



Psychology Internship Consortium

Intern Handbook

2025-2026

www.SH-PIC.org

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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/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 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.

Land Acknowledgement Statement

The Sanford Health Psychology Internship Consortium (SH-PIC) spans multiple communities and regions across several states. We respectfully acknowledge that the lands on which we live, learn, and serve are the traditional territories of the Dakota (Mdewakanton, Wahpekute) and Nakota (Yankton, Yanktonai) peoples.

We honor their enduring presence and deep connection to this land, recognizing them as the original stewards who have cared for these places for generations. SH-PIC is committed to fostering awareness, respect, and continued learning in partnership with Indigenous communities.

Accreditation Status

The Sanford Health-Psychology Internship Consortium is not accredited by the American Psychological Association. It should be noted that SH-PIC has been granted a Site Visit as part of the accreditation process, which was completed Fall 2025. However, there is no guarantee that a Site Visit will ultimately result in APA accreditation.

APPIC Membership 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.

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 represent 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, as well as other opportunities for exposure to various treatment modalities, populations, and areas of practice within a vast healthcare system. Additional opportunities for exposure are dependent on staff availability and the intern's professional interests.

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 training sessions 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 roughly 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 providing opportunities for interns to work on multidisciplinary teams. Interns will also participate together in didactic training and experiential activities to further their understanding of 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.

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).
- Demonstrates being a critical consumer of research through demonstration of abilities to perform literature reviews, select research data relevant to patient care, and competently discuss strengths and weaknesses of published research studies.
- Application of historical and contemporary scientific knowledge to inform clinical practice
- Formulates appropriate questions regarding case conceptualization and can utilize research databases to support hypotheses.
- Generates hypotheses regarding own contribution to therapeutic process and outcome.
- Discusses evidence-based practices in individual and group supervision and in formal presentations.
- Displays intermediate level knowledge of and respect for scientific bases of behavior.
- Applies EBP concepts in case conceptualization, treatment planning, and interventions and can continually refine such findings in light of emerging research data.

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.
- Consult actively with supervisor and, where appropriate, Sanford legal consultants, to act upon ethical and legal aspects of practice.
- Consistently recognize ethical and legal quandaries in their own cases and those of their fellow intern(s).
- Demonstrate ability to deconstruct ethical concerns and appropriate actions in ethical case vignettes presented in group supervision.
- Demonstrate familiarity with ND and MN Psychology Practice Acts and apply knowledge to their clinical 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.
- 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).
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- The understanding and appreciation of “rurality” as a cultural variable.
- Initiate supervision regularly about diversity issues and integrate feedback into practice.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during training year.
- Demonstrate appreciation for diversity by including elements of culture, race, ethnicity, gender, and sexual orientation, among others, in each case presentation in individual and group supervision.
- Attend didactics related to diversity and be able to demonstrate competency in the

ability conceptualize the role of diversity in these academic presentations.

Competency 4: *Professional Values & Attitudes.*

Learning Elements to achieve this competency include:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, 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 in 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.
- Demonstrate preparation for both individual and group supervision.
- Demonstrate appreciation and respect for other professionals in the internship sites (and agencies outside of Sanford) and understand their role in the care of shared patients.
- Be familiar with guidelines for professionalism as outlined in the APA Ethical Guidelines, and the North Dakota and Minnesota Psychology Practice Acts.

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.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- Recognize the importance of other multi-disciplinary professionals involved in the care of shared patients and be able to collaborate effectively in holistic treatment approaches.
- Effectively recognize supervisory challenges and conflicts with program faculty and effectively address such issues in a timely way with attention to self-reflection and awareness.

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. Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- Articulate relevant developmental features, clinical symptoms, and cultural factors as applied to presenting questions and findings (e.g., intergenerational trauma).
- Demonstrate the ability to select screening tools and assessment instruments that are relevant to the clinical questions to be answered and understand how these instruments may or may not be valid with certain underrepresented populations.

Competency 7: *Intervention.*

Learning Elements to achieve this competency include:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop 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.
- 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.
- Demonstrate ability to conduct a multi-diagnostic differential assessment and applies specific evidence-based interventions (e.g., intergenerational trauma) for Substance Use/Co-occurring Disorders.
- Demonstrate ability to recognize and address transference and countertransference in the therapeutic relationship.
- Recognize the use of “self” in all clinical interventions and how that is applied in a variety of treatment approaches.
- Demonstrate the awareness of personal/professional boundaries in treating

patients in rural and frontier communities and recognize instances of inevitable overlapping relationships common to small towns.

Competency 8: *Supervision.*

Learning Elements to achieve this competency include:

- 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.
- Demonstrate understanding of roles and responsibilities of the supervisor and supervisee in the supervision process.
- Seek supervision to improve performance, presenting work for feedback, and integrating feedback into performance.
- Collaborate with supervisor and provide feedback regarding supervisory process.
- Provide feedback to peers regarding peers' clinical work in context of group supervision or case conference.
- Demonstrate increasing skills of supervision of master's prepared behavioral health professionals through case consultation and feedback to allied healthcare professionals in internship sites.

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

Learning Elements to achieve this competency include:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Role-play consultation with others (i.e., in individual and/or group supervision).
- Direct practice of consultation within a direct care team or setting.
- Develop interprofessional/interdisciplinary communication skills.
- Collaboration with other multidisciplinary healthcare professionals and primary and secondary training sites in support of team-based care.
- Consultation within a direct care team or setting.

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 Site 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 Primary Site Supervisor, and the intern receives a copy. A copy is also submitted to the Training 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 approximately 2,000 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, as well as 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 at the end of this Intern Handbook, on the MedHub platform, and on 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, though the presenters may hold their seminar in-person or virtually via secure videoconferencing. 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 takes 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 Training Director(s). After the third absence, the Training 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 Training 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 Primary Site Supervisor and the Training 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 Training Director(s) and their Primary Supervisor and is due one week from the absence.

Interns are expected to join all Wednesday 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

Training 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 Training 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 Training 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

All interns receive a minimum of four (4) hours per week of 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.” Depending on an intern’s minor rotation site assignment, they may receive an additional one hour of supervision per week with their rotation site’s clinical supervisor during their minor rotation(s).

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 virtually on a secure platform (e.g., WebEx) with all interns across consortium sites. All interns are expected to attend this Wednesday group supervision in-person, with the facilitator conducting the session virtually. In the case of inclement weather, interns will be notified by the Training Director or Program Manager with the option of joining the meeting virtually. 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 applicators 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 the Training Director(s) or Site Supervisor about current and future research opportunities.

Stipend, Benefits, and Resources

The annual internship stipend across all consortium sites is \$51,000.

In addition to the annual stipend, all interns will receive a one-time, \$1,000 moving/housing stipend to help offset costs associated with relocation and/or housing for the training year.

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 roughly 2,000 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

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.

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, but 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.

Contact Information

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Child and Adolescent Behavioral Health (CABH)

Child and Adolescent Behavioral Health (CABH) is also located in the Southpointe Clinic building. The Sanford Health Southpointe Clinic is a multi-specialty clinic that offers primary care, pediatrics, women's care, and additional health specialties, like behavioral health, allergy, and radiology. The clinic is home to the Sanford Women's Center and wellness guide program. Child and Adolescent Behavioral Health (CABH) provides 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 work with the pediatricians and other service providers to serve the mental and physical needs of the patient.

The provider team includes two psychiatrists, one psychiatric nurse practitioner, eight psychologists, one post-doctoral psychology resident, and one social worker.

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, identified 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).

The Internship Experience

At CABH, 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. Interns are expected to work closely with primary care and pediatrics, social workers, and other professionals to support our patients. Interns are also expected to work closely with the clinical team at the Partial Hospitalization Program for Adolescents, which is a pediatric inpatient unit for medical concerns, and our child psychologist partners at the Sanford Medical Center. Interns who complete an internship with CABH 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 Child and Adolescent Behavioral Health (CABH) from a variety of backgrounds for a range of behavioral health concerns. Patients treated include children (Birth-18 years old), young adults, and caregivers of children and young adults. While this clinic serves children and families located in the Fargo-Moorhead region, some patients travel from geographically remote regions in the greater Minnesota and rural North Dakota areas, as child behavioral health services are scarce in this region. Many patients belong to racial and ethnic minority groups, Indigenous groups, identify as LGBTQAI+, are from economically disadvantaged backgrounds, and are in foster care or kinship care.

CABH's 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
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Acceptance and Commitment Therapy (ACT)
- Exposure Therapy
- Child Parent Psychotherapy (CPP)
- Exposure and Relapse Prevention (ERP)
- Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)
- Supportive Parenting for Anxious Childhood Emotions (SPACE)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Honoring Children, Mending the Circle (HCMC) – a cultural adaptation of TF-CBT for Native American children
- Comprehensive Behavioral Intervention for Tics (CBIT)
- Parent-Child Interaction Therapy (PCIT)
- Play Therapy
- Other physician ordered interventions, as appropriate

At CABH, 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.

Contact Information

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Valley City Clinic (VCC)

The Sanford Health Valley City Clinic is a multi-specialty group practice featuring three (3) family medicine physicians, as well as five (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.

Contact Information

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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, 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. 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 rotation opportunities:

Virtual Care Clinic

Sanford Health's Virtual Behavioral Health Center Program integrates technology-driven care with evidence-based therapies. This program is intended to provide comprehensive mental health services including measurement-based care (MBC), virtual reality therapy (VR) and testing, individual and group therapy, peer support and care management to improve patient outcomes. This minor rotation will expose the pre-doctoral intern to understanding and providing virtual psychological services under supervision, and being part of a staffing model to include psychiatry, psychology, social work, peer support personnel, health guides, and care managers. Interns will learn about CMS rules and compliance for this treatment modality, reimbursement strategies for using telehealth, documentation specific to telehealth, and will become familiar with HIPAA-compliant software. Interns on this minor rotation will be providing clinical services virtually from a designated office space in the Moorhead Adult Behavioral Health Clinic to allow access to supervisors and other colleagues during service delivery.

Child and Adolescent Behavioral Health (CABH)

Child and Adolescent Behavioral Health (CABH) is in Sanford's Southpointe

multi-specialty clinic. For their minor rotation, the intern joins an interdisciplinary team (psychiatrists, psychologists, NP, social worker, PCP/pediatrics) to assess and treat diverse children and adolescents (birth–17) and their families—many from rural/remote, economically disadvantaged, foster/kinship care, Indigenous, racial/ethnic minority, and LGBTQIA+ backgrounds—presenting with concerns such as anxiety disorders, depression, ADHD, adjustment/conduct issues, and tic disorders. Training emphasizes evidence-based, developmentally attuned interventions (e.g., CBT, TF-CBT, DBT skills, ACT, PCIT, CPP, CBIT, SPACE, AF-CBT, ERP, play therapy, psychoeducation, culturally adapted TF-CBT) delivered in both office-based and telehealth formats; interns conduct intakes, individual/family/group therapy, and collaborate closely with the Adolescent Partial Hospitalization Program and hospital-based child psychologists. Competency goals include diagnostic assessment, intervention, and interdisciplinary consultation, alongside growth in cultural humility, ethical practice, and reflective professional self-awareness.

[Traumatic Stress Treatment Center \(TSTC\)](#)

Located in Fargo, ND, the Traumatic Stress Treatment Center (TSTC) provides specialized trauma services, including clinical psychotherapy, psychological assessment, psychiatric management, case management, and social support services to children, adolescents, young adults, and families. There is significant collaboration with many multidisciplinary partners, including child protective services, law enforcement, and prosecutors. Patients present at TSTC from a variety of backgrounds for a range of behavioral health concerns. Some patients travel from geographically remote regions as child behavioral health specialty services are scarce in this region. 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. Interns will conduct initial intake assessments and provide individual, family, and group therapy interventions. Interns are trained in a variety of modalities, including but not limited to, but are not limited to, Trauma-Focused Cognitive Behavioral Therapy, Child and Family Traumatic Stress Intervention, Cognitive Processing Therapy, Child Parent Psychotherapy, Dialectical Behavioral Therapy, Parent-Child Interaction Therapy, Cognitive Behavioral Therapy for Depression and Anxiety, and Exposure Therapy.

[Additional Opportunities for Exposure](#)

- Gender Affirming Care
- Substance Abuse Clinic
- Electroconvulsive therapy (ECT)
- In-Patient Psychiatric
- Adolescent Partial Hospitalization
- Eating Disorder Treatment Clinic

Application Process and Selection Criteria

The Sanford Health-Psychology Internship Consortium (SH-PIC) currently offers **four** (4) full-time intern positions across its three (3) Primary Sites 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 (3) standardized reference forms, two of which must come from individuals who have directly supervised the applicant's work (***please do not submit more than three letters***)
5. Official transcripts of all graduate coursework
6. Supplementary Materials (***please ensure that materials are redacted appropriately***):
 - a. A one-page clinical case conceptualization
 - b. One professional writing sample (e.g., diagnostic assessment or test assessment battery)

SH-PIC will base its intern selection on the entire application package noted above, as well as the applicant's individual virtual interview with a minimum of two (2) members of the SH-PIC Training Committee; however, applicants who have met, or are expected to meet, 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 region, and an interest in remaining in the Midwest to join the workforce is to be considered a benefit in a potential intern.

Prior to the start of the training year, all interns must undergo comprehensive background checks and screening per Sanford Health Human Resources procedures. Requirements include a criminal background check, drug screening, and up-to-date vaccinations. Additional details related to Sanford Health's hiring requirements and pre-employment procedures can be found in the accompanying Pre-Employment Procedures Policy documents at the end of this Intern Handbook (page 41) and can also be found on the SH-PIC website at <https://sh-pic.org/policies-procedures/>.

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 Sanford Health's internship program for the 2024-2025 training year should submit their AAPI and accompanying materials via the National Match Service (NMS) portal found at <https://natmatch.com/psychint/applicants/index.html>.

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. Each of the three (3) training sites can be found in the NMS portal by their individualized site number and program descriptor as indicated below:

- Moorhead Adult Behavioral Health Clinic (MABHC)
General Psychology #258611 (2 positions)
- Valley City Clinic (VCC)
Rural Psychology #258612 (1 position)
- Child and Adolescent Behavioral Health (CABH)
Child/Trauma Psychology #258613 (1 position)

Questions regarding the application or interview process may be directed to either of SH-PIC's Training 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)

Life in the Midwest

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 activities 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. 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.

Program Policies

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.

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 permanent file, emailed to the intern and Primary Supervisor and based on the TD's discretion, may be sent to the Director of Clinical Training (DTC) 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 time frame following the conclusion of step A of the Formal Review process 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 Primary Site Supervisor. 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 Supervisor, 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 Supervisor) 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 Supervisor) 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 Supervisor) 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 Supervisor) 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 Supervisor). The intern and the individual being grieved will be asked to report in writing to the TDs (or Site Supervisor) 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.

Intern Signature

Print Name

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 www.sh-pic.org and in the SH-PIC Intern Handbook.

SH-PIC Faculty provides 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.

Individual Supervision Structure

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, with the primary training faculty conducting the session via secured video conferencing. 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 one primary SH-PIC training faculty and will feature additional 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. Telesupervision 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. Telesupervision may not account for more than 2 hours of the minimum required 4 total weekly hours of supervision.

Support for Telesupervision 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, telesupervision 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.

Telesupervision 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, group supervision, and other scheduled group training activities is mandatory for all interns in the Sanford Health-Psychology Internship Consortium and is required for successful completion of the internship. Attendance at these scheduled activities **takes priority over other site obligations each week**. Site supervisors are aware of these activities and their requirements for interns. A didactic calendar is distributed during orientation and may be updated throughout the year.

In rare and program-sanctioned circumstances, the Training Director(s) may approve an excused absence from didactics or group supervision when the intern is participating in an educational activity that directly contributes to the intern's profession-wide competencies or rotation-specific training requirements (e.g., evidence-based intervention training, certification-related coursework, or consortium-approved advanced clinical training). Approval must be obtained in advance, and the activity must be determined by program leadership to provide educational value equivalent to or greater than the missed didactic training or group supervision. When an absence is formally approved under this provision, the Training Director(s) may waive the standard make-up assignment. All excused absences approved under this provision will be documented in the intern's training file.

An intern is permitted *no more than three unexcused absences* during the calendar year. After the second unexcused absence, interns will receive a reminder from the program's Training Director(s). After the third unexcused absence, the Training Director(s) may initiate SH-PIC's Due Process procedures. Interns may use only three of their allotted vacation and/or professional development days on didactic training days. The Training 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 serious illness should notify their Primary Site Supervisor and the Training Director(s) as soon as possible.

For all unexcused didactic absences, interns must review a research article related to the didactic topic and submit a 1–2-page review discussing the relevance of the topic to their professional role. This review must be submitted to the Primary Site Supervisor and Training Director(s) and is due one week from the absence. Interns whose absence is pre-approved as a training-related excused absence (as described above) may have the research review requirement waived at the discretion of the Training Director(s).

Interns are typically expected to join all required educational training activities (didactic seminars, group supervision) on-site at a Sanford Health facility as a group. If an intern has a car or if bad weather prevents them from driving in, and they must join virtually, interns may not be driving or in a public location during educational training activities. Calling into a didactic presentation by audio-only 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 Training 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 Training 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 your 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 an 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 Pre-Employment Screening Procedures Policy

Prior to the start of the training year, all interns must undergo comprehensive background checks and screenings per Sanford Health Human Resources procedures. Pre-doctoral psychology interns are considered full-time staff of Sanford Health; therefore, interns must successfully complete all aspects of the HR screening and staff onboarding procedures. Each requirement is listed below, and the details are broken down by type of pre-employment screening procedure.

Vaccination Status

As a condition of employment, Sanford Health requires employees to submit documentation to verify vaccination status including:

- MMR (Measles/Mumps/Rubella), as documented by either two shots or a blood test
- Varicella (Chicken Pox), as documented by either a shot or a blood test
- Tuberculosis (TB), as documented by a blood or skin test
- Influenza (flu) shot, received by Employee once annually
- COVID-19 shot, as documented by proof of first vaccination in the series – booster shots are not required

Sanford Health has an established vaccination exemption review process, in which individuals with medical and/or religious exemptions can submit the required paperwork and be evaluated for vaccination requirement exemption by Human Resources personnel. It should be noted that although there is an exemption review process; applicants should not assume that they will be granted an exemption, nor should applicants assume that certain accommodations will be provided, including for individuals who are unable to be vaccinated for medical reasons. All exemptions are granted or denied based on an individual review process.

Drug Screening

Sanford Health requires applicants to submit to and successfully pass a drug screening; however, Sanford Health does not screen for THC/CBD/cannabis. In addition, Sanford Health has a policy in which we do not discriminate against anyone who has a medical marijuana card.

Criminal Background Screening

All applicants must submit to a criminal background screening. We do not automatically eliminate any applicants from consideration for employment based *solely* on the existence of a criminal arrest history or criminal conviction.

If the results of said background check identify previous arrest(s) or conviction(s), a team of Human Resources personnel will review the background check results and evaluate various aspects of the record to determine if the criminal history is acceptable in terms of employment eligibility. Considerations of the review panel include but are not limited to what charge(s) occurred (i.e., peaceful protest, drug-related, violence-involved), severity of the charge(s) (i.e., misdemeanor, felony), how many years since the charge(s) occurred, what role or position the applicant is being considered for within the organization, and any relevant state regulations. Each charge(s) is evaluated on a case-by-case basis, and the applicant is informed of the determination of eligibility by a Human Resources personnel following the panel review.

SH-PIC Code of Conduct Policy

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

Sanford Health-Psychology Internship Consortium Code of Conduct

1. Compliance with the APA's 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 behavioral towards all SHOPIC faculty members, fellow 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 additional 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.

Intern Signature

Print Name

Date

Sanford Social Media Policy

OVERVIEW OF POLICY

Social media is part of daily life. Ensure your content avoids misrepresentation, protects patient privacy, and maintains a respectful and professional online presence.

Whether you use a work device or your own, **do not** use social media for personal reasons during work hours. Even when you are off duty, people may still identify you as an employee of the organization and may view your online activity as representing the organization.

People can identify you as an employee if you:

- List the organization as your employer on your profile
- Wear organization-branded apparel or display your badge in posts, photos, or videos
- Record content inside organization facilities

At all times during working hours and when you identify yourself as a Sanford employee, you must follow the Social Media – Enterprise policy.

Get approval from the digital marketing team before creating any organization-related group or page. **Do not** upload or use the Sanford logo unless you have been given permission to do so.

- Never share PHI or workplace details that could reveal someone's identity. Avoid posting photos, videos, stories, or even vague descriptions that could expose private information.
- Even positive posts can violate privacy. Do not share names, identifiers, or patient details in private messages or closed groups.
- Avoid jokes, comments, or posts that could harm trust in the care you provide.
- Never shame, mock, or speak disrespectfully about anyone.
- These actions are unprofessional and could lead to corrective action.
- Do not talk with patients, residents, clients, members, or their families about care or business issues through personal social media.
- Do not create or share work-related content, such as photos, videos, or posts taken while on duty, in uniform, or inside organization facilities, unless you have approval. These posts can look like official statements from the organization.
- Do not post content that could be discriminatory, harassing, harmful, or offensive.
- Avoid comments about someone's race, age, gender, or any other personal characteristic.
- Posting discriminatory or harassing content may result in corrective action up to termination.
- Your personal rights do not override organizational expectations. The First Amendment protects you from government limits on speech, not from professional accountability.

- Even outside of work, your content can impact the organization. The organization may take action if your posts conflict with its values or interests.

VIOLATION OF POLICY

Violations of this policy may result in disciplinary action, which may include suspension, restriction of access, or more severe penalties up to and including termination of employment. Where illegal activities or theft of company property (physical or intellectual) are suspected, the company may report such activities to the applicable authorities. The Sanford Health Psychology Internship Consortium (SH-PIC) strictly adheres to the Sanford Enterprise policy and violations will be managed in accordance with organizational guidelines.

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 (Beginning)

7-month evaluation: 2 (Beginning)

Final, 12-month evaluation: 3 (Intermediate)

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.

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 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. 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.

Signature

Print Name

Date

SH-PIC Maintenance of Records Policy

General 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 Training Committee 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 Sanford Health-Psychology Internship Consortium (SH-PIC) training sites will be \$51,000 annually, with an additional \$1,000 housing bonus. 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.

To support our Interns role in caring for others, they will receive access to Sanford's Provider Well Being resources. This includes a time-saving virtual assistant, as well as 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, and 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 has access to administrative and IT support through their primary training site. Interns will also be given access to a psychology scientific literature database.

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

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 receipts, complete a travel expense form and submit them to the SH-PIC Program Administrator 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>Advanced. 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>Intermediate/Internship. The intern is <u>functioning at entry-level practice</u> 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>Emerging. 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>Beginner/Remedial. 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>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.</p>	
<p>Competency 1: Research</p>	
<p>Behavioral Benchmarks</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>Rating Elements</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 & training goals related to Research Competency):</p>	
<p>Competency 2: Ethical and Legal Standards</p>	
<p>Behavioral Benchmarks</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)
Rating Elements	
<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):	
Competency 3: Individual and Cultural Diversity	
Behavioral Benchmarks	
<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>Rating Elements</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):	
Competency 4: Professional Values, Attitudes, and Behaviors	
Behavioral Benchmarks	
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)

<p>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 counterproductive.</p>	<p>B (1)</p>
<p>Rating Elements</p>	
<p>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</p>	<p>_____</p> <p>_____</p>
<p>Engages in activities to maintain and improve performance, well-being, and professional effectiveness</p>	<p>_____</p>
<p>Actively seeks and demonstrates openness and responsiveness to feedback and supervision</p>	<p>_____</p>
<p>Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through internship</p>	<p>_____</p>
<p>Actively participates in scheduled appointments, training activities, supervision, and meetings consistently and on-time</p>	<p>_____</p>
<p>Maintains appropriate boundaries in professional and clinical relationships</p>	<p>_____</p>
<p>Completes all required documentation in a timely manner</p>	<p>_____</p>
<p>Follows proper procedure in protecting client information and case files</p>	<p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths & Training Goals related to Professional Values, Attitudes, and Behaviors Competency):</p>	
<p>Competency 5: Communication and Interpersonal Skills</p>	
<p>Behavioral Benchmarks</p>	

<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>	A(4)
<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>	I(3)
<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>	E(2)
<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. 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>	B(1)

Rating Elements

<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>	_____

AVERAGE SCORE FOR COMPETENCY

Comments (including Strengths & Training Goals related to Communication and Interpersonal Skills Competency):

Competency 6: Assessment	
Behavioral Benchmarks	
<p>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.</p>	A(4)
<p>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.</p>	I(3)
<p>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.</p>	E(2)
<p>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.</p>	B(1)
Rating Elements	
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	_____
AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Assessment Competency):	
Competency 7: Intervention	
Behavioral Benchmarks	
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>Rating Elements</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):	
Competency 8: Supervision	
Behavioral Benchmarks	
<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):	
Competency 9: Consultation and Interprofessional/Interdisciplinary Collaboration	
Behavioral Benchmarks	
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)
Rating Elements	
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):	
Competency 10 (Program Specific): Public Behavioral Health	
Behavioral Benchmarks	
<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)
Rating Elements	

<p>Demonstrates understanding of the public behavioral health system</p>	<p>_____</p>
<p>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</p>	<p>_____</p>
<p>Demonstrates knowledge of organizational, local, and state policies, regulations, and statutes and their impact on the profession of psychology and the delivery of services</p>	<p>_____</p>
<p>Demonstrates the ability to critically evaluate the system of care, including strengths, challenges, and impacts on persons served</p>	<p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths & Training Goals related to Public Behavioral Health Competency):</p>	
<p>OVERALL RATING (average of all required broad competency scores)</p>	
<p>Comments on Intern's overall performance:</p>	
<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> 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> 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> Check one: <input type="checkbox"/> 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

SH-PIC Supervisor Evaluation

To be completed by intern at 3-months, 7-months, and 12-months into training year (concurrent with intern evaluation) and discussed with supervisor during intern evaluation meeting

Intern: _____ Primary Supervisor: _____

Dates of Evaluation: _____ to _____

Scoring Criteria:

1 Significant Development Needed --Significant improvement is needed to meet expectations	
2 Development Needed -- Improvement is needed to meet expectations	
3 Meets Expectations	
4 Exceeds Expectations --Above average experience	
5 Significantly Exceeds Expectations --Exceptional experience	
N/A --Not Applicable/Not Observed/Cannot Say	

NOTE: Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

General Characteristics of Supervisor

Is accessible for discussion, questions, etc.

Allots sufficient time for supervision and scheduled supervision meetings appropriately

Keeps sufficiently informed of case(s)

Is interested in and committed to supervision

Sets clear objectives and responsibilities throughout supervised experience

Is up-to-date in understanding of clinical populations and issues

Presents as a positive role model

Maintains appropriate interpersonal boundaries with patients and supervisees

Provides constructive and timely feedback on supervisee's performance

Encourages appropriate degree of independence

Demonstrates concern for and interest in supervisee's progress, problems, and ideas

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**.

Research	
Scientific Knowledge and methods	
Research and evaluation	
Comments:	
Ethical and Legal Standards	
Ethics codes, guidelines, and standards	
Ethical decision-making	
Relevant law, regulations, and policy	
Comments:	
Individual and Cultural Diversity	
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:	

Professional Values, Attitudes, and Behaviors	
Quality of Training	
Comments:	
Communication and Interpersonal Skills	
Quality of Training	
Comments:	
Assessment	
Quality of Training	
Comments:	
Intervention	
Quality of Training	
Comments:	
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)	
Quality of Training	

Comments:	
Consultation and Interprofessional/Interdisciplinary Skills	
Quality of Training	
Comments:	
Please provide additional comments/feedback about the SH-PIC's overall training in the major areas of professional functioning:	
Please answer the following questions regarding your overall experience at SH-PIC.	
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:	
Please answer the following question regarding your primary supervision experiences.	
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:	
Please answer the following questions regarding your secondary supervisor(s).	
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:	
Secondary Supervisor 1:	
Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	
Secondary Supervisor 2:	
Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	
Secondary Supervisor 3:	
Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	

Please rate the following miscellaneous items regarding your internship experience.	
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	
Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:	
Please provide any feedback that you think would help improve this program evaluation survey:	