



**SOLUTIONS**  
BEHAVIORAL HEALTHCARE PROFESSIONALS

# PSYCHOLOGY INTERNSHIP PROGRAM



2024-2025 TRAINING YEAR

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### **Purpose of this Manual**

This manual is being provided as a basic orientation to the internship, as a resource guide for the training year, and as a reference for relevant policies and procedures pertaining to the internship. We have tried to include most things that will need to be known over the course of the internship training experience. If you have questions at any time about the contents of this manual, updates, or policies and procedures in general, please ask the Training Director or your primary supervisor. An electronic version is available. Please let the Training Director know if you would like to have that sent to you.

A more thorough review of the agency wide policies can be found in the Administrative Manual or Personnel Policies and Procedures manual. These are covered during the first week of internship during orientation.

If you have suggestions for addition to these documents, contact the Training Director, Dr. Tessie Blake [tblake@solutionsinpractice.org](mailto:tblake@solutionsinpractice.org)

### APA Status

The internship is a member of APPIC, #2488. Solutions is accredited as of 11/16/2021.

Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association 750 1st Street NE, Washington, D.C. 20002 Phone (202) 336-5979 Email: [apaaccred@apa.org](mailto:apaaccred@apa.org). APA's website: [www.apa.org/accreditation](http://www.apa.org/accreditation)



## INTRODUCTION

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Solutions Behavioral Healthcare Professionals (“Solutions”) is a non-profit agency serving the mental health needs of the west central region of Minnesota and surrounding communities. Specifically, Solutions has offices located in Moorhead, Fergus Falls, Alexandria, Detroit Lakes, and St. Cloud, Minnesota as well as Fargo and Bismarck, ND. Solutions is located in what is considered a healthcare shortage area.

## MISSION AND AIM

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### Agency Mission

Solutions’ agency mission is to provide high quality, readily accessible mental health and human services that are:

- Rooted in the belief that change is possible
- Person-centered and designed to empower independence
- Technically sound and informed by science
- Administered in a supportive and respectful work environment

Solutions values personal choice and understands the importance of developing caring relationships to facilitate growth and healing. Solutions supports the development of personalized interventions based on individual need and readiness for change. Solutions strives to manage safety needs in a supportive environment.

Solutions views its Psychology Internship program as consistent with its general social mission and as a way to enhance the services that can be provided to the communities that it serves.

### Aim of Internship

***Solutions’ aim is to prepare and retain generalist health service psychologists that are equipped with the knowledge, skills and attitudes to provide ethical, professional, and socially-just psychological services to a diverse population, in accordance with the expected professional standards outlined by APA’s Council on Accreditation.***

Solutions’ Psychology Internship program seeks to provide a broad level of training for interns and prepare them for a “generalist” practice of professional psychology consistent with the philosophy of the practitioner-scholar model of training. We endeavor to teach Interns to meld their clinical and theoretical training with current research findings as they choose assessment strategies, interpret results, develop interventions, and provide effective consultation. We do not define any program-specific competencies, but rather focus on establishing the APA Profession Wide Competencies, which are further outlined below in our goals. A second objective is for workforce development, as a means to affect the shortage of psychologists in our geographic area.

Solutions views the Internship Program as training-focused versus productivity-focused. Supervisors ensure that the focus is always on training of Interns.

## ABOUT THE AREA

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Solutions covers a geographic area roughly aligning with Interstate-94, beginning with Fargo-Moorhead and ending at St. Cloud, MN. Solutions also has a clinic in Bismarck, North Dakota. The Internship is operated out of Solutions' Moorhead and Detroit Lakes offices, which are roughly 200 miles from the Minneapolis-St. Paul ("Twin Cities") area.

Fargo is the most populous city in the state of North Dakota with a census of about 120,000. Its sister city, Moorhead, MN, which is separated from Fargo by the Red River of the North, is the county seat of Clay County and has a population of about 40,000. The metropolitan area of Fargo, West Fargo, Moorhead and Dilworth, MN has a current population of 240,000. The median age in Moorhead is 29 (Fargo is 30.5). Moorhead's median household income is \$55,343. The percent of individuals in poverty is 14.9%. The Fargo-Moorhead area is a regional center of education, commerce, and healthcare, and is considered a vibrant and growing area. This area has four colleges and universities, numerous youth programs, locally acclaimed theater, and semi-professional baseball and hockey teams. This is serious hockey country! Follow this link to the Fargo-Moorhead visitors' guide: [https://www.fargomoorhead.org/wp-content/uploads/2017/02/2017-Fargo-Moorhead-Visitors-Guide\\_LR.pdf](https://www.fargomoorhead.org/wp-content/uploads/2017/02/2017-Fargo-Moorhead-Visitors-Guide_LR.pdf)

While the Fargo-Moorhead population continues to be largely Scandinavian and German, there are an increasing number of new Americans from India, China, Bosnia, and the eastern European and African nations. Fargo has been a designated refugee relocation site. Fargo-Moorhead's demographic data suggests the following racial/ethnic information: Caucasian (90%), Asian (3%), African American (2.7%), African American (2.7%), Native American (1.4%) and two or more races (2.1%). Minnesota demographic data, which includes the larger Twin Cities, suggests the following racial/ethnic information: Caucasian (86%), African American (6.2%); American Indian (1.3%); Asian (4.9%); Pacific Islander (0.1%), two or more races (2.4%); Hispanic or Latino (5.2%).

Solutions' Detroit Lakes office is located in Becker County, about 40 miles east of Moorhead, outside the Red River Valley and into "lakes country." Detroit Lakes has a population of about 9,000. It has a much higher unofficial population during summer months due to seasonal residents and tourists (13,000). The median income there is about \$37,103. Its median age is 39.7 years. 19% of its individuals are considered in poverty. The largest racial/ethnic groups are white (88.8%) followed by American Indian (4.2%), 2% bi-racial, and Hispanic or Latino (1%). Detroit Lakes is known for its summer fun on the lakes and sports a variety of outdoor activities, including fishing and camping. The area hosts a number of seasonal festivals and events. Follow this link to the Detroit Lakes visitors' guide: <https://www.visitdetroitlakes.com/>

## ABOUT SOLUTIONS BEHAVIORAL HEALTHCARE PROFESSIONALS

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Solutions Behavioral Healthcare Professionals is a 501(c)(3) non-profit agency committed to making a difference in the lives of individuals struggling with mental health problems. Solutions places a strong emphasis on providing quality, accessible services and meeting unmet needs in the community.

In 1999, several well-established clinicians began a venture to better serve unmet mental health needs in the Red River Valley community. At that time, most agencies had long waiting lists, and there was a limited number of mental health professionals. Solutions was born in the small home office of its founder, Joel Bakken, MS, LP, MMgt. Joel had seen too many people fall through the cracks within existing bureaucratic organizations. Along with a small group of experienced yet still idealistic colleagues, Joel developed a vision for a flexible and responsive organization that was specifically designed to meet the needs of the community. Solutions' first licenses obtained were in the year 2000 when Solutions was licensed as an Outpatient Mental Health Facility (Rule 29) and as a Crisis-Respite (Waivered Services) provider. Solutions went on to build a



number of other certified programs, including case management and mental health rehabilitative programming (ARMHS and CTSS) in the mid- 2000s. A corporate foster care program was developed in 2008. Additional clinic sites were set up as the agency's programming and geographic coverage expanded. In 2014, Solutions began to provide mobile crisis services and shortly thereafter started providing mental health rehabilitation services in North Dakota. In 2015, Solutions began to provide autism services in Minnesota under Medicaid requirements and was one of the first providers in the state to develop this service. Solutions currently has autism clinics in all of its locations. In 2022, Solutions also achieved its certification in the state of Minnesota as a Certified Community Mental Health Center.

The commitment to providing quality, accessible services and meeting unmet needs in the community has been a guiding principle as we worked to grow our organization and expand its mission into west central Minnesota and eastern North Dakota. With over 300 staff, we currently serve more than 2,200 clients and provide an array of services (described in detail below) across eight locations, including Moorhead, Detroit Lakes, Fergus Falls, Alexandria, and St. Cloud in Minnesota and the Bismarck and Fargo areas in ND.

Solutions had long desired to have a Psychology Internship program, and the psychology team started work on this in 2013. This program is a natural extension of the organization, which has historically provided significant clinical supervision to scores of master's level and doctoral students. This program is supported administratively, not just theoretically, but practically. In addition to predoctoral psychology interns and psychology residents, Solutions trains master's level counselors, social workers, marriage and family therapists, and behavior analysts. While the training is itself a worthy endeavor, having benefits to staff and the professional community, it has also been a key recruitment tool in our rural area, with a number of our trainees staying on to become licensed and join the outpatient team at Solutions. The Psychology Internship is important to Solutions for the same reasons, as psychology staff is difficult to recruit in this rural area.

## Programs and Services

Solutions provides a number of clinical programs. These include:

Outpatient Mental Health Services. Solutions is licensed as a Community Mental Health Center, which means that it voluntarily adheres to a set of quality assurance standards for its outpatient programming. Solutions has a part-time Psychiatrist, a full-time Psychiatric Nurse Practitioner, and a full range of Mental Health Professionals, including Licensed Psychologists, Licensed Independent Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, and Board-Certified Behavior Analysts (BCBAs). The outpatient staff also includes Clinical Trainees, who are in the process of completing their supervision for terminal licensure as Licensed Professional Clinical Counselors (LPCCs), Licensed Independent Social Workers (LicSWs), and Licensed Marriage and Family Therapists (LMFTs). These staff provide a broad range of services, including psychological evaluations, diagnostic assessments, behavioral evaluations, psychotherapy, behavioral interventions, and consultation.

Solutions' therapists are trained in and primarily use evidence-based practices across our organization. We are extremely proud of this, and this focus on providing services that are effective and supported by research is reflected across all programming areas, as outlined below:

Solutions is a state-certified Dialectical Behavior Therapy (DBT) provider.

Solutions has staff certified in the following evidence-based practices, although is not an exhaustive list:

- Parent Child Interaction Therapy (PCIT)
- Managing and Adapting Practice (MAP)
- Trauma Focused Cognitive Behavior Therapy (TF CBT)
- Cognitive Processing Therapy
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

- Infant and Early Childhood Mental Health
- Trauma-informed Child Parent Psychotherapy (CPP)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Duluth Model for domestic violence treatment
- Applied Behavior Analysis (ABA)
- Applied Suicide Intervention Skills Training (ASIST)

Solutions also has staff who are certified trainers in:

- Managing and Adapting Practice (MAP)
- Parent Child Interaction Therapy (PCIT)
- Incredible Years Model of classroom management

Children’s Therapeutic Services and Supports (CTSS). CTSS is a flexible package of mental health services for children who require more intensive intervention than traditional weekly or biweekly therapy. This program addresses the conditions of emotional disturbance that impair and interfere with the child’s ability to function at an age-appropriate developmental level. It combines psychotherapy with skills training to restore personal and social functioning. Mental Health Professionals provide therapy and treatment supervision to the treatment planning process, while Mental Health Practitioners provide the skills training component.

Adult Mental Health Rehabilitative Services (ARMHS). ARMHS is a mental health rehabilitative service that enables recipients to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness. These services enable recipients to retain stability and functioning if/when they are at risk of losing significant functionality or at risk of being admitted to a more restrictive setting. Mental Health Practitioners instruct, assist, and support the recipient in areas such as medication education and monitoring, basic social and living skills, symptom management, household management, employment-related supports, and/or transitioning to community living. A Mental Health Professional provides treatment supervision for these services.

Early Intensive Behavioral Intervention Services (EIDBI). EIDBI services offer medically necessary treatment to children with autism spectrum disorder and related conditions. The purpose of EIDBI is to provide medically necessary early intensive intervention that targets the functional skills and core domains of people with autism as well as to a) educate, train and support families; b) promote independence and participation in family, school and community life; and c) improve long-term outcomes and quality of life for children with autism and their families. Applied Behavior Analysis (ABA) is the primary mode of treatment in EIDBI. Licensed Mental Health Professionals conduct comprehensive assessments to establish a diagnosis and level of service need. A Mental Health Professional also serves as the program’s “Qualified Service Professional” and is responsible for overseeing the treatment plan and clinically supervising the program and staff. Board Certified Behavior Analysts (BCBAs) oversee the work of the Behavior Interventionists, who provide direct intervention services.

Case Management. Solutions provides targeted mental health case management to assist individuals in gaining access to needed social, mental health, rehabilitative, educational, health, vocational, and related services. The Case Manager develops an individual service plan that helps the adult or child and family obtain needed services through coordination with other agencies and ensure continuity of care. Case Managers assess the delivery, appropriateness, and effectiveness of services. A Mental Health Professional clinically oversees case management services.

245-D Home and Community Based Services. Solutions provides two types of 245-D Services. The first is behavioral assessment and consultation. This is set up by the referring county case manager through a service agreement for individuals with developmental disabilities, traumatic brain injuries, or serious mental health diagnosis. These services are provided by Board Certified Behavior Analysts (BCBAs) or behavior analysts in training who are under supervision of a BCBA or qualified Mental Health Professional. The second type of waived service that Solutions provides under this category is 24-hour corporate foster care services. Solutions maintains 16 beds in various houses and apartments in the Moorhead area. Individuals served in this program typically have complex presentations, including serious behavioral difficulties that require a unified multi-disciplinary treatment team. An administrator, referred to as the Designated Manager oversees all programming, and the Designated Coordinator manages cases and coordinates with team members from partnering agencies.

Direct Service Professionals provide 24-hour staffing for purposes of administering outlined programming and ensure health and safety of residents.

Mobile Crisis Services. Solutions provides after hours mobile crisis response services and consultation to the Fargo-Moorhead area. This is accessed and deployed through Southeast Human Service Center's on-call staff. Crisis services are supervised by licensed professionals, and the crisis team consists of a voluntary group of staff.

## Organization of Staff

As a non-profit agency, Solutions is overseen by a volunteer Board of Directors. Solutions has an Executive Director, who directly oversees the administrative departments and clinic managers. Administrative departments include: Human Resources & Training, Business Office (billing, bookkeeping), Medical Records, and Intake. Most administrative personnel are at the central office in Moorhead.

There are outlying office sites in Detroit Lakes, Fergus Falls, Alexandria, and St. Cloud, MN, as well as Fargo and Bismarck, ND. Each clinic site has a Clinic Manager. Each mental health clinic site also has an autism clinic. The Clinic Manager oversees Outpatient Mental Health Professionals, the Community Services Supervisor and front desk staff. The Community Services Supervisor oversees mid-level staff who provide primarily outreach services, such as Case Managers, Mental Health Practitioners and Behavior Interventionists, as well as staff in mental health technician roles. Mental Health Professionals include: Licensed Psychologists, LICSWs, LPCCs, LMFTs, and BCBAs. The Psychology Interns are administratively supervised by the Outpatient Supervisor in the Moorhead Clinic and the Clinic Manager in the Detroit Lakes Clinic.

Solutions' corporate foster care program has a Program Director who oversees staff supervisors, the Designated Coordinator, the BCBA, a nurse consultant, quality assurance staff, and facility staff. The staff supervisors oversee Lead Staff and Direct Service Professionals (technicians).

## TRAINING COMMITTEE

The Internship's Training Committee are listed below. Dr. Tessie Blake is one of four licensed doctoral level psychologists, and she is the lead coordinator on the Training Committee. Dr. Tessie Blake, Dr. Tharaki Siyaguna, and Dr. Rachel Hinant are primary supervisors. Dr. Michael Paulson is a secondary supervisor, providing group supervision. Dr. Siyaguna provides supervision for DBT activities, including the weekly DBT group supervision meeting. Dr. Jan Witte-Bakken is a secondary supervisor, and she provides some group supervision as well as serves as a backup supervisor in the event that other supervisors are unable to meet at any time. Dr. Witte is Solutions Chief Operating Officer. Seth Sorum, BCBA, runs the weekly ABA group supervision meeting in Detroit Lakes and supervises ABA rotation activities in that office. Jarrod Erdmann,

BCBA, runs the weekly ABA group supervision meeting in Detroit Lakes and supervises ABA rotation activities in that office. The Training Committee meets monthly to review the Internship program and obtains feedback on Intern progress and needs from other training program staff.

## Training Director and Primary Supervisor

### **Tessie Blake, Psy.D., Licensed Psychologist (MN)**

Dr. Blake is a Licensed Psychologist with a specialization in Clinical Psychology. Dr. Blake has been with Solutions since 2011 and accepted the Clinical Director and Psychology Internship Training Director position with Solutions in 2021. She provides primary supervision to interns from both the Moorhead and Detroit Lakes office and also supervises psychology residents throughout the agency. Dr. Blake provides services in both Detroit Lakes and Fergus Falls and works with all age ranges, including the birth-to-three population. Dr. Blake performs a variety of psychological services, including diagnostic assessments and psychological evaluations and testing for developmental disorders, cognitive and intellectual impairments, autism spectrum disorders, emotional and behavioral disorders in children, ADHD, trauma, and mental illness in adults. She provides therapy services to individuals, children, and families. She is a nationally-certified ADHD professional and has also been certified in Parent-child Interaction Therapy and Trauma-focused CBT.

Dr. Blake graduated from Concordia College with a B.A. in Psychology in 2001. She earned her M.S. from Capella University in 2007 and then her Doctorate of Psychology degree in 2012. She completed her doctoral internship at Nystrom and Associates focusing on assessment for neurodevelopmental disorders. Dr. Blake began working in the mental health field with children and families as part of the Family Outreach Program in Ottertail County in 2004, and she has remained in the field since that time. Her work experiences include a variety of clinical settings and populations, with a primary focus on community mental health. In addition, she has taught as an adjunct faculty for University of Phoenix.

## Primary Supervisors

### **Tharaki Siyaguna, PhD, Licensed Psychologist (MN)**

Dr. Siyaguna works as a Licensed Psychologist for Slutions Behavioral Healthcare Professionals. She works with children, adolescents, adults and families. She offers a variety of services including conducting diagnostic assessments, conducting psychological evaluations for intellectual impairments, neurodevelopmental disorders such as Autism Spectrum Disorder and Attention Deficits Hyperactivity Disorder and Personality Disorders, and providing individual and family therapy. She specializes in working with clients with mood disorders, anxiety disorders, trauma and behavioral disorders.

Dr. Siyaguna strongly believes in using evidence-based treatments and practicing interventions to fidelity to ensure optimal outcomes. She is also a believer in celebrating each other's uniqueness and culture and therefore she works hard to ensure that evidence-based treatments are carefully adapted to the client's unique characteristics. She is trained in Cognitive Behavior Therapy, Exposure with Response Prevention, Cognitive Processing Therapy, Trauma-Focused Cognitive Behavior Therapy, Dialectical Behavior Therapy, Motivational Interviewing, Managing and Adapting Practice and Mindfulness Based Interventions. Dr. Siyaguna finds it rewarding to be able to help clients learn skills to navigate through difficult times on their journey to well-being.

Dr. Siyaguna earned her BSc in Psychology at the University of York, UK, and completed her MSc in Psychology and PhD in Clinical Psychology at the North Dakota State University (NDSU). She has worked as a

practicum student at the NDSU counseling center. She has worked as a practicum student, a pre-doctoral intern and a post-doctoral intern at Solutions. As a graduate student, she taught undergraduate psychology classes at NDSU as well as conducted research related to risk factors for mood and anxiety disorders and the impact of mindfulness on mental health symptoms. Her research also focused on the benefits of mindfulness interventions on sport performance and distress tolerance among college athletes.

Dr. Siyaguna loves sports, being active and spending time with her husband and two daughters. In her free time, she likes to hike, bike, try out new restaurants and travel to new places with her family.

### **Rachel Hinant, Ph.D., Licensed Psychologist (MN)**

Dr. Rachel Hinant is a Licensed Psychologist in the state of Minnesota. She completed her doctoral training in education with a specialization in school psychology at the University of California, Riverside. She joined Solutions as a pre-doctoral intern in 2019 and stayed with Solutions to complete her post-doctoral residency after that. She obtained her psychology license in 2023 and currently works in the Alexandria and St. Cloud Solutions' locations. Dr. Hinant provides psychological services including therapy to all ages and diagnostic assessments and psychological evaluations to assess for a variety of emotional, behavioral, and neurodevelopmental conditions. She also serves as the Qualified Supervising Professional for the St. Cloud location's autism program. Dr. Hinant is also currently completing training to be a Board Certified Behavior Analyst and provides Applied Behavior Analytical (ABA) services in the Alexandria autism clinic.

## Secondary Supervisors

### **Michael Paulson, PhD, Licensed Psychologist (MN and ND)**

Dr. Michael Paulson provides group supervision for Interns. Dr. Paulson received his Ph.D. in Clinical Psychology from the University of North Dakota in 1970, completing his doctoral internship at the Norfolk State Hospital and Mental Health Center in Norfolk, NE. Dr. Paulson received post-doctoral training in family therapy at the Philadelphia Child Guidance Clinic. He was a post-doctoral fellow at the Community Mental Health Center of Rutgers Medical School in New Jersey.

Dr. Paulson has extensive training and experience with psychological testing, particularly in personality assessment. He has had training in psychoanalytic therapy, behavior therapy, cognitive therapy, family therapy, marriage therapy, and sex therapy. Dr. Paulson was formerly with the North Dakota Department of Human Services and prior to joining Solutions, he was the Chief Psychologist at Southeast Human Service Center, where he supervised numerous mental health professionals and trained scores of doctoral psychology students and psychiatric residents.

Dr. Paulson is a Licensed Psychologist in both North Dakota and Minnesota, and he is listed in the National Register of Health Service Providers in Psychology.

### **Jan Witte, Ph.D., Licensed Psychologist (MN and ND)**

Dr. Witte-Bakken ("Witte") is the Chief Operating Officer for Solutions and serves as a secondary supervisor for the internship. Dr. Witte provides some group supervision and also acts as a backup supervisor when necessary. Dr. Witte is a graduate of Concordia College, with majors in psychology and art. She received a Master of Science degree from North Dakota State University in clinical behavior therapy. Dr. Witte practiced as a behavior analyst at Southeast Human Service Center for a number of years before entering her doctoral program at the University of North Dakota. She received her Ph.D. in Clinical Psychology in 1997, completing her internship at the Norfolk Regional Center in Norfolk, NE.

Dr. Witte was part of founding Solutions in 1999, and took on the role of Clinical Director in 2000 and up through 2021, at which point she transitioned into the role of Chief Operating Officer. She provided therapy and assessment services and specialized in parental capacity evaluations. Because of rapid agency growth

and the increase in Dr. Witte's administrative responsibilities, her direct practice reduced over time. She remains actively involved in the internship program, including providing back up supervision and serving the research and training committees in the organization. Dr. Witte has supervised numerous psychology students, interns, and post-doctoral residents over the years. She also supervises other mental health professionals seeking licensure. In 2013, Dr. Witte became a Board-Certified Behavior Analyst – Doctoral. Dr. Witte formerly served as adjunct faculty at the University of North Dakota for five years, where she taught Ethics for Behavior Analysts and provided supervision for student practicum placements.

Dr. Witte is a Licensed Psychologist in both Minnesota and North Dakota, and is listed in the National Register of Health Service providers in Psychology. She is also a Licensed Applied Behavior Analyst in North Dakota. She provides one hour of group supervision per month to interns on the topic of professional issues and professional development.

### Other Training Program Staff

Several other staff are involved with intern training. These individuals are not on the Training Committee per se, however are important to the interns' experience. The Training Committee works closely with these individuals regarding Intern progress and training needs.

#### **Jarrod Erdmann, MS, Board Certified Behavior Analyst**

Jarrod Erdmann is the clinical supervisor of the AIM clinic in Moorhead and oversees psychology interns while on the ABA rotation in their work at the Autism Clinic. Mr. Erdmann received his bachelor's degree from NDSU in 2013 and his master's degree in Special Education with an emphasis in applied behavior analysis from UND in 2019. Mr. Erdmann received his certification as a BCBA in 2019.

Mr. Erdmann oversees programming for children receiving ABA services in Solutions' Autism Clinic in Moorhead. He conducts assessments, designs treatment plans, trains staff, and oversees implementation of ABA programming at the clinic. He also provides training and support to families. Mr. Erdmann has been with Solutions since 2017 and worked in a variety of mental health roles before finding his specialty in ABA working with individuals with Autism and other related conditions.

#### **Seth Sorum, MS, Board Certified Behavior Analysis**

Seth Sorum is a Board-certified Behavior Analyst (BCBA) with Solutions in our Detroit Lakes Clinic. Mr. Sorum started with Solutions in 2019 as a Registered Behavior Technician. Mr. Sorum received his undergraduate degree in Psychology from Minnesota State University Moorhead and then earned his graduate degree in Special Education and Applied Behavior Analysis from the University of North Dakota. He works closely with family of children with autism and related disorders and began supervising interns in the psychology internship for the ABA rotation in 2024.

## INTERNSHIP PROGRAM

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### Model of Training

The internship at Solutions offers multiple opportunities for professional development as a clinical psychologist within an interdisciplinary context. This doctoral internship is a generalist training program that is designed to prepare Interns to be competent psychologists. Interns work with a wide range of ages and clinical conditions. The goal over the course of the year is for interns to develop the many competencies needed to practice independently as an ethical professional psychologist.

Interns at Solutions are valued as individuals, each of whom brings unique academic, professional, and personal attributes to the clinics in which they work. There is a vibrant process of learning and synergy that occurs when psychology staff of a variety of backgrounds and levels of training work together. The skills, talents, abilities, and interests that interns bring benefit the Psychology Department and the organization as a whole.

The internship year is largely the last chance for interns to practice new clinical skills with a safety net of supervision and support; interns' schedules, therefore, reflects a focus on clinical activity. The emphasis of the internship is on the practice of professional psychology, guided by interns' academic experiences, the supervision process, relevant research, and mentoring by others with varied theoretical orientations. Core activities include assessment, psychological interventions, consultation, and behavioral intervention/consultation. The program is structured to teach Interns basic competencies through these core activities.

Over the course of the training year, the goal is for Interns to develop an intermediate to advanced level of competency with diagnostic interviewing, psychological assessment, psychotherapy, and behavioral intervention / consultation.

Three primary elements underlie the Solutions Internship program. These are:

#### Practitioner-Scholar Model

Solutions' clinical staff value and model the use of empirically validated treatment practices and evaluation methods. It is expected that Interns meld their clinical and theoretical training with current research findings and scholarly inquiry as they choose assessment strategies, interpret results, and develop interventions. The training program supports the practitioner-scholar model by utilizing a training model that combines experiential and didactic learning and is informed by science. This learning includes the regular review of evidence-based practices during case consultation and supervision processes as well as having the Interns discerningly review and share relevant clinical research articles throughout the year.

#### Developmentally-Based Program

The Psychology Internship program is sequential, cumulative, and graded in complexity. It builds on the knowledge and skills already possessed by the Intern and provides varied opportunities for the development and refining of additional skills. The internship year is structured in a developmental fashion, such that interns assume increasing responsibility and autonomy as the year progresses. Initially, considerable



direction and structure is provided, and this is reduced as the Intern's competency and self-assuredness develop. Improved competencies and increased confidence on the part of the intern parallel this process. Didactic trainings are also arranged in a manner to support the interns' maturation process. Early topics are more concrete and basic, such as how to conduct a diagnostic assessment. Topics later in the training year target more complex interventions and professional development.

The formal performance evaluation process provides information about interns' strengths and development areas. Feedback is both formal and informal to support the development of skills. Supervisors provide support to interns as they negotiate the challenges of more difficult cases, as well as prioritizing their time and energy for various professional responsibilities and opportunities. With training and supervision, professional autonomy increases over the Internship year.

#### Transition in Identity

The internship year provides an important link for interns, who are transitioning from being a graduate student to professional psychologists. The Psychology Internship program understands that early career professionals need to develop a solid professional identity within a peer group of psychologists. They also need to develop the ability to work with other professionals on the multi-disciplinary team, understanding others' roles and contributions to the process. Exposure to other disciplines broadens and sometimes challenges one's theoretical perspective. Developing a respect for the multi-disciplinary team process is important in the goal of working collaboratively with other professionals who bring other skills, theoretical understandings, and treatment techniques to the table. Solutions works to create an atmosphere that fosters professional development for all staff, and one in which staff feel safe to explore possibilities and what it means to be a professional.

Solutions is committed to supporting interns' transition into the role of a professional psychologist by engaging in discussions about future plans and by assisting the intern in developing professional relationships and contacts within the agency and in the community. Supervisors advise interns in how to network with others, writing letters of recommendation and communicating knowledge about psychology positions available.

### Profession-Wide Competencies and Learning Elements

By the end of Internship, interns will have achieved competency in each of the APA Profession Wide Competencies, demonstrating that they are prepared for independent practice and licensure. These competencies and the learning elements associated with each are listed below:

#### **Profession-Wide Competency 1: Interns will achieve competence in the area of Intervention**

- a. Establishes and maintains effective relationships with recipients of psychological services
- b. Develops evidence-based intervention plans
- c. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- d. Demonstrates the ability to apply the relevant research literature to clinical decision making
- e. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
- f. Evaluates intervention effectiveness and adapts goals and methods consistent with ongoing evaluation

#### **Profession-Wide Competency 2: Interns will achieve competence in the area of Assessment**

- a. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology



- b. Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)
- c. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
- d. Selects and applies assessment methods that draw from the best available empirical literature
- e. Collects 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 client
- f. Interprets assessment results to inform case conceptualization, classification, and recommendations
- g. Communicates findings in an accurate and effective manner sensitive to a range of audiences

**Profession-Wide Competency 3: Interns will achieve competence in the area of Ethical and Legal Standards**

- a. Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct
- b. Demonstrates knowledge of and acts in accordance with all organizational, local, state, and federal laws, regulations, rules, and policies relevant to health service psychologists
- c. Demonstrates knowledge of and acts in accordance with all professional standards and guidelines
- d. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them
- e. Conducts self in an ethical manner in all professional activities

**Profession-Wide Competency 4: Interns will achieve competence in the area of Cultural and Individual Diversity**

- a. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself
- b. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity
- c. Integrates knowledge of individual and cultural differences in the conduct of professional roles
- d. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship
- e. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own

**Profession-Wide Competency 5: Interns will achieve competence in the area of Research**

- a. Demonstrates the substantially independent ability to critically evaluate research
- b. Demonstrates the substantially independent ability to disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level

**Profession-Wide Competency 6: Interns will achieve competence in the area of Professional Values, Attitudes, and Behaviors**

- a. Behaves in ways that reflect the values and attitudes of psychology
- b. Engages in self-reflection regarding personal and professional functioning
- c. Demonstrates openness and responsiveness to feedback and supervision
- d. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training

**Profession-Wide Competency 7: Interns will achieve competence in the area of Interprofessional and Interdisciplinary Consultation**

- a. Demonstrates knowledge and respect for the roles and perspectives of other professions
- b. Applies knowledge about consultation in direct or simulated (e.g., role played) consultation

**Profession-Wide Competency 8: Interns will achieve competence in the area of Supervision**

- a. Demonstrates knowledge of supervision models and practices
- b. Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals

**Profession-Wide Competency 9: Interns will achieve competence in the area of Communication and Interpersonal Skills**

- a. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- b. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated
- c. Demonstrates effective interpersonal skills
- d. Demonstrates the ability to manage difficult communication well

## Overview of Internship

Interns have many opportunities to learn about the practice of professional psychology. Some of these are formal and some are informal (i.e., those soft skills we learn by being in a clinic setting and working with a variety of staff from different backgrounds and educational levels). At Solutions, there is an abundance of opportunity to learn informally from staff who are not necessarily identified as Training Committee members and from being in the therapeutic milieu in general.

Interns provide therapeutic services and brief and comprehensive assessments. Interns at Solutions gain experience working with children, adolescents, and adults. Interns are paired with various experts to learn evidenced-based therapies and programs. Caseloads build in number and complexity to ensure Intern exposure to a diverse patient population.

Initially, interns go through the agency orientation program, along with other new staff. They are familiarized with the agency, the work environment, the electronic medical record system, and the agency policies and procedures. Interns then receive additional orientation specific to the Psychology Internship. The Internship Manual is reviewed in detail, and Interns are oriented to applicable forms. They sign an *Acknowledgement of Internship Manual and Policies* form (see Appendix A). The collaborative nature of communication with each intern's graduate program is discussed, and interns complete and sign the *Authorization to Exchange Information* form with that program (see Appendix B). The internship manual is provided in hard copy to the interns at the start of internship and also available electronically through the website.

As part of orientation, interns receive a tour of the Fargo-Moorhead and Detroit Lakes areas, including partnering agencies and community resources. When clinical activities begin, interns initially shadow other staff, then start to conduct activities with close direct supervision. Training experiences are more structured at the beginning of the year. As Interns develop a comfort level with the surroundings and the activities, they slowly begin to practice with increasing levels of independence and take on increased responsibilities and client load. The intent is that over the course of the year, interns are prepared to practice at a pace that affords success in a community mental health or other psychology setting.

The Internship Program is provided across two of Solutions' clinic settings, although there may occasionally be outreach opportunities at other locations. The primary internship locations are in Moorhead and Detroit Lakes. The Moorhead office is in a metropolitan community of roughly 250,000 and has four local colleges and universities. There are four available internship slots, two in each of the Detroit Lakes and Moorhead locations.

## Training Period

The Psychology Internship requires a full-time commitment (40 hours/week) for one calendar year. The training year begins on or about August 1 on whichever is the first Monday of that month in the year and concludes at the end of July of the following year. Interns are expected to complete 2000 hours of training to successfully complete the internship.

While the primary schedule is built around 40 hours per week, it is understood that there may be times the intern needs additional training or time to work on activities outside of the regularly scheduled 40 hours as this is a training experience.

## Resources

There is clerical support at both of the training sites, including front desk staff for reception, intake workers who schedule and assign new clients in collaboration with internship supervisors, and centralized billing and payroll staff. Human resources staff are at the Moorhead location but are accessible by interns in all of Solutions locations. Clerical staff assist with prior authorizations for testing and also help with some of the scoring of testing. Interns are each assigned a laptop computer and are able to access larger monitors, keyboards, and other equipment by request. Interns are able to request items that may be needed to assist with accommodations as required by the Americans with Disabilities Act by communicating directly with the Human Resources team and/or supervisors, as appropriate. The computers are equipped with a webcam. Solutions uses Teams for Business, which is a secure method of internal messaging of staff and allows for videoconferencing when this is needed, and each intern will have a Solutions generated Zoom account for telehealth services. There is a telephone in each Intern's office. Interns have access to the electronic medical record, which is used for recording of activity with clients. Solutions has an IT department who assist with technical/electronic support. This is accessed through an internal ticketing system or through the supervisor. IT also assists in ensuring functionality of computer testing and scoring programs.

Solutions maintains membership to several journal articles, and the physical copies of these journals are kept in a central location at each of the Detroit Lakes and Moorhead sites so that they can be accessed readily by interns. Each intern is encouraged to continue to use the databases of their educational institution to access research information as appropriate and warranted. Solutions maintains physical copies and electronic copies of many of the training materials that are used throughout the internship year, and Solutions maintains a Learning Management System by which materials can be accessed and monitored for interns. Physical facilities that are appropriate for confidential interactions, including facilities and resources that are compliant with the Americans with Disabilities Act.

Interns are provided with an individual furnished office at both office locations (Detroit Lakes, MN and Moorhead, MN), including access to a computer, phone, and distance technology. Offices are located on first floors, and Solutions buildings are handicap accessible, including equipped with elevators in second story buildings, to ensure that interns and others can access all areas of the building where they may need to be. Interns are able to access white noise machines and other equipment if necessary to ensure privacy in their spaces. Interns can collaborate with supervisors and/or the Human Resources team if office equipment is needed, including if items are needed to accommodate any needs as per the Americans with Disabilities Act.

Such items include large screen monitors. Testing is typically conducted within the Intern's office, however, there are other rooms available and arrangements can be made for another space if this is needed. There is an array of testing kits and scoring software. Additional materials that are identified as a need can be purchased pending approval by the Training Director. Interns have access to administrative and IT support at both locations.

## Clinical Training Rotations

Clinical training rotations are the same across all internship sites. There are two six-month training rotations, with interns alternate from one rotation to the other during the training year. One rotation is with the Dialectical Behavior Therapy (DBT) program and the other is with the Autism Clinic/Applied Behavior Analysis program. Interns spend 4-6 hours per week in activities for their rotation. The Interns are assigned to a rotation at the beginning of the training year. Completion of both rotations enhances the overall "generalist" experience by providing exposure to these more specialized areas.

It should be noted that the DBT rotation is subject to fluctuations due to current enrollment. There may be times where client enrollment is not sufficient to host a group in a specific location. In the event of enrollment difficulties, all possible attempts are made to create alternatives for the intern that will provide as similar a level of experience and exposure to DBT as possible. These may include observing groups via telehealth from another office, traveling to another office, or facilitating individual DBT skills training sessions.

### Rotation 1: Dialectical Behavior Therapy (DBT)

Interns receive didactic training in DBT at the beginning of the year. Solutions' DBT program uses Marsha Linehan's model (2<sup>nd</sup> edition materials), and is designed to meet state requirements for certification in this specialized area. Dr. Tharaki Siyaguna, Ph.D., L.P., is the supervisors of this 6-month internship rotation.

Clinical training activities for this rotation include:

- a) Serving as co-facilitator for the DBT adult and/or adolescent groups (3 hours/week)
- b) Providing individual therapy to at least one DBT client (1-2 hours/week) as available
- c) Participating in weekly DBT group supervision (1 hour/week)

The objective of the DBT rotation is for the Intern **to effectively co-lead a DBT group using the Linehan model.**

Interns are given a list of the specific expected outcomes at the start of the rotation. Midway through, Interns are provided informal feedback as to their progress on these areas, as discussed in the Intern Evaluation section. They are again provided feedback at the end of the rotation.

## Rotation 2: Applied Behavior Analysis (ABA)

Interns receive didactic training in applied behavior analysis (ABA) and autism at the start of the year. Training activities at for the ABA rotation are supervised by Seth Sorum, M.S., LPCC, BCBA, and Jarrod Erdman, BCBA, through a weekly group supervision meeting. These individuals also provide oversight to interns when they are at the autism clinic. Clinical training activities for this rotation include:

- a) Providing individual and group intervention (1-2 hours/week)
- b) Developing assessments and treatment plans (2-3 hour/week)
- c) Participating in group supervision (1 hour/week)

The objective for the ABA program rotation is for the Intern **to develop a general understanding of Applied Behavior Analysis.**

Interns are given a list of specific expected outcomes at the start of the rotation. Midway through, Interns are given informal feedback about their progress relative to these outcomes, as discussed in the Intern Evaluation section. They are again provided feedback at the end of the rotation.

## Additional Training Opportunities

Additional training experiences may be available, such as being involved in Parent-Child Interactional Therapy (PCIT), adult psychiatric rehabilitation, Children's Therapeutic Services and Supports, and residential consultation. These optional activities allow Interns to explore areas of interest. While none of these are required to accomplish the core competencies, they can be good supplemental experiences. To make a request to participate in these training opportunities, the intern should speak with a supervisor.

## Schedule

This schedule is available on the website and in the internship manual for prospective Interns. Rotations shift on the corresponding Monday around February 1<sup>st</sup> each year.

One day per week, Interns have scheduled testing time. Supervision time is scheduled for in the afternoons and connects to testing, so that observation and real time feedback can occur, especially early in the year.

On one day per week, interns are involved with activities for their assigned rotations and general clinical activities in the primary office. The DBT group supervision is held on Tuesdays. The Intern on the ABA rotation attends the autism case consultation meeting as scheduled (typically in the mornings) and engages in activities for this rotation on one day per week. On Tuesdays at noon, interns participate in outpatient case consultations. These consultations alternate between clinic specific consultations and consultations that are specialized to the variety of evidence-based practices that are provided in the clinic. Each intern will work with their primary supervisors to make determinations regarding which specialty consultations they will attend.

Fridays tend to involve administrative activities. A brown bag lunch group supervision is held over the noon hour. This is also attended by post-doctoral psychology residents and practicum students, if applicable. There are a variety of supervisory activities that occur at this meeting, including a review of intern schedules and activities, identification of training needs and practical supports, professional topics, research review, and case review. Didactic presentations are held weekly on Friday afternoons. On the second Friday of each month, there is an Outpatient administrative meeting and also a Psychology Department meeting.

The remainder of the hours during the week are devoted to therapy appointments, supervision, and administrative or paperwork time. The amount of face-to-face client time increases as Interns' skill and comfort level increases. While the focus of the Internship is always on training and not "productivity," in order for Interns to successfully transition to the demands of a future independent practice, they must

develop the stamina and efficiency in service provision and documentation to begin to approximate the typical expectations for a licensed psychologist in a future practice setting. In the schedule below, client time and paperwork is grouped together, since late canceled and failed appointments provide natural and sufficient paperwork time. Interns are also provided support and supervision to learn concurrent note writing.

The average time spent in various training activities each week is listed below. Projections for assessment-time includes time spent scoring and interpreting; projections for intervention times include rotation activities, planning interventions, and consolidating outcome data:

Assessment	10 hours	25%
Intervention	18 hours	45%
Consultation	2 hours	5%
Supervision	4 hours	10%
Didactic Training	2 hours	5.0%
Other (Administrative)	4 hours	10%

A sample structure of Intern's schedules is depicted below. Keep in mind that there may be some day to day changes, and each day's activities may be in a different sequence. However, this diagram provides a general depiction regarding the balance of time and activities.

#### Day One

8:00-12:00 Testing in one location  
 12:00-1:00 Lunch  
 1:00-2:00 Supervision  
 2:00-5:00 Test interpretation/write up time

#### Day Two

ABA Rotation:	DBT Rotation:
8:00-12:00 ABA rotation and supervision	8:00-9:00 DBT Consultation
12:00-1:00 Brown bag lunch case consultation	9:00-12:00 Therapy session
1:00-5:00 Therapy sessions	12:00-1:00 Brown bag lunch case consultation
	1:00-5:00 Therapy sessions

#### Day Three

8:00-12:00 Therapy sessions  
 12:00-1:00 Lunch  
 1:00-2:00 Supervision  
 2:00-5:00 Therapy sessions

#### Day Four

ABA Rotation:	DBT Rotation:
8:00-12:00 Therapy sessions	8:00-9:00 Therapy session
	9:00-10:00 DBT Prep time
	10:00-12:00 DBT Group
12:00-1:00 Lunch	12:00-1:00 Lunch
1:00-5:00 Therapy sessions	1:00-5:00 Therapy sessions

#### Day Five

8:00-12:00 Therapy sessions  
 9:00 (2<sup>nd</sup> Friday of each month) Outpatient Program Meeting  
 11:00 (4<sup>th</sup> Friday of each month) Psychology Team Meeting  
 12:00 Brown Bag Lunch Group Supervision

1:00-3:00 Didactic

3:00-5:00 Admin/paperwork/dissertation time

## Program Elements

Beyond the structure of the generalist work in the two work locations and the two rotations, there are five basic areas that are intentionally structured for training purposes. Clinical experiences are of course a primary activity, and provide the intern with a foundation in psychological assessment, intervention, and consultation. These activities are provided under frequent supervision by qualified faculty. Didactic training is provided regularly, along with opportunities for interns to critically review and discuss scientific research articles and opportunity for the intern to prepare and give a formal presentation for agency staff.

## Clinical Experiences

Interns are provided clinical activities that support the development of a “generalist.” The majority of the Interns’ clinical time is spent developing and enhancing basic psychology practice skill, including conducting diagnostic interviews, psychological evaluations, therapy and consultation. These activities are similarly provided at both the Moorhead and Detroit Lakes locations.

### Psychology Evaluation and Assessment

Psychological Evaluations: (minimum of 24 required in the year, although it is likely that Interns will have closer to 50 by end of year given that interns will typically complete one evaluation per week). Interns complete a variety of psychological assessments. Interns may have the opportunity to perform intelligence testing, cognitive testing, ADHD testing, adaptive behavior assessments, suicide risk assessments, autism evaluations and personality assessments. Interns administer, score and interpret psychological tests and develop recommendations based on the assessment results. Interns also collaborate with members involved in treatment planning to incorporate those recommendations to services provided. An “evaluation” is defined as an assessment which includes a diagnostic interview and at least two testing methods, along with a discussion regarding integrated findings and recommendations. This is considered an Integrated Report. Referrals for psychological evaluations generally come from Solutions’ Outpatient staff and are for diagnostic clarification. Frequent reasons for referral are for ADHD, autism, intellectual testing, questions about memory impairment, measurement of adaptive skills, and neuropsychological screening.

Diagnostic Assessments: (24 required in the year). Interns receive early training in Diagnostic Assessments, i.e., how to conduct clinical interviews for the purpose of determining a diagnosis and eligible/needed follow up care, along with giving feedback to clients. Diagnostic Assessments are generally conducted for clients new to Solutions, and client referrals come from a variety of sources, including self-referral. State requirements also include annual updating of clients’ Diagnostic Assessments. Drs. Kao and Blake supervise Diagnostic Assessments, depending upon the location.

Interns learn to use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood for children ages 0-5, and have the opportunity to perform at least one of these assessments.

Behavioral Assessment: (2 required in the year). During the ABA rotation, Interns receive training in performing behavioral assessment, including defining particular maladaptive behavior, identification of its function and development of strategies to impact this function. Completion of the behavioral assessment is followed consultation with appropriate parties for follow up implementation of the recommendations. Referrals for these types of assessments generally come from county case managers and are for individuals with an identified disability who are on a Medicaid waiver and are working with multi-disciplinary teams. The ABA rotation supervisors supervise the Interns’ experience with behavioral assessment.

## Psychological Interventions

Psychotherapy: (10-12 sessions per week). Interns conduct individual, group and/or family therapy to children, adolescents and adult clients. Interns assess client needs, complete treatment plans, and implement evidence-based services to clients. Interns also learn to monitor progress using outcome measures.

Interns are trained in the Managing and Adapting Practice (MAP) model early on in the training year. This model teaches the use of evidence-based intervention strategies for children, how to identify outcome measures, and how to track and graph outcomes to assess effectiveness of treatment.

Drs. Blake and Hinant oversee Interns' therapy experience in Detroit Lakes and Drs. Blake and Siyaguna oversee their provision of therapy in Moorhead.

Dialectical Behavior Therapy: The Intern on the DBT rotation co-leads DBT group. The Intern shadows in the beginning, and then takes on more and more of the psychoeducation components and overall group management. Dr. Siyaguna supervises the Interns' experience providing DBT group during that rotation.

Applied Behavior Analysis (ABA): Interns receive training in behavior analytic interventions within their experience at the autism clinic while on the ABA rotation. They learn to provide ABA interventions such as discrete trial training, shaping, chaining, and the timing of prompts and reinforcement. Over time they provide supervision and direction to direct care staff implementing these interventions. They learn to conduct reinforcer preference analyses and Functional Behavior Assessments, along with language and adaptive behavior assessments. Interns also provide consultation to the autism staff.

Seth Sorum and Jarrod Erdman supervises Interns' experience in the autism clinic, under the direction of Drs. Blake and Siyaguna, respectively.

## Consultation

Psychological consultation is an important aspect of the role of the psychologists at Solutions. Consultation is believed to be a valuable skill and an important part of psychologist's professional development. Interns are provided experience in consultation throughout the year. This is intentionally provided in a number of ways and with a number of supervisors to maximize Interns' knowledge and provide a broad level of learning. Solutions has a number of naturally occurring programs and team meetings for which psychological consultation is required.

### Outpatient Case Consultation

Interns attend two different case consultation meetings each week. A developmental approach is taken with these meetings in that at first Interns shadow and the clinical supervisor models how to provide psychological consultation. Interns also see how other Mental Health Professionals provide consultation to one another. Over the course of the year, Interns are encouraged to become more active in the consultation process, leading up to providing consultation and feedback to other Mental Health Professionals. Interns alternate attending their local office consultation twice per month and attending specialty consultations twice per month. The local supervisor attends the consultation meetings at each local meeting, and one supervisor is present at the specialty consultations.

Autism Services Consultation. While on the ABA rotation, Interns attend the weekly Autism Services consultation meeting. This meeting includes staff providing direct service, the Program Coordinator, and BCBA. The role of Interns during these meetings is to make program recommendations in light of the data being shared. It is expected that Interns take on an increasingly active role over the course of the rotation.



## Supervision

### Supervision for Interns

Supervision is an essential component to interns' experiences and is the glue which connects all of the other learning experiences. The program is committed to ensuring that the internship year is clearly a training experience for interns and that the focus is not on productivity. That said, in order for interns to develop the breadth of experience needed to practice independently following Internship, there must be sufficient clinical experience built into the program to support interns' ability to perform at a reasonable pace. The focus of supervision initially is on assessing Interns' skill level and structuring experiences to match to developmentally appropriate tasks and activities. Activities are expanded throughout the internship year, increasing expectations as interns' skill and comfort level increases, and as they are able to effectively manage their clinical practices in a competent, safe and ethical manner.

Supervision is an interactive process, although has a hierarchical structure. Supervision includes the process of evaluation of Interns, both formally and informally. The supervision process is designed to support the APA Profession-Wide Competencies and to be a transparent process. Supervision is documented on the *Intern Supervision Documentation Form* (see Appendix C) by the supervisors each week, with both the supervisor and Intern "signing off" on the form electronically. These forms are kept in an electronic file and are used to inform the Interns' formal evaluations.

A minimum of four hours of supervision is scheduled with interns each week. Two of these hours are designated for individual supervision with the primary supervisor(s). One of these hours with the supervisor that is onsite will routinely be conducted in person, and the second hour will typically be conducted via telehealth. Cases are divided between primary supervisors in each location, and primary supervisors are responsible for all clinical services provided by interns, including services that are designated through rotation activities. Clinical supervisors review and sign all clinical documentation, including evaluations and progress notes, and supervision is documented in client charts when supervision is specific to a client. Supervision forms are completed each week by the supervisor and signed by both the intern and the supervisor.

Interns will have access to more supervision and consultation on an informal basis throughout the course of the week. Interns are typically provided with direct supervision throughout the internship year for certain clinical activities, including autism assessment and feedback sessions, for which supervisors and interns almost always co-facilitate these services.

It is further understood that Interns may be required to participate in supervision in excess of that required if they are undergoing remediation or are on probation.

Individual supervision with a Licensed Psychologist is scheduled twice per week for one hour each at times that are convenient for both the psychologist and intern. Supervision is regularly provided for each client that interns see for therapy. Supervision is a learning experience coupled with feedback and focused on enhancing and developing clinical skills that help interns become competent professionals. The interns and the supervisor discuss goals, training, and expectations. During supervisor absences, an alternative Licensed Psychologist is available for supervision. When working with clients, interns inform their clients that they are working under supervision. Interns provide the information of the supervisor to the clients.

Drs. Blake and Siyaguna are the primary supervisors for all clinical activities in the Moorhead offices, while Drs. Blake and Hinant are the primary supervisor for those activities occurring in Detroit Lakes. While interns work with other professionals during the course of the year, such as while on rotations, the primary supervisors are responsible for all of the clinical activities performed by Interns.

Other methods as described below are utilized to inform supervision, including:

- Direct observation of clinical activities (assessment, intervention, testing, consultation)
- Video and/or audio review of sessions

- Observation and feedback via bug-in-the-ear technology
- Review of written works (i.e. assessment reports, letters)
- Review of notes (i.e., progress notes, consultation notes, contact notes)
- Review of the client chart
- Review of outcome measures
- Feedback from other clinic staff

Two hours of supervision is provided weekly through a group format. This gives interns an opportunity to discuss clinical and administrative processes as well as provide support to one another. There are several group supervision meetings scheduled for interns.

**Psychology Group Supervision.** Group supervision is provided one hour per week. The first week of the month is dedicated to supervision of assessments and is run by Dr. Blake. The remaining weeks are for general topics, supervision of therapy cases, and professional topics, and are run by Dr. Paulson. Post-doctoral trainees and practicum students also attend these group supervision meetings.

**DBT Group Supervision.** Dr. Siyaguna leads a one-hour group supervision meeting for the interns and other staff who are also learning about and part of the DBT team. The intern on the DBT rotation attends this group supervision on a weekly basis.

**ABA Group Supervision.** Seth Sorum and Jarrod Erdman run an ABA group supervision each week for Interns and BCBA trainees. The Intern on the ABA rotation attends this supervision group.

**MAP Group Supervision.** Denette Narum provides MAP group supervision on designated mornings for interns and a small group of other MAP trainees in the organization (newly hired therapists). Interns are trained early in the year in MAP practices. Interns attend these supervision groups as scheduled and are, therefore, afforded additional supervision those weeks.

### Telehealth Supervision

Solutions recognizes that there are unique benefits to in person supervision, and when staffing resources allow, efforts will be made to ensure supervision by a supervisor who is onsite at the location and can provide in person supervision. However, there have also been tremendous benefits to using telesupervision, including during the internship. Using telesupervision allows interns to have more than a single primary supervisor from which to learn. Telesupervision allows the interns to gain professional experiences and professional socialization with a wide range of professionals from other disciplines and to participate in specialty consultations and interdisciplinary team meetings. Solutions maintains a Telehealth Supervision policy that is used to address generally accepted best practices with respect to telesupervision. A copy of the telesupervision policy is reviewed during orientation with interns. Telesupervision is at this time widely used in the provision of clinical services, and as such, using telesupervision as part of the internship is consistent with the overall aims of the internship.

All interns are able to participate in telesupervision. At the onset of the internship year, interns are provided with and trained in using the technical equipment needed to facilitate telehealth service. Any concerns or issues related to accessibility are addressed at this time, as described in the telehealth supervision policy. Interns always have access to an in-person supervisor who is onsite to assist with managing crisis coverage. If an onsite supervisor is scheduled to be away from the clinic, the intern is provided with an onsite back up person to whom they can go in the event of a crisis. This person is typically the outpatient supervisor or clinic manager.

A minimum of one of the two individual supervision hours is conducted in person. The psychology group supervision held weekly is also held in person. ABA rotation supervision is also conducted in person at each location. DBT rotation supervision is routinely conducted via telehealth as that program involves professionals

across both locations. It is noted, however, that when possible, the supervisor and intern will be in person together at the physical location and join the other group via telehealth. MAP supervision is conducted via telehealth, as that service is also with individuals across locations.

Even when supervision is provided via telesupervision, the designated primary supervisors retain full professional responsibility for clinical services. Each supervisor meets weekly with the intern and is responsible for establishing a working supervisory relationships. Monitoring the effectiveness of that relationship, and addressing ruptures in that relationship in the same manner that would be expected with in person supervision. Documentation of supervision occurs in the same method and with the same forms as it does for in person supervision. Interns and supervisors are both able to use secure video technology and have access to their private offices for telesupervision to ensure that confidentiality and privacy are maintained. Supervisors are trained in the telesupervision policy.

In order to assess the effectiveness of telesupervision, Solutions added an item specifically addressing this to its supervisor evaluation form, which interns complete at mid- and end of year. Solutions also encourages supervisors and interns to address the effectiveness of telesupervision in the weekly supervision meetings, and reference to this is part of the telesupervision policy.

#### Supervision Training

In addition to the supervision provided to Interns, they receive training in providing supervision to others, under supervision. Supervision training is delivered in a developmental fashion. Supervisors explain their own models of supervision to interns as the internship starts and highlight important competencies regarding supervision. Supervision training is a topic covered in the didactic sequence. Interns are provided supervision opportunities within the ABA rotations and as possible for other clinical activities. Group supervision includes case studies and learning activities for supervision related topics.

The second half of the year, assuming readiness, interns may be able to provide supervision to master's level trainees or psychology practicum students. Opportunity will depend upon the availability of master's level trainees and the skillset and readiness of the intern. Supervision training activities fall under the responsibility of the primary supervisors but may include assignment of tasks to additional supervisors as appropriate. Activities may include reviewing of diagnostic assessments and providing feedback, reviewing audio or videotapes of sessions, and discussion of cases with the trainee.

#### Didactic Training

Didactic programming is planned to support the development of required competencies, as well as address current issues in the field, emerging demands in the practice of psychology, and professional development. Didactic presentations are typically scheduled weekly for two hours or on an average of eight hours each month. This schedule may vary when other types of trainings are available, such as conferences and continuing education opportunities. Didactics are typically organized in three sections, although this may at times vary depending on the availability of trainers and of other training opportunities. The sections are as follows: 1) Introductory Topics; 2) Clinical Topics; and 3) Professional Issues. Didactic presentations are attended by interns and internship Training Committee members. These presentations are also open to other professional staff and doctoral practicum students within the agency.

*Introductory Topics:* Didactics that are provided over the first three months are intended to support interns' learning for the basic activities associated with the general activities and their rotations. Didactics that are provided early on include: Diagnostic Assessment, Dialectical Behavior Therapy, Applied Behavior Analysis, Autism Testing, Psychosocial Rehabilitation, Treatment Planning, Clinical Supervision, Cultural Diversity, Crisis Intervention, and Managing & Adapting Practice (MAP). MAP is an internal 40-hour training in providing evidence-based training and a model for data-driven decision making which is conducted across several days. It is followed up with a bi-weekly supervision group.

*Clinical Topics:* Didactics provided during months 4 through 8 include various clinical topics designed to support their training. Topics here include: Mental Status Examination, Suicide Assessment, Marital Therapy, Cognitive Processing for PTSD, Assessment of Psychosis, Infant Mental Health, Parent-Child Interaction Therapy, Permanency Planning & Adoption, DC:0-5 Assessment, Treating Trauma, Military Mental Health Issues, Neuropsychological Screening, Treating Sexual Dysfunction, Acceptance & Commitment Therapy, and Incredible Years Model of Classroom Management.

*Professional Topics:* Didactics provided during the last four months of the internship year are related to professional issues. These include: Competency-Based Supervision, Native Culture & Issues, Ethical Practice in Gerontology, Cultural Adaptations in Psychotherapy, Reflective Supervision, Mind-Body Skills for Practitioner Self Care, Legal & Ethical Issues for Mental Health Clinicians in Minnesota, Effective Consultation, and Preparing for the EPPP.

The internship program values the input of interns in the development of topics for didactic training and in the assessment of the quality and usefulness of these trainings. Interns are asked to complete the *Didactic Training Evaluation Form* following each didactic event (see Appendix D). Results are considered in the planning of the didactic schedule for the next year.

#### Scholarly Research Review

On a monthly basis, interns will review research articles. On rotating months, each intern will choose a research article of interest and critically present a review of that article at one of the group meetings. This article should come from a major journal and be in the area of assessment, therapy, consultation, cultural competency or supervision, with at least two articles devoted to each topic over the course of the Internship year. Interns are able to present at monthly outpatient meetings, weekly outpatient consultation, or psychology meetings.

#### Intern Presentations

In addition to receiving didactic training, it is important for Interns to be able to provide training to co-workers and other staff. There are, therefore, two presentations that Interns are responsible for preparing and delivering. These include:

- a) Towards the end of the training year, Interns present at a scheduled didactic training on the theory they espouse for behavior change (1-hour presentation).
- b) Interns also prepare and deliver a one-hour presentation for staff at Solutions. The topic is chosen by the Intern, although is subject to approval by the supervisor. This presentation generally occurs later in the training year.

## INTERN EVALUATION

Solutions Behavioral Healthcare Professionals, in compliance with the APA's Standards of Accreditation, requires that Interns demonstrate minimum levels of achievement across all nine (9) profession-wide competencies. These competencies include the following:

1. Intervention
2. Assessment
3. Ethical and Legal Standards
4. Cultural and Individual Diversity
5. Research
6. Professional Values, Attitudes, and Behaviors
7. Consultation and Interprofessional/Interdisciplinary Skills
8. Supervision
9. Communication and Interpersonal Skills

### General Evaluation Process

Informal evaluation is ongoing throughout the training year. Supervisors are expected to provide Interns with feedback on strengths as well as to communicate early and often in regard to areas of growth. Interns are formally evaluated by their primary supervisors twice per year, at the mid- and endpoints of their training experience. Evaluations are conducted using the *Intern Evaluation Form* (See Appendix E), which includes a five-point Likert Scale and comment spaces where supervisors include specific written feedback regarding the Intern's performance and progress over the specified time period. The evaluation form includes information about the Intern's performance regarding all of Solutions' expected training competencies and the related learning elements. Supervisors review these evaluations with interns during supervision and encourage an in-depth discussion with opportunity for interns to raise questions or concerns as needed. Upon completion of this review, the intern and supervisors sign the evaluation and the intern receives a copy. The evaluation is submitted to the Training Director, who also reviews and co-signs before scanning into a secure electronic file.

The language built into the competencies includes criteria for assessing ability to function independently or with supervision, ability to generalize skills and knowledge to new situations, and the ability to self-assess when additional training, supervision, or consultation is needed.

The rating scale for each evaluation is a 5-point Likert scale with the following rating values:

**1= Remedial Competence Level:** Intern shows significant deficiencies in this area, with skills below that expected of a beginning Intern. The intern is dependent upon direct observation and detailed preparatory instruction. Intensive supervision is required to attain a basic level of competence, OR the intern has not attained expected level of competence despite coaching and supervision.

**2= Beginning Competence Level:** Intern requires intensive supervision for unfamiliar clinical activities and/or novel circumstances but Intern has a knowledge level of the skill area and can recall key points or steps for familiar or basic situations. Intern may be able to perform skills in this area with a minimal level of supervision but may need supervision to learn how to generalize skill to novel situations. This is the level of competency expected for a beginning intern working with a new clinical population and might be an appropriate rating for beginning acquisition of a novel skill set within a new rotation.

**3= Intermediate Competence Level:** Intern needs minimal structure for routine activities, but may need closer supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. While the intern can perform the skills, these may require conscious awareness, i.e., thinking through the steps. This is the level expected for most skills mid-way through the internship year. Intern is able to identify with supervisory support if additional supervision is needed.

**4= Advanced Competence Level:** Intern is considered competent for entry-level practice in this area. Intern consistently integrates well-developed knowledge, skills and abilities into all aspects of professional practice. This skill area is fluent and can be performed without having to think through the steps. Intern functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.

**5= Full Performance Level:** Skill exceeds that expected for doctoral interns at the completion of the training year. Intern shows maturity in the ability to conceptualize and has sound thinking and judgment. Intern has fully mastered this skill area such that it is habit, and can perform the skill automatically. Intern can manage complex situations independently. Training needs are consultative in nature.

These ratings are made in relation to where one would expect the intern to be at in terms of skill level. For example, it would be expected that an intern would be at a “2” at the start of the internship, and at a “4” by the end of the training year, i.e., considered competent for entry-level practice. Therefore, if an Intern receives a “2” at the mid-year evaluation on any competency (“Beginning Competency Level”), this would be below what is expected at that point in time. Receiving a “2” on the mid-year evaluation would initiate the program’s Due Process procedures. Likewise, if supervisors have reason to be concerned about the Intern’s performance or progress at any point, Due Process procedures may be initiated. The Due Process guidelines are found in the Psychology Internship Manual, which is reviewed in depth during Interns’ orientation.

***Interns must receive a rating of “4” or above on all learning elements and profession-wide competencies to demonstrate that they are prepared for entry level independent practice and licensure, and to successfully complete the internship program.***

## Rotation Feedback

The rotation supervisor provides feedback to the Intern at the mid-point of the rotation and again at the end of the rotation using the *Rotation Feedback* form (See Appendices F and G). Each rotation has identified skill areas specific to the rotation (see below), and the informal feedback addresses each of these skill areas. The rotation supervisor reviews the feedback with the Intern, and both sign off on it. The *Rotation Feedback* form is turned in to the Training Director and shared with the primary supervisors. The feedback provided contributes to the overall mid-year and end of the year Intern evaluations.

### Rotation 1: Dialectical Behavior Therapy (DBT) Requirements

1. Shows an understanding of the paradigms of DBT, including:
  - Acceptance paradigm and strategies
  - Dialectics paradigm and strategies
  - Change paradigm and strategies
  - Can discuss DBT using “House of Hell” metaphor
2. Can understand and identify the hierarchy of target behaviors and secondary behaviors
3. Can identify and conduct steps in a chain analysis
4. Shows an understanding of the four group skills training modules and the core skills within each area
  - Mindfulness

Interpersonal Effectiveness  
 Distress Tolerance  
 Emotion Regulation

5. Identifies core skills within each module
6. Demonstrates an understanding of the diary card and its purpose in the individual therapy session
7. Effective in teaching DBT skills in a group setting
8. Uses DBT protocols, including the suicide protocol
9. Provides effective supervision to Adult Mental Health Rehabilitation Services staff

## Rotation 2: Applied Behavior Analysis (ABA) Requirements

1. Demonstration of ABA interventions, including:
  - Discrete trial training
  - Prompting/reinforcement and proper timing
  - Shaping and chaining procedures
2. Demonstration of knowledge of ABA assessment, including:
  - Preference assessment
  - Functional Behavior Assessment
3. Demonstration and administration of Adaptive Behavior Assessment System (ABAS-3)
4. Demonstration and administration of the Verbal Behavior-Milestones Assessment and Placement Program (VB-MAPP)
5. Demonstrates knowledge of the Promoting the Emergence of Advanced Knowledge (PEAK) Relational Training System assessment and curriculum
6. Develops and uses data systems in making treatment decisions
7. Develops comprehensive assessment review summaries
8. Develops treatment plans in collaboration with the child's family
9. Demonstrates the ability to provide parent training
10. Provides supervision and direction to direct care staff in their implementation of ABA

## Other Intern Requirements

In addition, all Solutions interns are expected to complete 2000 hours of training during the internship year. Interns are expected to have at least 25% direct client contact and to receive at least four hours of supervision by a licensed psychologist per week. They are required to give a 1-hour agency presentation and a 2-hour didactic presentation. They are required to participate in scholarly research review and present a research article at a group supervision or case consultation meeting on alternating months. Meeting the hours-requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Interns are expected to abide by agency policies and standards for the timely completion of documentation.

Certain events may precipitate that the intern is not able to successfully complete the full 2000 hours within the one-year requirement. Such situations may include an extended period of leave due to medical reasons, suspension during the internship year, or other requirements. In such situations, it is possible to extend the internship year to achieve the additional hours. However, such situations will be reviewed by the Training Committee and Training Director individually, and the right to extend the internship period is reserved by Solutions.

## Feedback by Interns

In addition to the evaluations described above, interns complete a self-evaluation form at the mid- and end-points of the internship, using the Intern Evaluation form completed by supervisors. Interns also complete an evaluation of their supervisors (see *Supervisor Evaluation Form* contained in Appendix H) and a program evaluation (see *Internship Program Evaluation Form* in Appendix I) at the mid- and end- points of the

internship. These evaluations are designed to facilitate feedback that informs any changes or improvements needed in the internship program. All evaluation forms are available in the Psychology Internship Manual.

### Communication with Graduate Program

Solutions believe that a close, working relationship with the Intern's graduate program is necessary to support interns in successful completion of the internship training year. As such, Solutions' Interns sign a release of information for their graduate programs for the Training Director and/or Training Committee to communicate pertinent information throughout the year. Formal communication with the graduate program begins after an intern successfully matches with Solutions. At this time, the Director of Clinical Training of the graduate program is included in the match letter. Written communication with feedback regarding Intern progress is also provided to the Intern's doctoral program at the mid- and endpoints of the internship year. The final contact with the graduate program notes whether the intern has successfully completed the program. If successful completion comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures, the graduate program will be contacted within two weeks. This contact is intended to ensure that the graduate program, which also has a vested interest in the intern's progress, remains informed and engaged in order to support an intern having difficulties. The graduate program is also notified of any further action that may be taken by Solutions as a result of the Due Process procedures, up to and including termination from the program.

### Successful Internship Completion Requirements

- Completion of 2000 total hours of training during the year
- Completion of the required number of identified clinical tasks
  - 24 Psychological Evaluations
  - 24 Diagnostic Assessments
  - 2 Behavioral Evaluations
  - Minimal 25% client time
- Participation in required supervision hours (i.e., 4 hours per week)
- Participation in scholarly review of research articles each month, presenting on alternating months
- Provision of a one-hour presentation to an identified group of Solutions staff
- Delivery of a 1-hour didactic presentation on the Intern's approach to behavior change
- Successful demonstration of the Profession-Wide Competencies identified in the Intern Evaluation form, as measured by a rating of "4" or higher at the end of the year evaluation

## INTERNSHIP APPLICATION

Solutions Behavioral Healthcare Professionals Internship ("Solutions") currently offers 4 full-time positions with training experiences provided in two offices per each position. Two internships are primarily located in Detroit Lakes, MN and two are located in Moorhead, MN. Students interested in applying for the internship program should submit an online application through the APPIC website ([www.appic.org](http://www.appic.org)).



## Application

A complete application consists of the following materials:

1. A completed online AAPI (APPIC's standard application)
2. Cover letter (as part of online AAPI)
3. A current Curriculum Vitae (as part of online AAPI)
4. 3 standardized reference forms (as part of online AAPI)
5. Official transcripts of all graduate coursework (as part of online AAPI)

All application materials must be received by **November 25<sup>th</sup>** in order to be considered. Applicants are notified of their interview status by email on or before December 15. Interviews are held in early to mid-January. Interviews will be conducted via videoconference.

## Selection Criteria

Solutions reviews all complete applications received by November 25 and bases its selection process on the entire application package noted above; however, applicants who have met the following qualification prior to internship are considered preferred:

1. APA-accredited doctoral program in clinical or counseling psychology
2. A minimum of 350 intervention hours
3. A minimum of 50 assessment hours
4. Dissertation proposal scheduled or defended
5. Underserved/rural interest or experience
6. Interest and experience in rotation areas

In addition to the preferences listed above, Solutions values the unique contributions that individually and/or culturally diverse interns provide within the training and work environments. The Training Committee strongly encourages diverse applicants to apply. Solutions also takes into consideration the potential commitment or interest of any prospective intern to remain in western MN following internship. Developing a strong behavioral health workforce is an important consideration for Solutions, and an interest in remaining in the area is considered a benefit in a potential intern. Finally, Solutions requires that matched interns meet additional agency-level criteria, including a background check. If a matched intern does not meet agency-level criteria, the match agreement is terminated and the intern is not be allowed to complete their internship within Solutions.

## Selection Process

All applications are screened by members of Solutions' Training Committee using a standard Application Rating Tool and evaluated for potential goodness of fit and projected synergy with the internship program. The Training Committee holds a selection meeting to determine which applicants to invite for interviews based upon the results of the ratings. As noted above, applicants are notified of their interview status on or before December 15 and interviews are held in early to mid- January. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as indicated.

The Training Committee holds a meeting within two weeks of the final interviews being completed in order to determine final applicant rankings. The full application package and information gathered from the interview process is used to determine applicant rankings. The list is finalized by consensus among the Training Committee members. Solutions then submits its applicant rankings to the National Matching Service.

Solutions participates in the APPIC Match process and agrees to abide by all APPIC Match policies. In

accordance, Solutions does not solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding the application, interview, and/or ranking process may be directed to Solutions' Training Director, Dr. Tessie Blake ([tblake@solutionsinpractice.org](mailto:tblake@solutionsinpractice.org)).

## Interviews

Qualified applicants are scheduled for interview. Interviews will be held via videoconference. At least two members of the psychology team will be present. The interview format is standardized and allows ample time for the applicant to ask any questions he or she may have. It is the desire of the Training Committee that applicants being interviewed have a full understanding of Solutions' Psychology Internship program, including its expectations. At any time in this process, program staff may be contacted for questions or clarification. Following the interview, each interviewer independently rates the applicant. The interview includes a virtual open house and a meeting with current interns or psychology trainees to ask questions about the internship.

## APA Status

Solutions' Internship program is a member of APPIC, #2488. Solutions is fully accredited as of 11/21/2021.

Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association 750 1st Street NE, Washington, D.C. 20002 Phone (202) 336-5979 Email: [apaaccred@apa.org](mailto:apaaccred@apa.org). APA's website: [www.apa.org/accreditation](http://www.apa.org/accreditation)

## DIVERSITY AND NON-DISCRIMINATION POLICY

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Solutions values and embraces diversity. It believes that a diverse training environment contributes to the depth and overall quality of an internship program. Having diverse faculty and interns brings richness and depth to the training experience and promotes personal growth. Solutions therefore welcomes applicants from diverse backgrounds. It provides equal opportunity to all intern applicants and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is unrelated to the success of a psychology intern. Prospective interns are evaluated individually based on their previous training, practicum experiences, and fit with the internship. Requests for accommodation should be initiated through the Human Resources department.

Solutions is committed to creating a positive workplace environment for its staff and Interns alike, and one in which all feel included, respected, safe, and treated with equality. Solutions strives to increase awareness about diversity and promote understanding of, appreciation for, and comfort with multi-cultural experience.

In keeping with APA's guidelines, cultural and individual diversity is an expected competency for psychology interns, and multiple experiences are provided over the training year to ensure that interns are personally supported and well-trained in diversity. Solutions' Psychology Internship program ensures that Interns are able to demonstrate knowledge, awareness, and skills needed to work with diverse individuals. Opportunities for diversity training are blended in throughout the training year.

Solutions is an Equal Employment Opportunity employer. Consistent with the Minnesota Human Rights Act, it recruits, employs, trains, compensates, and promotes without regard to race, religion, creed, color, national origin, sex, marital status, disability, public assistance status, age, sexual orientation, familial status, or local human rights commission activity. Persons wishing to make a complaint regarding Solutions' employment practices may contact the Minnesota Department of Human Rights, at Freeman Building, 625 Robert Street

North, St. Paul, MN, 55155. The office's email is: [info.MDHR@state.mn.us](mailto:info.MDHR@state.mn.us). You may also call toll free at: 1-800-657-3704. (TTY 651-296-1283).

## COMPENSATION

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### Stipend

Solutions Behavioral Health Professionals ("Solutions") offers four (4) doctoral internship positions. The current annual stipend for the 2024-2025 cohort is \$42,500.

Interns matched with Solutions are expected to travel at times between the Detroit Lakes and Moorhead clinic locations. Interns are encouraged to use agency vehicles for travel between sites. In the event that an agency vehicle is unavailable, Interns are reimbursed for the travel at the current reimbursement rate of \$.41 per mile.

### Benefits

As full-time employees of Solutions, Interns are eligible for a range of benefits including comprehensive health insurance, long-term disability, parental leave, life insurance, flex spending accounts, and a 401K retirement savings plan. In addition, Interns receive 12 days of Paid Time Off (PTO) and nine paid holidays (New Year's Day, President's Day, Memorial Day, Fourth of July and the day after, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day). Interns are allowed up to 5 days during the internship year for professional development (e.g., attending conferences). Questions regarding specific benefits can be directed to Solutions' Human Resources department at 218-287-4338. See Appendix J for a current listing of employee benefits.

## DUE PROCESS PROCEDURES

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Due Process Procedures are implemented in situations in which a supervisor or other Training Committee member raises a concern about the functioning of a Psychology Intern. These procedures are a protection of both the Intern and Solutions' Psychology Internship program and also carries responsibilities for both. The internship's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. These procedures are implemented in order to afford the intern with every reasonable opportunity to remediate a problem and to receive support and assistance. These procedures are rooted in the transparency of expectations and not intended to be punitive.

### Rights and Responsibilities

#### Interns

Interns have the right to a clear statement of general rights and responsibilities upon entry into the training program, including the goals and parameters for the training experience and Solutions' policies and procedures. Interns have a right to be trained by professionals in accordance with APA ethical guidelines. They have the right to be treated with respect and in keeping with the intern's advanced level of training and experience. Interns have a right to receive ongoing evaluation that is specific, respectful, and pertinent. They have the right to engage in ongoing evaluation of the training experience. Interns have the right to participate in the Due Process procedures by having their viewpoints heard at each step in the process. They have the right to appeal decisions with which they disagree, within the limits of this policy. Interns have the responsibility to engage with the training program and Solutions in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

## Psychology Internship Program

Solutions' Psychology Internship has the right to implement these Due Process procedures when they are called for, as described below. The internship and its Training Committee and staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

### Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning that 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 in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions that interfere with professional functioning.

It is a professional judgment as to when an issue becomes problematic rather than 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. Issues typically are identified as problems that require 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 that 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 to attend to the issue;
- the trainee's behavior does not change as a function of feedback 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 or actually causes harm to a patient; and/or,
- the problematic behavior violates appropriate interpersonal communication with agency staff.

### Informal Review

When a supervisor or other Training Committee member believes that an intern's behavior is becoming problematic or that an Intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue is to raise the issue with the Intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or Training Committee member who raises the concern should monitor the outcome. This process should be documented in writing in supervision notes and discussed with the Training Director and Training Committee but will not become part of the intern's professional file.

## Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, if an Intern receives a rating of "2" or below on any competency on the 6-month supervisory evaluation, or if a problem with the acquisition of skills arises at any point, the following process is initiated:

- A. **Notice of Formal Review:** The intern is notified in writing, which can include email or electronic communication, that the issue has been raised to a formal level of review, and that a Hearing will be held. The Director of Clinical Training at the intern's graduate program will also be notified at this step.
- B. **Hearing:** The supervisor or Training Committee member will hold a Hearing with the Training Director and Intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director is the supervisor who is raising the issue, an additional Training Committee member who works directly with the Intern will be included at the Hearing. The Intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement in response to the identification of the problem. The Chief Operating Officer would be appropriate alternative individual that may participate in a hearing in the event that the Training Director is unavailable.
- C. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other Training Committee member who was present at the Hearing. This outcome will be communicated to the Intern in writing within 5 working days of the Hearing:
  - 1) Issue an **"Acknowledgement Notice"** which formally acknowledges:
    - a) that the Training Committee is aware of and concerned with the problem;
    - b) that the problem has been brought to the attention of the Intern;
    - c) that the Training Committee will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
    - d) that the problem is not significant enough to warrant further remedial action at this time.
  - 2) Place the intern on a **"Remediation Plan"** which defines a relationship such that the faculty, through the supervisors and Training Director, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the Intern. The length of the probation period will depend upon the nature of the problem and will be determined by the Intern's supervisor and the Training Director. The written Remediation Plan is shared with the Intern and the Director of Clinical Training at the Intern's graduate program and includes:
    - a) the actual behaviors or skills associated with the problem;
    - b) the specific recommendations for rectifying the problem;
    - c) the time frame during which the problem is expected to be ameliorated; and,
    - d) the procedures designed to ascertain whether the problem has been appropriately remediated.

This statement will be issued within 5 working days of the hearing and will be shared with

the Director of Clinical Training at the intern's graduate program. The length of the Remediation Plan may be extended if indicated and agreed to by the intern and training committee members. At the end of the remediation period as specified in "c" above, the Training Director will provide a written statement indicating whether the problem has been remediated. This statement will become part of the intern's permanent file and also will be shared with the intern and sent to the Director of Clinical Training at the intern's graduate program.

3) Place the Intern on suspension, which would include removing the Intern from all clinical service provision for a specified period of time, during which the program may support the Intern in obtaining additional didactic training, close mentorship, or engage in some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the Intern's supervisor and the Training Director. A written Suspension Plan will be shared with the Intern and the Intern's Director of Clinical Training from the Intern's graduate program and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the Training Director will provide to the Intern and the Intern's graduate program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the Intern on a probationary status with a Remediation Plan. In this case the process in #2 above would be followed. This statement will become part of the Intern's permanent file. Additionally, the intern may be required to participate in internship activities beyond the length of the internship's typical year in order to make up the hours that were missed due to suspension and meet the minimum 2000 hours requirement.

- D. **Termination.** If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have caused or have the potential to cause harm, the intern's placement within Solutions' Psychology Internship may be terminated. The decision to terminate an intern's placement will be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the Intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The Training Director may decide to suspend an Intern's clinical activities during this period prior to a final decision being made, if warranted. The Psychology Internship will participate in the APPIC consultation meetings as required by APPIC and coordinate as required with the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Intern's Director of Training at the Intern's graduate program of the decision.

## Appeals Process

If the Intern wishes to challenge a decision made at any step in the Due Process procedures, the Intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the Training Director within 5 working days of notification regarding the decision with which the Intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Director and consisting of the Training Director (or another supervisor, if appropriate) and at least two other members of the Training Committee who work directly with the Intern. The Intern may request one specific member of the Training Committee to serve on the review panel. The Appeals Hearing will be held within 10 working days of the Intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the Intern and the Intern's graduate program.

## GRIEVANCE PROCEDURES

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### Initiation of Grievance Procedures

Grievance Procedures are utilized in situations in which a Psychology Intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the Psychology Internship. 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, Training Committee member, trainee, or the Psychology Internship, the following steps will be taken:

#### Informal Review

As a first step, the Intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Training Director in an effort to resolve the problem informally. This is in keeping with the APA ethical code.

#### Formal Review

If the matter cannot be satisfactorily resolved using informal means, the Intern may submit a formal grievance in writing, with relevant documentation, to the Training Director. If the Training Director is the object of the grievance, the grievance should be submitted to another member of the Training Committee. The individual being grieved will be asked to submit a response in writing. The Training Director (or alternative Training Committee member, if appropriate) will meet with the Intern and the individual being grieved within 10 working days. In some cases, the Training Director or appropriate alternative Training Committee member may wish to meet with the Intern and the individual being grieved separately first. In cases where the Intern is submitting a grievance related to some aspect of the Psychology Internship rather than an individual (e.g., issues with policies, curriculum, etc.) the Training Director and a member of the Training Committee will meet with the Intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

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

The Training Director or alternative Training Committee member, if appropriate, will document the process and outcome of the meeting. The Intern and the individual being grieved will be asked to report back to the

Training Director or alternative Training Committee member in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the Training Director or alternative Training Committee member will convene a review panel consisting of the Training Director or alternative Training Committee member 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 a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

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## MAINTENANCE OF RECORDS

The APA Ethical Principles of Psychologists and code of Conduct on Record Keeping will be followed in maintaining records. Intern records, including, at a minimum, a description of the training experience, all formal evaluations, and certificates of completion are maintained indefinitely by the Training Director in a secure digital file.

Additionally, the internship program will keep all records of formal complaints or grievances of which it is aware of having been filed against the program or individuals associated with the program. These records will be maintained digitally.

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## INTERNSHIP MANUAL REVIEW

This Internship Manual is reviewed by the Training Committee on an annual basis, prior to the start of each internship year. If it becomes necessary to update this manual during the internship year, Interns will receive written notification of the updates. The Training Director will retain copies of the Internship Manual and its updates over time.



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## INTERNSHIP POLICIES AND PROCEDURES

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Appendix K contains a listing of the Psychology Internship's formal policies and procedures. These include:

1. Intern Selection and Academic Preparation Requirements (Appendix K-1)
2. Intern Evaluation, Retention, and Termination (Appendix K-2)
3. Diversity and Non-Discrimination (Appendix K-3)
4. Due Process and Grievance Procedures (Appendix K-4) and Acknowledgement of Receipt and Review Form (Appendix K-5)
5. Intern Stipend, Resources, and Benefits (Appendix K-6)
6. Intern Travel Reimbursement (Appendix K-7)
7. Videoconference Supervision (Appendix K-8)

## APPENDIX A: Acknowledgement of Internship Manual and Policies Form

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**Solutions Behavioral Healthcare Professionals  
Psychology Internship Program  
Acknowledgement of Internship Manual and Policies**

I acknowledge that I have received, reviewed, understand, and agree to abide by the Solutions Behavioral Healthcare Professionals (“Solutions”) Intern manual and policies, relevant site-specific policies, and relevant ethical guidelines.

\_\_\_\_\_ Solutions Psychology Internship Manual

\_\_\_\_\_ Solutions Intern Policies:

\_\_\_\_\_ Due Process and Grievance Policy

\_\_\_\_\_ Diversity and Non-Discrimination Policy

\_\_\_\_\_ Intern Evaluation, Retention, and Termination Policy

\_\_\_\_\_ Maintenance of Records

\_\_\_\_\_ Communication with Doctoral Program

\_\_\_\_\_ Stipend, Resources, and Benefits Policy

\_\_\_\_\_ Intern Selection and Academic Preparation Requirements

\_\_\_\_\_ Telehealth Policy

\_\_\_\_\_ Travel Policy

\_\_\_\_\_ Solutions Behavioral Healthcare Professionals Personnel Policies and Procedures

\_\_\_\_\_ APA Ethical Principles of Psychologists and Code of Conduct

**In signing below, I also acknowledge that I have been provided with a hard copy of the above listed documents for my files.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature/Date

## APPENDIX B: Authorization to Exchange Information Form

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**Solutions Behavioral Healthcare Professionals  
Psychology Internship Program  
Authorization to Exchange Information**

The American Psychological Association's (APA) Commission on Accreditation and the Office of Program Consultation and Accreditation encourage close working relationships between internship programs and graduate programs in professional psychology. Doctoral programs and internship programs share a vested interest in the success of interns and a responsibility to communicate about Interns' progress and status throughout the course of the training year. As such, this form is intended to facilitate communication between the doctoral and internship programs associated with the intern named below.

Intern Name: \_\_\_\_\_

Intern Doctoral Program: \_\_\_\_\_

Director of Clinical Training (DCT): \_\_\_\_\_

Address of Doctoral Program: \_\_\_\_\_

\_\_\_\_\_

DCT Telephone Number: \_\_\_\_\_

DCT email address: \_\_\_\_\_

I grant permission to Solutions Behavioral Healthcare Professionals and the doctoral program listed above to exchange information pertinent to my internship, training, and professional development.

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

\_\_\_\_\_  
Date

*Please return this completed form to the Solutions Training Director.*

## APPENDIX C: Intern Supervision Documentation Form

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**Solutions Behavioral Healthcare Professionals  
Psychology Internship Program  
Intern Supervision Documentation**

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Modality:  Individual  Group  In-Person  Videoconference

Length of Session: \_\_\_\_\_

Was direct observation a part of this supervisory period? No Yes (describe)

Areas Addressed in Supervision:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Intervention      | <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Assessment/Testing | <input type="checkbox"/> Consultation    |
| <input type="checkbox"/> Legal Issue       | <input type="checkbox"/> Diversity Issue    | <input type="checkbox"/> Professional Issue | <input type="checkbox"/> Ethical Issue   |
| <input type="checkbox"/> Supervision Issue | <input type="checkbox"/> Communic. Issue    | <input type="checkbox"/> Interpers. Issue   | <input type="checkbox"/> Research Review |

Summary of Supervision Session:

Check if the following areas need improvement:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| Is prepared for supervisory session | Written reports are timely            |
| Seeks supervision appropriately     | Notes meet outlined requirements      |
| Accepts supervisory feedback        | Verbal communication is effective     |
| Identifies pers/prof limitations    | Works with other providers            |
| Initiates self-improvement          | Maintains professional demeanor       |
| Is prepared for clinical tasks      | Good work habits, e.g., punctuality   |
| Attends to diversity factors        | Demonstrates critical thinking skills |

Plan:

Supervisor: \_\_\_\_\_ Intern: \_\_\_\_\_

**APA's Required Profession-Wide Competencies:** *Intervention; Assessment; Ethical and Legal Standards; Cultural and Individual Diversity; Research; Professional Values, Attitudes, and Behaviors; Consultation and Interprofessional/Interdisciplinary Skills; Supervision; Communication and Interpersonal Skills*

## APPENDIX D: Didactic Training Evaluation Form

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**Solutions Behavioral Healthcare Professionals  
Psychology Internship Program  
Didactic Training Evaluation**

(Google forms survey)

Solutions Psychology Internship values your feedback on the didactic seminar series. Your thoughts and suggestions provide meaningful feedback to the presenter, as well as inform changes to future seminars for your cohort and beyond. Please carefully consider your experience in today's seminar and respond to all prompts below. Thank you in advance for your time and, as always, please feel free to speak with your supervisor if you have additional feedback not captured by this form.

Please rate the following questions on this scale:

***Strongly Disagree Disagree Neutral Agree Strongly Agree***

1. The presenter was well prepared and organized for the presentation.
2. The stated learning objectives were met by the presenter.
3. The presentation was appropriate for my level of training as a psychology intern.
4. The presentation was enriching and informative.
5. The information presented is useful in my work as a psychologist.
6. I learned something new as a result of this presentation.
7. The handouts and/or references were useful, current, and evidence-based.
8. The presentation appropriately attended to issues of diversity.

Should this didactic be presented again? **Yes No**

What was the most interesting or useful aspect of this presentation and why?

What was the least useful aspect of this presentation and why?

Please share any additional thoughts, including any suggestions for improving this presentation.

***Thank you for your feedback!***

## APPENDIX E: Intern Evaluation Form

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**Solutions Behavioral Healthcare Professionals  
Psychology Internship Program  
Intern Evaluation**

Intern: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Training site: \_\_\_\_\_

Methods used in evaluating competency:

\_\_\_\_\_ Direct Observation      \_\_\_\_\_ Review of Audio/Video      \_\_\_\_\_ Case Presentation

\_\_\_\_\_ Documentation Review      \_\_\_\_\_ Supervision      \_\_\_\_\_ Comments from other staff/faculty

Scoring Criteria:

**1 Remedial Competence Level** -- Intern shows significant deficiencies in this area, with skills below that expected of a beginning Intern. The intern is dependent upon direct observation and detailed preparatory instruction. Intensive supervision is required to attain a basic level of competence, OR the intern has not attained expected level of competence despite coaching and supervision..

**2 Beginning Competence Level** -- Intern requires intensive supervision for unfamiliar clinical activities and/or novel circumstances but Intern has a knowledge level of the skill area and can recall key points or steps for familiar or basic situations. Intern may be able to perform skills in this area with a minimal level of supervision but may need supervision to learn how to generalize skill to novel situations. This is the level of competency expected for a beginning intern working with a new clinical population and might be an appropriate rating for beginning acquisition of a novel skill set within a new rotation.

**3 Intermediate Competence Level** -- Intern needs minimal structure for routine activities, but may need closer supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. While the intern can perform the skills, these may require conscious awareness, i.e., thinking through the steps. This is the level expected for most skills mid-way through the internship year. Intern is able to identify with supervisory support if additional supervision is needed.

**4 Advanced Competence Level** -- Intern is considered competent for entry-level practice in this area. Intern consistently integrates well-developed knowledge, skills and abilities into all aspects of professional practice. This skill area is fluent and can be performed without having to think through the steps. Intern functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.

**5 Full Performance Level** -- Skill exceeds that expected for doctoral interns at the completion of the training year. Intern shows maturity in the ability to conceptualize and has sound thinking and judgment. Intern has fully mastered this skill area such that it is habit, and can perform the skill automatically. Intern can manage complex situations independently. Training needs are consultative in nature.

**N/A**--Not Applicable/Not Observed/Cannot Say

**NOTE:** This form is designed to provide interns with comprehensive, formal feedback on strengths and areas for growth. As described in the Solutions Intern Evaluation, Retention, and Termination Policy, a score *less than 3* on an individual learning element or broad competency at the 6-month evaluation will initiate the program's Due Process procedures. Interns must receive a rating *of 4 or higher* on all learning elements and broad competencies at the final evaluation to demonstrate that they are prepared for entry level independent practice and licensure, and to successfully complete internship.

**APA Profession Wide Competencies**

Intern will achieve competence in the area of: <b>Intervention</b>	
Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans	
Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking	
Evaluates intervention effectiveness and adapts goals and methods consistent with ongoing evaluation	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	
Intern will achieve competence in the area of: <b>Assessment</b>	
Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
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 context to the assessment and/or diagnostic process	
Selects and applies assessment methods that draw from the best available empirical literature	
Collects 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 client	
Interprets assessment results to inform case conceptualization, classification, and recommendations	

Communicates findings in an accurate and effective manner sensitive to a range of audiences	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
<b>Intern will achieve competence in the area of: Ethical and Legal Standards</b>	
Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct	
Demonstrates knowledge of and acts in accordance with all organizational, local, state, and federal laws, regulations, rules, and policies relevant to health service psychologists	
Demonstrates knowledge of and acts in accordance with all professional standards and guidelines	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them	
Conducts self in an ethical manner in all professional activities	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
<b>Intern will achieve competence in the area of: Cultural and Individual Diversity</b>	
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity	
Integrates knowledge of individual and cultural differences in the conduct of professional roles	
Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship	
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

<b>Intern will achieve competence in the area of: Research</b>	
Demonstrates the substantially independent ability to critically evaluate research	
Demonstrates the substantially independent ability to disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
<b>Intern will achieve competence in the area of: Professional Values, Attitudes, and Behaviors</b>	
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self-reflection regarding personal and professional functioning	
Demonstrates openness and responsiveness to feedback and supervision	
Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
<b>Intern will achieve competence in the area of: Interprofessional and Interdisciplinary Consultation</b>	
Demonstrates knowledge and respect for the roles and perspectives of other professions	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
<b>Intern will achieve competence in the area of: Supervision</b>	

Demonstrates knowledge of supervision models and practices	
Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	
<b>Intern will achieve competence in the area of: Communication and Interpersonal Skills</b>	
Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services	
Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated	
Demonstrates effective interpersonal skills	
Demonstrates the ability to manage difficult communication well	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	
<b>OVERALL RATING (average of broad competence area scores)</b>	
Comments on Intern's overall performance, including identified strengths and areas for growth:	

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern's Signature	Date
Supervisor's Signature	Date
Training Director's Signature	Date

## APPENDIX F: DBT Rotation Feedback Form

### DBT ROTATION FEEDBACK FORM

**Objective: To effectively co-lead a DBT group using the Linehan model**

Skill Area	Feedback
Shows an understanding of the paradigms of DBT, including: <ul style="list-style-type: none"> <li>• Acceptance paradigm and strategies</li> <li>• Dialectics paradigm and strategies</li> <li>• Change paradigm and strategies</li> <li>• Can discuss DBT using “House of Hell” metaphor</li> </ul>	
Can understand and identify the hierarchy of target behaviors and secondary behaviors	
Can identify and conduct steps in a chain analysis	
Shows an understanding of the four group skills training modules and the core skills within each area (i.e., Mindfulness, Interpersonal Effectiveness, Distress Tolerance, Emotion Regulation)	
Identifies core skills within each module	



Demonstrates an understanding of the diary card and its purpose in the individual therapy session	
Effective in teaching DBT skills in a group setting	
Uses DBT protocols, including the suicide protocol	

Other feedback:

Feedback provided by/Date: \_\_\_\_\_

## APPENDIX G: ABA Rotation Feedback Form

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## ABA ROTATION FEEDBACK FORM

**Objective:** *To develop a general understanding of Applied Behavior Analysis*

Skill Area	Feedback
Demonstration of ABA interventions, including: <ul style="list-style-type: none"> <li>• Discrete trial training</li> <li>• Prompting/reinforcement and proper timing</li> <li>• Shaping and chaining procedures</li> </ul>	
Demonstration of knowledge of ABA assessment, including: <ul style="list-style-type: none"> <li>• Preference assessment</li> <li>• Functional Behavior Assessment</li> </ul>	
Demonstration of administration of the Adaptive Behavior Assessment System (ABAS-3)	
Demonstration of administration of the Verbal Behavior-Milestones Assessment and Placement Program (VB-MAPP)	
Demonstrates knowledge of the Promoting the Emergence of Advanced Knowledge (PEAK) Relational Training System assessment and curriculum	
Develops and uses data systems in making treatment decisions	
Develops comprehensive assessment review summaries	

Develops treatment plans in collaboration with the child's family	
Demonstrates the ability to provide parent training	
Provides supervision and direction to direct care staff in their implementation of ABA	

Other feedback:

Feedback provided by/Date: \_\_\_\_\_

## APPENDIX H: Supervisor Evaluation Form

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### SUPERVISOR EVALUATION FORM

**To be completed by intern at each evaluation period (concurrent with intern evaluation) and discussed with supervisor during intern evaluation meeting**

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Scoring Criteria:

<b>1 Significant Development Needed</b> - Significant improvement is needed to meet intern needs
<b>2 Development Needed</b> - Improvement is needed to meet intern needs
<b>3 Meets Intern Needs and Expectations</b>
<b>4 Exceeds Expectations</b> - Above average experience
<b>5 Significantly Exceeds Expectations</b> - Exceptional experience
<b>N/A</b> - 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.	
Schedules supervision meetings and is available at the scheduled time	
Allots sufficient time for supervision	
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	
Supports the intern's successful completion of the internship program	

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 interdisciplinary collaboration and consultation	

Is effective in help in to develop short-term and long-range goals for patients	
Promotes clinical practices in accordance with ethical and legal standards	
Promotes intern's general acquisition of knowledge, skills, and competencies	
Comments:	
Summary	
Overall rating of supervision with this supervisor	#DIV/0!
Describe how the supervisor contributed to your learning:	
Please share any comments or reflections on the effectiveness of telesupervision (if application during both group and individual supervision, including to what extent telesupervision contributed to or detracted from the ability to form a working relationship with the team and supervisor:	
Describe how supervision or the training experience could be enhanced:	
Any other suggestions/feedback for your supervisor?	
<u>Supervisor's Signature</u>	<u>Date</u>
<u>Intern's Signature</u>	<u>Date</u>

## APPENDIX I: Program Evaluation Form

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## PROGRAM EVALUATION

This evaluation is utilized by the internship program as a mechanism to elicit feedback that will lead to improvement and enhancement of the 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 comments whenever applicable in order to help us respond most effectively.

Intern: \_\_\_\_\_ Training Site: \_\_\_\_\_

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

**Scoring Criteria: 1=Poor; 2=Fair; 3=Average; 4=Very Good; 5=Excellent**

**Cohort Experience:** In this section, please provide ratings related to the activities that you participated in with your intern cohort.

Overall quality of didactic lectures	
Relevance of didactic lecture topics	
Overall quality of group supervision	
Opportunities for peer support and socialization	
Comments	

**Development of Clinical Skills:** In this section, please rate the quality of your training within each of the program's identified competency areas. Please consider your experience with didactic training and supervision as well as direct clinical experiences.

<b>Intervention</b>	
Quality of Training	
Comments	
<b>Assessment</b>	
Quality of Training	
Comments	
<b>Ethical and Legal Standards</b>	
Quality of Training	
Comments	

Cultural and Individual Diversity	
Quality of Training	
Comments	
Research	
Quality of Training	
Comments	
Professional Values and Attitudes	
Quality of Training	
Comments	
Interprofessional and Interdisciplinary Consultation	
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	
Communication and Interpersonal Skills	
Quality of Training	
Comments	

## APPENDIX J: Employee Benefits

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## Solutions Behavioral Healthcare Professionals

### 2024 Employee Benefits

#### Health Insurance

Employees qualify for Health Insurance when they are full-time. Six different plans are offered to choose from.

#### Long Term Disability

Long-term benefits are provided at no cost to full-time employees. Eligibility start on the 1<sup>st</sup> of the month after 30 days of employment. If an employee becomes disabled, payment is 60% of salary to a maximum of \$5,000 per month and begins on the 91<sup>st</sup> day. Benefits are payable to age 65, or until disability ends.

#### Parental Leave

Parental leave is for the mother or the father who is a full-time employee and has given birth or adopted a child. Approved leave can be taken at any time during the 3-month period immediately following the birth or adoption of a child. Employees are eligible for three weeks of paid time.

#### Life Insurance

Basic life and accidental death (AD&D) insurance is provided at no cost for our full-time employees. Eligibility starts on the 1<sup>st</sup> of the month after 30 days of employment. The plan provides an amount equal to 100% of your annual salary, to a maximum of \$50,000 with a minimum benefit of \$25,000. Supplemental life insurance can be purchased through payroll deductions for employee, spouse and children.

#### Health Savings Account (HSAs)

You must be on a High Deductible Health Plan to utilize an HSA. Our \$3,500- and \$6,000-deductible plans suffice. Health Savings Accounts are limited to \$4,150 in total contributions for individuals and \$8,300 in total contributions per family for 2024.

#### Voluntary Dental Insurance

Employees qualify for voluntary dental insurance when they are full-time. Eligibility starts on the 1<sup>st</sup> of the month after 30 days of employment.

#### Voluntary Vision/Hearing Discount Program Insurance

There is one vision plan option this year, through Eye Med/Mutual of Omaha. The plan provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses (i.e. \$130 allowance for frames every 2 years, lenses every year with \$25 copay OR \$130 allowance every year for contacts, and LASIK discounts).

#### 401K Retirement Savings Plan

The 401K plan is intended to assist employees in saving for retirement, using pretax and Roth contributions. Employees are eligible on enroll into the plan on the 1<sup>st</sup> of the month following employment. Both full and part-time employees are eligible. Solutions will match up to 4% of employee's deferrals into the plan.

#### Paid Time Off

Paid time off (PTO) is provided to all full-time employees. This time can be used for vacation, personal business, medical appointments, family illness/appointments, etc. Employees earn 8 hours of PTO per month during their first year of employment (this is what Interns earn during the internship year). PTO may be used as it is accrued.

## Holidays

All full-time employees are eligible for paid holiday leave. Solutions provides paid time off for the following observed holidays: New Year's Day, Presidents Day, Memorial Day, Independence Day and the day after, Labor Day, Thanksgiving Day, Friday after Thanksgiving Day and Christmas Day.

## Employee Assistance Program (EAP)

Our confidential Employee Assistance Program provides employees assistance with personal issues they may be facing and information about other concerns that affects their life, whether it's a life event or on a day to day basis.

## APPENDIX K: Policies and Procedures

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## Appendix K-1: Intern Selection and Academic Preparation Requirements Policy

Solutions Behavioral Healthcare Professionals Internship (“Solutions”) currently offers 4 full-time positions with training experiences provided out of two primary offices located in Detroit Lakes, MN and Moorhead, MN.

Students interested in applying for the internship program should submit an online application through the APPIC website ([www.appic.org](http://www.appic.org)).

### Application

A complete application consists of the following materials:

1. A completed online AAPI (APPIC’s standard application)
2. Cover letter (as part of online AAPI)
3. A current Curriculum Vitae (as part of online AAPI)
4. 3 standardized reference forms (as part of online AAPI)
5. Official transcripts of all graduate coursework (as part of online AAPI)

All application materials must be received by November 25<sup>th</sup> in order to be considered. Applicants are notified of their interview status by email on or before December 15. Interviews are held in early to mid-January. Interviews will be held via videoconference.

### Selection Criteria

Solutions reviews all complete applications received by November 25 and bases its selection process on the entire application package noted above; however, applicants who have met the following qualification prior to internship are considered preferred:

1. APA-accredited doctoral program in clinical or counseling psychology
2. A minimum of 350 intervention hours
3. A minimum of 50 assessment hours
4. Dissertation proposal scheduled or defended
5. Underserved/rural interest or experience
6. Interest and experience in rotation areas

In addition to the preferences listed above, Solutions values the unique contributions that individually and/or culturally diverse interns provide within the training and work environments. The Training Committee strongly encourages diverse applicants to apply. Solutions also takes into consideration the potential commitment or interest of any prospective intern to remain in western MN following internship. Developing a strong behavioral health workforce is an important consideration for Solutions, and an interest in remaining in the area is considered a benefit in a potential intern. Finally, Solutions requires that matched interns meet additional agency-level criteria, including a background check. If a matched intern does not meet agency-level criteria, the match agreement is terminated the intern is not allowed to complete their internship within Solutions.

### Selection Process

All applications are screened by Solutions Training Committee using a standard Application Rating Form and evaluated for potential goodness of fit and projected synergy with the internship program. Each evaluation is reviewed by at least two members of the Training Committee. The Training Committee holds a selection meeting to determine which applicants to invite for interviews based upon the results of the ratings. As

noted above, applicants are notified of their interview status on or before December 15 and in-person interviews are held in early January. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as indicated.

The Training Committee holds a meeting within two weeks of the final interviews being completed in order to determine final applicant rankings. The full application package and information gathered from the interview process is used to determine applicant rankings. The list is finalized by consensus among the Training Committee members. Solutions then submits its applicant rankings to the National Matching Service.

Solutions participates in the APPIC Match process and agrees to abide by all APPIC Match policies. In accordance, Solutions does not solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding the application, interview, and/or ranking process may be directed to Solutions' Training Director, Dr. Tessie Blake ([tblake@Solutionsinpractice.org](mailto:tblake@Solutionsinpractice.org)).



## Appendix K-2: Intern Evaluation, Retention, and Termination Policy

Solutions Behavioral Healthcare Professionals, in compliance with the APA's Standards of Accreditation, requires that Interns demonstrate minimum levels of achievement across all nine (9) profession-wide competencies. These competencies include the following:

1. Intervention
2. Assessment
3. Ethical and Legal Standards
4. Cultural and Individual Diversity
5. Research
6. Professional Values, Attitudes, and Behaviors
7. Consultation and Interprofessional/Interdisciplinary Skills
8. Supervision
9. Communication and Interpersonal Skills

### General Evaluation Process

Informal evaluation is ongoing throughout the training year. Supervisors are expected to provide Interns with feedback on strengths, as well as communicate early and often in regards to areas of growth. Interns are formally evaluated by their primary supervisor twice per year, at the mid- and endpoints of their training experience. Evaluations are conducted using the *Intern Evaluation* form (see Appendix E) which includes a five-point Likert Scale and comment spaces where supervisors include specific written feedback regarding the Intern's performance and progress over the specified time period. The evaluation form includes information about the Intern's performance regarding all of Solutions' expected training competencies and the related learning elements. Supervisors review these evaluations with Interns during supervision and encourage an in-depth discussion with opportunity for Interns to raise questions or concerns as needed. Upon completion of this review, the Intern and supervisor sign the evaluation and the Intern receives a copy. The evaluation is submitted to the Training Director, who also reviews and co-signs before scanning into a secure electronic file.

The rating scale for each evaluation is a 5-point Likert scale with the following rating values:

**1= Remedial Competence Level:** Intern shows significant deficiencies in this area, with skills below that expected of a beginning Intern. The intern is dependent upon direct observation and detailed preparatory instruction. Intensive supervision is required to attain a basic level of competence, OR the intern has not attained expected level of competence despite coaching and supervision.

**2= Beginning Competence Level:** Intern requires intensive supervision for unfamiliar clinical activities and/or novel circumstances but Intern has a knowledge level of the skill area and can recall key points or steps for familiar or basic situations. Intern may be able to perform skills in this area with a minimal level of supervision but may need supervision to learn how to generalize skill to novel situations. This is the level of competency expected for a beginning intern working with a new clinical population and might be an appropriate rating for beginning acquisition of a novel skill set within a new rotation.

**3= Intermediate Competence Level:** Intern needs minimal structure for routine activities, but may need closer supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. While the intern can perform the skills, these may require conscious awareness, i.e., thinking through the steps. This is the level expected for most skills mid-way through the internship year. Intern is able to identify with supervisory support if additional supervision is needed.

**4= Advanced Competence Level:** Intern is considered competent for entry-level practice in this area. Intern consistently integrates well-developed knowledge, skills and abilities into all aspects of professional practice. This skill area is fluent and can be performed without having to think through the steps. Intern functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.

**5= Full Performance Level:** Skill exceeds that expected for doctoral interns at the completion of the training year. Intern shows maturity in the ability to conceptualize and has sound thinking and judgment. Intern has fully mastered this skill area such that it is habit, and can perform the skill automatically. Intern can manage complex situations independently. Training needs are consultative in nature.

These ratings are made in relation to where one would expect the Intern to be at in terms of skill level. For example, it would be expected that an Intern would be at a “2” at the start of the internship, and at a “4” by the end of the training year, i.e., considered competent for entry-level practice. Therefore, if an Intern receives a “2” at the mid-year evaluation on any competency (“Beginning Competency Level”), this would be below what is expected at that point in time. Receiving a “2” on the mid-year evaluation would initiate the program’s Due Process procedures. Likewise, if supervisors have reason to be concerned about the Intern’s performance or progress at any point, Due Process procedures may be initiated. The Due Process guidelines are found in the Psychology Internship Manual, which is reviewed in depth during Interns’ orientation.

***Interns must receive a rating of “4” or above on all learning elements and profession-wide competencies to demonstrate that they are prepared for entry level independent practice and licensure, and to successfully complete the internship program.***

### Rotation Feedback

The rotation supervisor provides feedback to the Intern at the mid-point of the rotation and again at the end of the rotation using the *Rotation Feedback* form (See Appendices F and G). Each rotation has identified skill areas specific to the rotation (see below). These skills are rated using the above described 5-point scale. The rotation supervisor reviews the feedback with the Intern, and both sign off on it. The *Rotation Feedback* form is turned in to the Training Director and shared with the primary supervisors. Information on the feedback provided contributes to the overall mid-year and end of the year evaluations.

#### Rotation 1: Dialectical Behavior Therapy (DBT) Requirements

1. Shows an understanding of the paradigms of DBT, including:
  - Acceptance paradigm and strategies
  - Dialectics paradigm and strategies
  - Change paradigm and strategies
  - Can discuss DBT using “House of Hell” metaphor
2. Can understand and identify the hierarchy of target behaviors and secondary behaviors
3. Can identify and conduct steps in a chain analysis
4. Shows an understanding of the four group skills training modules and the core skills within each area
  - Mindfulness
  - Interpersonal Effectiveness
  - Distress Tolerance
  - Emotion Regulation
5. Identifies core skills within each module
6. Demonstrates an understanding of the diary card and its purpose in the individual therapy session
7. Effective in teaching DBT skills in a group setting
8. Uses DBT protocols, including the suicide protocol
9. Provides effective supervision to Adult Rehabilitative Mental Health Services (ARMHS) staff
10. Provides effective consultation to the residential treatment team

## Rotation 2: Applied Behavior Analysis (ABA) Requirements

1. Demonstration of ABA interventions, including:
  - Discrete trial training
  - Prompting/reinforcement and proper timing
  - Shaping and chaining procedures
2. Demonstration of knowledge of ABA assessment, including:
  - Preference assessment
  - Functional Behavior Assessment
3. Demonstration of collateral assessment procedures, including:
  - Vineland Adaptive Behavior Assessment interview
  - Verbal Behavior-Milestones Assessment and Placement Program (VB-MAPP)
4. Demonstrates knowledge of the Promoting the Emergence of Advanced Knowledge (PEAK) Relational Training System assessment and curriculum
5. Develops and uses data systems in making treatment decisions
6. Develops comprehensive assessment review summaries
7. Develops treatment plans in collaboration with the child's family
8. Demonstrates the ability to provide parent training
9. Provides supervision and direction to Behavior Interventionist staff in their implementation of ABA
10. Provides effective consultation to the autism services treatment team

## Other Intern Requirements

In addition, all Solutions interns are expected to complete 2000 hours of training during the internship year. Interns are expected to have at least 25% direct client contact and to receive at least four hours of supervision by a licensed psychologist per week. They are required to give a 2-hour agency presentation and a 1-hour didactic presentation. They are required to meet monthly and participate in a research review seminar. Meeting the hours-requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Interns are expected to abide by agency policies regarding timely completion of documentation.

## Feedback by Interns

In addition to the evaluations described above, interns complete a self-evaluation form at the mid- and end-points of the internship, using the Intern Evaluation form completed by supervisors. Interns also complete an evaluation of their supervisors and a program evaluation at the mid- and endpoints of the internship. These evaluations are designed to facilitate feedback that informs any changes or improvements needed in the internship program. All evaluation forms are available in the Psychology Internship Manual.

## Communication with Graduate Program

Solutions believes that a close, working relationship with the Intern's graduate programs is necessary to support Interns in successful completion of the internship training year. As such, Solutions' Interns sign a release of information for their graduate programs for the Training Director and/or Training Committee to communicate pertinent information throughout the year. Formal communication with the graduate program begins after an Intern successfully matches with Solutions. At this time, the Director of Clinical Training of the graduate program is included in the match letter. Written communication with feedback regarding Intern progress is also provided to the Intern's doctoral program at the mid- and endpoints of the internship year. The final contact with the graduate program notes whether the Intern has successfully completed the program. If successful completion comes into question at any point during the internship year, or if an Intern enters into the formal review step of the Due Process procedures, the graduate program be contacted within two weeks. This contact is intended to ensure that the graduate program, which also has a vested

interest in the Intern's progress, remains informed and engaged in order to support an Intern having difficulties. The graduate program is also notified of any further action that may be taken by Solutions as a result of the Due Process procedures, up to and including termination from the program.

### Appendix K-3: Diversity and Non-Discrimination Policy

Solutions values and embraces diversity. It believes that a diverse training environment contributes to the depth and overall quality of an internship program. Having diverse faculty and interns brings richness and depth to the training experience and promotes personal growth. Solutions therefore welcomes applicants from diverse backgrounds. It provides equal opportunity to all intern applicants and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is unrelated to the success of a psychology intern. Prospective interns are evaluated individually based on their previous training, practicum experiences, and fit with the internship. Requests for accommodation should be initiated through the Training Director.

Solutions is committed to creating a positive workplace environment for its staff and interns alike, and one in which all feel included, respected, safe, and treated with equality. Solutions strives to increase awareness about diversity and promote understanding of, appreciation for, and comfort with multi-cultural experience.

In keeping with APA's guidelines, cultural and individual diversity is an expected competency for psychology interns, and multiple experiences are provided over the training year to ensure that interns are personally supported and well-trained in diversity. Solutions' psychology internship program ensures that interns demonstrate knowledge, awareness, and skills needed to work with diverse individuals. Opportunities for diversity training are blended in throughout the training year.

Solutions is an Equal Employment Opportunity employer. Consistent with the Minnesota Human Rights Act, it recruits, employs, trains, compensates, and promotes without regard to race, religion, creed, color, national origin, sex, marital status, disability, public assistance status, age, sexual orientation, familial status, or local human rights commission activity. Persons wishing to make a complaint regarding Solutions' employment practices may contact the Minnesota Department of Human Rights, at Freeman Building, 625 Robert Street North, St. Paul, MN, 55155. The office's email is: [info.MDHR@state.mn.us](mailto:info.MDHR@state.mn.us). You may also call toll free at: 1-800-657-3704. (TTY 651-296-1283).

## Appendix K-4: Due Process Procedures and Grievance Procedures Policy

### Due Process

Due Process Procedures are implemented in situations in which a supervisor or other Training Committee member raises a concern about the functioning of a Psychology Intern. These procedures are a protection of both the Intern and Solutions' Psychology Internship program, and also carries responsibilities for both. The internship's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. These procedures are implemented in order to afford the Intern with every reasonable opportunity to remediate a problem and to receive support and assistance. These procedures are rooted in the transparency of expectations and not intended to be punitive.

### Rights and Responsibilities

#### *Interns*

Interns have the right to a clear statement of general rights and responsibilities upon entry into the training program, including the goals and parameters for the training experience and Solutions' policies and procedures. Interns have a right to be training by professionals in accordance with APA ethical guidelines. They have the right to be treated with respect and in keeping with the Intern's advanced level of training and experience. Interns have a right to receive ongoing evaluation that is specific, respectful, and pertinent. They have the right to engage in ongoing evaluation of the training experience. Interns have the right to participate in the Due Process procedures by having their viewpoints heard at each step in the process. They have the right to appeal decisions with which they disagree, within the limits of this policy. Interns have the responsibility to engage with the training program and Solutions in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

#### *Psychology Internship*

Solutions' Psychology Internship has the right to implement these Due Process procedures when they are called for, as described below. The internship and its Training Committee and staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an Intern, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the Intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support Interns in remediating behavioral and competency concerns, and supporting Interns to the extent possible in successfully completing the training program.

### Definition of a Problem

For purposes of this document, a problem 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 in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, 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 of concern. Intern trainee's may exhibit behaviors, attitudes or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Issues typically are identified as problems that require 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 intern's behavior does not change as a function of feedback, 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 or actually causes harm to a patient; and/or,
- the problematic behavior violates appropriate interpersonal communication with agency staff.

### Informal Review

When a supervisor or other Training Committee member believes that an Intern's behavior is becoming problematic, or that an Intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the Intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or Training Committee member who raises the concern should monitor the outcome. This process should be documented in writing in supervision notes and discussed with the Training Director and Training Committee, but will not become part of the intern's professional file.

### Formal Review

If an Intern's problem behavior persists following an attempt to resolve the issue informally, if an Intern receives a rating of "2" or less on any competency on the 6-month supervisory evaluation, or if a problem with the acquisition of skills arises at any point, the following process is initiated:

- A. **Notice of Formal Review:** The intern is notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held. The Director of Clinical Training at the intern's graduate program will also be notified at this step.
- B. **Hearing:** The supervisor or Training Committee member will hold a Hearing with the Training Director and Intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director is the supervisor who is raising the issue, an additional Training Committee member who works directly with the Intern will be included at the Hearing. The Intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement in response to the identification of the problem.
- C. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other Training Committee member who was present at the Hearing. This outcome will be communicated to the Intern in writing within 5 working days of the Hearing:
  - 1) Issue an **"Acknowledgement Notice"** which formally acknowledges:
    - a) that the Training Committee is aware of and concerned with the problem;

- b) that the problem has been brought to the attention of the Intern;
- c) that the Training Committee will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
- d) that the problem is not significant enough to warrant further remedial action at this time.

2) Place the intern on a **“Remediation Plan”** which defines a relationship such that the faculty, through the supervisors and Training Director, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the Intern. The length of the probation period will depend upon the nature of the problem and will be determined by the Intern’s supervisor and the Training Director. The written Remediation Plan is shared with the Intern and the Director of Clinical Training at the Intern’s graduate program and includes:

- a) the actual behaviors or skills associated with the problem;
- b) the specific recommendations for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

This statement will be issued within 5 working days of the hearing and will be shared with the Director of Clinical Training at the intern’s graduate program. The length of the Remediation Plan may be extended if indicated and agreed to by all parties. At the end of the remediation period as specified in “c” above, the Training Director will provide a written statement indicating whether the problem has been remediated. This statement will become part of the intern’s permanent file and also will be shared with the intern and sent to the Director of Clinical Training at the intern’s graduate program.

3) Place the Intern on suspension, which would include removing the Intern from all clinical service provision for a specified period of time, during which the program may support the Intern in obtaining additional didactic training, close mentorship, or engage in some other method of remediation. Suspension is unpaid time. The length of the suspension period will depend upon the nature of the problem and will be determined by the Intern’s supervisor and the Training Director. A written Suspension Plan will be shared with the Intern and the Intern’s Director of Clinical Training from the Intern’s graduate program and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in ‘c’ above, the Training Director will provide to the Intern and the Intern’s graduate program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the Intern on a probationary status with a Remediation Plan. In this case the process in #2 above



would be followed. This statement will become part of the Intern's permanent file. Additionally, the intern may be required to participate in internship activities beyond the length of the internship's typical year in order to make up the hours that were missed due to suspension and meet the minimum 2000 hours requirement.

- E. **Termination.** If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have caused or have the potential to cause harm, the Intern's placement within Solutions' Psychology Internship may be terminated. The decision to terminate an intern's placement will be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the Intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The Training Director may decide to suspend an Intern's clinical activities during this period prior to a final decision being made, if warranted. The Psychology Internship will notify the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Intern's Director of Training at the Intern's graduate program of the decision.

### Appeals Process

If the Intern wishes to challenge a decision made at any step in the Due Process procedures, the Intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the Training Director within 5 working days of notification regarding the decision with which the Intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Director and consisting of the Training Director (or another supervisor, if appropriate) and at least two other members of the Training Committee who work directly with the Intern. The Intern may request one specific member of the Training Committee to serve on the review panel. The Appeals Hearing will be held within 10 working days of the Intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the Intern and the Intern's graduate program.

### Grievance Procedures

Grievance Procedures are utilized in situations in which a Psychology Intern raises a concern about a supervisor or other Training Committee member, trainee, or any aspect of the Psychology Internship. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an Intern raises a grievance about a supervisor, staff member, trainee, or the Psychology Internship, the following steps will be taken:

#### Informal Review

As a first step, the Intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Training Director in an effort to resolve the problem informally. This is in keeping with the APA ethical code.

#### Formal Review

If the matter cannot be satisfactorily resolved using informal means, the Intern may submit a formal grievance in writing, with relevant documentation, to the Training Director. If the Training Director is the object of the grievance, the grievance should be submitted to another member of the Training Committee.

The individual being grieved will be asked to submit a response in writing. The Training Director (or alternative Training Committee member, if appropriate) will meet with the Intern and the individual being grieved within 10 working days. In some cases the Training Director or appropriate alternative Training Committee member may wish to meet with the Intern and the individual being grieved separately first. In cases where the Intern is submitting a grievance related to some aspect of the Psychology Internship rather than an individual (e.g., issues with policies, curriculum, etc.) the Training Director and a member of the Training Committee will meet with the Intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

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

The Training Director or alternative Training Committee, if appropriate, will document the process and outcome of the meeting. The Intern and the individual being grieved will be asked to report back to the Training Director or alternative Training Committee member in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the Training Director or alternative Training Committee member will convene a review panel consisting of the Training Director or alternative Training Committee 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 a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

Appendix K-5: Acknowledgement of Receipt and Review of Due Process and Grievance Procedures

**Solutions Behavioral Healthcare Professionals**

**Psychology Internship**

**Acknowledgement of Receipt and Review  
of Due Process and Grievance Procedures**

I acknowledge that I have received and reviewed the Due Process and Grievance Procedures of Solutions Behavioral Healthcare Professionals' Psychology Internship Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of these procedures to keep in my files.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Return to Training Director following signature*

## Appendix K-6: Stipend, Resources, and Benefits Policy

Solutions Behavioral Health Professionals (“Solutions”) offers two (2) doctoral internship positions. The 2024 annual stipend for all Interns at Solutions is \$42,500. As employees of Solutions, Interns are eligible for a range of benefits including comprehensive health insurance, long-term disability, life insurance, health savings accounts, and a 401K retirement savings plan. In addition, Interns receive 12 days of Paid Time Off (PTO) and nine paid holidays (New Year’s Day, President’s Day, Memorial Day, Fourth of July and the day after, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day). Interns are allowed up to 5 days during the internship year for professional development, e.g., attending conferences. Questions regarding specific benefits can be directed to Solutions’ Human Resources department at 218-287-4338.

Interns also have access to numerous resources. Interns are provided with an individual furnished office at both office locations (Detroit Lakes, MN and Moorhead, MN), including access to a computer, phone, and distance technology. Testing is typically conducted within the Intern’s office; however arrangements can be made for another space if this is needed. There is an array of testing kits and scoring software. Additional materials that are identified as a need can be purchased pending approval by the Training Director. Interns have access to administrative and IT support at both locations.

Interns matched with Solutions are expected to travel between two office locations in Detroit Lakes, MN and Moorhead, MN twice during the workweek. Interns are encouraged to use agency vehicles for travel between sites. In the event that an agency vehicle is unavailable, Interns are reimbursed for the travel at the current reimbursement rate.

## Appendix K-7: Travel Reimbursement Policy

Solutions Behavioral Healthcare Professionals (Solutions) requires interns at times to travel from their primary office location to the other internship site and occasionally for outreach purposes to another clinic location. As Solutions employees, Interns have access to and are encouraged to make use of agency-owned vehicles for this mandatory travel. Should an agency- vehicle be unavailable, Solutions provides funding for mileage incurred during travel between sites. Mileage is reimbursed at the current reimbursement rate. In order to be reimbursed for travel between sites, Interns must complete the expense form with their timesheet and submit it to their administrative supervisor at the end of each pay period. Late reimbursement requests will not be honored by Solutions.