



Psychology Internship Consortium

Program Brochure

2025-2026

www.SH-PIC.org

Program Mission

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), Child and Adolescent Behavioral Health (CABH), 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 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

The Sanford Health-Psychology Internship Consortium (SH-PIC) is not accredited by the American Psychological Association. SH-PIC **has** been granted an APA Site Visit for their initial accreditation, anticipated to occur between April and August 2025. *Note that being assigned a Site Visit does not guarantee the program will be accredited.*

APPIC Membership Status

Sanford Health-PIC has been granted **full 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**.

Program Structure Overview

SH-PIC offers **four** (4) one-year, full-time doctoral internships beginning and ending in mid-August. The start date for the 2025-2026 internship cohort is **August 11, 2025**. 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. Interns are provided opportunities to expand their knowledge base through staff psychologist consultation groups, multidisciplinary meetings, 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.

SH-PIC does not engage in discrimination against, or harassment of, any person employed or seeking employment within our consortium on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, or service in the uniformed services. This policy applies to all phases and aspects of the internship, including recruitment, selection, salary, training, and development. This policy is intended to be consistent with the provisions of applicable state and federal laws and site-specific policies. SH-PIC also prohibits sexual harassment and addresses any such grievance in collaboration with each site's Human Resource Department.

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 tests. 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

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.

Required Competencies

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

Supervision

All interns receive a minimum of 4 hours per week of supervision. Interns may receive additional

individual and/or group supervision at their sites by a licensed psychologist or another appropriately credentialed professional.

Interns receive a minimum of 2 hours of required individual supervision each week from a licensed psychologist at their primary site. Supplemental weekly individual supervision may be provided by additional faculty at each site and/or by licensed providers at minor rotation sites. Licensed supervisors provide interns with experientially based clinical training and direct observation is a component of the supervision and evaluation process.

Interns also receive 2 hours of required weekly group supervision from a licensed psychologist, typically one of the SH-PIC Clinical Supervisors. All interns are required to meet virtually via a secured telecommunication platform for group supervision unless notified by the Training Director(s). Group supervision focuses on case presentations, clinical topics, professional development, and legal/ethical issues. Additionally, cultural and diversity topics, including Native American culture and living in rural, agricultural, or frontier communities, will be a focal point of various group supervision sessions throughout the training year. These sessions will be led by a supervising psychology on the Training Committee who was trained through and remains heavily involved in the APA's Minority Fellowship Program (MFP).

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. Didactic seminars are held once per week for two (2) hours virtually on a secure telecommunication platform. However, there may be instances where didactic seminars are held in person, depending on the topic and presenter, at the Sanford Health main campus in Moorhead. If interns are expected to meet in-person for any didactic seminars, they will be notified by email by the Training Director(s) or Program Administrator.

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 \$51,000. All interns also receive a one-time housing/relocation stipend of \$1,000.

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. 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. Finally, interns are eligible for an additional scholarship in exchange for participating in an internal professional development program at Sanford Health that is designed for trainees in medical education.

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, including four intern cohesion events during the training year. These events include in-person orientation, a conference or state association meeting, a local powwow ceremony, and a graduation celebration. Additionally, interns are expected 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

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 (7) psychiatrists, seven (7) psychologists, four (4) master-level therapists, one (1) psychiatric mental health nurse practitioner, and one (1) post-doctoral psychology resident. The Behavioral Health team provides additional patient support with registered nurses and social workers.

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. 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).

Child and Adolescent Behavioral Health (CABH)

Child and Adolescent Behavioral Health (CABH) is housed in the Sanford Health Professional Building in Fargo, ND. Co-located within this Sanford Health facility are the Traumatic Stress Treatment Center (TSTC) and the Care Clinic (Child Abuse Referral and Evaluation). Both Child and Adolescent Behavioral Health (CABH) and the Traumatic Stress Treatment Center (TSTC) provide clinical psychotherapy, psychological assessment, psychiatric management, case management, and social support services to children, adolescents, and their families. The behavioral health providers offer evidence-based treatment for the varied diagnoses typically identified in childhood/adolescence and also work with the pediatricians and other service providers to provide for the mental and physical needs of the patient.

Patients present at the clinic from a variety of backgrounds for a range of behavioral health concerns with ages ranging from infancy to 17 years old and have been referred by their primary care physician to address behavioral and mental health needs. Some patients travel from geographically remote regions as child behavioral health specialty services are scarce in this region or utilize telehealth. Patients belong to Caucasian, racial and ethnic minority groups, identify as LGBTQIA+, are from varied economic backgrounds, are adopted or in foster care while other patients are from in-tact families. Common clinical conditions include Social Anxiety, Separation Anxiety, ADHD, Major Depressive Disorder, Adjustment Disorder, Conduct Disorder, and Generalized Anxiety Disorder. The intern will work closely with primary

care and pediatrics, social workers, and other professionals to support our patients. Therapeutic services are delivered in traditional office-based and telehealth delivery models. Residents conduct initial intake assessments and provide individual, family, and group therapy interventions. Empirically based treatment modalities typically used to address symptoms include, Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Cognitive- Behavioral Therapy (CBT); Exposure Therapy, Play Therapy, Behavioral Therapy and Comprehensive Behavioral Intervention for Tics (CBIT).

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.

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 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, MCMII-III, PHQ-9, GAD-7, and Columbia Suicide Screener.

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 (1 day per week) during their internship year to gain training experience related to inpatient behavioral health, hospital consultation, rural behavioral health, and other specialized services offered in a robust integrated healthcare organization. Rotation schedules and placement details are pre-determined based on the intern's Primary Site placement, as well as staff resources available during the training year. Each rotation provides a unique learning experience that enhances the intern's clinical, diagnostic, and assessment skills and knowledge. Minor rotation sites include the following:

- Adult Inpatient Psychiatric Unit (AIPU)
- Traumatic Stress Treatment Center (TSTC)
- Inpatient Pediatric Services
- Consult Liaison Hospital Service (CLHS)

Additional Opportunities for Exposure

Opportunities for additional training and specialty exposure vary by training year and staff availability. These opportunities are voluntary, and not a requirement of successful completion of the internship program. Interested interns should reach out to the Training Director (TD) to express their experience preferences and training interests. Examples of sites in which additional exposure opportunities include:

- Eating Disorder Treatment Clinic
- Adolescent Partial Hospitalization Program
- Addiction Treatment and Chemical Dependency Clinic
- Gender Affirming Care
- Electroconvulsive Therapy (ECT)

Application Process and Selection Criteria

The Sanford Health-Psychology Internship Consortium (SH-PIC) currently offers **four** (4) full-time intern positions for the 2025-2026 training year.

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 clinical writing sample (e.g., case summary, treatment summary, or psychological evaluation report) (*must be appropriately de-identified*)

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 350 intervention hours
3. A minimum of 25 assessment hours
4. 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. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

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 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. Alternatively, an approved vaccination exemption may be acceptable in certain situations, please inquire with the Training Director or Program Administrator for further information. Additional details about the specific

requirements for background check and screening processes can be found in the “Pre-Employment Procedures Policy” listed on the SH-PIC website at <https://sh-pic.org/policies-procedures/>.

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) and Dr. Jon Ulven (Jon.Ulven@sanfordhealth.org), or to the Program Administrator, Shelly McCann (Shelly.Mccann@sanfordhealth.org).

SH-PIC Due Process & Grievance Procedure

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.

Definition of Problematic Behavior

For purposes of this document, a “problematic 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. Interns 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 impairments 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 the intern's 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 Site 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) which can be found at <https://www.apa.org/ed/accreditation/about/policies/standards-ofaccreditation.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 Clinical 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 (TDs) 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 (TDs) 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 Primary 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 Primary Supervisor and TDs may take one of the following actions:
 - 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 Director of Clinical Training (DCT) 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 Primary Supervisor 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 possible actions include:

1. Increasing the amount of supervision, either with the same or additional supervisors;
2. Changing the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy and providing community referrals;
4. Adjusting the intern's clinical or other workload;
5. 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 (DCT) within 10 working days of completion of the letter.

The letter shall contain:

- a. A description of intern's unsatisfactory performance;
- b. Actions needed by the intern to correct the behavior;
- c. The timeline for correcting the problem; and
- d. 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 Director of Clinical Training (DCT) 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 Director of Clinical Training (DCT) 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.

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, fellow intern, 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 intern, 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 Directors (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 Directors (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 Directors (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 Health will be notified in accordance with the policies and procedures of the agency.

If the plan of action fails, the Training Directors (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.



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