

## OVERVIEW OF THE TRAINING PROGRAM

The Minneapolis Internship Consortium psychology internship program is located in Minneapolis, Minnesota. The Consortium provides a full-time, 12-month clinical experience which typically begins in August. The training program is firmly rooted in providing community mental health service to underserved populations. In addition, interns are provided with the opportunity to develop and fine-tune skills as a practitioner-scholar. The primary method of training used is experiential -- that is, "learning by doing."

Our internship program is committed to the following underlying values.

***Value #1: We are committed to providing interns with a breadth of exposure to mental health issues.***

As part of their training over the internship year interns are provided a breadth of exposure across several domains of community mental health, including i) across models of service delivery (e.g., individual, family, group, and psychoeducation) and ii) across client populations. Throughout the training process, we encourage development and refinement of several core skills including, but not limited to, clinical intervention, assessment, diagnosis, treatment planning, crisis intervention, integration of theory and research into clinical practice, multicultural conceptualization and awareness, provision of training/supervision and community outreach. With respect to assessments, interns are expected to use a range of assessment types and techniques, which can include structured/semi-structured interviews as well as personality, cognitive, neuropsychological, and psycho-educational tests. With respect to both therapy and assessment, interns are expected to consider a variety of techniques and instruments. Subsequently, their choices should be guided by evidence-based practice reflecting empirical research, clinical judgment and expertise, and acceptability to the client (American Psychological Association, 2002).

***Value #2: We are committed to increasing understanding and awareness of the impact of individual differences (multicultural, sociocultural) on selection and delivery of psychological services.***

We value openness and appreciation for differences among individuals including clients, other trainees, and agency staff. We seek to prepare professionals who understand, respect, and competently provide services to a diverse population of clients.

***Value #3: We are committed to facilitating the development of professional identity and self-awareness.***

A focus of the internship is to assist interns in bridging the transformation from the role of student to forming a comfortable identity as a professional psychologist. To this end, emphasis is placed on the intern's gaining of self-awareness, ability to make ethical and sound clinical judgments, demonstrating sensitivity to cultural differences, and experiencing a sense of responsibility to self, the larger community, and the profession. This process is facilitated through mentoring and supervision, modeling, and professional interaction. The use of ongoing

and constructive feedback is critical in enhancing intern self-awareness and professional growth. We strive to strike an important balance of both support and challenge when working with interns in the development of clinical skills, self-awareness, and overall professional development.

***Value #4: We are committed to providing interns with experiences and training in supervision.***

The Consortium provides practicum placements for graduate students in psychology from both Master and Doctoral level training programs. Interns are provided opportunities to gain experience in supervision by being directly involved in the training of these students – primarily Master-level students.

***Value #5: We are committed to an ongoing process of assessment and review of our training program.***

In keeping with our training model, we believe that education is a dynamic and lifelong process. We value feedback from our interns and believe in the importance of engaging in ongoing review of the program in order to update and revise the program in directions that will be of the greatest benefit to our interns and the field of professional psychology.

## **INTERNSHIP SITES**

The Consortium has two separate programs, which correspond to its two participating agencies. In the APPIC match process, prospective interns apply to the agency they prefer. Subsequently, they spend the majority of their training week at that agency. One day per week, the interns rotate to the other participating agency for specialized training at that site.

Park Avenue interns rotate one day per week to the Interprofessional Center for Counseling and Legal Services. In this setting, they have the opportunity to learn how to administer, score, and interpret a variety of assessments that might address the areas of personality, emotional/behavioral functioning, cognitive, career, neuropsychological screening, and/or ADHD/LD concerns. As part of the internship assessment experience, while at the Interprofessional Center, interns attend didactic seminars which include supervision of supervision, assessment, and diversity. They are also assigned, on average, one to two clients per week for whom they conduct a clinical interview and interpret test results.

Interprofessional Center interns rotate one day per week to Park Avenue Center. During that day, they will lead or co-facilitate a group. Typically, the intern has a caseload of 2-3 clients for individual therapy. In addition, the intern will occasionally assist with crisis intervention for clients (of other graduate students) when the assigned student therapist is unavailable. Finally, the intern attends the weekly therapy seminar with the other doctoral interns.

## Interprofessional Center for Counseling and Legal Services (IPC)

The IPC is a component of the University of St. Thomas Graduate School of Professional Psychology. The Center offers psychological services to a diverse population of clients with a variety of mental health issues. These services can take many forms. It could be counseling to individual adolescents or adults, couples, and/or families. It could be a psychological assessment as a part of legal proceedings or therapeutic treatment planning. By providing these services, interns put into practice what they have been learning in the classroom. Through supervision and collaboration with other disciplines, they gain invaluable insights into the practice of their chosen profession.

The IPC has a firm commitment to the value of social justice and utilizes the concepts of social teaching to promote the social justice goals of human dignity, the advancement of peace and placing a priority on the poor and most vulnerable people in our global community. Sensitivity to working with clients of diverse backgrounds (e.g., race, ethnicity, religion, sexual orientation, gender, age) is stressed in the training at the IPC. Working collaboratively, law, psychology and social work students strive to meet the needs of underserved people while gaining valuable real-world experience. Concurrently, these students continue the formative process of becoming mature, morally responsible professionals who can embrace society's ethical complexity and better the communities in which they live and work. The IPC's directors, faculty, supervisors, students and staff are committed to high quality ethical practice, interprofessional engagement, teaching and research founded on principles of social justice.

Services are "independent" in the sense that each of the main components of the IPC (that is, Law, Psychology, and Social Work) is a free-standing program that offers clients services from its own strengths. A legal client of the Legal Services Clinic, for instance, may be served just fine by a lawyer representing her in a nursing home discharge hearing, and have no need for other services. A person seeking psychotherapy might meet regularly with an intern, and have no need for the services of a lawyer. Often, however, people need assistance in complex challenges of life that could best be addressed by professionals from a variety of areas. An asylum seeker who has been tortured in his home country might need not only a lawyer to get legal immigration status, but a therapist to address the psychological trauma that follows such an experience, as well as a social work case manager to help navigate access to other social and medical services. That's when interprofessional collaboration comes into play.

During their experience at the IPC, interns engage in providing services to clients who are referrals to the Psychological Services division of the Center from a variety of sources both internal and external to the Center. Such services can include individual counseling, group counseling, family counseling and/or psycho-education. In addition, interns have the opportunity to periodically work on cases which are shared between Psychological Services and Social Work, Psychological Services and Law, or among all three of these disciplines at the IPC. This provides a very rich opportunity to learn what it is like to work with professionals from the disciplines of law and social work including what the various professionals need from one another and the complexities that the differences in the professions' ethics codes lend to the service delivery process.

The Interprofessional Center is located at 1128 Harmon Place, Suite 100 in the Harmon Court office building which is situated at the corner of 12th Street and Harmon Place in downtown Minneapolis. This site is easily accessible to IPC clients and/or students by bus and also has a variety of parking options nearby.

### Park Avenue Center

Established in 1979, Park Avenue Center is a community-based program that proudly serves Minnesota's less fortunate individuals in beautiful settings. Its mission is to provide cost-effective chemical dependency treatment in a structured, safe, culturally sensitive, home-like setting while maintaining the highest level of ethical standards.

Using evidence-based best practices, Park Avenue Center has a reputation for high quality services at extremely low rates. Clients served typically struggle with multiple barriers including mental illness, homelessness, financial problems, legal issues, and an overall lack of emotional support. Utilizing a multidisciplinary approach, staff includes Licensed Alcohol and Drug Counselors, Licensed Psychologists, Registered Nurses, and consulting psychiatric staff.

Park Avenue Center takes a holistic view on recovery, including not only chemical dependency, but everyday living skills. Staff believes that recovery comes when clients learn to use skills and resources that support sobriety and help them to succeed in life.

The treatment philosophy is gender specific. The programs are designed where men and women never share a group, movie, or break time. Experience has shown that men and women have different issues, views, beliefs, and learning styles; men and women are more willing to become open and vulnerable when they do not have to be concerned about gender roles.

The treatment process includes lectures, videos, groups, individual counseling sessions, and aftercare planning. Clients also participate in activities such as role playing, meditation, art therapy, and recreation. Assistance with reading and comprehension is provided. Alcoholic Anonymous and Narcotics Anonymous are both emphasized as a basic component of treatment and aftercare.

In season, Equine Assisted Psychotherapy (EAP) is also a weekly component of the treatment process. EAP incorporates horses experientially for emotional growth and learning. It is a collaborative effort between a licensed therapist and a horse professional working with the clients and horses to address treatment goals. Activities with the horses are designed to parallel real life issues. This allows the client and therapist to "see" where the problems are and find solutions that work. Clients quickly recognize unhealthy patterns and experiment with new behaviors.

Doctoral interns are primarily assigned to the Co-Occurring Disorder Program (CDP). This program opened in 2008 and has expanded rapidly. In addition to utilizing the philosophy and interventions already noted in this section, it is also based on the Substance Abuse and Mental

Health Services administration's Co-Occurring Center for Excellence *Overarching Principles to Address the Needs of Persons with Co-Occurring Disorders*. As a result, the CDP is an integrated system of mental health and addiction services that emphasizes continuity and quality while considering both co-occurring disorders as primary. Our CDP employs a recovery perspective, a multi-problem viewpoint, a phased approach to treatment, a recognition of specific real-life problems early in treatment, attending to a client's cognitive and functional impairments, and the use of support systems to maintain and extend treatment effectiveness. Programming includes fully integrated therapeutic groups that are typically co-facilitated by Licensed Alcohol and Drug Counselors and graduate students (interns and practicum students). Clients are assigned a mental health counselor with whom they meet regularly. The CDP offers free, supervised, off-site housing to clients in need.

The training experience occurs at Park Avenue Center's women's building (2525 Park Avenue South in Minneapolis) and men's building (2318 Park Avenue South). These two buildings are less than one mile from downtown Minneapolis. In addition, the sites are less than two miles from the Interprofessional Center, our Consortium partner.

For the Park Avenue Center intern, one extra-agency rotation is with PERT Prevention Programs. The PERT Program provides half-day psychoeducational workshops to court-referred adolescent and adult offenders. Interns gain skills as presenters, including the opportunity for family interaction when parents attend with their teenagers. The interns travel to these metro-area locations once or twice monthly to facilitate workshops.

## **TRAINING PROGRAM CURRICULUM**

The Minneapolis Internship Consortium has a 2000-hour training curriculum, which cannot be completed in less than 12 consecutive months. The internship typically begins in August. Most placements are full-time (40 hours per week) in nature.

### Orientation

During the first week of internship, there is a series of presentations and meetings designed to provide interns with a general orientation to the agency and program. These activities are introduced by the supervising psychologists, graduate students (who may be nearing the end of their practicum experience), chemical dependency counselors, and administrative staff. Goals include becoming familiar with:

- Other interns
- Practicum student(s) who will become supervisees for the interns
- Staff members throughout the agency
- Agency and department policies
- Charting basics
- The surrounding neighborhood, including parking and eating establishments
- Areas of professional growth

### Weekly Supervision

Interns receive a minimum of 2 hours per week of supervision. This consists of a minimum of 1.5 hours per week at their primary site. On the day that they rotate to the other Consortium partner's site, they receive a minimum of one-half hour of supervision for the time that they spend at that location. Typically, however, these are minimums; interns often receive more than this minimum number of hours at each site on a regular basis.

Individual therapy, group therapy, assessment experiences, and didactic learning are excellent mechanisms for developing one's clinical skills. However, it is supervision that provides the context to make these experiences personally meaningful for the intern. Since supervision may be the most important vehicle for ensuring that the intended competences are realized, here are some of the training staff's supervision tenets for interns that are reflected throughout the internship.

- The internship training staff is invested in the intern's personal growth. It's important that interns feel comfortable examining their personal strengths and weaknesses in order to understand how they influence the individual in a professional setting.
- Interns are not expected to be perfect. While it is not acceptable to make the "big" mistakes (for example, serious boundary violations, unethical practices), it's expected that there will be some growing pains along the way. The training staff views their job as helping interns understand what needs to be done in various situations, rather than becoming frustrated with the reality that interns are engaged in a very important learning process.
- Training staff is invested in helping interns improve their therapy skills. In supervision, interns are expected to discuss their caseload and therapeutic roadblocks. When an intern acknowledges having difficulty with helping a certain client, confidence is rarely lost in the intern; the typical reaction of training staff is to help the intern problem solve. Admitting when one is challenged lets the training staff know that the intern has the ability to recognize when s/he might be off-track, and that s/he has the character to bring it to supervision.
- While interns have different supervisors during the internship, they can expect consistency and fairness. They need not worry about being caught in some conflict, and they will not have to choose sides. The training staff is committed to working to assure that interns do not receive challenging mixed messages.
- Supervision is taken very seriously at both training locations. Supervisors look forward to this time and hope that the interns do, too. Supervisors both challenge and support interns through the supervision process.
- The supervision provided to interns through the Consortium will always respect ethical principles. Supervisors have a reflexive tendency to identify the potential ethical issues in discussing challenging situations. In supervision, interns are challenged and encouraged to develop the same tendency.

- Consortium training staff hold high hopes for interns. They don't want interns to leave as an average clinician; they want interns to be exceptional. They don't want interns to leave the internship with arrogance, but rather with the belief that they will be able to stand alongside other good clinicians.

### Core Competencies and Expectations

The Consortium bases its training for interns on several National Council of Schools and Programs of Professional Psychology (NCSPP) core competencies. By the end of the internship, interns are expected to have developed and demonstrated competencies in the areas listed below.

#### 1. Therapy and Intervention

- Integrating biopsychosocial data from client interview, formal/informal assessment, and psychotherapy research/theory into a unified conceptual framework of the client
- Using DSM-IV-TR to diagnose client disorders
- Selecting and modifying interventions (including evidence based treatments) based upon client diagnosis and progress
- Appropriately intervening during crisis situations
- Appropriately terminating with clients

**At the Park Avenue site**, interns are involved with individual and group psychotherapy throughout the training year. On average, an intern will spend about 25 hours weekly in face-to-face contact with clients. Initially interns shadow mental health intakes conducted by other clinicians. The role of the mental health team at Park Avenue Center is to integrate the data already available at time of intake particularly with respect to the client's co-occurring disorder. This shadow process allows the new intern to see how this integration can be achieved. The typical training sequence then includes the intern conducting an intake under the observation of a mental health team member. The intern subsequently shifts to meeting with clients without the immediate presence of a mental health team member. These clients typically become part of the intern's caseload, which is typically 16-20 clients. These clients are usually seen on a weekly basis. Psychotherapy guidelines with respect to theoretical orientation are not rigid. Interns will typically have license to continue their current theoretical purposes and adapt them to working with co-occurring disorders. They are also encouraged to explore other models as a part of their professional growth. However, interventions need to support the agency's mission and be consistent with the treatment recommendations of the client's primary chemical dependency counselor. Additionally, these should reflect evidence based practices. To this end the Park Avenue program commonly relies upon the *Treatment Improvement Protocols (TIPS)* of the Substance Abuse and Mental Health Services Administration (SAMHSA). In particular, *Brief Interventions and Brief Therapies for Substance Abuse* outlines how different therapeutic orientations can effectively address the needs of our clients. The training sequence for group intervention parallels the aforementioned individual therapy process; over time, the intern takes on an increasingly more active role in the group. Once comfortable, the intern assumes responsibility for the group. Depending on the nature of the group, this responsibility is shared with the co-facilitator who is either another mental health team member or a Licensed Alcohol and Drug Counselor.

**At the Interprofessional Center site**, interns are involved with individual therapy throughout the training year. Couples therapy is offered as an optional learning experience. If the intern chooses to provide services to couples at the IPC, then additional supervision is provided to the intern by way of a weekly, 2-hour couples supervision group. In the Fall of 2010, a Dialectical Behavior Therapy (DBT) program was started. The Center follows the full Marsha Linehan model which includes a weekly skills group for clients, weekly individual therapy sessions provided by a psychology student who is being trained in DBT, and a weekly consultation group for skills group and therapy providers. Interns may choose to be a part of the DBT program and/or other group therapy services that may be offered during the year. Interns are expected to video tape their client sessions whenever allowed by clients (beginning with the intake interview) and review these tapes with their supervisor. On average, an IPC intern will spend 15-18 hours per week in face-to-face contact with clients.

## 2. Assessment

- Conducting diagnostic clinical interviews
- Administering, scoring, and interpreting personality, cognitive, psychoeducational, career, and/or neuropsychological tests
- Writing clear psychological test reports
- Integrating data from assessment into client treatment plans
- Presenting assessment findings to clients in a useful, understandable manner
- Being familiar with research on evidence based practice as it relates to psychological testing

**Within Park Avenue Center**, the most widely used assessment tool is the diagnostic interview. The intern conducts independent diagnostic interviews only after a period of shadowing and being observed by others. This learning process includes having interns review the written intake and treatment recommendations of others, before having their own work reviewed. In addition, even after the diagnostic interviews are done independently, a supervisor reviews the interns' treatment recommendations throughout the internship year. The diagnostic interview must help answer a number of questions:

- Is the client behaviorally, emotionally, intellectually appropriate for the co-occurring disorder program?
- Does the client's clinical presentation and history suggest a need for a psychotropic medication referral?
- Is the client a candidate for psychological testing?
- Is the client safe and/or does the client need a different level of care?
- What is the relationship between the client's mental health and chemical dependency issues?
- What recommendation should be offered for the client's interdisciplinary treatment plan?

**At the Interprofessional Center site**, interns are assigned a wide variety of clients who have been referred to the Center for the purpose of psychological testing. This often includes testing in the areas of personality, emotional/behavioral functioning, cognitive, career, neuropsychological screening, and/or ADHD/LD issues. Interns may also be assigned clients

who have been referred from the IPC Social Work and/or the Legal Services Clinic (typically either from the Immigration Law Practice Group or the Elder Law Practice Group).

### 3. Relationship

- Developing/maintaining collaborative, constructive working alliances with clients
- Tolerating affect, conflict, and ambiguity when working with clients
- Forming collegial relationships and working effectively with others
- Seeking support and collaborating when needed

**For both the Park Avenue and Interprofessional Center sites**, achieving the Relationship competency fosters interns' ability to engage effectively with others. During the internship year, interns develop the interpersonal skills that may serve them throughout their careers. The training staff want interns to be able to collaborate effectively with each other, with other professionals, and with staff throughout their organizations. In addition, supervisors want interns to build effective working alliances with their clients. Training staff encourage interns to develop a balance between self-confidence and feeling comfortable saying "I don't know" and/or asking for help. Interns will have many opportunities at both sites to establish an alliance with clients with their therapy and assessment caseloads. Hits and misses are to be expected. Over time, learning from these opportunities combined with individual supervision should ideally increase the hit rate. Supervision at both sites also addresses other values developed by the National Council of Schools and Programs of Professional Psychology (NCSPP). Interns are encouraged to exercise curiosity and flexibility. Supervisors strive to model open-mindedness and guide interns to be open-minded as well. Training staff believe that it is essential to operate with personal integrity, honesty, and self-awareness and we hold interns to these same standards.

### 4. Diversity

- Being aware of, and sensitive to, diversity in colleagues and among clients
- Being self-reflective and articulating one's own attitudes, biases, and conflicts around individual and cultural differences related to work with clients
- Synthesizing cultural information and integrating it into case conceptualization and treatment planning

**Both Park Avenue Center and the Interprofessional Center** continually emphasize gender and age-specific treatment as well as careful attention to cultural needs. It is not uncommon for interns to be working with clients who have a very different background from the interns. Long-held assumptions are tested quite quickly in the training year. Students are reminded daily that their own framework for looking at the world is not the only framework, nor is it a better framework. A diversity didactic training opportunity for interns occurs at various times throughout the training year. Such topics as the impact of culture, ethnicity, socioeconomic status, gender, religious beliefs, and sexual orientation are typical topics that arise during this seminar. The unfolding of individual differences and the need to admit occasionally embarrassing or unsettling preconceptions can be a very stressful time for interns. Not surprisingly, the growth process that can emerge from addressing diversity issues can be a very rewarding experience for the intern. Supervision plays a critical role in this regard.

## 5. Professional Identity

- Engaging in realistic self-assessment
- Demonstrating commitment to on-going learning
- Appropriately applying professional and ethical standards of the psychology profession
- Demonstrating professional responsibility and dependability
- Following the internship site's policies and procedures; adapting personal style to site needs

During the training year, there are a number of similar experiences among all interns that will contribute to the development of professional identity and self-awareness. However, this area also demands something other than a one-size fits all approach. With respect to common ground, interns will develop increasing sensitivity to the ethical code and other guidelines that affect one's practice. There are also expectations that both Park Avenue Center and the Interprofessional Center have with respect to conduct with other staff and clients. Most interns will have become familiar with such guidelines prior to beginning internship. However, our hope at **both Park Avenue Center and the Interprofessional Center** is that interns will develop an increasingly reflexive style of recognizing potential ethical and legal challenges and situations. The training staff want the intern to see these situations as they start to unfold, rather than after the fact.

Another area of common ground is that the training staff expect all interns to be invested in how they are seen professionally by others. The training year is a period during which individuals can transition from seeing themselves as primarily students to recognizing themselves as emerging professionals. For some, this sounds like a scary proposition. Once they learn that humor, timely informality, and genuineness are key parts of professionalism, the anxiety drops.

These areas of growth will be facilitated by a number of processes. Individual supervision is a significant contributor to the development of professional identity. Interns receive feedback on a regular basis with respect to their professional development -- about their accomplishments as well as possible directions on which to focus their energy. There is a regular didactic seminar on professional development issues. In addition, another didactic seminar emphasizing supervision of supervisors is an ongoing offering.

Finally, there are the professional identity challenges which are unique to each intern. Does the intern need increased confidence in his/her clinical skills? Is sensitivity to individual differences a concern? Does the prospect of playing a leadership role seem awkward? These barriers are addressed in a variety of ways, ranging from simple feedback to a more structured learning contract that is tailored to the intern. Regardless of how it is accomplished, training staff at both Park Avenue Center and the Interprofessional Center assume the challenge of facilitating professional identity for all interns.

## 6. Supervision

- Using supervision well (i.e., coming on time; being involved, open, and responsive; taking initiative in setting agenda items and bringing up concerns with providing service to clients; regularly presenting tapes for supervisor review, etc.)
- Providing effective supervision to practicum students as assigned

- Articulating a theory of supervision and demonstrating use of that theory in their supervisory work

The role of supervisor is a challenging experience during the internship training year. In fact, new interns who report complete comfort with supervising others raise the anxiety of the training staff! Typically, supervision is new territory for the intern. Frequently, it's a skill that requires a different learning process than acquiring other skills. To foster the development of this competency, there is a didactic seminar on supervision issues. In this seminar, interns have the opportunity to discuss different issues that arise during the supervision process that they provide to other graduate students. The supervisory staff for **both the Park Avenue and Interprofessional Center** sites are keenly aware that they are always important role models for the interns. Since interns are supervised by at least two different supervisors during the internship year, they have more opportunities to explore how they want to approach their role as supervisor.

Many interns have already taken a class on supervision during their graduate program. Interns who have not taken such a course are encouraged to include the topic of supervision in their optional reading assignments. Interns are also encouraged to include attendance at workshops that address supervision when they arrange for professional development seminars outside of the Consortium training.

How the intern is able to receive supervision from the training staff often parallels processes that arise in their supervision of others. Training staff at the Consortium encourage interns to be sensitive to these parallels. The internship provides an excellent opportunity for interns to investigate how eliminating any personal barriers to receiving supervision improves their ability to effectively supervise others.

On a semi-annual basis, the intern is evaluated by the supervisee who has been assigned to him/her during that period. It is expected that this evaluation will allow for productive discussion regarding the supervisor/supervisee relationship to occur if such discussion has not occurred previously during the semi-annual period.

### **INTERNSHIP DIDACTIC SEMINARS**

The schedule for didactic activities is shared by both partners of the Consortium. Interns spend a minimum of two hours per week in didactic activities. The seminars are led by the training staff of doctoral-level licensed psychologists and invited speakers who have particular expertise in areas being covered by the respective seminar. The schedule of training activities reinforces the training program's core competencies for the interns. The didactic seminars are designed specifically for the pre-doctoral level of training -- with rare exceptions for a particular speaker or topic, practicum students are not a part of these seminars.

The seminars are described below. All Consortium interns, regardless of rotation, attend the Supervision of Supervision, Assessment, Diversity, and Therapy and Intervention seminars. Interns with the primary assignment of Park Avenue Center must also attend the Professional

Identity seminar. The seminar schedule for the upcoming year is included as an appendix to this brochure (see the **APPENDIX: Calendar of Didactic Training Seminars**).

### Assessment Seminar

This 90-minute seminar meets approximately 25 times during the training year and addresses various components related to psychological testing. The seminar recognizes that students frequently arrive at the internship year at different levels of assessment competence. As a result, the seminar's content is fluid enough to ensure that all interns have an important learning experience. Additional reading is suggested based on interns' needs as well as the overall interest of the group. The seminar utilizes didactic presentations, discussion, case studies, and case presentations, as well as the opportunity for the intern to train with unfamiliar testing instruments. The importance of diversity issues in the assessment process is an ongoing area of exploration. Topics covered in this seminar include (but are not limited to) the development of referral questions, assessment instruments (for personality, emotional/behavioral functioning, cognitive, career, neuropsychological screening, and ADHD/LD concerns), and effective ways to deliver feedback.

### Diversity Seminar

Interns attend a diversity and individual differences seminar that meets 12 times during the internship year. This experience is designed to enhance the interns' multicultural awareness, knowledge, and skills. Interns are encouraged to examine their own assumptions, values, and biases. As the seminar and internship year progresses, interns develop the knowledge of how their individual viewpoints affect them as emerging professionals, including in their work with clients who may have very different backgrounds from the interns. Ultimately, they will use this knowledge to enhance their therapy and assessment skills. The seminar utilizes a variety of training modalities which can include exercises in self-assessment, role-plays, reading assignments, and case presentations. Interns are encouraged to include attendance at workshops that address the area of diversity when they sign up for professional development seminars outside of the internship site.

### Professional Identity and Development Seminar

This weekly seminar has a broad agenda. More than the other seminars, it is driven by the interests and needs of the particular interns. There is a great deal of introspection involved – what is the intern seeking following internship? What are the challenges that stand in the way of these goals? How does one want to be regarded as a professional? How do people become leaders in their field or organization? Interns are encouraged to dream a bit in this seminar. Is there a workshop they want to design and offer during the internship year? Is there a niche they want to develop? Activities and presentations prepare the intern for the first morning (and first few years) they awaken after completing the internship.

### Supervision of Supervision Seminar

This weekly seminar promotes the development of interns as supervisors. Interns have the opportunity to discuss different issues that arise during the supervisory process that they provide to other graduate students. They address supervision issues that may interact with some of the professional challenges of the interns. Ethical issues and professional boundaries receive ongoing attention in this seminar. The importance of individual differences is stressed and discussed within many contexts. In addition to the didactic component of this seminar, this is also an opportunity for interns to garner the support they need for the challenging role of a new supervisor. This seminar utilizes a variety of training modalities which can include group discussion, peer review of tapes of supervision sessions, reflective experiences within the seminar, and readings.

### Therapy and Intervention Seminar

Interns attend a weekly seminar on psychotherapy and intervention. Through group discussions, role-plays, video/DVD review, and group reading assignments, interns are challenged to examine their role as a therapist and identify areas of interest and professional growth. There is a frequent emphasis on working with the chemically dependent individual since this impacts all Park Avenue Center clients. This seminar also provides a forum for discussing issues that arise in group therapy and facilitation. Interns often have the opportunity to co-facilitate a therapy group with a member of the training staff and interns are encouraged to bring observations to the seminar.

## **INTERN EVALUATION**

Evaluation of intern progress is a process which is ongoing throughout the year. Interns are informally evaluated through the ongoing dialogue that occurs between an intern and his/her supervisors(s) throughout the year. It occurs formally, by way of a written performance evaluation, twice during the internship year. The evaluation form (which is included in the Appendix of this brochure) delineates the objectives for each of the competencies, and provides interns and training staff with a yardstick by which to evaluate intern performance. It is the training staff's expectation that, should any performance problem be noted in the formal, written evaluation, there has already been a discussion between the intern and his/her supervisor regarding that issue. Except under unusual circumstances, it is expected that the evaluation should not be the first time that this concern has been brought to the intern's attention verbally or otherwise.

Didactic seminars and other aspects of the training program are also evaluated by interns. Feedback from the interns is considered to be essential for quality improvement of the training program.

## **INTERNSHIP DUE PROCESS PROCEDURES**

In the event that either partner of the Consortium (that is, the Interprofessional Center or Park Avenue Center) has concerns about intern performance or an intern has concerns about the training program, the following due process procedures shall be followed.

## Concerns About Intern Performance

Inadequate performance is broadly defined as: (1) An inability and/or unwillingness on the part of the intern to acquire or integrate professional standards into the intern's professional behavior; (2) an inability to demonstrate an acceptable level of competency in the carrying out of professional skills; and/or (3) an inability to control personal stress, emotional reactions, and/or psychological dysfunction such that professional functioning and/or client service is negatively impacted.

Typically, problem behaviors that may initiate due process procedures contain one or more of the following characteristics (however, note that this is not an exhaustive list and there may be other situations not noted below that will be deemed by the Consortium Training Directors to warrant due process procedures):

- The intern does not acknowledge or address a problem that has been identified by his/her supervisor;
- The quality of services provided to clients by the intern has been sufficiently impaired;
- A disproportionate amount of attention has been required by training personnel; and/or the
- Intern's behavior/performance does not change as a function of feedback, remediation efforts, and/or time.

When supervisory evaluations indicate that an intern's skills, professionalism, or personal functioning are adversely affecting his/her performance, the following procedures should be followed:

1. The intern's supervisor will provide verbal feedback regarding the performance concerns to the intern.
2. If either the behavior does not change (after a reasonable period of time following verbal feedback) or the performance issue is of sufficient severity to skip the verbal feedback step, the Training Director of the primary site in which the intern is located will provide notice to the intern of the performance issue both orally and in writing. The written notice will contain a date by which the problem is expected to be resolved. The Training Director will work with the intern to develop a remediation plan to resolve the problem. Possible remediation steps that could be taken to remediate the situation include, but are not limited to:
  - Increased supervision, either with the same supervisor or another supervisor
  - Change in the intern's assigned supervisor
  - Requirement of therapy to address personal issues that may be interfering with professional functioning
  - Reduction of intern workload
  - Requiring specific academic coursework
  - Recommendation of a leave of absence

- Recommendation of a second internship
3. After the initial formalized remediation period has been completed, the following actions may be taken given the result of the intern's performance:
    - a. No further action. A written note will be placed in the intern's file that the performance problem has been successfully remediated.
    - b. A formal letter sent to the intern's academic program Training Director outlining the specific concerns and remediation taken to date to address these concerns.
    - c. A Probation Notice issued in writing to the intern and his/her academic program Training Director. The Notice will include the following items: (a) description of the problematic performance or conduct; (b) specific recommendations for rectifying the problem; (c) time frame for the probation period during which time the problem is expected to be resolved; (d) procedures to assess whether the problem has sufficiently improved; and e) next steps in the event that the problem is not sufficiently improved.
  4. If the problem situation becomes more serious or is not corrected through the probationary steps outlined above, the problem situation will be referred to the Consortium Training Committee, which consists of Consortium Co-Training Directors (Jeff Gottlieb, Ph.D., LP and Patricia Stankovitch, Psy.D., LP) plus two ad hoc committee members who don't have direct supervisory responsibility for the internship. The Consortium Training Committee may do one or more of the following:
    - a. Suspend professional activities involving direct service to clients
    - b. Require that the intern take a leave of absence
    - c. Provide a limited endorsement to the intern for future work, including specifying specific settings and/or work experiences in which the committee believes that the intern can adequately function
    - d. Provide a written letter to the intern's academic program Training Director that the Training Committee has recommended that the intern be terminated from the program

**Note that, depending upon the level of seriousness of the performance issue, referral to the Consortium Training Committee for more significant consequences may be implemented earlier (for example, at step 2 or step 3). It would be expected that, in most instances, such severe consequences would not be required so early in the due process procedures; however, in the event of a behavior which impacts client or colleague safety, more stringent consequences could be warranted.**

#### Intern Appeal Process

The intern has the right to submit an appeal letter to the Consortium Training Committee within ten (10) working days of receiving the Committee's response to the problematic performance. Should the Training Committee receive a letter of appeal from an intern, the following procedures will be followed:

1. Within ten (10) working days of receiving the letter, the Training Director of the primary internship site in which the intern is located will convene a meeting of the Consortium Training Committee, the intern, and the intern's academic program's Training Director to review the case. The intern retains the right to hear all facts presented with the opportunity to dispute and/or explain his/her behavior.
2. After further consideration of the evidence, the Consortium Training Committee will determine appropriate action. The Consortium Training Committee's decision is final.

#### Intern Concerns About the Training Program

Should an intern have concerns regarding a supervisor, clinic staff member, practicum student, fellow intern, or student from another discipline located at either the Interprofessional Center or Park Avenue Center, the following steps will be followed.

1. The intern should first attempt to resolve his/her complaints directly with the person who is the subject of the complaint. When such resolution is not practical due to power and authority differences, interns are encouraged to seek consultation from his/her primary supervisor or the Training Director of the primary site in which the intern is located (assuming that the supervisor is not the individual about which the intern has concerns) to explore ways of reaching resolution.
2. If the intern continues to feel that the issue has not been resolved to his/her satisfaction, or the Training Director is the person about whom the intern has concerns, the intern should submit a written complaint to the Training Director's supervisor. For the Interprofessional Center, that individual is Dr. Chris Vye, Ph.D., LP. For Park Avenue Center, that individual is Mark Casagrande, M.A., LADC.

### **STIPEND AND BENEFITS**

The Minneapolis Internship Consortium requires that interns complete 2000 hours since many state regulatory boards require a 2000-hour internship for licensure. APPIC guidelines, which provide parameters for the internship experience, specify that interns must complete at least 25% of time in direct service (about 500 hours for a 2000-hour internship) during the internship year. It should be noted that these hours are actual contact times such as individual counseling, couples/family counseling, group counseling, psycho-educational presentations to groups, consultation of a psychological nature, and/or face-to-face administration of psychological tests.

Most states accept two weeks of paid vacation and holidays as part of the 2000 hours. However, not all states allow for this; some states require that the 2000 hours must be time that is actually worked. The intern is responsible for checking out the requirements of the state in which s/he plans to practice. If that state does not allow for paid vacation and/or paid holidays to count toward the 2000 hours total, the intern may need to work some evening and weekend time in order to bring the weekly hours total up to an appropriate level such that, by the end of the internship year, the intern will have actually worked the full 2000 hours.

#### Interprofessional Center Stipend and Benefits

Stipend: \$23,600 annually

Vacation: 10 paid days of vacation

Holidays: 13 paid holidays

Sick Leave: Interns accumulate 1 day per month in sick leave, for a total of 11 days for the year.

Professional Development: Interns are allowed to take up to 5 days during the year for the purpose of attending professional conferences. These hours will be counted as time worked (that is, they can be counted in the intern's 2000 hours worked total).

#### Park Avenue Center Stipend and Benefits

Stipend: \$20,000 annually

Vacation/Holidays/Sick Leave: 20 days of paid time off during the internship year

## CONSORTIUM PROFESSIONAL STAFF

### Interprofessional Center

*Kurt Gehlert, Ph.D., LP*

- Associate Professor, University of St. Thomas  
Graduate School of Professional Psychology

*Nathaniel Nelson, Ph.D., LP*

- Assistant Professor, University of St. Thomas  
Graduate School of Professional Psychology

*Patricia Stankovitch, Psy.D., LP*

- Director of Psychological Services  
Interprofessional Center for Counseling and Legal Services
- Co-Training Director, Minneapolis Internship Consortium

### Park Avenue Center

*Katarzyna Chojan-Cymerman, Psy.D., LP*

- Internship Training Supervisor, Park Avenue Center

*Jeff Gottlieb, Ph.D., LP*

- Psychology Training Director, Park Avenue Center
- Co-Training Director, Minneapolis Internship Consortium

*Mark Miller, Psy.D., LP*

- Internship Training Supervisor, Park Avenue Center

Appendix: Doctoral Psychology Intern Evaluation

Name of Student \_\_\_\_\_  
\_\_\_Mid-Year Evaluation      \_\_\_Final Evaluation

TO THE INTERN:

This evaluation is designed to assess your performance with respect to the Core Competencies of this internship. The Core Competencies are indicated in bold below. It is our expectation that, should any performance issue be noted in this evaluation, there has already been a discussion between you and your supervisor about that issue. We believe, except under unusual circumstances, that the evaluation should not be the first time that this concern has been brought to your attention verbally or otherwise.

**Explanation of Ratings:**

**Does Not Meet Expectations: Does not meet minimum expectations of the internship on this competency. Significant improvement is needed.**

**Meets Expectations: Performance consistently meets the expectations of the internship on this competency (and may, at times, possibly exceed expectations). Quality of work overall is very good.**

**Exceeds Expectations: Performance consistently exceeds expectations of the internship on this competency. Quality of work overall is excellent.**

**Outstanding: Performance is exceptional; has far exceeded expectations of the internship on this competency.**

\*\*\*\*\*

**1. Relationship Competency**

- Interns will demonstrate the ability to develop and maintain a collaborative, constructive working alliance with clients.
- Interns will demonstrate the ability to tolerate affect, conflict, and ambiguity (including not knowing and not having the answers).
- Interns will demonstrate the ability to form collegial relationships and work effectively with others.
- Interns will demonstrate the ability to seek support when needed, including being able to collaborate.

**Supervisor's Summary of Intern's Performance on Relationship Competency:**

Does Not Meet Expectations    Meets Expectations    Exceeds Expectations  
 Outstanding

## **2. Professional Identity Competency**

- Interns will demonstrate ability to engage in realistic self-assessment (self-knowledge & reflection).
- Interns will demonstrate a commitment to on-going learning.
- Interns will demonstrate knowledge and use of professional and ethical standards.
- Interns will demonstrate a sense of professional responsibility and dependability.
- Interns will demonstrate knowledge of the internship site policies and procedures and will reasonably adapt personal style to internship site needs.

### **Supervisor's Summary of Intern's Performance on Professional Identity Competency:**

Does Not Meet Expectations    Meets Expectations    Exceeds Expectations  
 Outstanding

## **3. Therapy Intervention Competency**

- Interns will be able to integrate biopsychosocial information from client interview, formal and informal assessment, and psychotherapy research/theory into a unified conceptual framework of the client.
- Interns will be able to use the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition-TR in diagnosing client disorders when appropriate.
- Interns will be able to select appropriate interventions based upon client diagnosis.
- Interns will demonstrate ability to plan, evaluate or modify interventions using supervision, consultation, and/or the literature.
- Interns will be able to recognize and respond to crisis situations, helping client engage in immediate problem solving.
- Interns will terminate with clients appropriately, with sensitivity to the issues at hand.
- Interns will become familiar with evidence based treatments for various clinical issues.

### **Supervisor's Comments on Intern's Performance on Therapy Intervention Competency:**

Does Not Meet Expectations    Meets Expectations    Exceeds Expectations  
 Outstanding

#### 4. Diversity Competency

- Interns will demonstrate an awareness of and sensitivity to human diversity in their colleagues and among the clients they serve.
- Interns will demonstrate ability to be self-reflective and articulate their own attitudes, biases, and conflicts around individual and cultural differences related to work with clients.
- Interns will be able to synthesize cultural information and integrate it into case conceptualization and treatment planning.

#### Supervisor's Comments on Intern's Performance on Diversity Competency:

Does Not Meet Expectations    Meets Expectations    Exceeds Expectations  
 Outstanding

#### 5. Supervision Competency (Receiving and Giving)

- Interns will demonstrate competence in using supervision (e.g., involvement, openness, responsiveness, initiative, regular presentation of tapes of client sessions for supervisory review, etc.)
- Interns will come to supervision on time and prepared with tapes of therapy with clients, client case folders, up-to-date charting, etc.

#### Supervisor's Comments on Intern's Performance on Receiving Supervision:

Does Not Meet Expectations    Meets Expectations    Exceeds Expectations  
 Outstanding

- Interns will develop skills related to providing effective supervision (e.g., demeanor/climate, use of information, communication, consultation, etc.).
- Interns will be able to articulate a theory of supervision and demonstrate how that theory guides their supervisory work.

#### Supervisor's Comments on Intern's Performance on Giving Supervision:

Does Not Meet Expectations    Meets Expectations    Exceeds Expectations  
 Outstanding

## 6. Assessment Competency

- Interns will be able to conduct diagnostic interviews.
- Interns will be able to administer, score, and interpret a variety of psychological tests
- Interns will be able to write helpful, clear psychological reports.
- Interns will be able to integrate information from assessments into client treatment plans.
- Interns will be able to present assessment findings to clients in understandable and useful terms that facilitate collaboration on treatment goals.
- Interns will become familiar with research on evidence based practice as it relates to psychological assessment.

**Supervisor's Comments on Intern's Performance on Assessment Competency:**

Does Not Meet Expectations     Meets Expectations     Exceeds Expectations  
 Outstanding

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Intern \_\_\_\_\_ Date \_\_\_\_\_

**Appendix**  
**MINNEAPOLIS INTERNSHIP CONSORTIUM SCHEDULE**  
**September 2011 - August 2012**

**ASSESSMENT SEMINAR**

***SUMMARY***

**This seminar will focus on effective techniques for administering, scoring, and interpreting a variety of psychological assessments. Several commonly used instruments for testing in the areas of personality, intellectual and cognitive assessment, career, ADHD/LD, and/or other types of neuropsychological diagnosis will be reviewed. Several sessions will require outside reading/worksheet assignments to be completed prior to the session.**

**Unless otherwise indicated, all seminars will be facilitated by the Interprofessional Center Training Director, Pat Stankovitch, Psy.D., LP.**

***TIME***

**Certain Mondays (as listed below) 10:15-11:45 AM**

***LOCATION***

**Interprofessional Center for Counseling and Legal Services, 1128 Harmon Place, Suite 100, Minneapolis**

***DATES AND TOPICS/FACILITATOR***

9/12/11	Review of assessment experience to date; Ethical issues in testing. - Dr. Pat Stankovitch
9/19/11	Review of MMPI-2; Case study - Dr. Nat Nelson
9/26/11	MCMII-III; Case study - Dr. Pat Stankovitch
10/3/11	MMPI-A; Case Study - Dr. Pat Stankovitch
10/10/11	MACI; Case Study - Dr. Pat Stankovitch
10/17/11	Finn Model of Therapeutic Assessment - Dr. Pat Stankovitch
10/24/11	Assessing diverse populations - Speaker to be determined
11/7/11	MBTI; Team-Building Exercise - Dr. Pat Stankovitch
11/14/11	SII; incorporating MBTI with SII in career assessment- Dr. Pat Stankovitch
11/21/11	CPI - Dr. Pat Stankovitch
11/28/11	Phases of career counseling; incorporating next steps after assessment - Dr. Pat Stankovitch
12/5/11	Testing for ADHD/LD - Dr. Nat Nelson
12/12/11	Testing for ADHD/LD - Dr. Nat Nelson
12/19/11	Testing for ADHD/LD - Dr. Nat Nelson
1/23/12	Testing for ADHD/LD - Dr. Nat Nelson
2/13/12	Neuropsychological Testing - Dr. Nat Nelson

2/27/12	Neuropsychological Testing - Dr. Nat Nelson
3/12/12	Neuropsychological Testing - Dr. Nat Nelson
3/26/12	Neuropsychological Testing - Dr. Nat Nelson
4/16/12	Difference between therapeutic & forensic psychological assessment - Dr. Pat Stankovitch
5/14/12	Psychological assessment with refugee populations - Speaker to be determined
6/11/12	CAPS - Dr. Pat Stankovitch
6/25/12	Malingering Tests (SIRS & TOMM) - Dr. Pat Stankovitch
7/9/12	Expert Witness Testimony - Psychological Testing - Dr. Pat Stankovitch
7/23/12	Wrap-Up: Reflection on what you have learned - Dr. Pat Stankovitch

**MINNEAPOLIS INTERNSHIP CONSORTIUM SCHEDULE**  
**September 2011 - August 2012**

**DIVERSITY SEMINAR**

***SUMMARY***

**In this seminar, students will examine their own biases and assess their current level of multicultural awareness. The focus will be on important issues to consider when working with clients from a variety of diverse backgrounds. Many of the sessions will require outside reading/worksheet assignments to be completed prior to the session.**

**Unless otherwise indicated, all seminars will be facilitated by the Interprofessional Center Training Director, Pat Stankovitch, Psy.D., LP.**

***TIME***

**Certain Mondays (as listed below) 10:15-11:15 AM**

***LOCATION***

**Interprofessional Center for Counseling and Legal Services, 1128 Harmon Place, Suite 100, Minneapolis**

***DATES AND TOPICS/FACILITATOR***

01/09/12	Self-Assessment: Culture, cultural identity, bias - Dr. Pat Stankovitch
02/06/12	Self-Assessment: Multicultural awareness - Dr. Pat Stankovitch
02/20/12	Review of APA Multicultural Guidelines - Dr. Pat Stankovitch
03/05/12	African-American Populations - Dr. Pat Stankovitch
03/19/12	Working with Immigrants/Refugees; Working with Interpreters - Speaker(s) to be determined
04/02/12	Latina/Latino Populations; Cultural Genogram - Dr. Pat Stankovitch & Speaker to be determined
04/09/12	Native American Population - Speaker to be determined
05/07/12	Working with clients from Middle Eastern backgrounds - Dr. Pat Stankovitch
06/04/12	GLBT Populations - Dr. Pat Stankovitch
06/12/12	Working with the Elderly - Dr. Pat Stankovitch
07/02/12	The Role of the Psychologist in Social Justice - Dr. Pat Stankovitch
08/06/12	Wrap Up

**MINNEAPOLIS INTERNSHIP CONSORTIUM SCHEDULE  
September 2011 - August 2012**

**SUPERVISION OF SUPERVISION SEMINAR**

***SUMMARY***

**In this weekly seminar, students will discuss their experiences with supervising students at their internship site. In addition to covering the topics below, each intern will bring tapes into supervision of supervision approximately once per month (i.e., a 5-10 minute segment of a supervision session) and receive feedback from peers and Dr. Pat Stankovitch on the selected segment. Several of the sessions will involve reflection handouts to be completed during the session or will require reading/worksheet assignments to be completed prior to the session.**

**Unless otherwise indicated, all seminars will be facilitated by the Interprofessional Center Training Director, Pat Stankovitch, Psy.D., LP.**

***TIME***

**Certain Mondays (as listed below) 9:00 - 10:00 AM**

***LOCATION***

**Interprofessional Center for Counseling and Legal Services, 1128 Harmon Place, Suite 100, Minneapolis**

***DATES AND TOPICS/FACILITATOR***

9/12/11	Supervision defined. Transition from supervisee to supervisor. - Pat
9/19/11	Qualities of effective/ineffective supervisors Supervisor roles. - Pat
9/26/11	Role of supervisee/Supervisor expectations - Pat
10/3/11	Documentation & recordkeeping in supervision; Contract or no contract? - Pat
10/10/11	Stages of development in supervisor and supervisee - Pat
10/17/11	Building a model of change/Preferred supervisory style - Pat
10/24/11	Supervisor-Supervisee relationship as an attachment relationship - Dr. Chad Lorenz
10/31/11	Self-Care: Interns will attend IPC Wellness Fair - 9-10:30AM
11/7/11	Developmental models of supervision - Pat
11/14/11	IPR/Parallel Process - Pat
11/21/11	Overview of Psychotherapy-Based Models of supervision (e.g., psychoanalytic, behavioral, etc) - Pat
11/28/11	Overview of Psychotherapy-Based Models of supervision (con't) - Pat
12/5/11	Overview of Psychotherapy-Based Models of supervision (con't) - Pat
12/12/11	Integrative Relational Approach to psychotherapy supervision - Pat

12/19/11	Circumplex Model of Supervision - Pat
1/9/12	Evidence Based Clinical Supervision Model - Pat
1/23/12	Supervising substance-abuse treatment - issues/reactions to readings - Pat
1/30/12	How to review tapes of supervisees - Pat
2/6/12	Written techniques in supervision - Pat
2/13/12	Experiential techniques in supervision - Pat
2/20/12	Working alliance/Role ambiguity/Anxiety in supervisor-supervisee relationship - Pat
2/27/12	Supervisory relationship skills - Pat
3/5/12	Factors in selecting supervisory methods & techniques - Pat
3/12/12	Helping supervisees select appropriate interventions for clients - Pat
3/19/12	Conflict resolution in supervision - Pat
3/26/12	Ethical issues related to the supervisory relationship - Pat
4/2/12	Ethical/legal issues in supervision related to client care - Pat
4/16/12	Racial & cultural issues in supervision - Speaker to be determined
4/30/12	Gender & sexual orientation issues in supervision - Speaker to be determined
5/7/12	Evaluating the supervisee - Pat
5/14/12	Personal development of supervisee or is it therapy? - Pat
5/21/12	Burnout in supervision - Pat
6/4/12	Research developments in assessment, measurement & evaluation of clinical supervision
6/11/12	Building the supervision part of your CV - Pat
6/18/12	Articulating your model of supervision - Pat
6/25/12	Supervisor training & development needs - Pat
7/2/12	Developing supervision policies & practices in organizations - Pat
7/9/12	Continued tape review; Case study
7/16/12	Continued tape review; Case study
7/23/12	Continued tape review; Case study
7/30/12	Continued tape review; "catch-up"
8/6/12	Continued tape review; "catch-up"
8/13/12	Wrap-Up: Reflection on what you have learned; next steps - Pat

**MINNEAPOLIS INTERNSHIP CONSORTIUM SCHEDULE  
September 2011 - August 2012**

**PROFESSIONAL DEVELOPMENT SEMINAR**

***SUMMARY***

**In this seminar, there will be monthly themes introducing interns to topics that have an impact on their professional development and careers.**

**Unless otherwise indicated, all seminars will be facilitated by the Park Avenue Center Training Director, Jeff Gottlieb, Ph.D. During most months, there will be a discussion with Mark Casagrande, M.A., LADC, Park Avenue Center Executive Director, regarding leadership and management themes for clinicians.**

***TIME***

**Wednesdays 10-11 AM**

***LOCATION***

**Park Avenue Center, 2318 Park Avenue South, Minneapolis**

***DATES AND TOPICS/FACILITATOR***

**SEPTEMBER 2011 Internship and Career Planning**

09/07/11	What Do You Really Want From Your Internship? (Gottlieb)
09/14/11	Creating an Individualized Professional Development Plan for the next 12 months (Gottlieb)
09/21/11	Your Ideal Work Day: Identifying the Steps to Get There (Gottlieb)
09/28/11	Monthly Leadership Lecture: History of PAC (Casagrande)

**OCTOBER 2011 Resume & Marketing Yourself**

10/05/11	The Psychologist's Resume Part I: Evaluating Your Current Resume (Gottlieb)
10/12/11	The Psychologist's Resume Part II: Upgrading During Internship (Gottlieb)
10/19/11	Ethics And Issues in Self-Promotion (Gottlieb)
10/26/11	Monthly Leadership Lecture: Supervision versus Managing (Casagrande)

**NOVEMBER 2011 Interviewing Applicants and Potential Employees**

11/09/11	Interviewing Skills Part I: What You Can/Cannot Ask Applicants (Gottlieb)
11/16/11	Interviewing Skills Part II: Getting the Information You Need (Gottlieb)
11/23/11	Interviewing Skills Part III: Interviewing a Candidate (Live) (Gottlieb)
11/30/11	NO MEETING

DECEMBER 2011 Career Management

12/07/11	Surviving (The Almost Inevitable) Lay-offs, Closings, and Controversies (Gottlieb)
12/14/11	Knowing When to Walk: Unethical Organizations and Managers (Gottlieb)
12/21/11	Networking for the Introverted, Extroverted, and Everyone Else (Gottlieb)
12/28/11	NO MEETING

JANUARY 2012 Public Speaking

01/04/12	Public Speaking for the Psychologist: Tips and Guidelines (Gottlieb)
01/11/12	Public Speaking for the Psychologist: Practice Presentations (Gottlieb)
01/18/12	Public Speaking for the Psychologist: Staff Presentation(s) (Live) (Gottlieb)
01/25/12	Monthly Leadership Lecture: For-Profit or Not-For-Profit: What's the difference and which is best for you? (Casagrande)

FEBRUARY 2011 My Most Important Professional Experiences

02/01/12	Experiences: Jeff Gottlieb, Ph.D., L.P.
02/08/12	Experiences: Mark Miller, Psy.D. L.P.
02/15/12	Experiences: Alison Sharpe, Psy.D.
02/22/12	Experiences: Lecturer TBA
02/29/12	Monthly Leadership Lecture: Considerations for Self-Employment (Casagrande)

MARCH 2011 Risk Management

03/07/12	Professional Boundaries: Space, not Lines (Gottlieb)
03/14/12	High Risk Therapy and Consultation Situations (Gottlieb)
03/21/12	Developing Knee-Jerk Confidentiality (Gottlieb)
03/28/12	Monthly Leadership Lecture: Good to Great: The greatest business book ever written? (Casagrande)

APRIL 2011 Creating a Workshop

04/04/12	Workshops: Practical Considerations (Gottlieb)
04/11/12	Identifying a Niche or Topic (Gottlieb)
04/18/12	Creating a Mock Brochure (Gottlieb)
04/25/12	Monthly Leadership Lecture: Big Hairy Audacious Goals (BHAGs); What's Yours? (Casagrande)

MAY 2012 Personal/Professional Life

05/02/12	Leaving it at the Office (Gottlieb)
05/09/12	Working to Live? Living to Work? Personal/Professional Balance (Gottlieb)
05/16/12	The Impaired Professional: Identifying Personal Warning Signs (Gottlieb)
05/23/12	Monthly Leadership Lecture: Key Performance Indicators (KPIs); What are they and do you need them? (Casagrande)
05/30/12	NO MEETING

JUNE 2011 Different Paths

06/06/12	History of a Business – PERT (Gottlieb)
06/13/12	Growing Within An Organization – (Alison Sharpe, Psy.D.)
06/20/12	The Hospital-Based Clinic: Checking out ANW Mental Health (Gottlieb)

06/27/12	Monthly Leadership Lecture: Five Dysfunctions of a Team (Casagrande)
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JULY 2011 Two Months to Go

07/04/12	NO MEETING
07/11/12	Two Months Left: Do you Know Where Your Dissertation Is? (Gottlieb)
07/18/12	Two Months Left: Do you Know Where Your Resume Is? (Gottlieb)
07/25/12	Monthly Leadership Lecture: Types & Purposes of Staff Meetings (Casagrande)

AUGUST 2011 One Month to Go

08/01/12	Finding Work: Job-Seeking & Interviewing (Gottlieb)
08/08/12	Finding Work: Self-Employment & Consultation Options (Gottlieb)
08/15/12	Licensure, Competencies, Consult Groups, Post-Degree Supervision (Gottlieb)
08/22/12	Monthly Leadership Lecture: The Magic of Thinking Big (Casagrande)
08/29/12	Review of Seminar, Suggestions for Future Topics, Meet New Interns (Gottlieb)

**MINNEAPOLIS INTERNSHIP CONSORTIUM SCHEDULE**  
**September 2011 - August 2012**

**THERAPY AND INTERVENTION SEMINAR**

***SUMMARY***

*In this seminar, there is a focus therapeutic work with clients. A particular emphasis concerns working effectively with clients who have co-occurring disorders.*

*Unless otherwise indicated, all seminars will be facilitated by Mark Miller, Psy.D., Licensed Psychologist, one of the clinical supervisors for the doctoral interns.*

*There will be a monthly case presentation by interns on a rotating basis.*

***TIME***

**Thursdays 10-11 AM**

***LOCATION***

***Park Avenue Center, 2318 Park Avenue South, Minneapolis***

***DATES AND TOPICS/FACILITATOR***

**SEPTEMBER 2011**

09/01/11	NO MEETING
09/08/11	Individual Therapy: Considerations for the First Session (Miller)
09/15/11	Integrating Mental Health and Chemical Dependency Treatment (Kristin Williams, M.A.)
09/22/11	Crisis Procedures at PAC (Alison Sharpe, Psy.D.)
09/29/11	Case Presentation by Intern

**OCTOBER 2011**

10/06/11	Ethics: Approaches to reviewing limits to confidentiality, obtaining informed consent (Miller)
10/13/11	Ethics: Dealing with threats of harm to self and others, Strategies for managing the therapeutic relationship when reporting child abuse (Miller)
10/20/11	Self-Care in Helping Professions (Katarzyna Chojan-Cymerman, Psy.D., L.P.)
10/27/11	Case Presentation by Intern

**NOVEMBER 2011**

11/03/11	Therapy Within An Agency: Steps to increase teamwork and further integrate mental health treatment in a multidisciplinary setting (Miller)
11/10/11	Agency Operational Issues: Limit-setting, Time management and the internship year (Miller)
11/17/11	Case Presentation by Intern
11/24/11	NO MEETING

DECEMBER 2011

12/01/11	Treatment Plans: Balancing insurance requirements with client treatment needs, various approaches to involving the client in treatment planning (Miller)
12/08/11	Treatment Plans: Strengthening skills in writing measurable goals (Miller)
12/15/11	Attachment patterns (Katarzyna Chojan-Cymerman, Psy.D., L.P.)
12/22/11	NO MEETING
12/29/11	Case Presentation by Intern

JANUARY 2012

01/05/12	Motivational Interviewing (Miller)
01/12/12	Cognitive Behavioral Therapy and Short-Term, Solution-Focused Therapy in the Chemical Dependency Setting (Miller)
01/19/12	Narrative Therapy and Psychodynamic Therapy in the Chemical Dependency Setting (Miller)
01/26/12	Case Presentation by Intern

FEBRUARY 2011

02/02/12	Group Therapy(Parts I, II, III): Eliciting Cooperation and deeper levels of therapeutic work, Strategies for co-therapy, Approaches to promote constructive engagement with therapy, Transference and Counter-transference, Psycho-Education session options (Miller)
02/09/12	Group Therapy: Part II (Miller)
02/16/12	Group Therapy: Part III (Miller)
02/23/12	Case Presentation by Intern

MARCH 2011

03/08/12	Yalom: Outpatient Group Therapy with MICD (TBA)
03/15/12	Yalom: Inpatient Group Therapy with MICD (TBA)
03/22/12	Yalom: Interview (TBA)
03/29/12	Case Presentation by Intern

APRIL 2011

04/05/12	Yoga and Mental Health (Alison Sharpe, Psy.D.)
04/12/12	Making CD/MP3s for clients: Considerations, Scripts, and Rhythms (Dr. Gottlieb)
04/19/12	Cultural Differences in the Therapy Hour (Miller)
04/26/12	Case Presentation by Intern

MAY 2012

05/03/12	Individual Psychotherapy (Parts I, II, III): Building Rapport, How to choose a treatment direction when there are a multiplicity of pathologies, Using questions to promote reflection and growth, Teaching responsible boundaries, Approaches to homework (Miller)
05/10/12	Individual Psychotherapy: Part II (Miller)
05/17/12	Individual Psychotherapy: Part III (Miller)
05/24/12	Case Presentation by Intern
05/31/12	NO MEETING

#### JUNE 2011

06/07/12	Individual Psychotherapy – Diagnostic Topics (Parts I, II, III): Helping the Patient with Active Psychosis: Containment and Re-Grounding, Posttraumatic Stress Disorder: The challenge of differential diagnoses, How to address PTSD in a short-term treatment setting, PTSD: Managing vicarious traumatization and counter-transference, Axis II, Cluster B Personality disorders: Conceptualizing short-term therapy goals, Axis II, Cluster B Personality disorders: Managing counter-transference (Miller or Katarzyna Chojan-Cymerman, Psy.D., L.P.)
06/14/12	Individual Psychotherapy – Diagnostic Topics: Part II (Miller or Katarzyna Chojan-Cymerman, Psy.D., L.P.)
06/21/12	Individual Psychotherapy – Diagnostic Topics: Part III (Miller or Katarzyna Chojan-Cymerman, Psy.D., L.P.)
06/28/12	Case Presentation by Intern

#### JULY 2011

07/05/12	NO MEETING
07/12/12	Time-Limited Dynamic Psychotherapy (TBA)
07/19/12	Using the Internet: Professional issues, Options during therapy (Miller)
07/26/12	Case Presentation by Intern

#### AUGUST 2011

08/02/12	Shame (Parts I, II, III): Rapport; Identification of Defenses; Recognition of Shame in the Present; Connections between Shame and the Past; Distress Tolerance; Recognition of Losses and the Grieving Process; Identifying Current & Historical Resources; Utilizing Resources; Strengthening Positive Identity (Miller)
08/09/12	Shame: Part II (Miller)
08/16/12	Shame: Part III (Miller)
08/23/12	Hanging Up the Notepad: Thoughts on Retiring from Therapy (Miller)
08/30/12	NO MEETING