "3" in a minimum of two competency areas. No competency areas will be rated as "1."</i></p> <p>Goal for evaluations completed at the end of the year: <i>All competency items will be rated at level of competence of "3" or higher. No competency areas will be rated as "1" or "2."</i></p> <p>Check one:</p> <p>____The intern HAS successfully completed the above goal. We have reviewed this evaluation together.</p>	

\_\_\_\_The intern HAS NOT successfully completed the above goal. The intern has been informed of entering due process and I will be notifying the SH-PIC Training Director(s). We have reviewed this evaluation together.

Supervisor's Signature

Date

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement and that I can appeal the above scores per the SH-PIC Intern Handbook procedure.

Intern's Signature

Date



Communicates effectively with supervisee

Interacts respectfully with supervisee

Maintains clear and reasonable expectations for supervisee

Provides a level of case-based supervision appropriate to supervisee's training needs

Comments:

### Development of Clinical Skills

Assists in coherent conceptualization of clinical work

Assists in translation of conceptualization into techniques and procedures

Is effective in providing training in behavioral health intervention

Is effective in providing training in assessment and diagnosis

Is effective in providing training in systems collaboration and consultation

Is effective in helping to develop short-term and long-range goals for patients

Promotes clinical practices in accordance with ethical and legal standards

Comments:

### Summary

Overall rating of supervision with this supervisor

Describe how the supervisor contributed to your learning:

Describe how supervision or the training experience could be enhanced:

Any other suggestions/feedback for your supervisor?

Supervisor's Signature

Date

Intern's Signature

Date

**SH-PIC Program Evaluation:**

*To be completed by intern at the end of the training year and discussed with supervisor during intern final evaluation meeting.*

Intern: \_\_\_\_\_ Supervisor(s):  
\_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

This Program Evaluation is utilized by SH-PIC to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

**Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent**

**Cohort Experience:** In this section, please provide ratings related to your recurring training activities.

Overall quality of didactic lectures	
Relevance of didactic lecture topics	
Group Supervision	
Professional Development Group	
Opportunities for peer support and socialization	
Psychiatry Grand Rounds (bi-weekly)	
Psychologist Staff Consultation Group (monthly)	
Treatment Team Meetings (per site)	

Comments:

**Overall Quality of Training in Major Areas of Professional Functioning**

For the following items on SH-PIC's identified areas of competency, please rate the quality of the training you have received in each. Please consider your experience with **didactic seminars, professional development opportunities, and supervision**, as well as **direct clinical experiences and other experiential training**.

<b>Research</b>	
Scientific Knowledge and methods	
Research and evaluation	
Comments:	
<b>Ethical and Legal Standards</b>	
Ethics codes, guidelines, and standards	
Ethical decision-making	
Relevant law, regulations, and policy	
Comments:	
<b>Individual and Cultural Diversity</b>	
Breadth of clinical experiences with diverse clients <i>(e.g., country of origin, non-English speaking, ableness, socioeconomic status, legally-involved, race/ethnicity, chronically homeless, serious mental illness, sexual orientation, gender identity, education level, and so forth)</i>	
Comments:	

<b>Professional Values, Attitudes, and Behaviors</b>	
Quality of Training	
Comments:	
<b>Communication and Interpersonal Skills</b>	
Quality of Training	
Comments:	
<b>Assessment</b>	
Quality of Training	
Comments:	
<b>Intervention</b>	
Quality of Training	
Comments:	
<b>Supervision (recall that, for the purposes of this evaluation, you are rating the training you received in this required area of competence, NOT the supervision you received)</b>	
Quality of Training	

Comments:	
<b>Consultation and Interprofessional/Interdisciplinary Skills</b>	
Quality of Training	
Comments:	
Please provide additional comments/feedback about the SH-PIC's overall training in the major areas of professional functioning:	
<b>Please answer the following questions regarding your overall experience at SH-PIC.</b>	
Overall quality of training	
Comments:	
Breadth of clinical intervention experience	
Comments:	
Satisfaction with number of client contacts	

Comments:	
Clarity of expectations and responsibilities of intern at training site	
Comments:	
Role of intern at the site	
Comments:	
Caseload was appropriate to meeting educational/training needs	
Comments:	
Please provide additional comments/feedback about your experience at SH-PIC:	
<b>Please answer the following question regarding your primary supervision experiences.</b>	
Helpfulness of supervision	
Ability of supervisors	
Frequency of supervision	

Supervisor as professional role models	
Effectiveness of teaching	
Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:	
<b>Please answer the following questions regarding your secondary supervisor(s).</b>	
If you have more than one secondary supervisor, please rank each separately in the spaces provided. If you did not have a secondary supervisor, please leave this section blank:	
<b>Secondary Supervisor 1:</b>	
Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	
<b>Secondary Supervisor 2:</b>	
Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	
<b>Secondary Supervisor 3:</b>	
Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	

<b>Please rate the following miscellaneous items regarding your internship experience.</b>	
SH-PIC Orientation	
Comments/Recommendations for enhancement	
Orientation to working at Site	
Comments/Recommendations for enhancement	
Opportunities for socialization into the profession (i.e., training opportunities and experiences related to becoming a professional psychologist)	
Comments/Recommendations for enhancement	
Opportunities for socialization with other interns and trainees	
Comments/Recommendations for enhancement	
<b>Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:</b>	

**Please provide any feedback that you think would help improve this program evaluation survey:**



Western Interstate Commission for Higher Education  
Behavioral Health Program

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