HAZELDEN BETTY FORD'S MENTAL HEALTH CENTERS DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

2021-2022 TRAINING MANUAL
A Supplement to Hazelden Betty Ford Foundation Policies and Procedures

Hazelden Betty Ford Foundation
This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

This internship site is accredited by the Commission on Accreditation of the American Psychological Association. Questions related to this training program's accreditation status should be directed to:

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Introduction to the Hazelden Betty Ford Foundation

The Hazelden Betty Ford Foundation is a nonprofit foundation whose purpose is to help build recovery in the lives of individuals, families and communities affected by addiction and related diseases. With 17 locations around the country including California, Colorado, Florida, Illinois, Massachusetts, Minnesota, New York, Oregon and Washington (along with virtual services), the Foundation offers prevention and recovery solutions nationwide across the entire continuum of care to help youth and adults reclaim their lives from the disease of addiction. The Foundation is primarily a provider of clinical services but also achieves its mission through other recovery-related enterprises including published resources, professional education, research, advocacy and prevention.

The Hazelden Betty Ford Foundation is the nation’s leading nonprofit addiction treatment provider. Hazelden has its origins in Center City, Minnesota, about 40 miles northeast of the Twin Cities of Minneapolis and St. Paul. Its legacy began in 1949 and includes having a significant influence on the 1982 founding of the Betty Ford Center in Rancho Mirage, California. Hazelden was established originally as a not-for-profit corporation to assist in the rehabilitation of alcoholic men. The plan was to treat priests suffering from alcoholism, but as the program developed, the vision expanded to include addiction services for other mood-altering substances and to serve a broader population including women, youth and older adults. Educational programs were also created for families and friends of individuals who struggle with substance use, further expanding the holistic approach that has guided Hazelden’s growth. In 2014, Hazelden merged with the Betty Ford Center to become the Hazelden Betty Ford Foundation, advancing the mission of both organizations. Former First Lady Betty Ford was one of the country’s first prominent advocates for recovery. Betty Ford’s personal struggle and recovery from the disease of addiction had a great influence on the recovery community, and her legacy lives on through the Hazelden Betty Ford Foundation. The Hazelden Betty Ford Foundation continues to innovate, collaborate and grow in order to reach and help increasingly more individuals, families and communities.

Our treatment approach has been primarily based on the Minnesota Model, also known as the Disease Model or Twelve Step Facilitation Model. This model is best described as an interdisciplinary approach based on the therapeutic principles of the Twelve Steps of Alcoholics Anonymous and incorporating common and well-accepted psychological approaches. This model of treatment has been researched and described in peer-reviewed literature. Our pioneering model of addiction services has continued to evolve to integrate the latest in biological, behavioral, genetic and other scientific findings to address the disease holistically.

Today our protocols include science-based assessments, medication-assisted treatment and evidence-based practices delivered with a patient-centered focus. Today our model of care is referred to as the Hazelden Betty Ford Model of Care.

Psychological services have been part of the interdisciplinary treatment team almost since our creation. The organization’s best-known and most influential psychologist, Dan Anderson, PhD, revolutionized the treatment of substance use disorders by eradicating the prevailing psychiatric/medical model of his time. A true visionary, Dr. Anderson advanced the premise that individuals and families suffering from alcohol and drug dependence required the services of a multidisciplinary treatment team that included the services of clinical psychologists to help individualize treatment services. Psychologists were introduced to the team to assess individual differences such as cognitive functioning, personality traits and characteristics, motivational dynamics and co-occurring mental health disorders.

The primary role of psychology in the 1960s, ’70s, and ’80s at Hazelden involved the identification of individual differences through clinical interviews and psychological testing. Mental health professionals initially utilized psychological assessment data for the purpose of team consultation in an effort to individualize treatment approaches based on personality characteristics and intellectual functioning. Conducting psychological assessments and providing treatment recommendations remain integral functions of the mental health professionals at the Hazelden Betty Ford Foundation today. With the increasing
recognition of co-occurring disorders, however, mental health services have expanded to meet the complexity of issues experienced by those who suffer from substance use problems.

The Mental Health Centers provide a comprehensive network of services for individuals and family members impacted by substance use and related diseases. The central coordinating office for The Mental Health Centers Doctoral Psychology Internship Program is located in Center City, Minnesota, where adult treatment is provided. An adolescent track for internship training is also offered at the Plymouth, Minnesota, site, where adolescents and young adults are provided treatment. Other Hazelden Betty Ford Foundation services are provided at the following sites: Rancho Mirage, San Diego and West Los Angeles, California; Aurora, Colorado; Naples, Florida; Chicago, Illinois; Boston, Massachusetts; Chaska, Maple Grove and Saint Paul, Minnesota; Chelsea and Tribeca, New York; Beaverton and Newberg, Oregon; and Bellevue, Washington with ongoing virtual expansion. The Hazelden Betty Ford Foundation is engaged in a myriad of activities. Rather than listing all the services the organization offers, a few highlights are provided to illustrate the expanse of the Foundation's reach in the prevention, treatment and recovery field.

The Butler Center for Research is dedicated to improving recovery from addiction by conducting clinical and institutional research, collaborating with other research centers and communicating scientific findings. It is their vision that sustained recovery for all who seek help will be achieved through advancements in knowledge and integration of research into practice.

Hazelden Publishing is a leading publisher of evidence-based addiction curricula and other professional resources in the areas of prevention, intervention, treatment and recovery support, as well as books and media that enhance lifelong recovery and personal growth.

Hazelden Betty Ford Recovery Advocacy, a national voice and thought leader, fights the stigma of addiction and promotes the promise and possibility of recovery. Their efforts focus on defining and promoting policy and legislation that will help people with the disease of addiction to more easily find treatment and recovery support. They also encourage people to speak out and tell their own stories to offer hope to others. Their mission is to educate people on what they can do to help advance public awareness of alcohol or drug abuse treatment and advocate for positive change. They work to end discrimination against people who seek alcohol or drug abuse treatment. They believe health insurance plans must cover treatment for addiction just as they cover other major chronic illnesses. They believe that medical professionals must make screening for alcohol and other drug problems a part of every primary care and emergency room visit. They also promote effective treatment and supervised continuing care programs for certain nonviolent offenders with alcohol or other drug addiction.

Our Professionals in Residence Program (PIR) provides experiential training for a wide range of practicing professionals, including physicians, nurses and medical students working and training in the community. The PIR Program provides professionals with the tools, knowledge and insight to understand and respond to addiction.

The Hazelden Betty Ford Graduate School of Addiction Studies offers on-campus and online master’s degree programs in addiction counseling that integrate academics and clinical practice with the option to complete additional specialized mental health training.

The Hazelden Betty Ford Foundation also educates families about the disease of addiction and the various ways family members are affected. Through presentations, group discussions, personal goal-setting and fellowship, the Family Program teaches families to work through the chaos of addiction, set healthy boundaries and rebuild trusting relationships.

The Mental Health Centers and the Multidisciplinary Treatment Team

The doctoral internship training program operates within The Mental Health Centers, an established component of the multidisciplinary treatment teams at both the Plymouth and Center City locations. The Mental Health Center team at each site, or the mental health department, includes therapists, psychiatric prescribers and trainees. Team members include psychiatrists, psychiatric nurse practitioners,
psychologists, licensed professional clinical counselors, licensed marriage and family therapists, licensed clinical social workers, mental health managers, the training director, doctoral interns and postdoctoral residents. The mental health department provides treatment to individuals with co-occurring disorders, focusing on mental health symptoms and disorders that may affect the ability to gain and maintain stability and engage in active recovery.

The mental health team provides a comprehensive network of services while working in conjunction with the multidisciplinary treatment team providing services to patients in residential treatment and day treatment in addition to providing community outpatient services for individuals and families impacted by substance use and related diseases. The treatment team, which the mental health team works within, includes addiction counselors, spiritual care counselors, wellness staff, nurses, physicians, nurse practitioners, dieticians, continuing care case managers, financial advocates, and other staff.

The team members working in the Mental Health Centers provide clinical tasks including initial mental health diagnostic assessment, individual and group psychotherapy, testing, continuing care recommendations, treatment planning, consultation with the multidisciplinary treatment team, patient lectures and psychiatric medication management. Although the Hazelden Betty Ford Foundation engages in a variety of activities such as research, publishing, education and advocacy, The Mental Health Centers are focused on clinical service delivery, and doctoral intern and postdoctoral resident training.

Providing well-rounded, quality patient care to treat substance use and co-occurring disorders is the primary role of the multidisciplinary treatment team.

**Internship Training Program Description and Requirements**

The Mental Health Centers offer a health service psychology clinical doctoral internship. Doctoral interns are provided an opportunity to build on their strong foundation in scholarly knowledge and grow in their clinical practice. The goal of the training program is to facilitate doctoral interns’ development as competent psychologists for a wide range of career opportunities. The program provides a generalist psychology training within an addiction treatment facility treating co-occurring disorders. The training program is designed to offer an incremental, graded learning experience using a developmental learning model that ensures doctoral interns have knowledge of evidence-based practices in the treatment of mental health disorders that co-occur with substance use disorders. Utilizing the developmental model facilitates growing expertise through daily clinical practice.

Interested applicants are not required to have previous experience working with substance use disorders. Rather, this training program seeks applicants who share an interest in gaining education, training and experience with a wide range of general clinical presentations and co-occurring disorders. Doctoral interns move from taking on limited tasks under close supervision, mentoring and intensive instruction to relatively autonomous functioning with an increased workload over the course of the training year, supported by ongoing supervision and consultation. Doctoral interns completing the program are expected to demonstrate competency in the nine profession-wide competencies and display a growing sense of professional identity.

The training program provides broad-based clinical training through exposure to clinical practices as well as involvement in training seminars and supervision.

The training program is offered at the Center City location, which serves adults, and at the Plymouth location, which serves adolescents and young adults. Both the adult and adolescent sites identify training rotations on treatment units. Each rotation includes experience in consultation with a multidisciplinary team, diagnostic assessment, crisis intervention, individual therapy and group therapy. Additional opportunities such as rotations working with patients identified as health care professionals or training on the medical unit may be available in the adult program in Center City. Testing opportunities may be available on a limited basis.

Potential doctoral interns apply for the site/track of greatest interest to them. Applicants may apply to be considered for both tracks or just the adolescent/young adult or adult program. Ultimately, the trainee will be assigned to the site/track matched within the formal match.
process. Rotation placement within the matched location will be determined during the internship. All trainees will receive rotation placements. No specific rotation placements are guaranteed during a training year.

The internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Over the years, APPIC has developed guidelines and procedures used in student-internship matching, and these guidelines continue to evolve over time, as APPIC remains responsive to the varied concerns around match. APPIC launched APPIC Online (APPIC.org), which is a paperless application process for doctoral internship programs. The site provides further instructions and guidelines for completion of the application.

The Mental Health Centers training program follows APPIC policies regarding offers and acceptance, and participates in the APPIC Match Program. The Mental Health Centers abides by the APPIC policy in that no person at this training facility will solicit, accept or use any ranking-related information for any intern applicant. Hazelden Betty Ford’s Mental Health Centers: Doctoral Psychology Internship Program will participate in the APPIC Match Program administered by National Match Services, Inc. (NMS). Applicants must obtain an Applicant Agreement Package from NMS (available at NatMatch.com) and register for the Match in order to be eligible to match to our program.

There are two match numbers for the internship program, corresponding to the two training tracks/siters. Applicants may apply to one or both tracks. Applicants must specify in their materials which track(s) they are applying to. The tracks’ match numbers are:

- 166012 Adolescent Track (Plymouth location for adolescents and young adults)
- 166013 Adult Track (Center City location for adults)

Please review the following application and admission requirements carefully. You must:

1. Be enrolled in a clinical or counseling psychology doctoral program accredited by the American Psychological Association
2. Have completed the Association of Postdoctoral Psychology and Internship Centers (APPIC) application
3. This item has been waived for the applicants applying for the 2021-2022 training year in recognition of the negative effect of the COVID pandemic on students. List practice/training hours completed totaling a minimum of 1,500 hours including all practicum intervention, assessment and support hours. Must have accumulated a minimum of 50 assessment hours and at least 300 intervention hours during practicum
4. Have successfully completed the Comprehensive Examination through your doctoral program
5. Provide a current academic vita
6. Provide an official transcript of all graduate work
7. Include three letters of recommendation from resources with direct knowledge of your clinical experience, strengths and interests

The application deadline is **November 1, 2021**, for the 2022-2023 doctoral internship year.

Internship positions are contingent upon applicants satisfying the following eligibility requirements:

1. Freedom from chemical use problems. Chemical use problems are defined by either (1) chemical use that affects the job, job performance or program or (2) having been in chemical use treatment during the past two years.
2. Successful completion of a background check.
3. Completion of the 2 step baseline tuberculin skin test screening (Mantoux testing) and appropriate follow-up as indicated.
4. Proof of malpractice insurance, often provided by their educational program.

Individuals with legal histories are encouraged to apply but should consult the training program before ranking and match to assure they meet eligibility requirements and are able to attend internship.

The program is a 2,000-hour internship program. Note that the program requires completion of at least 1,904
training hours over a minimum of 12 months based on a full-time status of 40 hours per week. Doctoral interns are at the training site minimally 8.5 hours per day, eight hours of training and a 30-minute lunch break. The internship simulates a real-world work environment including a stipend. See APPIC.org regarding the current stipend and any benefits provided.

Doctoral interns are expected to dedicate at least 25% of their time to service delivery.

Doctoral interns receive up to 15 days (120 hours) of sick or vacation time, seven Hazelden Betty Ford Foundation-recognized holidays (56 hours, includes one floating holiday) and five days (40 hours) of professional leave time. Of note, professional leave time is counted toward training hours. Also, due their responsibility to provider services in a residential treatment center, doctoral interns rotate through coverage of holidays. The internship offers the flexibility in scheduling over the year to receive the 2,000 hours of training required in some states for licensure while the minimum expectation of the training program is 1,904 hours.

Additional requirements for successful training completion include:

- Fulfillment of an individualized training plan
- Completion of didactic training, weekly supervision and clinical rotations
- Achievement of competency thresholds including satisfactory ratings on all nine profession-wide competencies on the end-of-year competency evaluation
- Adherence to the Internship Program Agreement

Doctoral interns who fulfill program requirements are awarded a certificate of completion.

Questions related to the program’s accreditation status should be directed to the contact listed here:

Office of Program Consultation and Accreditation
American Psychological Association
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Washington, DC 20002
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Please contact the training director with questions about the training program.

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Hazelden Betty Ford Foundation’s Mission, Vision, Values and Strategic Goals

Mission Statement
We are a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs.

Vision Statement
Together, we will overcome addiction.

Values
- Respect: Treat every person with compassion, dignity and respect.
- Science: Treat addiction as a family disease using evidence-based practices that address the mind, body and spirit.
- Recovery: Commit to the Twelve Step principles, including abstinence-based recovery.
- Leadership: Innovate and demonstrate the courage to change.
- Growth: Pursue personal and professional growth in ourselves and others.
- Service: Be of service.
- Teaching: Be the leader in education, advocacy and dissemination of addiction knowledge.

Strategic Goals
The Foundation’s strategic plan sets forth the framework to deliver healing and hope to more people, in new ways, with the latest science and proven-effective practices. The bold and methodical plan unlocks the Foundation’s potential to serve exponentially more people through a combination of transforming ourselves and transforming the entire field. As we continue providing excellent services directly to patients, we are also working to greatly
expand the ability of others to prevent, identify and treat addiction. Our six key areas of strategic focus are:

- Engaged Workforce
- Engaged Partners
- Innovation
- Growth
- Prevention
- Leadership

**The Mental Health Centers’ Philosophy and Core Principles**

Mental health services are based on the fundamental belief in the inherent worth and dignity of each person, and the recognition that patients presenting for services can experience significant degrees of distress, which merit clinical intervention. Relying on scientific knowledge, psychologists utilize a variety of assessment, consultative and treatment procedures to promote each individual’s mental health, recovery and growth. Through the identification of individual attributes, psychologists strive to describe patients’ learning styles, personality traits, mental health issues and disorders, cultural influences, individual differences and personal strengths in an effort to alleviate or reduce obstacles to successful participation in treatment and recovery.

Values that help guide the practice of mental health professionals within the context of treating substance use disorders are based on the following premises:

- Recovery is primarily a spiritual journey characterized by personal growth, emotional maturity, interpersonal connectedness and behavior change.
- Mental health is continuously striving toward self-acceptance, realization of one’s potential, development of healthy relationships and adaptation to the stresses of everyday living.
- Reduction of stress and the development of constructive coping skills, leisure time activities and healthy relationships are components of a contented recovery, as well as avenues for the prevention of mental health complications.
- Many individuals with substance use disorders also experience mental health disorders or emotional difficulties at various times in their lives, robbing them of serenity and serving as risk factors for relapse.
- Continuous abstinence from mood-altering substances and involvement in a Twelve Step self-help group are important foundations to sustain both a contented recovery and ongoing mental health and wellness.
- Careful assessment and systematic treatment offer safe, effective methods to reduce or resolve mental health problems and disorders for those who have chemical use issues while safeguarding abstinence from mood-altering substances.
- Individuals have the capacity to recover from addiction and mental health complications when:
  1. Spiritual concepts are introduced consistent with the individual’s stage of development
  2. Self-responsibility is stressed
  3. Personal values are developed and emphasized
  4. Adaptive coping and social skills are practiced
- Recovery from co-occurring mental health and substance use disorders includes:
  1. Realistic knowledge of self, and acceptance of strengths and limitations
  2. Concern for others without negating one’s own needs
  3. Inner values that serve as determinants of behavior
  4. Satisfaction of emotional needs without infringing on the rights of others
  5. Tolerance of stress and frustration

Mental health and recovery services are complementary, facilitating ongoing recovery from mental illness and substance use disorders through a greater level of health and wellness.

**Internship Training Program Model, Aims and Philosophy**

**Training Model**

Hazelden Betty Ford’s Mental Health Centers Doctoral Psychology Internship Program builds a bridge between scientific knowledge and clinical practice. The internship program’s structure and activities are based on the premise that daily clinical practice should be informed by science, including a foundation in theory, evidenced-based practices and critical thinking. The program emphasizes a developmental learning model,
which informs supervision and training. The program employs a competency-based approach in order to assure successful completion of the internship and well-rounded learning. A strengths-based approach to training with regular evaluation and feedback is utilized.

**Training Philosophy**

The training program is viewed as an extension of the student’s academic learning that provides an avenue for integration of knowledge and skill resulting in clinical competence. The training is flexible in that it is based on emerging scientific knowledge and clinical innovation. An emphasis is placed on core values involving treating the individual with dignity and respect to the entirety. The training model is actualized through clinical supervision, didactics, scholarly inquiry, individual and group clinical experiences, and team meetings. Doctoral interns experience and gain competency in psychological processes involving psychological assessment, testing, differential diagnosis, treatment planning, consultation, supervision, individual and group therapy, psychoeducation, patient lectures and clinical recommendations for continuing care supporting development as a generalist health service psychologist. In daily practice, doctoral interns encounter ethical and legal issues, and diverse individuals. The interns are given opportunities to display communication skills along with professional values, attitudes and behaviors.

**Training Program Aims**

The Hazelden Betty Ford Foundation is a nonprofit foundation focused on the treatment of addiction and co-occurring disorders. The doctoral internship program is set within Hazelden Betty Fords’s Mental Health Centers. The Mental Health Centers are set within multidisciplinary treatment teams focused on treating addiction and co-occurring disorders at both the Plymouth and Center City sites. The Center City track provides clinical experiences that focus on treatment of adults; the Plymouth track provides experiences in treatment of adolescents and young adults. The mental health team’s role on the multidisciplinary team is to focus on assessing and treating mental health disorders co-occurring with addiction in order to promote stability, containment, health and recovery. As a result of this, the training program aims to instill a broad and in-depth training in generalist health service psychology with foundational attitude that daily clinical practice should be informed by professional consultation, sound clinical judgement and critical thinking, and empirical knowledge based on scholarship.

The program aims to provide generalist clinical training to doctoral interns for the effective independent practice of health service psychology. The program provides training that includes a clinical training experience with patients of diverse backgrounds and presentations while participants develop professionally in a healthy, inclusive training environment that promotes ongoing learning, self-reflection, boundaries and self-care. The setting is provided in a manner that prioritizes the obtainment of the nine profession-wide competencies of health service psychology. By the end of the internship year, the training program aims to ensure the doctoral interns hold both the knowledge of psychological theory and evidence-based practices in the treatment of complex mental health presentations, and competency in the daily clinical practice of general health service psychology. The competencies prioritized by the training program include:

- Research/scholarly inquiry
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

As a gatekeeper to the field, the program aims to provide doctoral interns with the resources and opportunities to reach successful internship completion, meet the nine competency expectations, become licensed health service psychologists and secure full-time positions in the field of psychology.
The Internship Program Supports the Foundation’s Mission

Both the Foundation and training program believe that training doctoral interns in health service psychology to treat a wide range of symptom presentations—including co-occurring mental health and substance use disorders—promotes the mission of helping individuals, families and communities through recovery. Each doctoral intern makes a difference for our patients as they provide services during their training. We believe, long after the doctoral interns complete their training, the mission will carry on as the knowledge and tools received from the program will be instilled in these well-trained clinicians. They will continue to spread the mission, vision and values in their future careers as health service psychologists, providing research, consultation, supervision and treatment throughout the nation and beyond.

Internship Program’s Leadership Structure

The program’s leadership structure allows for a strong training program. The training director oversees and supervises the internship program. The training director works closely with the mental health managers at both the Center City and Plymouth locations to implement training. The training director confers often with the mental health manager at the Plymouth site to coordinate training across sites. The training director reports directly to the national executive director of mental health. The mental health managers at the Center City and Plymouth locations have reporting responsibility to the executive directors of those locations and the national executive director of mental health services.

The executive director of Plymouth reports to the regional vice president of recovery services. The executive director of the Center City location and regional vice president of recovery services and the national executive director of mental health report to the senior vice president of recovery services, who reports to the president and chief executive officer.

The training director is the chief spokesperson for the internship program and, in that capacity, represents the program to the public, alumni, and state and national associations along with providing representation at professional meetings. In cooperation with the mental health supervisors in leadership at the Center City location and the Foundation’s financial representative, the training director is responsible for annual budget proposals, performance reports and the general financial management of the program. Working with the mental health supervisors in leadership at the Center City and Plymouth locations and the Foundation’s financial representative, the training director is responsible for the physical and human resources necessary for the smooth and effective operation of the internship program. The training director is responsible for all internship programming and planning, reviews faculty and staff, monitors doctoral intern progress and ensures the fulfillment of the program’s aims through effective implementation of its training model. The training director is responsible for the concerns and needs of doctoral interns and supervising psychologists as it relates to the internship.

The national mental health assistant, officing in the Center City Mental Health Center, assists in the support functions of the internship training program. The national mental health assistant schedules and sets locations for training meetings, didactics and group supervision.

Psychologists on staff and the training director take on roles as primary or secondary supervisors to the doctoral interns and provide group and individual supervision, assuring the supervision of three of the required hours of supervision weekly. Additionally, psychologists and/or other graduate level mental health clinical staff with appropriate credentials provide the fourth hour of supervision to the doctoral interns.

The training committee, including the supervisors who provide group and individual supervision to the doctoral interns and training director, meet monthly to review doctoral interns’ progress in the program. Additional mental health providers working closely with trainees are encouraged to attend. The training director leads the meetings. Supervisors are able to use this time to consult about providing quality supervision, review the doctoral interns’ progress, collaborate and make plans to support the current doctoral interns’ competency requirements.
Collaborative leadership is based on the premise that training outcomes improve when training program staff and leadership work as a team. Common goals and objectives stemming from the program’s aims and training model provide a foundation for leadership. Two chartered teams drawn from a cross section of executive leadership and Foundation staff provide input, analysis and decision making to advance program quality and effectiveness, as well as operational efficiency and implementation of innovations and process improvements. These teams collaboratively lead the internship program and include the Internship Quality Leadership Team (IQLT) and the Internship Program Implementation Team (IPIT). The IQLT is empowered for the general oversight and control of the internship program, whereas the IPIT is chartered to implement improvements and innovations that are reviewed by the IQLT.

The training director serves as the IPIT leader, sets the meeting agenda, facilitates an inclusive environment, promotes constructive discussion, strives to achieve consensus, adheres to timelines and ensures a results orientation. The national mental health assistant is the recording secretary, schedules each meeting, provides clerical support, maintains all records, completes meeting minutes and forwards meeting minutes to all team members prior to the next scheduled meeting. See the IPIT Charter for team membership information in the appendix at the end. The team is designed to assess program data and trends, solicit input from key constituents, engage in creative problem solving and address questions and recommendations from the American Psychological Association (APA) and the American Psychology Postdoctoral and Internship Centers (APPIC) in order to advance continuous improvement through clearly defined strategies and tactics. The team meets every other month.

The Internship Quality Leadership Team (IQLT) meets quarterly to provide oversight and has general control over the internship training program to ensure the long-term sustainability of program effectiveness. The IQLT carries out its responsibilities to fulfill the program’s aims and ensure its sustainability through data review and careful analysis, and collaborative decision making. The team functions within the parameters of its charter. To promote greater effectiveness, the team develops an annual work plan that outlines key issues and challenges for the year ahead. The training director is the team leader of the IQLT. The training director serves as the liaison between the IQLT and the internship program, and provides the necessary structure, resources and support to assure team effectiveness. The national mental health assistant is the recording secretary. The assistant schedules the meeting, keeps records and completes and shares meeting minutes. Decisions are made based on a consensus. See the IQLT Charter and the IQLT Annual Work Plan for more information such as team membership.

Other mental health staff including psychiatry staff and post-doctoral residents serve as role models and consultants to the doctoral interns. The multidisciplinary team staff—such as addiction counselors, nurses, medical doctors, nurse practitioners, wellness staff, spiritual care counselors, and case managers—also provide consultation and role modeling to the doctoral interns. Also of note, didactics may be provided by the training director, supervisors, other mental health team members, other clinical treatment staff and potentially external trainers, opening up the doctoral interns to a diverse range of perspectives and experiences.

The program’s structure is integral to a strong training program, which supports the Foundation’s mission and values, and the training program’s aims. Additional information may be found in this training manual including the IPIT and IQLT Charters, the IQLT Work Plan, and the Quality Improvement Process.

A Commitment to a Culture of Respect for Individual Differences

Hazelden Betty Ford’s Mental Health Centers and the training program are dedicated to building and maintaining a culture of respect for diverse staff, patients, students, postdoctoral residents and doctoral interns. At The Mental Health Centers, respecting diversity means acknowledging individual differences and recognizing these differences are valuable.
Recruitment of Diverse Individuals

The Hazelden Betty Ford Foundation, the Mental Health Centers and the internship program attempt to recruit, hire and retain diverse staff, and recruit and match with diverse doctoral interns. Diversity of doctoral interns and staff is a priority in order to best meet the needs of patients and promote a culture of inclusion that appreciates diversity factors, such as age, language, ethnicity, culture, race, gender expression, gender identity, sexual orientation, religion, degree and training, therapeutic orientation, nation or state of origin, rural or metropolitan background, socioeconomic status, areas of expertise or experience and ability/disability. The training program and mental health department have a systematic and coherent system for recruiting diverse doctoral interns and staff that aims to attract a wide range of applicants from diverse backgrounds, including applicants with clinical and educational experiences, and career and training goals that align with the training program.

The program’s Recruitment Process Policy provides an overview of the plan for doctoral intern recruitment. The policy specifies our procedures as it relates to adhering to APPIC and National Matching Services’ guidelines, the use of the APPIC online directory, and the development and maintenance of our own website link and brochure. Our application and admission criteria are included in the policy. Our primary areas of focus for recruitment are listed in this policy.

The training program tracks and focuses on strategies for recruitment of diverse doctoral interns, and recruitment and retention of diverse staff using a similar systematic plan. Refer to the Diversity Sub-Team Charter in the appendix for more information. As indicated in the charter, the mission of the team is to support, guide and advise the training director and the Internship Quality Leadership Team (IQLT) in ongoing program-level efforts to develop and follow a long-term, systematic and coherent plan to recruit diverse doctoral interns, and recruit and retain diverse staff. The sub-team’s goal is to improve strategic recruitment efforts at a minimum frequency of yearly. The team examines the effectiveness of the program and the program’s efforts, identifies strengths and areas of growth, and makes recommendations.

The plan is ongoing, and the efforts are expected to improve each year. A report is generated by the Diversity Sub-Team on an annual basis. The sub-team lists the past year’s recruitment and retention efforts, results and recommendations for improvement and provides program-level actions. This document is reviewed by the training director, Internship Program Implementation Team and IQLT. The recommendations are reviewed, approved or declined. Then the training director, Internship Program Implementation Team and the Diversity Sub-Team are delegated responsibilities for completing the approved recommendations.

Committed to an Inclusive Training and Work Environment

The Hazelden Betty Ford Foundation is committed to a training and work environment in which all individuals are treated with respect and dignity. Each individual has the right to train and work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, the Hazelden Betty Ford Foundation expects that all relationships among persons in the office will be business-like, respectful and free of bias, prejudice and harassment. The Foundation and the training program have developed policies to ensure equal training and employment access. Also, policies and procedures to promote inclusion and to respond to discrimination have been developed at the internship program and the Foundation levels.

The internship training program is dedicated to ongoing improvements and continuous changes as feedback or new knowledge arises. The Mental Health Centers Doctoral Internship Supervisor Assessment has included an item to seek feedback from doctoral interns on each supervisor’s effectiveness in providing training on and having a knowledge base in issues of diversity. Additionally, the Recruitment Survey in the appendix has an item about the training program’s inclusion efforts.
Training Focused on Cultural Competency and Individual Difference

The Foundation offers training experiences for clinical staff on topics of diversity. Cultural competency is valued, including but not limited to knowledge, skills, self-awareness, perspective taking and cultural humility. Throughout the year, continuing education trainings are offered by the Hazelden Betty Ford Foundation for all staff and doctoral interns to attend for free.

Doctoral interns are expected to develop competency in working with a wide range of individuals including but not limited to diverse aspects of patients and supervisees served, such as those of a differing age, language, ethnicity, culture, race, gender expression, gender identity, sexual orientation, religion, degree and training, therapeutic orientation, nation or state of origin, rural or metropolitan background, socioeconomic status, areas of expertise or experience and ability/disability. Recognizing that basic foundational knowledge was provided in school coursework, the training program focuses on process-oriented approach to development. Aspects of diversity and individual differences are integrated into each of the nine competencies in the evaluation process. The doctoral interns’ self-assessments additionally allow them to self-evaluate their level of competency regarding diversity.

Experiential learning includes a clearly defined emphasis on diversity and individual difference throughout the internship year. Clinical supervision and didactics strategically address multiculturalism, diversity and individual difference through carefully planned topics and learning opportunities to help individualize clinical interventions. Doctoral interns are required to provide clinical conceptualizations that integrate individual and group variability to indicate their greater clinical effectiveness and cultural competence. Despite diversity elements being woven into many aspects of the doctoral interns’ training and particularly, their clinical work, several activities have been formalized to boost competency.

The training program recognizes, at times, that there may be conflicts between a doctoral intern’s worldviews and values, and a patient’s values and views. The training program is committed to both, providing a training environment that fosters the doctoral intern’s ability to recognize these conflicts and to resolve them through supervision and didactic training while assuring quality patient care. Supervisors use a competency-based and developmental approach to resolve these conflicts. Supervisors help doctoral interns in conflict see how they have the opportunity to hold their own personal beliefs while showing compassion and understanding of those differing from themselves. The training program makes great effort in assuring that, by completion of internship, that doctoral interns will have the capacity to work effectively with individuals differing from themselves.

The Mental Health Centers Doctoral Internship Supervision Log, completed after each supervision session, has a line labeled “Individual and cultural diversity” to prompt supervisors to take time in supervision to focus on this competency. This inclusion is also meant to communicate the importance of this topic to the doctoral interns and supervisors. Supervisors work with doctoral interns on growth areas and address competency concerns, expecting a high level of professionalism, knowledge and respect in this area. Issues, opportunities and challenges are addressed regarding individual and group variability in relationship to testing, assessment and diagnosis; effective clinical intervention; consultation; supervision of others; program evaluation; providing supervision and scholarly inquiry in supervision sessions.

The training director and supervisors believe that professional modeling is important for this area of competency and for promoting a culture of inclusion. Supervisors make it a priority to discuss cultural considerations and individual differences in various contexts on-site, including supervision. Supervisors may ask questions about personal reactions, such as transference and countertransference, as it relates to doctoral interns’ reactions in supervision of the graduate students or patient care. Supervisors may prompt supervisee self-reflection to increase recognition of assumptions and biases.

Didactics on treating special populations are commonly offered to our doctoral interns. At times, diversity training is woven into didactics, and other times, diversity is the primary topic of didactic experiences.
Each year doctoral interns are expected to engage in scholarly inquiry and apply information found in the literature in formally presenting a clinical case, specifically a case of a patient with at least one diversity factor differing from their own identity. Doctoral interns are given two hours to present their case conceptualization while using the empirical literature to support their understanding of the patient. The goal for case presentations such as this is to promote an understanding of the impact of individual differences on intervention and treatment planning, increase awareness of individual factors that affect therapy (including clinician and patient factors), seek research and theoretical constructs on topics of diversity to translate into clinical practice and be mindful of the benefits and limitations of typology.

The Mental Health Centers support the significance of recognizing individual differences in treatment outcomes, and therefore, the team offers programming that recognizes and supports individual differences among our patients. The doctoral interns are often placed in positions to provide these critical services. An example of this is the LGBTQ+ support group often led by doctoral interns; this is a highly valued service provided at both the Center City and Plymouth locations. Additionally, working with legal and health care professionals is a possible training option in Center City.

Additionally, the internship program is a member of MAAPIC, the Minnesota APA-Accredited Postdoctoral and Internship Centers. The group of training directors develops a day-long presentation each year on the topic of diversity. During the 2018-2019 training year, for example, two half-day presentations were provided titled “Coping with Everyday Racism: From Research to Practice” and “Culture through the Five Senses: The Impact of Our Stimulus Value on Our Work.” During 2019-2020, the training included two half-day presentations including “Equity, Diversity, and Inclusion Lenses for Clinical Practice: A Reflective and Experiential Workshop” and “Navigating Gender Dysphoria and Gender Diversity in a Generalist Setting: An Introduction.” During the 2020-2021 training year, the interns received a half day training on “Radical Healing in the Face of Racial Trauma” and “Working with Hmong American Clients.”

At times, experiential learning may be strengthened through organization-sponsored public service events, trainings and volunteer opportunities offered beyond the training program structure. These activities vary yearly. For example, in past years, the doctoral interns joined with the student-led Gender and Sexuality Alliance (GSA) of the Hazelden Betty Ford Graduate School of Addiction Studies in activities such as fundraising for the LGBTQ+ recovery community.

Doctoral interns have also represented the Hazelden Betty Ford Foundation at booths at the Pride Festival in Minneapolis and a local tribal conference. Interns have joined other Foundation staff in offering lectures and CEU presentations in the community on topics of addiction, mental health and minority populations.

Training rotation experiences are provided on both male and female patient units. The doctoral interns provide individual and group therapy, as well as crisis intervention services, as part of their training. The doctoral interns, with the support of group and individual supervision, are expected to conceptualize patients, develop treatment plans and provide interventions with the consideration of patients’ individual needs taking diversity factors into consideration. Doctoral interns gather patient information, complete diagnostic assessments and make recommendations for treatment with an understanding of individual differences. Although testing experiences are limited on internship, doctoral interns must consider individual difference in determining testing options and in interpreting results of testing. The doctoral interns have a role on their assigned units to provide consultation to the multidisciplinary team. It is often their role to steer the team to consider patients’ individual differences in developing treatment plans and continuing care recommendations for a patient. Doctoral interns also have the experience of working with a diverse staff on the multidisciplinary team, requiring respect for diversity in consultation.

Doctoral interns also take on roles as supervisors, co-facilitating group supervision in the Hazelden Betty Ford Graduate School of Addiction Studies. The doctoral interns supervise a diverse range of students and must take individual difference into consideration when providing supervision to the supervisees. The Graduate School provides education and training online and on-site, reaching a wide range of diverse.
individuals around the country and around the world.

Demographics of the Patient Population

In the patient population, all have the disease of addiction in common. Tragically, the disease of addiction currently affects approximately 20.3 million people in the United States over the age of 12 according to the U.S. Department of Health and Human Services' study in 2018. According to the same study, approximately 9.5 million people over the age of 12 suffer from co-occurring addiction and at least one mental health disorder. As of 2018, the rates of men with substance use disorders have almost doubled those of women, 10.8 million men had addictions as compared to 7.2 million women. An estimated 18% of American young adults between 18 and 25 meet criteria for a substance use disorder. This is the largest percentage of individuals affected of any age group. About 17% of elderly individuals suffer from addiction. Among various ethnic groups, American Indian and Alaska Native adults had the highest rate of substance use disorders at 11% as of 2018. Those who identified as lesbian, gay or bisexual (LGB) reported rates of substance use disorders at 16.5%. Almost twice as many people who are unemployed struggle with addiction than those who are full-time workers. Alcohol is presumably the most abused addictive substance in America. As of 2018, only 11.1 percent of the individuals who needed treatment in a specialized facility for a substance use or dependency concerns actually received it.

The statistics on Hazelden Betty Ford’s patient population are in some ways reflective of the general population of those affected by the disease and in some ways differ. Gender is one of the demographic variables that is consistent between the overall addicted population and the population treated at Hazelden Betty Ford programs. At the Center City site, using a snapshot of a one-month period in 2018, we found that approximately 32% identified as female and 68% identified as male. At the Plymouth location, approximately 26% identified as female and 74% identified as male. Based on the records reviewed, less than 1% of the population identified as another gender.

At the Center City location, the age range of patients admitting in the month reviewed in 2018 was 20 to 75, with 41 as the average age. At the Plymouth location, the age range of patients admitting that month was 15 to 24. The average age was 19.

With regard to race—using the limited categories available—at the Center City location, approximately 92.5% identified as white, 3% of patients were African American, 0.5% identified as Asian, 2% identified as biracial and 2% identified as other. At the Plymouth location, approximately 94% identified as white, 1% identified as African American, 1% identified as Asian, 1% identified their ethnicity as biracial, and 3% identified as other.

As far as employment status among Center City patients, 67% of our patients admitted during the month reviewed in 2018 were employed either on a full-time or part-time basis. About 27% were unemployed. Approximately 6% reported they were retired. At the Plymouth location, 19% were employed either part time or full time, 36% were unemployed and 45% identified as being students.

In addition to the data provided, other aspects of the patient population stood out for members of our mental health team when asked about their patients. First, the setting is unique given that the Hazelden Betty Ford Foundation is known around the world. Patients admit to the Minnesota sites from all around the world and from all 50 states. The Center City site is in a rural location sought out for the assuring privacy for high-profile individuals. The Plymouth site, on the other hand, is located conveniently in a Minneapolis suburb. Despite having locations in the suburban and rural locations, the sites tend to attract patients from urban, rural and suburban backgrounds and wide representation of socioeconomic status.

Additionally, there is a wide range of mental health symptoms and disorders present in the patient populations, including mood-related concerns, trauma, anxiety, substance-induced disorders, disordered eating concerns, and psychosis-related disorders.

Demographics of the Graduate School Supervisee Population

The training program has a connection with the Hazelden Betty Ford Graduate School of Addiction Studies. Interns often guest lecture in the Graduate School. More importantly, the doctoral interns co-
lead group supervision of Graduate School students, either on-site or through live video technology. Of the school's 274 students enrolled in 2019, there was representation from 35 states. Students were ages 21 to 70. Over the years, students have attended from 47 states and 43 countries. Previous estimates suggested about 7% of the student population identified as racially or ethnically diverse.

Common Misconception about Spirituality and Religion

A strength of the Hazelden Betty Ford Foundation is the Foundation’s openness to a wide range of spiritual practices and beliefs and the availability of spiritual care professionals on staff for consultation for our team members, including doctoral interns. It is encouraged that doctoral interns and staff use a strengths-based approach to psychotherapy with respect for and inclusion of one’s individual and cultural beliefs.

The Hazelden Betty Ford Foundation does not adhere to a religious affiliation. As a strong proponent of the Twelve Steps, the Hazelden Betty Ford Foundation takes a stance that spirituality is important to recovery. We support individual patient’s beliefs regarding spirituality. Patients who do not adhere to a belief system that identifies God as a Higher Power are encouraged to replace the word “God” with their personal understanding of their Higher Power. Some refer to their Higher Power as the god(s) of their understanding, love, science, conscience, a positive energy or their recovery group, for example. Typically, we have two primary suggestions: it is recommended that the Higher Power be greater than the individual and should be considered loving and caring.

Trainees and Staff in Recovery

Many employees at the Hazelden Betty Ford Foundation are active in recovery. Although the training program avoids actions that would restrict program access in general, there is one requirement to highlight here. The training program is set within an addiction treatment facility. The Hazelden Betty Ford Foundation requires a minimum of two years of freedom from substance use problems for individuals providing direct patient care. This requirement includes our doctoral interns. To be clear, we embrace and support our staff and trainees who are active in their own recovery, yet we require a minimum of two years of freedom from substance use issues in order to provide direct care.

Noteworthy Resources Available at the Hazelden Betty Ford Foundation

Clerical resources for the training program are provided. The doctoral interns have the option to use dictation services. The training program and training director have the administrative support of the national mental health assistant in Center City. Both Center City and Plymouth sites have the support of front desk staff to help with checking in patients, answering phone calls and potentially scheduling meeting rooms as needed.

Each of the doctoral intern offices are supplied with computers, space and furniture for providing confidential therapy interactions. Each office has a computer and two monitors with software and hardware necessary for completing documentation, accessing patient records, utilizing the Foundation’s internal website called fusion, videotaping individual sessions and playing them back, creating Word documents, emailing and messaging, accessing the internet, saving documents and retrieving shared information regarding clinical work such as testing protocols and group therapy materials. Doctoral interns each have a phone in their offices and have their own extension and voicemail. They have their own organization-specific email address and the ability to use WebEx.

Each year doctoral interns receive a copy of this training manual that outlines policies and procedures specific to the training program. Doctoral interns have access to a variety of materials for providing services such as digital handouts and curriculum for groups. Although testing is done on a limited basis, testing materials and written protocols are available.

The training program team benefits from a shared computer drive that allows for access to most of the training materials, including but not limited to blank training forms, supervision logs, hour logs, this training manual, evaluation results, meeting minutes, etc. The Internship Quality Leadership Team (IQLT) and
Internship Program Implementation Team (IPIT) have folders on this drive also. Access is limited by role.

Rooms are scheduled on the treatment units for the doctoral interns to provide group therapy. The doctoral interns’ training rooms for group supervision and didactics include conference rooms, meeting rooms, and the Hazelden Betty Ford Graduate School of Addiction Studies classrooms. Rooms are available in both Plymouth and Center City. The rooms are reserved for training activities, typically by the national mental health assistant. Videoconferencing technology is set up in multiple meeting rooms in order to attend meetings that include individuals located at multiple Hazelden Betty Ford Foundation locations. WebEx technology is also available for virtual meetings.

Both sites have a cafeteria and workout facilities on-site that the doctoral interns may choose to utilize outside of training hours or over lunch. For example, the doctoral interns have access to the organization’s fitness facility on the Center City campus, which includes an indoor Olympic-size swimming pool, basketball and racquetball courts, and state-of-the-art exercise equipment to promote health and self-care. The training sites are set in a culture supporting healthy boundaries and self-care.

In addition to the resources and experiences available within the Mental Health Centers and the training program, the Foundation has a wide range of activities and services that may be of interest to the doctoral interns.

A highly valued resource for the program is the Hazelden Betty Ford Foundation library, which has 19,000+ titles on its shelves. As a special library, the focus is on the topic of substance use, addiction and related issues such as treatment, spirituality, family and relationship issues, mental health, recovery, health and wellness, lifestyle issues, personal growth, self-help, diversity, and counseling, as well as pertinent biographies. The library offers books, government documents, pamphlets, journals, newsletters, audiovisual items, and more. The library has DVDs of recorded continuing education workshops presented over the years at the Hazelden Betty Ford Foundation. All these resources are accompanied by online resources. The librarian has been a great resource for finding journal articles and references that were not physically available in the library. The library is housed in Center City, and the librarian is available by phone or email.

Bookstores with addiction, mental health, and Twelve Step materials are open to patients, doctoral trainees, and staff at both the Center City and Plymouth locations. The doctoral interns have been approved to receive the employee discount if they choose to buy books at one of the bookstores.

Another resource of note is the Hazelden Betty Ford Graduate School of Addiction Studies. The doctoral interns have the opportunity to co-lead supervision groups of graduate students and process after each session with their co-leaders/Graduate School faculty. The Graduate School is an excellent resource for consultation along with the opportunity to attend some of the school’s multicultural and educational events. Doctoral interns also often take advantage of opportunities to provide lectures and presentations in the Graduate School.

**Internship Methods and Standards**

The training plan is a well thought-out, structured plan with flexibility for the individual developmental needs of each doctoral intern. The plan addresses competencies through didactics, supervision and clinical experiences. Reciprocated feedback is provided throughout the internship year at formal, planned times to assure communication of needs and expectations, including opportunities to make adjustments to the training plan to assure success.

One way of understanding our internship training is to describe it as having three phases. The internship starts with an orientation phase. At this phase, observation and education are primary. In the second phase, the doctoral interns are co-leading and/or leading services such as individual therapy, group therapy, and treatment planning with adequate feedback and observations. The third phase is continuing to provide services with more independence and increased encouragement to rely on self-reflection, consultation, and adding depth to the therapeutic relationship, utilizing and understanding transference and countertransference.
The beginning of the training year starts with a minimum of a two-week, structured orientation experience with a variety of trainings focusing on the model of treatment, workflows, policies and procedures, documentation standards within the electronic health care record system, and internship training structure and programming. During orientation, the doctoral interns begin observing clinicians who are providing services then typically progress, when appropriate, to co-leading programming. Later they are observed as they complete services more independently. After consistent observations suggesting the ability to provide services without direct observation, doctoral interns are able to move on to scheduling patient services on their own. An orientation satisfaction survey is completed by the doctoral interns at the end of the orientation period.

Every doctoral intern completes an individualized training plan at the onset of each clinical rotation, listing their year-long and rotation-specific goals. The self-assessment during orientation is used as a measure to help the doctoral interns identify strengths and areas of growth. The training plan is a blueprint that pinpoints training expectations and outlines internship activities to advance the incremental development of clinical competence. The plan reflects strategies to accommodate learning needs, interests and preferences. An initial individualized training plan is completed in cooperation with the training director or supervisors, and is updated at each rotation with the clinical supervisor.

Clinical supervision is a partnership between supervisors and doctoral interns designed to support the development of clinical knowledge and skill. Supervision provides an opportunity for each doctoral intern to engage in the incremental development of competence. Each week, doctoral interns are provided two hours of individual supervision and one hour of group supervision. The fourth hour varies by site. At Plymouth, supervision occurs in the weekly consultation group. At Center City, supervision is theme based and changes with time, dependent on the trainees’ needs and/or interests. Note that modeling by professionals and consultation with multidisciplinary and mental health professionals are also important elements to the plan. Supervisor evaluations completed by the doctoral interns after each rotation further provide input to best meet the needs of the doctoral interns.

Several well-planned didactic experiences including readings, case presentations and educational events are provided. Weekly two-hour didactics are provided on topics including supervision, individual difference, evidence-based practices, case presentations, assessment and diagnoses, etc. The internship program is a member of the Minnesota Association of APA-Accredited Psychology Internship Centers (MAAPIC). The doctoral interns and training directors meet twice a year for day-long training sessions presented at the trainees’ level to focus on the competencies of diversity, supervision and ethics, spending one day focused on supervision and ethics, and the other on diversity. The weekly scheduled didactics and the MAAPIC workshops all have follow-up satisfaction surveys that help to assess the programming and adjust trainings to best meet student needs year after year.

Clinical competence is enhanced through a variety of supervised experiences that promote the development of new or enhanced knowledge and skills. The doctoral interns each complete three rotations during their internship training year by rotating through patient units. In Plymouth, there are three units, and doctoral interns typically rotate through each of the three units during their training year. In Center City, there are a variety of rotation options, and doctoral interns are assigned to three rotations during the year. As a result, doctoral interns have a variety of clinical experiences that include different clinical supervisors, clinical teams and patient populations.

The individualized training plans noted above are periodically reviewed to monitor for progress. At the second and third rotation initiation, the individual training plans are reviewed and updated by the doctoral interns themselves with the support of supervisors.

The mid-term self-assessment, which indicates the doctoral intern’s evaluation of progress thus far over the training year, corresponds with the mid-year competency evaluation. The doctoral interns are evaluated by their supervisors, and feedback is encouraged throughout the training year. The mid-year competency evaluation is a formal assessment based on standard measures that aid in the evaluation
of progress toward the goals of the training program. The goals of the training program align with the competencies necessary to become an effective psychologist. The results of the evaluation help inform decisions regarding additional training needs and opportunities including the potential need for a formal remediation plan. An end-of-year self-assessment and the end-of-year competency evaluation are completed to make a comparison of progress from program initiation to conclusion, to provide final feedback, to promote ongoing self-reflection and evaluation, and to confirm competency expectations are met.

See the appendix of this training manual to view the evaluation timeline, individualized training plan, surveys, self-assessment and supervisor assessment, and competency evaluation.

Profession-Wide Competencies of Health Service Psychology

The profession-wide health service psychology competencies are integrated into the program’s training content and evaluations. The competency expectations of health service psychology guide the learning experience of trainees from admission through internship completion. The competencies include research; ethical and legal standards; individual and cultural diversity; professional values, attitudes and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation and interprofessional/interdisciplinary skills.

The Competency Evaluation is found in the appendix of this training manual. The doctoral interns are formally evaluated at the middle and end of the internship year using the Competency Evaluation. A written evaluation is completed, the evaluation is reviewed verbally and a written copy is provided to the doctoral intern and their school Director of Clinical Training. Minimum performance is assessed mid-year and at program completion. Doctoral interns are required to achieve a minimum score of three on each of the competency objectives at mid-year. By program completion, doctoral interns are required to have achieved a score of four or higher on each of the competency objectives.

The nine competencies, goals of each competency, and examples of training and experiential activities, which support the doctoral interns in developing these competencies and provide an opportunity for measuring competency, are detailed below. The examples capture a great number of opportunities offered but are not comprehensive.

Competency: Research

Goal: Demonstrate the ability to critically evaluate and disseminate research including completion of scholarly activities (conferences, presentations, publications) at the local, regional or national level.

Examples of training/experiential activities to support competency development and evaluation:

• Case Conferences: Each doctoral intern completes at least two formal case presentations during the training year. One is presented before the mid-year competency evaluation and one before the final competency evaluation. The doctoral interns each present on a case that highlights individual differences and weaves in at least two scholarly articles on the topic of diversity and individual difference. Additionally, the doctoral interns present on a case using a specific therapy orientation or approach. Doctoral interns are required to seek articles to support their presentation. All doctoral interns are expected to display the ability to use the empirical literature to guide treatment interventions in group and individual therapy, to conceptualize patients effectively and to provide skilled consultation.

• Scholarly Inquiry Projects: At a minimum of once yearly, often more, the doctoral interns are assigned scholarly inquiry projects to display their ability to critically evaluate current programming and make suggestions for updates based on the research. For example, during the 2015-2016 training year, the doctoral interns searched the literature and developed recommendations to improve group therapy programming based on evidenced-based practices supported for our population. In 2016-2017, the doctoral interns evaluated the current personality and cognitive testing protocols for health care professionals, seeking out research to lead their decision making, and developed new protocols. In 2018-2019, the interns developed a new diagnostic intake interview template for our team’s use. In 2019-2020, the interns made
recommendations to the suicide risk assessment team on best practices in training others to assess suicide risk. In 2020-2021, the interns developed a handout to summarize the literature on responding appropriate to microaggressions as the witness, victim, and perpetrator. Along with these larger projects, smaller projects related to scholarly inquiry are also completed during the year. Each of these activities involve verbal and/or written presentation of their findings and recommendations for practice.

• **Didactic Presenter Modeling and Sharing:** Many of the yearly didactic topics are provided by presenters with knowledge and expertise in a specific area, and part of their presentation may involve presentation of their own research or others’ research on the topic. Examples from recent years are provided below. For example, before the didactic series in recent years on Didactic Behavioral Therapy, psychoanalytic theory of addiction and multicultural supervision, doctoral interns receive articles with the expectation that they would be read before the didactic and discussed during the training.

• **Resource Utilization:** Training activities require doctoral interns to seek out resources. The Hazelden Betty Ford Foundation special library, librarian and resources have a focus on the topic of substance use and misuse, and related issues. At times there is the potential that doctoral interns would also be seeking additional information from our Butler Center for Research by making a data request. The Butler Center for Research conducts research studies involving patient populations at the Hazelden Betty Ford Foundation. Their studies are designed to further elucidate the mechanisms underlying effective treatment for substance use disorders. Additionally, doctoral interns have access to the Butler Center’s *Research Update* summaries. To be clear, research is not a primary task of the training year. However, applying knowledge from scholarly inquiry to effective clinical practice is an important competency.

• **Supervision:** Research and literature review discussions occur during both group and individual supervision as prompted by supervisors or supervisors. This demonstrates effort to gain and share knowledge and use of empirical literature to guide conceptualization and treatment planning.

**Competency: Ethical and Legal Standards**

**Goal:** Demonstrate knowledge of and act in accordance with the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct and all relevant laws, rules, regulations and policies governing health service psychology at the organizational, local, state, regional and federal level. This includes adhering to 42-CFR and mandated reporting guidelines. This competency includes recognizing potential ethical dilemmas, utilizing a sound ethical decision-making model, consulting when appropriate and behaving ethically.

Examples of training/experiential activities to support competency development and evaluation:

• **Orientation and Training:** Doctoral interns complete the standards and compliance orientation training that covers mandated reporting training, formal Advanced Privacy Training and other training activities, as part of the orientation for internship on topics of boundaries, reportable situations, use of consultation and supervision, and standards of care. Interns also complete Hazelden Betty Ford Foundation’s FYI training, which reviews state and national laws and regulations.

• **Policy Review:** Doctoral interns read all required Hazelden Betty Ford Foundation policies through a computer application that tracks the doctoral intern’s progress to assure attestation to each policy during orientation.

• **Didactics:** Doctoral interns attend the yearly one-day training presented by the Minnesota Association of APA-Accredited Psychology Internship Centers (MAAPIC) on the topics of supervision and ethics.

• **Supervision and Consultation:** Doctoral interns bring ethical dilemmas to supervisors in a timely manner. They discuss the dilemma and walk through the decision-making process within the context of Hazelden Betty Ford Foundation policies; professional standards and guidelines; APA Principles and Codes; local, regional, state, and federal laws; regulations; rules; policies and statutes. They then list and follow action steps...
as approved by the supervisor and reflect on the process once steps are completed. Consultation with others is often part of the process. Consultation may be assessed based on team members reporting to supervisors that the doctoral intern is seeking consultation, supervisor direct observation of consultation with the multidisciplinary team or potentially through the doctoral intern’s use of group supervision to consult.

• **Clinical Practice:** Ethical and legal standards are necessary in all areas of training tasks such as assessment, individual and group therapy, crisis intervention, clinical supervision and consultation.

**Competency: Individual and Cultural Diversity**

**Goal:** Exhibit current theoretical and empirical knowledge of individual differences and the ability to apply the knowledge to clinical practice in all professional activities. Demonstrate awareness and understanding of how the trainee’s own personal/cultural history, attitudes and biases may affect how the trainee understands and interacts with people different from the trainee. Demonstrate the ability to independently integrate awareness and knowledge of individual and cultural differences, not only in regard to patients, but also in regard to other professionals, in order to apply an effective framework and use a professional approach to work with a range of diverse individuals and groups effectively.

Examples of training/experiential activities to support competency development and evaluation:

• **Didactics:** Didactic topics on individual difference and multiculturalism are provided during the training year; this includes didactic opportunities focused specifically on the topic and also woven into other didactic topics.

• **Clinical Experience:** Training rotation experiences are provided on male and female patient units. Doctoral interns gather patient information, complete diagnostic assessments and make recommendations for treatment with an understanding of individual differences. Although testing is not a regular occurrence on internship, doctoral interns must consider individual difference in determining testing options and in interpreting results of testing. The doctoral interns provide both individual and group therapy as well as crisis intervention as part of their training. The doctoral interns, with the support of group and individual supervision, are expected to conceptualize patients, develop treatment plans and provide interventions with the consideration of patients’ individual differences. Doctoral interns are expected to consider all of their patients from a multicultural perspective.

• **Consultation:** The doctoral interns have a role on their assigned units to provide consultation to the multidisciplinary team. It is often their role to steer the team to consider patients’ individual differences in treatment planning. Doctoral interns also have the experience of working with a diverse staff on the multidisciplinary team requiring respect for diversity of team members in consultation too.

• **Case Presentations:** The doctoral interns each complete a diversity case presentation. Each doctoral intern is scheduled to present on a case that highlights individual differences. Each doctoral intern is required to select a recent case and two journal articles that relate to the patient’s diversity factors to use in their case presentation. The presenting doctoral intern provides the articles to their peers before the presentation in order for all to be prepared to discuss the articles and engage in consultation as their peers present cases. Doctoral interns display their ability to utilize current literature to improve conceptualization of cases and guide treatment interventions. Additionally, doctoral interns show their ability to connect with individuals with diverse identities, note how their own individual differences and the patient’s identity may affect treatment, make appropriate treatment recommendations based on patient’s individual presentation and needs, and utilize current research and literature to inform their decision making regarding interventions.

• **Scholarly Inquiry:** Scholarly inquiry projects vary yearly but the expectation is that the doctoral interns take our patient population into consideration when reviewing the literature and making recommendations.

• **Supervision of Students:** Doctoral interns co-
lead group supervision in the Graduate School of Addiction Studies, providing supervision to a diverse range of students. They must take individual difference into consideration when providing supervision.

- **Diversity Sub-Team**: Doctoral interns are given the opportunity to select to be part of the diversity sub-team. See the Diversity Sub-Team Charter in the appendix of this training manual. This provides an opportunity to develop skills in advocacy, leadership, communication, program development, diversity competency and managing change.

- **Exercises for Awareness**: Each year the training director presents their own individual and cultural factors along with blind spots, soft spots and known bias. They model this and then asks the supervisees to do the same, presenting to the training director and peers the factors the doctoral intern selects to share. This becomes a foundation of discussions to come. The doctoral interns are also encouraged to do this reciprocal sharing with their other clinical supervisors. Beyond this, several activities build on this experience throughout the year including an activity where the interns sit in each other’s offices attempting to see the room from a cultural and individual lens, then giving feedback to their peers on how their office space may be perceived by diverse patients.

**Competency: Professional Values, Attitudes and Behaviors**

**Goal**: Demonstrate behavior that reflects the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others.

Examples of training/experiential activities to support competency development and evaluation:

- **All Areas of Internship**: Didactic training (including case presentations and other activities), supervision (receiving and providing) and clinical activities with peers, multidisciplinary team members and supervisors include modeling of professionalism, encouragement for self-reflection and feedback. Clinical activities include assessment (testing and diagnostic assessment), individual therapy, group therapy, clinical supervision of others, consultation to the team and crisis intervention. Documentation and emails also communicate professional values and behaviors.

**Competency: Communications and Interpersonal Skills**

**Goal**: Develop and maintain effective relationships with a wide range of individuals including peers, the mental health team, supervisors, students, the multidisciplinary team, departments, communities, organizations and patients. This includes effective communication and interpersonal skills along with successfully managing difficult situations and conflicts.

Examples of training/experiential activities to support competency development and evaluation:

- **Consultation**: In this training program, developing consultation skills is an important part of the experience. Doctoral interns improve their ability to consult with peers through group supervision and case presentations during didactics. Doctoral interns also develop consultation skills during their time in huddles and staff meetings with the multidisciplinary team. Doctoral interns also gain experience in sending professional emails, providing clear written documentation and engaging in verbal communication that is effective in building professional relationships and leading to positive outcomes for patients. Certainly, at times, communication across disciplines can be particularly challenging and requires further consultation or supervision, which adds additionally to the doctoral interns’ training experience.

- **Clinical Experience**: Group and individual therapy modalities along with crisis intervention, testing and diagnostic assessment are important components of training and allow for practice in developing rapport with patients in differing contexts. Videotape review or in-person observation by supervisors allows for the ability to provide feedback and coaching and often encourages self-reflection. These are excellent times to develop interpersonal skills further.

- **Supervision of Students**: Supervision of students in the Graduate School with a graduate faculty co-leader provides an experiential opportunity for developing relationships with supervisees.
Competency: Assessment

Goal: Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics, collect relevant data using multiple sources and use methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification and recommendations. At the same time, must guide against decision-making biases and distinguish the aspects of assessment that are subjective from those that are objective. Communicate the findings and the implications of the assessment in an accurate and effective manner being sensitive to a range of audiences using both written and oral formats.

Examples of training/experiential activities to support competency development and evaluation:

- **Observation and Training**: During orientation, doctoral interns observe others complete diagnostic assessments, next they complete diagnostic assessments under observation and are given coaching tips, and then are able to provide diagnostic assessments without direct observation when deemed ready. Throughout the year, supervisors continue to observe assessments on occasion and give feedback. Doctoral interns are provided orientation training on the steps to complete diagnostic assessments, the necessary information required and the expectations for the report. They are also given a template to guide the topics to focus on and potential questions.

- **Clinical Experience**: Doctoral interns complete multiple diagnostic assessments each week with patients admitting to Hazelden Betty Ford’s Mental Health Centers. Diagnostic assessments include a thorough interview and write-up. Doctoral interns are observed by supervisors at times providing this task and receive feedback. Additionally, doctoral interns receive feedback on their documentation from their supervisors and, potentially, from coders who are auditing charts.

- **Consultation**: Often doctoral interns respond to completion of assessments with follow-up to the multidisciplinary team in email, documentation or verbally in person regarding their recommendations after completion of an assessment.

- **Didactics**: Doctoral interns attend didactics on the topic of assessment.

- **Risk Assessment**: Doctoral interns are thoroughly trained in assessing homicidal, suicidal, self-harm, and violence risk through formal training and education, protocol review, video training, observations with feedback, and coaching on documentation.

- **Testing**: Doctoral interns administer and interpret tests, document the data, and make recommendations. Doctoral interns are observed as they do this task and receive feedback. Additionally, they receive feedback on their test report documentation.

- **Cognitive Screening**: Interns have been using the MoCA for several years and, as of 2020, will be using the SLUMS to briefly assess cognitive concerns. Additionally, interns may have the opportunity to utilize additional testing materials such as the WAIS, WMS, DKEFs and more to further capture cognitive functioning in early recovery.

- **Personality Testing**: At times, doctoral interns may supplement their conceptualizations with MMPI-2-RF or MMCI testing.

- **Specialized Testing**: Opportunities to complete specialized testing protocols for gambling, sexual compulsivity and eating disorders also may arise during the year.

Competency: Intervention

Goal: Demonstrate the ability to establish and maintain effective therapeutic relationships with patients. Develop evidence-based interventions with intended goals. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables. Apply relevant research literature to clinical decision making. Modify and adapt evidence-based practices appropriate for the population served. Evaluate intervention effectiveness and show the ability to be flexible in order to meet patients where they are at and meet their needs.

Examples of training/experiential activities to support competency development and evaluation:

- **Observation and Training**: One format of learning
is observing team members within the Mental Health Centers and the multidisciplinary team as they model skills such as rapport building, conflict resolution, interventions and use of compassion and validation. It is believed that modeling of these behaviors is an important part of training throughout the year.

**Group Therapy Experience:** During orientation, doctoral interns observe therapy groups. Then they are able to co-lead groups or be observed leading groups. When ready, they lead groups on their own. Throughout the year, they are intermittently observed by supervisors and given feedback. Doctoral interns provide group therapy with a variety of themes, goals and topics. Doctoral interns are given some guidance on expected practices for a given group, but many groups allow for doctoral interns to determine which interventions or topics they will choose within the guidelines.

**Supervision:** Doctoral interns attend group and individual supervision each week. They consult on cases and are often encouraged to discuss their conceptualizations of patients indicating awareness and consideration for individual differences, diagnoses and psychosocial history; a sense of the relationship dynamics occurring in therapy; understanding of countertransference issues and barriers to effectiveness; recognition of risk and protective factors; ability to prioritize needs and goals; planning for individual and/or group intervention based on relevant research and clinical decision making; determining ways to meet the patient where they are at and recognition of potential areas to consider consultation to the multidisciplinary team to assure wraparound care.

**Individual Therapy Experience:** Doctoral interns provide individual therapy, treating a variation in presentations and disorders. The doctoral interns review videotaped individual sessions with their supervisors to allow supervisors to provide feedback. This is often a helpful time to coach doctoral interns on rapport building and awareness of their nonverbal and verbal communication and how it affects the patient and therapy effectiveness along with focusing on development of a therapy orientation and related effectiveness in utilizing interventions. Also, doctoral interns provide crisis intervention and risk management.

**Didactics:** Doctoral interns attend didactics provided by presenters who often provide training on individual and group therapy interventions and interventions for specific populations. For example, a series of didactics is presented on the topic of DBT therapy, which provides training on interventions to use during internship in both individual and group modalities along with crisis interventions and risk management.

**Case Presentations:** Doctoral interns also complete case presentations with peers and supervisors present, which allows for reporting on interventions used, reflection on effectiveness, and feedback.

**Scholarly Inquiry:** Doctoral interns independently seek out literature on the patient population served and discuss the information and how to apply it in supervision. It is acknowledged that many of the interventions provided on-site must follow a brief model and often the research does not provide approaches that are specific to our population or length of treatment. Part of the training experience (through didactics, supervision and providing interventions) promotes the doctoral interns’ effective development of skills to adapt evidence-based practices to the current patient population being treated.

**Competency: Supervision**

**Goal:** Doctoral interns provide supervision to students in the Graduate School. For evaluation purposes, internship program supervisors are expected to request direct feedback from the faculty who co-facilitate group supervision or complete their own observations of the trainee providing supervision.

Examples of training/experiential activities to support competency development and evaluation:

**Supervision of Students:** Doctoral interns are paired with Graduate School faculty who co-lead group supervision of graduate students in the Graduate School of Addiction Studies. Typically, doctoral interns provide supervision each term of the Graduate School year. Doctoral interns are encouraged to check in with the group co-leader after the session to process, reflect and receive feedback. Supervision may occur in person or over live video conferencing.

**Didactics:** Doctoral interns attend didactics on
the topic of supervision, for example, the didactic provided the last couple years on multicultural supervision, which included required readings. Every year the doctoral interns attend an all-day seminar presented by MAAPIC on the topic of ethics and supervision. In 2018, an additional didactic was added on the supervision models. Doctoral interns were asked to reflect on past supervision that went well or did not, and identify factors for success. They were encouraged to identify a model to practice for the year. Since that time, additional didactics on supervision have been added on topics such as remediation, giving feedback, supervision contracts, supervision roles and more.

- **Supervision:** Supervisors, while providing supervision to the doctoral interns, model supervision skills in varying styles that all support a developmental approach. Doctoral interns may use supervision to process their experiences in providing group supervision and ask for feedback.

**Competency: Consultation and Interprofessional/Interdisciplinary Skills**

**Goal:** Demonstrate knowledge and respect for the roles and perspectives of other professions. Apply this knowledge in consultation with other members of the mental health team and members of the multidisciplinary team.

Examples of training/experiential activities to support competency development and evaluation:

- **Initial Assessment of needs:** The doctoral interns complete diagnostic assessments early in a patient’s sobriety. Patients are often intoxicated, in withdrawal or show signs they are affected by the medications prescribed for withdrawal management. Doctoral interns consult with nursing and other medical staff regarding medical and mental health needs; whether symptoms are signs of medical or mental health conditions or current medications; and the safety risk of transferring to the medical unit.

- **Multidisciplinary Team Consultation:** Doctoral interns are paired with mental health team members on their unit rotation. In this partnership, a doctoral intern represents the mental health team in multidisciplinary team meetings to provide consultation. Topics of consultation are in regard to patient mental health needs on the unit. Doctoral interns provide insight and coaching to the team on a variety of topics. Examples may include providing treatment planning direction, identifying patient mental health symptoms and diagnoses, sharing case conceptualizations, identifying of barriers to treatment such as relapse risk factors that relate to their mental health or relationships, suggesting ways to intervene behaviorally to improve treatment outcomes or reduce risk, prompting for consideration of individual differences and diversity and offering ideas for building trust and engagement. The doctoral interns interact with the multidisciplinary team several times a day for consultation purposes. Of note, doctoral interns both provide and receive consultation from the multidisciplinary team including but not limited to addiction counselors, addiction techs, spiritual care staff, wellness staff, nurses and other medical staff, financial advocates, continuing care case managers and housekeeping. The doctoral interns typically meet with the team every morning to check in and make plans for the day ahead. The doctoral interns often attend unit staffings, or treatment planning meetings, where each patient is staffed. Each discipline provides their conceptualization of the patient and, as a team, a plan for treatment is developed. The format of multidisciplinary team consultation and meetings may differ based on location and rotation.

- **Crisis Intervention:** Doctoral interns often consult in crisis and risk situations with licensed mental health providers including their supervisors but also with psychiatry, addiction counselors and nursing staff.

- **Email:** Doctoral interns attend to their emails throughout the day as often communication is provided through email in order to get information to the team quickly. Doctoral interns often consult with other mental health team members to ensure they have a complete understanding and can respond professionally via emails to the rest of the team.

- **Consultation with Psychiatry:** Doctoral interns provide and receive consultation from psychiatry providers including psychiatrists and psychiatric

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nurse practitioners on a daily basis through email communication and informal meetings.

- **Third-Party Contacts:** Doctoral interns, at times, consult with third parties, supported by releases of information, in order to collaborate with individuals such as a patient’s prescriber or therapist in the patient’s hometown.

- **Continuing Care:** Doctoral interns also receive and provide consultation regarding plans for continuing care for patients. They must consult with the treatment team regarding overall level of care for addiction, medical and mental health treatment assuring that the differing disciplines recommendations do not conflict and provide the best case scenario for reducing risk of relapse and promoting recovery and stability. Doctoral interns also must consult with continuing care case managers to find the best services in the area patients plan to go after discharge.

**Rotations**

The orientation period spans from approximately the middle or end of August into September. Upon completion of orientation through December, doctoral interns complete their first rotation. From approximately January to April, doctoral interns complete their second rotation. From May through the end of internship in August, doctoral interns complete their third rotation.

Available rotations vary by site, current patient needs and changes in programming to meet the needs of our patients. Rotations in Center City include experience on men’s primary residential units, women’s primary residential units, a men’s and women’s residential health care professional specialized units and a men’s or women’s day treatment unit. Additional rotations may also be available in day treatment or outpatient services depending on programming and services at the time of internship. In September 2019, a rotation on the medical unit was added in Center City. Rotations at Plymouth include male and female treatment units for adolescents to young adults attending day treatment and residential treatment.

Primary tasks on the units are following a caseload of patients including diagnostic assessment; providing individual therapy, treatment planning, and continuing care recommendations; providing group therapy; providing consultation to the multidisciplinary team; completing case reviews and presentations; and completing initial mental health diagnostic assessments. There may also be opportunities for psychological testing. Tasks in Plymouth are similar to Center City but may also involve more family interaction. As noted above, available rotations vary based on several factors. It is predicted that the following rotations will be offered in 2021-2022.

**Plymouth (Adolescent Track)**

1. Grace Unit: Providing services at the day treatment and residential level of care on a unit for female adolescents and young adults
2. Legacy Unit: Providing services at the day treatment and residential level of care on a unit for male adolescents and young adults
3. Pioneer Unit: Providing services at the day treatment and residential level of care on a unit for male adolescents and young adults

**Center City (Adult Track)**

1. Simmons and Simpson Paired Units: Providing services to adults at the residential care level on two women’s primary units
2. Tiebout and Silkworth Paired Units: Providing services to adults at the residential care level on two men’s primary units
3. Shoemaker and Promises Paired Units: Providing services to adults at the residential care level on two men’s primary units
4. Cronin and Dia Linn Paired Units: Providing services to adults, health care professionals at the residential care level on female and male units
5. Jellinek Unit: Providing services to adults at the day treatment-plus level of care (housing on campus) on a men’s unit
6. Lilly Unit: Providing services to adults at the day treatment-plus level of care (housing on campus) on a women’s unit
7. Ignatia Medical Unit: Providing diagnostic assessments, risk assessments and responding to crisis while working closely with medical staff to treat patients arriving for residential services or returning to the medical unit for mental health or medical reasons (this unit is sometimes paired with an additional patient unit)
Access to Patients

The doctoral interns are assigned a patient caseload and groups to lead. It is acknowledged that doctoral interns do generate revenue, but there is not a minimal requirement tied to revenue generation in order to continue or complete internship. Yet being a productive team member is part of professional competency and development. The training program believes that productivity measures and feedback provide the doctoral intern with a real-world work environment experience. Additionally, the training program uses the productivity data, often measured in relative value units (RVUs), to capture the amount of quality, clinical, patient-focused opportunities the doctoral intern is receiving to assure that the doctoral intern has enough patient time to develop and practice skill sets for competency.

It is expected that the percentage of contact time with patients will increase through the training year. Early in the training year, time is spent in orientation training activities such as observation of services and additional supervision in preparation for patient contact. This time allows for building skills before engaging in billable treatment activities.

Of note, the Mental Health Centers gather data on billed activities for each employee and trainee on a monthly basis in order to track the budget and to project future budget plans for each site. The target rate for doctoral interns is 65% of the productivity expectations of employed staff members. This data is tracked monthly and yearly, and feedback is given to the doctoral interns. The Mental Health Centers use a RVU scale for this data.

Regarding expectations for hours, the training program’s priority is assuring a minimum of 25% of each doctoral intern’s time is devoted to providing direct services upon completion of orientation. This number is typically captured in the intern’s weekly hour logs. The minimum of 25% equates to a minimum of 10 hours weekly when on-site training for 40 hours per week. Exceptions may be made in situations when necessary, such as in periods of formal remediation.

Program Policies and Procedures

This training manual and internship-specific training policies are a supplement to the Hazelden Betty Ford Foundation Policies and Procedures located on fusion, the Foundation’s internal website. The Hazelden Betty Ford Foundation’s policies pertain to the doctoral interns and staff of the internship program. The following program policies and procedures provide clearly defined expectations and requirements for the effective implementation and achievement of the internship’s aims for the practice of health service psychology and are a supplement to Hazelden Betty Ford Foundation’s policies. It is important to reference the Audio and Videotaping for Training Purposes policy in Policy Manager, which is directly related to the internship program’s work.

Recruitment Process Policy

Policy Statement: The recruitment process policy has been developed to attract a wide range of applicants including applicants with training experiences and career and training goals that fit well with our training program along with attracting diverse applicants.

Purpose: A recruitment process is needed to standardize the process and additionally capture current and best practices in order to continue to evolve, recruiting applicants that are the best fit for the program and increasing diversity among applicants.

Procedures: The training program has a clearly defined procedure for recruitment of new doctoral interns. The training program strictly adheres to APPIC, the APPIC Match Program and the National Matching Services’ guidelines and standards. The training program utilizes the APPIC Online Directory to post the internship position in addition to providing supporting information on the Hazelden Betty Ford Foundation webpage to further describe our program. The webpage including the brochure and listing of staff with diverse backgrounds and interests is updated on a yearly basis, at a minimum.

Application and admission requirements are listed online and are accessible to applicants. Requirements include enrollment in a clinical or counseling psychology doctoral program accredited by the American Psychological Association; completion of the Association of Postdoctoral Psychology and Internship Centers (APPI) application; a total of a minimum of 1,500 practicum intervention, assessment, and support hours; at least 50 assessment hours during
practicum; at least 300 intervention hours during practicum; a current academic vita; a passing score on the Comprehensive Exam through the applicant’s doctoral program; official transcripts of all graduate coursework; and three letters of recommendation from resources with direct knowledge of clinical experience, strengths, and interests. This information is provided to applicants.

The training program has a long-term, systematic plan for recruitment of diverse doctoral interns. The program believes that the term diversity includes but is not limited to the following: age, language, ethnicity, culture, race, gender expression, gender identity, sexual orientation, religion, degree and training, therapeutic orientation, nation or state of origin, rural or metropolitan background, socioeconomic status, areas of expertise or experience and ability/disability. Recruitment efforts are recorded, reviewed and improved, minimally, on a yearly basis by the Diversity Sub-Team, which makes yearly recommendations to the training director and Internship Quality Leadership Team to improve recruitment of diverse applicants. The Sub-Team’s role in the systematic plan is detailed in the Diversity Sub-Team Charter in this training manual and the efforts are recorded in the yearly Diversity Sub-Team report.

Additionally, when the Report of the APA Minority Fellows Seeking Internship becomes available each year, the training director reviews the list of fellows and identifies fellows who may be a good fit for our program based on their training background and interests. Then the training director, with the help of administrative staff, sends out correspondence describing the program and encouraging minority fellows to apply.

Part of the recruitment process occurs during the interview process, as the training program follows the philosophy that the training program is assessing interviewees to find a good fit just as the program encourages applicants to be sure that the training program also meets their needs and expectations for training. Much of the interview involves describing the Hazelden Betty Ford Foundation, the training program, the culture of the department and the experience of doctoral interns. We allow time for interviewees to ask questions and tour the facility.

Additionally, as part of the recruitment process, the training program initiates feedback from individuals who interviewed with the program utilizing the Recruitment Survey to assess the program’s recruitment strategies and make changes for future years. The recruitment process and the Recruitment Survey results are reviewed at least once yearly by the Diversity Sub-Team and the Internship Quality Leadership Team.

Applicant Selection

Policy Statement: The selection process for the doctoral internship assesses the strengths of applicants and their capacity to succeed in the training program. The selection process involves clinical supervisors, current doctoral interns and other staff members in a three-stage process that determines whether application requirements have been met, confirms the applicant’s interest in working with co-occurring disorders and reports foundational skills in therapy and assessment. The three stages include:

- Initial screening
- Application review
- Interview

Purpose: Due to the high volume of applicants, a standard selection process is needed to assess the highest-quality applicants for the interview phase. The three-stage approach works to maximize objectivity, provide applicant ratings with limited variability between reviewers and efficiently utilize staff time to identify the most fitting candidates.

Procedures:

1. Each application is submitted to the training director through the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Program.
2. The first stage of the selection process includes each application being reviewed for program requirements and general screening. The training director, mental health manager and staff clinicians with the assistance of mental health administrative staff may be assigned the task to review applications and complete the Stage I Application Review Form.
3. Those applications that do not fulfill the requirements of the training program will not be considered for the next stage of the selection
Those applications that do fulfill the requirements of the training program will then enter Stage II of the selection process, in which each application is reviewed by two reviewers. Reviewers will include a variety of pairings that may include the training director, mental health managers and staff clinicians. Each reviewer will complete the Stage II Application Review Form.

Based on the recommendation of reviewers through the Stage II Application Review Form, the training director will calculate each applicant’s average rating.

Average ratings and professional judgment will be used to identify those candidates who will be selected for Stage III, the formal interview process, with a preference for in-person interviews. Applicants will be notified via electronic mail that they are invited for the interview. Available interview times will be included from which the applicant can select.

Applicants who are not identified as candidates for interviews after completing Stage I and/or Stage II of the review will be notified via electronic mail that they are no longer being considered for the doctoral internship position. These notifications will not include information about the applicant’s ranking, nor will Hazelden staff share ranking information with unsuccessful applicants at other times or in other communications.

Each applicant invited to campus to participate will complete an interview that is comprised of individual panel interviews, a question and answer session with current doctoral interns and a tour of the facility. Applicants interviewing for Center City only will interview at the Center City location. Applicants interviewing for Plymouth only will interview at the Plymouth location. Applicants interviewing for both sites will interview at the Center City location. Optional tours will be arranged for the Plymouth site if applicants interviewing for both sites are interested in touring that facility.

The interview panel may consist of the training director, mental health managers and staff clinicians from both sites.

At the completion of the interview, each interviewer will complete the Stage III Doctoral Internship Applicant Interview Form.

Based on the ratings of interviewers along with use of professional judgment, the training director will identify a ranking order of the candidates and submit such to APPIC.

Doctoral interns will be selected through the ranking system set forth through APPIC Match.

The training director will notify each applicant selected as a doctoral intern via electronic or US mail no later than seven days after the match result is received. This correspondence will confirm the amount of the stipend, identify any additional benefits and list the start and end dates of the internship.

In the event that one or more of the internship positions is not filled in Phase I of the match process, The Mental Health Centers will participate in Phase II following the match guidelines. If one or more positions remain unfilled, the training program may elect to utilize the APPIC Post-Match Vacancy Service to fill the position.

Applicants, Hazelden employees or other individuals who feel that there has been some defect in the matching process may seek informal resolution by raising their concerns to the training director within five business days. Concerns can be sent by letter to: Attention Mental Health Training Director, 15251 Pleasant Valley Road, C07, Center City, MN 55012. The applicant’s concerns will be reviewed by a Hazelden staff member not involved in the selection process who will make a recommendation to the training director. The training director will implement the recommendation. Note that APPIC offers an informal Problem Consultation program, which may be used as a resource. If the proposed resolution requires APPIC approval to implement, the training director will obtain such approval. All requests for informal resolution regarding the applicant selection process will be logged in the grievance log and stored in a locked filing cabinet in the office of the training director.

Financial Support and Related Benefits Policy

Policy Statement: Hazelden provides financial and other support for doctoral interns, including a stipend and access to the Hazelden Betty Ford Foundation’s Employee Assistance Program (EAP), fitness facilities,
IT resources and clerical support.

**Purpose:** Financial support is afforded to help offset routine expenditures associated with a full-time internship. Other support services are offered to enrich the doctoral intern’s experience and facilitate greater success in the training program.

**Procedures:**

1. As part of the annual budgeting cycle, the training director—in collaboration with the director of mental health services, Minnesota adult continuum; human resources and executive leaders—review current trends for doctoral intern financial support and determine stipend rates.
2. Doctoral interns are informed of the stipend prior to admission.
3. Stipends are paid on a biweekly basis on alternating Fridays throughout the year. Payments can be made either by direct deposit to an account at the financial institution elected or by PayCards, which work similar to a debit card.
4. Electronic pay records are available via the organization’s internal website.
5. The Employee Assistance Program (EAP) is available at no cost and provides short-term assessment, counseling and referral to help support doctoral intern (as well as employee) effectiveness. Information regarding access and scope of services can be found on the organization’s internal website.
6. Doctoral interns have access to the organization’s fitness facility on the Center City Campus, which includes an indoor Olympic-size swimming pool, basketball and racquetball courts, and state-of-the-art exercise equipment.
7. Routine administrative and technical support is afforded each doctoral intern, such as clerical support, supplies, required equipment, IT resources and documentation assistance.

**Clinical Supervision and Didactic Training Policy**

**Policy Statement:** Interns consistently receive four hours of supervision per week, at least two hours of which will be individual supervision provided by a licensed clinical psychologist. Supervisory activities may include but are not limited to any consultation related to development of competencies, clinical consultations, observation of services provided by the trainee, and processing notes or audiovisual recordings of clinical sessions conducted by the trainee. Supervisory activities will deal with the psychological services rendered directly by the trainee.

Interns consistently receive two hours of scheduled didactic training per week, which may include but is not limited to workshops, case reviews and presentations, clinical observations, role plays and simulations of clinical procedures, exploration of ethical concerns, evaluation of clinical effectiveness and discussion related to cultural diversity.

**Purpose:** Clinical supervision and didactic training are provided to facilitate the acquisition of clinical skills while ensuring standards of patient care. The supervision and training process is transparent, affording trainees clearly defined processes and expectations necessary for the incremental development of professional skills.

**Procedures:**

1. Prior to each training year/rotation, a plan for training is developed. Trainees are matched with supervising psychologists most closely aligned with their responsibilities, clinical interests, learning needs and career aspirations. Interns will be matched with at least two different designated supervising psychologists. Postdoctoral residents will be matched with at least one designated supervising psychologist. Each designated psychologist will review and sign a supervision contract with the assigned trainee. Contracts will be saved to the trainee’s file. A list of trainees and designated supervisors is available at each training location.
2. At the onset of each year/rotation, expectations for clinical supervision are discussed and reviewed. Interns are also provided expectations for attendance in didactic training. This communication affords trainees the opportunity to raise questions, seek clarification and resolve any questions regarding performance expectations, evaluation procedures, feedback and/or opportunities for new or advanced learning.
3. Each intern is afforded consistent clinical supervision and didactic instruction. Each postdoctoral resident is afforded consistent supervision. In cases where the supervising psychologist is not readily available, another supervisor is designated to ensure continuity. At least one supervising psychologist must review and be listed on treatment plans prepared by trainees.

4. Each supervisory session is based on respect, clarity and objectivity that aids in identifying clinical strengths and opportunities for additional growth, and in some cases remediation. A supervision log is maintained that stipulates issues, topics related to competency, corrective action and impressions of progress. In addition, supervisors must be available to consult with trainees regarding patient care outside of formal supervisory sessions or must ensure that another qualified psychologist is available for such consultations.

5. Each trainee is formally evaluated at mid-term and prior to program completion. Clinical supervisors may elicit feedback from other members of the multidisciplinary team to broaden the assessment perspective. In some instances, a faculty member from the intern's university or professional school will be invited to attend the mid-term and/or final evaluation.

6. The mid-term and final evaluation is an interactive process that addresses the entire training experience, including required competencies. The evaluation is based on the Competency Evaluation for Doctoral Interns and Postdoctoral Residents. Results of the assessment and a written summary of the evaluation are completed with the option for input from the trainee. The final report is shared with the training director or mental health manager and filed for future reference. A copy is also forwarded to the intern’s university or professional school.

**Internship Supervision Log Policy**

**Policy Statement:** Internship supervisors are expected to complete standard supervision entries documenting regular individual supervision sessions in a timely manner. If a doctoral intern was on campus for one to 20 hours in a week, a minimum of one individual supervision hour must be provided. More than 20 hours per week requires two hours of supervision. A minimum of two supervision entries should be completed each week preferably documenting two hours of individual supervision provided for each doctoral intern or, at a minimum, entries indicating absences or failure to complete hours. Entries should be saved in the doctoral intern’s supervision log folder.

**Purpose:** The purpose of this policy is to provide clear expectations for individual supervisors and to assure proper, thorough and timely documentation of internship supervision hours and experiences.

**Procedures:**

1. Supervisors are expected to complete supervision logs and save each log in the identified supervision log file.

2. For the ease of auditing, supervisors will save the internship supervision entries using a title that includes the supervisor’s last name and the date of the supervision session. For example, one may save an entry in the file in the folder titled with the doctoral intern’s name with the document title “Johnson 6.4.2020.docx.”

3. The training director will complete an audit of the supervision logs as needed.

4. If a supervisor has missing entries on the report, the internship supervisor is expected to respond to, enter and save the entries in the doctoral intern’s file within two work days. For example, if the supervisor does not work on Friday and the report is sent on a Friday, that supervisor’s 48 hours begins on Monday when they return to the office.

5. If the missing entry is not in the doctoral intern’s file within 48 hours, this will be addressed by the internship supervisor’s supervisor and director of mental health services. If the internship supervisor has received previous warnings and the pattern of missing entries continues, this may result in a performance improvement plan as deemed necessary by the internship supervisor’s supervisor and director of mental health services.

6. Each supervisor is held responsible for ensuring coverage of their doctoral intern’s supervision hours and confirming entries were completed while the supervisor was out on PTO or leave. If supervision was not provided, the supervisor is also responsible for completing an entry clearly stating
the reason hours of supervision were not provided along with indicating the plan to make up the hours if necessary.

Remote Participation in Didactic Training and Tele-Supervision Policy

Policy Statement: Doctoral interns are consistently informed of policies regarding expectations for performance and successful program continuation, as well as procedures for termination from the program.

Purpose: Transparency regarding program policies pertinent to doctoral intern performance are consistently communicated in order to ensure courtesy and respect between doctoral interns and staff while maintaining operations that facilitate doctoral intern learning. It is the program’s intent to provide the appropriate supervision, guidance and mentoring to facilitate a learning environment conducive to the development of professional practice.

Procedures:

1. Each doctoral intern receives the program training manual, which clearly defines expectations, resources and requirements during the first week of orientation.
2. Individual and group supervision each week provides opportunities for guidance and mentoring in which doctoral interns’ questions can be clarified and answered.
3. If issues arise regarding the doctoral intern’s performance, the Due-Process Policy should be followed.

Case Services Policy

Policy Statement: Doctoral interns actively participate in a real-world work experience in order to develop the necessary skills to succeed as professional psychologists. Each doctoral intern is expected to fulfill the responsibilities defined in the Mental Health Doctoral Intern Job Description and productivity standards defined in the following procedures.

Purpose: Doctoral interns need to acquire realistic productivity standards, which help inform time management skills, case management competencies, and prioritization of competing clinical needs and patient requirements.

Procedures:

1. During doctoral intern orientation, the roles and responsibilities of the doctoral intern are discussed, affording doctoral interns the opportunity to discuss questions, raise concerns or seek further clarification.
2. The Mental Health Doctoral Intern Job Description is used at the discretion of the supervising psychologist to help doctoral interns better understand the competing needs and case management requirements of effective clinical practice.
3. The description is further used to aid in the evaluation of each doctoral intern’s performance and may be incorporated into the weekly supervisory sessions, group discussions and/or mid-term and final evaluations.
Productivity standards are secondary to learning and are modified throughout the course of the program based on the doctoral intern’s capacity for growth, competency and implementation of new learning. In general, doctoral interns are expected to provide an average of 15 to 20 hours of direct patient contact per week, including documentation and billing.

Apart from billable hours, doctoral interns typically engage in clinical supervision, case reviews and team consultations, didactic training, evaluation and scholarly inquiry.

**Individualized Training Plan Policy**

**Policy Statement:** Each doctoral intern collaboratively develops an Individualized Training Plan that embodies the program goals, objectives and competencies while defining career aspirations, anticipated learning needs and special considerations necessary for a more successful training experience.

**Purpose:** The internship program has clearly defined training goals, objectives and competencies in addition to a Mental Health Doctoral Intern Job Description. Within that context, each doctoral intern has varying training needs and professional interests that help shape clinical placements and rotations as well as participation in didactic training and clinical supervision.

**Procedures:**

1. In collaboration with the training director, each doctoral intern completes an initial Individualized Training Plan based on the results of the Orientation Self-Assessment, anticipated learning needs and career interests, in addition to standard training requirements. The Individualized Training Plan form can be found in the appendix of this training manual.

2. At the completion of the first rotation, the doctoral intern, in cooperation with the clinical supervisor, updates and refreshes the training plan to help guide the completion of special requests and to address future training needs and professional opportunities, such as clinical research and teaching. A copy of the training plan is filed in the doctoral intern’s record for future reference.

3. At the completion of each remaining rotation, the Individualized Training Plan is updated to ensure currency and relevance to the doctoral intern’s professional development, alignment with program goals and the Mental Health Doctoral Intern Job Description. A copy of the job description can be found in the appendix of this training manual.

**Monitoring Competency Policy**

**Policy Statement:** Individual and group supervision is provided to facilitate skill development, promote greater depth of knowledge and proactively monitor progress toward program goals, objectives and competencies. In cooperation with clinical supervisors, doctoral interns maintain an hours log documenting all clinical activities and hours of service.

**Purpose:** Competency development is monitored in order to identify opportunities for new learning, remediate performance difficulties and advance skills. This monitoring ensures achievement of goals, objectives and competencies in addition to fulfillment of the performance outcomes from the individualized training plan and from the Mental Health Doctoral Intern Job Description.

**Procedures:**

1. Each doctoral intern maintains a weekly log documenting all clinical activities such as time devoted to assessment and diagnosis, individual therapy, crisis intervention, group therapy, consultation, service delivery evaluation, and scholarly inquiry.

2. The log is reviewed and signed each week by the training director in order to assure the doctoral interns each are making progress toward hours requirements, including adequacy of hours devoted to select activities such as supervision, didactics, clinical patient time, and additional areas of focus specific to the individual’s goals and needs. The hours log will be placed in the training file.

3. The clinical supervisor notes select topics or issues for continued supervision based on the doctoral intern’s progress, individualized training plan and documentation responsibilities.

4. At the end of each supervisory session, a copy of the clinical supervision log is recorded in the
doctoral intern’s file. Each intern may request a copy of the log for their personal records.

5. An example of a supervision log is found in the appendix of this training manual.

**Intern Performance Evaluation Policy**

**Policy Statement:** Doctoral intern performance evaluation is addressed through standard processes designed to ensure a valid and reliable assessment of doctoral interns’ progress toward program goals for the practice of health service psychology. Performance is formally evaluated at strategic intervals:

- Self-Assessment at program entry
- Supervisor Assessment at rotation 1 completion
- Mid-term evaluation based on the Competency Evaluation for Doctoral Interns and Postdoctoral Residents
- Self-Assessment at mid-year
- Supervisor Assessment at rotation 2 completion
- Supervisor Assessment at program completion
- Final evaluation based on the Competency Evaluation for Doctoral Interns and Postdoctoral Residents

**Purpose:** A standard and transparent process for doctoral intern performance evaluation ensures the objective assessment of skill development for every doctoral intern throughout the program. Assessment is a collaborative process that includes bi-directional communication positioning the doctoral intern as an active participant. Objective measures are used as well as observation, demonstrations and case reviews to better understand and assess the full continuum of skill development and progress toward achievement of program goals, objectives and competencies.

**Procedures:**

1. At program entry, doctoral interns complete the Hazelden - Self-Assessment that provides a comprehensive overview of current skills, knowledge and competencies. The self-assessment is reviewed in collaboration with the doctoral intern and training director. Information gained is used to inform the Individualized Training Plan, clinical placements and matching supervisory assignments with doctoral intern preferences and learning needs. The Self-Assessment is included in the doctoral intern’s file for future reference and can be found in the appendix of this manual. The same assessment is completed at mid-year point and at the completion of the internship experience.

2. At completion of the first rotation, the Supervisor Assessment is completed. The evaluation data describes the supervisory experience from the doctoral intern’s perspective and is used to explore how the doctoral intern best uses supervision, what might be most helpful moving forward and what considerations are needed for the next rotation in terms of supervisory matching with doctoral intern needs and preferences. Results from the Supervisor Assessment are filed in the doctoral intern’s record. A copy of the Supervisor Assessment is in the appendix of this training manual. The same assessment is completed after the second and third rotation also.

3. At mid-term and end of year, the Competency Evaluation for Doctoral Interns and Postdoctoral Residents is completed. The Evaluation is based on program goals, objectives and competencies. The scale is used to assess current skill development, achievement of thresholds for competency, and identification of learning needs and career aspirations that affect internship planning and options for clinical rotations. A written summary of the mid-term and end-of-year evaluations in the form of the Competency Evaluation for Doctoral Interns and Postdoctoral Residents is provided to the training director for review and included in the doctoral intern’s record for future reference. A copy of the Competency Evaluation for Interns and Postdoctoral Residents is in the appendix of this training manual. The doctoral intern and the doctoral intern supervisor(s) will meet to review and discuss the Evaluation. Note that the final Evaluation assesses thresholds of competency documenting achievement of program goals, objectives and competencies for the practice of professional psychology.

**Advisement Policy**

**Policy Statement:** Advising is provided to help crystallize doctoral intern interests and career plans, adjust to the demands of professional practice and
Due-Process Policy

Policy Statement: The internship program has clearly defined training goals, objectives and competencies in addition to a Mental Health Intern Job Description. The internship program recognizes that at times a doctoral intern may not be performing at a level or in a way that aligns with the aforementioned. In such instances, the program provides a standard, step-by-step due-process procedure to address problematic performance.

Purpose: The purpose of this policy is to describe how the program deals with concerns about problematic performance.

Definition:

Problematic Performance:

Problematic performance includes, for example, problems with a doctoral intern’s behavior, attitude or competence, as well as other factors that may result in impaired clinical services or professional relationships. Problematic performance is determined by the doctoral intern’s supervisor(s), in collaboration with the training director.

Procedures to Respond to Problematic Performance:

1. Ongoing Review of Doctoral Intern Performance. Supervisory staff discusses all of the doctoral interns’ performance on a monthly basis via the Training Committee Team meeting. Concerns related to problematic performance are discussed in this forum and the clinical judgment of all relevant supervisory staff, as well as the training director, is utilized in determining if problematic performance is present.

2. If the concerns discussed do not constitute problematic performance, supervisory staff is still encouraged to discuss strategies to enhance the doctoral intern’s awareness, attention and skill surrounding any areas of growth. These strategies should be shared with the doctoral intern in clinical supervision and documented in the Supervision Log.

If the identified areas of growth are not resolved or do not remit in the anticipated timeframe, the doctoral intern’s performance is readdressed at the Training Committee Team Meeting.
3. If problematic performance is present, the following action is taken:

a. Notice of Remediation Plan:
   i. The doctoral intern is provided a written Remediation Plan compiled by the doctoral intern’s supervisor(s), in collaboration with the training director, that includes the following:
      1. Definition of problematic performance.
      2. A description of the specific areas of performance that have been cited as problematic for the identified doctoral intern.
      3. Specific recommendations for correcting the identified problematic behavior.
      4. An outline of any immediate remedial action and/or sanctions that may be required. Remedial action/sanction may consist of but is not limited to the following strategies:
         a. No immediate remedial action required.
         b. Adjustment to specific rotation or training experience.
         c. Adjustment to supervision format.
         d. Increased supervision or clinical observation.
         e. Recommendations for a leave of absence with an identified plan to gather necessary hours for clinical training.
         f. Dismissal from the program.
      5. A timeframe by which it is expected the doctoral intern is able to resolve or adequately adjust the problematic behaviors.
      6. The procedures/methods that will be used to measure whether the problematic behaviors have been remedied.
      7. The doctoral intern’s right to request an appeal.

ii. The Training Director will consult with the APPIC Board of Directors prior to implementation of the remediation plan. Subsequent consultation will occur at the discretion of said Board.

iii. The training director, in collaboration with the doctoral intern’s supervisor(s), may also refer the doctoral intern to meet with a mentor in the Mental Health Centers for further support and advocacy with regard to performance concerns. The designated mentor is not to serve as a direct supervisor to the doctoral intern and is not a member of the Training Committee Team. Mentorship will not include formal evaluation of the doctoral intern’s performance. The following will be documented in the doctoral intern’s file:
   1. Date of referral.
   2. Reason for referral.
   3. Dates of mentoring sessions.
   4. Recommendations for additional follow-up as indicated.

b. Review of Remediation Plan:
   i. The remediation plan is reviewed with the training director, supervisors and director of training from the doctoral intern’s graduate program on the designated review date.
   ii. If the problematic performance has been resolved, the remediation plan will be considered complete and no further action will be taken.
   iii. If the problematic performance continues to persist, procedural step 3 should be repeated.

4. Appeal Procedures: If a doctoral intern does not agree with any of the aforementioned notifications, remediation or sanctions, the following appeal procedures must be followed:

a. The doctoral intern should file a formal appeal—in writing and with supporting documentation—with the training director.

b. The appeal must be submitted within five business days from the date the doctoral intern was made aware of the action (notification, remediation or sanctions).

c. Within five business days of receipt of a formal written appeal, the training director will notify the doctoral intern of their determination regarding the doctoral intern’s appeal.

d. If the doctoral intern disagrees with the training director’s determination, the trainee may make a written request for review to the national executive director of mental health services. The doctoral intern’s request for review must be submitted within five business days from the date the doctoral intern was notified of the training director’s determination.

e. Within seven business days of receipt of a written request for review, the national director of mental health services will notify the doctoral intern of its decision regarding the doctoral intern’s appeal. The decision of the national executive director of mental health services will be final.
Grievance Policy

Policy Statement: The internship program recognizes that misunderstandings and dissatisfaction may arise because a doctoral intern does not know or does not agree with a policy and/or decision, or feels that they have been treated unfairly. As a result, the program provides a standard, step-by-step grievance procedure to address complaints and resolve problems promptly in order to foster an environment conducive to continuous learning.

Purpose: The purpose of this policy is to describe how doctoral interns may raise grievances and how the program will respond to reported grievances.

Definitions

Grievance: A grievance is a complaint raised by a doctoral intern regarding the training program. Examples include complaints regarding evaluation, supervision, stipends, unlawful harassment, discrimination or retaliation, or the application or administration of other program policies, practices, rules or regulatory procedures.

Grievance Procedures:

Informal Resolution Procedure:

A doctoral intern who feels aggrieved should attempt to resolve the matter informally. This may include discussing the issue with the staff member(s) involved, or discussing the matter with the doctoral intern’s clinical supervisor or the training director. Should the grievance be in regard to the training director, the doctoral intern is encouraged to discuss the matter with the director of mental health services. If the matter remains unresolved, or is not resolved to the doctoral intern’s satisfaction, the doctoral intern may file a formal, written grievance using the Formal Resolution Procedure that follows.

Formal Resolution Procedure:

1. The doctoral intern submits a formal written complaint (including supporting documentation) to the team leader of the Internship Program Implementation Team (IPIT) within five business days. The five business days begins at the conclusion of the Informal Resolution Procedure.
   a. If submitting the written complaint to the team leader (training director) of the IPIT is a conflict of interest, the written complaint should be submitted to the director of mental health services.
   b. If there is a stated conflict with all members of the IPIT, steps 2 a-d will take place under the guise of the Internship Quality Leadership Team, and the outcome of those procedures will be final.

2. The recording secretary of the IPIT will schedule a review session within five business days of receiving the formal complaint. During the review session, the following will occur:
   a. Any members who have a conflict of interest in the complaint being reviewed will only be invited to the meeting as needed or warranted.
   b. The doctoral intern who submitted the complaint will present, in person, a summary of the complaint and be available to answer any clarifying questions the IPIT team members may have.
   c. Other relevant parties will be invited as deemed appropriate by the team leader and/or director of mental health services.
   d. After appropriate information is gathered from relevant parties, the IPIT will develop an action plan. This action plan will be shared with the doctoral intern and other relevant parties within five business days of the IPIT review session. Action plans may consist of but are not limited to the following:
      i. No action
      ii. Remediation Plan with an identified “review by” date
      iii. Additional collaboration with the doctoral interns’ graduate program director of training implementation on appropriate accommodations
      iv. Consultation with human resources as needed
      v. Discontinuation of the relationship
      vi. A plan to address staff performance concerns via Hazelden Betty Ford Foundation policy
      vii. Further investigation
   e. The doctoral intern has five business days to appeal the action plan presented by the IPIT. The intern should submit the formal appeal to the director of mental health services within this timeframe. The director of mental health services will review the written complaint and provide communication of the final and binding decision to the doctoral intern, the doctoral intern’s graduate school director of training and the training director within seven business days.
f. All formal grievances will be logged and stored in a locked filing cabinet in the office of the training director for a period of seven years.

Absences Policy

Policy Statement: In order to document fulfillment of training hours, standard records are maintained regarding absences for each doctoral intern.

Purpose: The internship program requires full-time participation over 12 months to achieve the program's goals and objectives. As a result, all absences from the program are documented in the doctoral intern's file.

Procedures:
1. Doctoral interns are afforded time off for activities such as planned vacations and sick time.
2. A standard record of all absences is maintained by each doctoral intern, and reviewed and approved by the clinical supervisor or training director.
3. Any discrepancies regarding absences are reviewed by the training director in collaboration with the clinical supervisor and doctoral intern to ensure accuracy and continuity with internship requirements.
4. Records of absences are filed in the doctoral intern's record.

Leave Policy

Policy Statement: In addition to seven holidays off, doctoral interns are granted time off for sick time or vacation at a rate of 15 days, or 120 hours, annually. Interns also receive five additional days of professional leave.

Purpose: Leave time provides doctoral interns the flexibility to address unexpected illnesses, medical needs, dissertation requirements and planned time off for leisure, personally celebrated holidays and recreation while completing full-time internship requirements based on a 40-hour work week over 12 months.

Procedures:
1. Doctoral interns are asked to work agency holidays as needed, sharing the team responsibility.
   - New Year's Day
   - Memorial Day
   - Independence Day
2. Requests for vacation time need to be made in advance to the training director or site mental health manager at the earliest convenience or no later than two weeks prior to the requested time off. Paid time off is granted based on the clinic's capacity to effectively provide coverage during the requested absence. The earlier the request, the more likely coverage can be arranged.
3. Professional leave is granted first solely for dissertation research and requires a written request to the training director or mental health manager no less than two weeks prior to the expected absence. Leaves are granted at the discretion of the training director and mental health manager. Any remaining professional leave time following the completion of the doctoral intern's dissertation, with training director or mental health manager approval, may be applied toward presenting at or attending training events such as external workshops and conventions, studying for or taking the EPPP, up to one day for attending formal graduation, to attend job or postdoctoral residency interviews, and/or to complete research and write journal articles for publishing. This does not include travel days. No requests outside of those listed will be considered.
   It is at the discretion of the training director in consultation to determine whether requests will be approved considering the individual trainee's priorities for successful training completion.
4. Time off for sick leave typically involves either an unexpected illness or medical demands requiring urgent attention. Doctoral interns are required to notify their immediate supervisors and the training director of any absences resulting from illness or medical demands. Generally, the earlier the notification, the more likely patient care can be proactively addressed.
5. Doctoral interns are required to maintain a comprehensive log of internship hours to substantiate completion of required training hours. The training program is 12 months in length based
on a 40-hour work week, 52 weeks per year. Up to 120 hours, or 15 days, are available for sick time or vacation. Professional leave time for dissertation research and external training, up to five days, is calculated into the full-time status for program completion. The training program requires 1,904 training hours for successful completion of the year-long internship.

6. Doctoral interns encountering urgent or emergency situations requiring extended leave time without pay need to contact the training director immediately. Exceptions may be made to accommodate unexpected complications but require the deliberation and planning of the training director and immediate supervisors. In rare situations, additional hours may be added to the internship experience to ensure completion of a full-time internship experience.

Parental Leave and Lactation Policy

Policy Statement: The Hazelden Mental Health Centers Doctoral Psychology Internship Program acknowledges that doctoral interns may become pregnant or choose to adopt during the internship training year. As a result, the training program has developed a policy for leave in order to provide guidance to the doctoral intern on taking leave while remaining in the training program. Additionally, Hazelden Betty Ford has designated lactation rooms to ease the transition of lactating mothers who return to the training program following the birth of a child.

Purpose: The purpose of this policy is to provide information to doctoral interns regarding maternity or adoption leave and lactation options.

Policy: The training program, including the training director, will work closely with human resources and the legal department to ensure compliance in providing leave time. The training program intends to comply with state and federal standards regarding maternity leave, while also considering what is practical and feasible for Hazelden Betty Ford and the doctoral intern. Additionally, the training director will adhere to APPIC Membership Criteria and the American Psychological Association’s Standards of Accreditation.

Definitions

Parental Leave: A parental leave is a leave of absence for a parent and includes paternity, maternity and adoption.

Parental Leave

The training program recognizes that it is essential to balance the need for the doctoral intern to both complete the training program with acceptable outcomes and to allow appropriate time for bonding and recuperation for maternity leave or for early adjustment after an adoption. Please note that APPIC Guidelines are clear that adoption or pregnancy are not acceptable reasons for deferment of the internship year and that it is the sole responsibility of the doctoral intern to ensure that the hours required to complete the internship are completed pursuant to APPIC Guidelines. It is important that the doctoral intern still receives the benefit of the full training experience.

1. Doctoral interns are allowed a maximum of twelve weeks unpaid parental leave time following the birth or adoption of a child.

2. Doctoral interns requesting leave must complete a Request for Leave of Absence form and deliver it to the training director as early as is reasonably possible, but no less than four weeks before the anticipated date of leave.

3. Doctoral interns must contact the training director to provide updates on the intended start date and end date of the leave if circumstances lead to adjustments of the approximate dates provided on the Request for Leave of Absence form. Failure to communicate intent to extend leave could lead to termination from the training program.

4. Doctoral interns receive a set stipend for the year. No additional financial resources will be provided to cover leave time. No additional benefits will be provided.

5. The doctoral intern may choose to use vacation/sick time as part of the parental leave time or designate parental leave time without utilizing sick/vacation time. Unless otherwise stated on the Request for Leave of Absence form, accrued vacation/sick time will not be utilized. If the doctoral intern uses vacation/sick time for parental leave, they will not be required to make up that time.
Lactation
Hazelden Betty Ford supports breastfeeding women on-site by providing a private, clean location for milk expression during scheduled breaktimes.

1. Additional time to lactate outside of scheduled break or meal times will be unpaid or the doctoral intern may choose to use vacation/sick time. Doctoral interns should contact the training director to assist in identifying business needs and coverage when necessary.

2. Doctoral interns who wish to utilize the lactation rooms must contact human resources to obtain a temporary key.

3. Scheduling of rooms can be done using Microsoft Office Outlook Calendar. Doctoral interns requiring assistance with scheduling a lactation room may contact human resources.

4. The following rooms have been identified as lactation rooms:
   - Center City
     - Room 113; Salon in Women’s Recovery Center
     - Room 123-A; Richmond Walker
     - Room 134; Butler Building
   - Plymouth
     - Room C151

Non-Discrimination Policy

Purpose: The Hazelden Betty Ford Foundation is committed to a training and work environment in which all individuals are treated with respect and dignity. Each individual has the right to train and work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, Hazelden Betty Ford expects that all relationships among persons in the office will be business-like, respectful and free of bias, prejudice and harassment.

Policy: The training program ensures equal training access without discrimination or harassment on the basis of age, language, ethnicity, culture, race, gender expression, gender identity, sexual orientation, religion, degree and training, therapeutic orientation, nation or state of origin, rural or metropolitan background, socioeconomic status, areas of expertise or experience, ability/disability, protected veteran status, membership or activity in local human rights commission or any other protected group covered by applicable federal, state, or local laws and regulations. Discrimination against a protected group is prohibited. Such training practices include but are not limited to recruitment, selection, placement, retention, disciplinary action, termination and provision of services.

Offensive or harassing behavior will not be tolerated against trainees or staff. The Hazelden Betty Ford Foundation and the training program encourage individuals who believe they are being subjected to discrimination or harassment to promptly advise the offender that their behavior is unwelcome and request that it be discontinued. Often this alone will resolve the problem. If asking the offender to stop is not effective, please report the behavior immediately to the training director.

If the offender is part of the training program, an individual may pursue the matter through grievance procedures. See the Grievance Policy in this training manual. The Due-Process Policy will be utilized in order to make decisions and provide remediation if a doctoral intern has discriminated against or harassed another individual. If the offender is not involved in the training program, please refer to the Hazelden Betty Ford Foundation’s Harassment and Discrimination Policy in PolicyManager.

The Hazelden Betty Ford Foundation prohibits retaliation against anyone who has reported harassment or who has cooperated in the investigation of harassment complaints.

Record Maintenance and Retention Policy

Policy Statement: The training program must document and maintain records of doctoral interns and the training program. This must be available for the training program staff during the internship year and after internship for future reference and credentialing requests.

Purpose: The purpose of the policy is to provide clear standards for record maintenance and retention.
Procedures:

1. Each trainee has a designated folder in the shared drive accessible only to the training director, training program supervisors and administrative staff.

2. Documentation in this file includes, at a minimum, the signed program agreement, hour logs, absence logs, supervision contracts, individualized training plans, self-assessments, performance evaluations, supervision logs and certificates of completion. It is the responsibility of the individual supervisor or training director completing or receiving the document to save it to the doctoral intern’s training file. The training program staff may utilize administrative support to help with saving and organizing documentation. Additional documentation may be included in the file, for example, additional log notes, remediation plans or emails.

3. All Internship Quality Leadership Team and Internship Program Implementation Team meeting minutes and agendas are documented by the administrative staff assigned to the teams and are saved in the training file. The training director, an assigned supervisor or administrative staff may document minutes of each Training Committee Meetings.

4. Additionally, the training director, supervisors and administrative staff have the option to save additional information in the file for tracking the training program data such as survey results.

5. The program will permanently retain necessary documentation regarding each doctoral intern and data to track the progress of the program for future reference as long as the training program remains. If the program no longer remains, the data will be transferred to contacts in the various Minnesota mental health and human resources departments in order to continue to support reference and credentialing requests.
Appendix–Mental Health Doctoral Intern Job Description

Mental Health Doctoral Intern

Basic Information

Department: Hazelden Betty Ford Foundation Mental Health Clinics
Division: Recovery Services
Reports to: Training Director/Mental Health Supervisor

Position Summary

Provide assessment, diagnosis, and treatment of co-occurring mental health needs of patients under the supervision of a licensed doctoral level psychologist. Treatment of patients will involve assessment and therapy, with patients who present with co-occurring mental health and substance use disorder diagnoses. Additional duties involve participation as a member of a multidisciplinary team, crisis intervention, ongoing care planning, and supervision. Engage in training program activities to develop competencies to complete internship successfully.

Key Results Area

<table>
<thead>
<tr>
<th>Percentage (Up to 100%)</th>
<th>Essential Duties and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>Provide mental health assessment, ensuring proper placement and identifying barriers to recovery and stability.</td>
</tr>
<tr>
<td></td>
<td>• Conduct effective mental health diagnostic assessments to acquire pertinent information including individual, social, and cultural information for diagnosis; understanding of co-occurring presentation, building a treatment plan; and development of individualized continuing care plans.</td>
</tr>
<tr>
<td></td>
<td>• Demonstrates proficiency in administration, scoring and interpretation of various psychological testing instruments, and integrates results in establishing diagnoses, recommendations, and treatment planning.</td>
</tr>
<tr>
<td></td>
<td>• Develop mental health diagnoses consistent with DSM 5 criteria.</td>
</tr>
<tr>
<td></td>
<td>• Refer to psychiatry or other specialized programming as indicated by individual patient need.</td>
</tr>
<tr>
<td></td>
<td>• Provide quality and timely documentation that accurately reflects clinical service consistent with internal and external standards including notes and treatment plan documentation.</td>
</tr>
<tr>
<td></td>
<td>• Meet established yearly productivity expectations</td>
</tr>
</tbody>
</table>
| 40% | Provide individual and/or group therapy utilizing evidence-based intervention strategies and best practices.  
- Educate and treat individual patients based on mental health needs.  
- Provide services focused on mental health issues integrating concepts from addiction recovery and the Twelve Steps in order to target mental health symptoms and reduce risk of relapse.  
- Assess concurrent and anticipated mental health needs of patients for the next level of care.  
- Provide co-treatment with other disciplines to treat patients with co-occurring disorders.  
- Create individualized treatment plans in alignment with patient’s identified diagnoses and goals.  
- Provide quality and timely documentation that accurately reflects clinical service consistent with internal and external documentation standards. |
|---|---|
| 15% | Provide mental health consultation and information in order to educate patients, customers, and staff members regarding the dynamics of mental health issues in recovery. Seek and receive consultation from others in order to provide comprehensive care.  
- Consult with clinical treatment team regarding strategies to promote and strengthen mental health recovery.  
- Participate in public speaking and community outreach opportunities along with supporting graduate school programming and staff training by developing, updating, and presenting topical lectures on mental health issues when opportunities become available.  
- Promote and maintain a cooperative relationship with other Hazelden Betty Ford Foundation continuum of care programs.  
- Participate in scheduled case and peer reviews according to the standards of practice and care.  
- Represent the mental health team in various multidisciplinary meetings and settings. Communicate mental health information in a timely manner to treatment disciplines.  
- Functions within one’s clinical competencies and seek consultation or supervision when necessary, especially when encountering ethical dilemmas. |
| 5% | Provide supervision while under supervision. Provide direct supervision of Hazelden Graduate School of Addiction Studies (HGSAS) students as part of their training experience.  
- Participate with faculty in the evaluation of the supervisees.  
- Consult with other professionals and staff regarding supervisory issues. |
| 5% | Facilitate crisis intervention to ensure safety and wellbeing of patients.  
- Complete assessments of safety risk, safety plan, provide interventions, and document clearly.  
- Participate in conflict resolution meetings representing the mental health team. |
| 15% | Actively participate in ongoing education and learning activities including but not limited to didactics and supervision in order to produce the highest quality of service and expertise needed for the organization and competency development.  
- Participate in required supervision. Utilize the learning opportunity effectively. Maintain a supervision and hours log as required.  
- Complete projects and attend team meetings when additional assignments become available. Engage in scholarly inquiry relevant to the organization.  
- Attend off site seminars and conferences that are relevant to role and work and participate in external professional organizations that are relevant to the field. |
- Participate in didactic training.
- Follow policies and procedures as communicated in the internship training manual.

5%

Assure a safe and secure environment for patients, staff, guests, and visitors to include:
- Maintain privacy, security, and confidentiality for all patients, past and present, based of federal and state regulations as well as Hazelden Betty Ford policies.
- Apply and adhere to standards and regulations for fire, weather, emergency, and environmental hazards.
- Work safely, using procedures and techniques that apply to work area and equipment, including ergonomics.
- Assure that doors, windows, and files are closed and/or locked based on department standards and expectations.

**Additional Duties and Responsibilities**

- Manage a schedule.
- Manage emails and respond in an appropriate time period.

**Minimum/Essential Qualifications**

**Education, Training, Licensure, Experience, etc.**

- Academic Program’s Verification of Internship Eligibility and Readiness
- Minimum of two years freedom from substance use problems

**Preferred Qualifications**

**Education, Training, Licensure, Experience, etc.**

- Knowledge of Twelve Step treatment approaches and stages of recovery
Required Competencies for Clinical Excellence

Therapeutic alliance
Able to form a professional therapeutic relationship and partnership between clinical provider and client to work together for an agreed-upon goal; understands an individual’s perspective at any given point in time and can convey that understanding when appropriate to a client; maintains high ethical standards throughout the provider-client relationship.

Twelve Step principles
Facilitates Twelve Step principles in addiction and recovery counseling for clients, family members and other stakeholders; can present the Twelve Step facilitation as an effective evidence-based program to others.

Conflict management and crisis intervention
Reacts calmly and professionally to interpersonal conflicts; can take charge in situations that involve anger, avoidance or acting out; effectively manages atypical situations that require an immediate response (in twelve hours or less) to facilitate improved outcomes.

Client, customer and stakeholder focus
Assertively represents clients, customers and stakeholders; ensures that the voices of the client, customer and stakeholder are heard; is responsive to their needs; communicates effectively and establishes rapport with both internal and external customers.

Professional knowledge
Stays current on professional and emerging work-related issues; demonstrates clinical knowledge and expertise; serves as a knowledgeable resource to provide best practice advice to others; keeps up-to-date on ethical trends and issues.

Communication
Understands and is understood by others; makes complex material understandable; clearly articulates key points when writing and speaking; effectively persuades and influences others; addresses and listens to others in a respectful manner.

Interpersonal skill
Works well with others; builds effective work relationships with a wide range of individuals; is approachable; effectively resolves disagreements or conflict; shows sensitivity to people of diverse backgrounds.

Teamwork
Supports effective team efforts; encourages a spirit of participation and belonging; enhances group cohesiveness by emphasizing team objectives and reinforcing cooperation; actively contributes as a thoughtful member of interdisciplinary teams.

Adaptable and change management
Appropriately adjusts strategy in response to new information; adapts positively to changes; is confident in the face of uncertainty and ambiguity; can make decisions and act responsibly without having the entire situation totally defined.

Learning agility
Invests effort to continuously learn and apply new approaches and technologies; is a quick learner; investigates and applies new approaches, skills and behaviors to improve effectiveness, quality, productivity, efficiency or cost effectiveness.

Analytical and systems thinking
Considers the “big picture” and the interrelationships of parts; supports use of evidence-based practices and data-driven decisions; investigates and analyzes issues to identify root causes and draw appropriate conclusions; uses critical thinking and logic to solve problems; makes sound decisions.

Results orientation
Drives for successful results; makes things happen; conveys a bias for action and a sense of urgency; moves tasks and assignments toward closure; strives to identify and implement better, faster and more cost effective solutions; willingly invests considerable effort to assure deadlines are met in a high quality manner.

Courage and commitment
Takes a stand in the face of adversity or resistance; challenges the status quo and fights for beliefs when appropriate; takes calculated risks and perseveres; shows commitment to Hazelden’s mission, vision and values.

Emotional resilience
In professional settings, bounces back from setbacks; is in touch with his or her own feelings and values, and helps others understand their own emotions; demonstrates optimism and confidence about the future and inspires others with a healthy outlook about the possibilities; works on his or her own issues and needs so as to be effective in professional environment.
### Required Annual Participation

<table>
<thead>
<tr>
<th>FYI</th>
<th>Emergency Preparedness</th>
<th>Fire/Severe Weather</th>
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### Physical Demands and Work Environment

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<tr>
<th>Condition/Weekly (40 hours)</th>
<th>Occasionally (1-10 hours)</th>
<th>Frequently (11-30 hours)</th>
<th>Continuously (31+ hours)</th>
<th>Not Applicable</th>
<th>Essential (Y/N)</th>
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<tr>
<td>Standing</td>
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<td>Y</td>
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<tr>
<td>Pushing and pulling</td>
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<tr>
<td>Reaching and stretching</td>
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<td>Bending and stooping</td>
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<tr>
<td>Walking</td>
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<td>Repetitive Motion</td>
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<td>Y</td>
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<td>Climbing Stairs</td>
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<td>Y</td>
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<tr>
<td>Speaking</td>
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<td>x</td>
<td></td>
<td></td>
<td>Y</td>
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<tr>
<td>Listening</td>
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<tr>
<td>Sitting</td>
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<td>x</td>
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<td>Y</td>
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<tr>
<td>Various office equipment</td>
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<td>Travel</td>
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<td>Lifting</td>
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<td>Exposure to extreme conditions</td>
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<td>High temperatures</td>
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<td>Low temperatures</td>
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<tr>
<td>Confined spaces</td>
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<td>Other (list)</td>
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<td>Noise levels</td>
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<td>Quiet</td>
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<td>Moderate</td>
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<td>Confined spaces</td>
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<td>Other (list)</td>
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<td>Other working conditions (please list)</td>
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<td>N</td>
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</table>

The Hazelden Betty Ford Foundation reserves the right to modify, interpret or apply this job description in any way the company desires. This job description in no way implies that these are the only duties, including essential duties, to be performed by the employee occupying this position. This job description is not an employment contract, implied or otherwise. The employment relationship remains “at-will.” The aforementioned job requirements are subject to change.
to reasonably accommodate qualified disabled individuals.

Date Written: 12.21.2015
Date Revised: 7.29.2021
Appendix–Doctoral Internship Program Agreement

Mental Health - Doctoral Internship Program Agreement

It is hereby agreed that I, _________________________________, will be provided an internship by Hazelden Betty Ford Foundation (“Hazelden Betty Ford”), under the supervision of its mental health center staff.

1. It is anticipated that my internship will begin August 16, 2021 and the last day of internship will be August 16, 2022. It will last for a minimum of 2080 hours, which includes 120 hours of which I may be excused from the internship for personal and other matters (i.e. sick, vacation, jury duty, bereavement), up to 7 HBFF holidays, and up to 5 days for educational leave. I understand that I must coordinate any time away from the internship with the Training Director. I also understand that I may be expected to cover some HBFF holidays.

2. I understand that this internship is for my benefit, not for the benefit of Hazelden Betty Ford.

3. I will conduct myself in a professional manner as described in the Hazelden Betty Ford’s Mental Health Centers Doctoral Psychology Internship Program Training Manual and will adhere to Hazelden Betty Ford policies and procedures throughout my internship.

4. The most advantageous site for the conduct and completion of this internship will be agreed upon by me, the Training Director, and Hazelden Betty Ford.

5. As an intern, I understand that I am not entitled to any wages, benefits (including, but to limited to, health and welfare benefits or other coverage), or other compensation, except as expressly set forth in this agreement or as otherwise required by law. I will identify myself as a doctoral mental health intern of Hazelden Betty Ford. I understand that while performing my internship, I will not displace regular employees. I understand that Hazelden will derive no immediate economic benefit from my internship.

6. During the internship, I understand that I am free to engage in other training programs, be employed, conduct business transactions, and other usual life experiences, which do not interfere with the agreed upon internship program. I further understand that at the end of the internship, I am not guaranteed employment with Hazelden Betty Ford.

7. I will furnish proof that I am free of communicable diseases as required by Hazelden Betty Ford policies, and that I will agree to submit to any criminal or other background checks that are required by Hazelden Betty Ford to be conducted before I begin my internship. I will also provide proof of malpractice insurance before starting the internship year. Likewise, I will notify the Training Director immediately if there are any changes during my internship.

8. I will be responsible to meet my school's requirements for this internship.

9. I understand that my internship program may be modified as indicated by my involvement after the internship has begun.

10. I understand that the level of responsibilities assigned to me in this internship will be dependent upon my performance demonstrated to the satisfaction of Hazelden Betty Ford.

11. I understand that my internship can be terminated based on significant problematic performance or other circumstances as outlined in the Mental Health Centers Doctoral Psychology Internship Program Training Manual.

12. I understand that the Hazelden Mental Health Centers will provide me with an internship site, supervisors and trainers, learning situations, program development and implementation, use of the library, and opportunities for involvement in programs to further my growth.
13. For this internship, I will receive a total stipend in the amount of $30,000 for the time period from August 16, 2021 to August 16, 2022, paid to me in bi-weekly installments. Hazelden Betty Ford will make all necessary withholdings, if applicable, and issue the proper tax documents as required by law.

Signature of Doctoral Mental Health Intern ___________________________ Date ____________

Printed Name of Doctoral Mental Health Intern ___________________________

Signature of the Internship Training Director ___________________________ Date ____________

Printed Name of the Training Director ___________________________

This document will be saved to the intern's training file, and a copy of the agreement will be offered to the intern.
Supervision Contract

Supervisee: As a postdoctoral resident or doctoral intern, I agree to the following conditions related to supervision. Specifically, I agree to:

1. Take supervision time seriously, be on time and be prepared to use the time effectively. Prepare questions. Preparation may also include providing videotapes for review, cases to discuss and literature on relevant evidence-based practices in order to review and discuss in supervision.

2. Seek supervision and practice ethically, legally and professionally as outlined by the state licensing board and professional organizations (i.e., APA). Be respectful of and abide by confidentiality, required reporting and related regulations (HIPAA, Joint Commission).

3. Always work within the limits of my competency, skills, training and role. Ask for help when needed, and seek supervision when appropriate.

4. Comply with all clinic and program policies, procedures and paperwork, including volume expectations and timelines.

5. Be open and honest (sharing successes, areas of growth and mistakes) and willing to accept constructive feedback.

6. Be willing to disclose and work through reactivity to patients to gain objectivity and increase effectiveness. Accept that supervision activities may be uncomfortable or challenging in order to promote growth. Realize that one does not have to give up their personal or religious values and yet are expected to attain both diversity competency and demonstrate an attitude and behaviors that support worldview inclusivity.

7. Actively participate in the supervision process by setting goals, planning, setting priorities and identifying criteria for success.

8. Provide the supervisor with honest feedback about supervision and the supervisory process. Identify and address strains or ruptures in the supervisory relationship.


10. Communicate concerns directly with my supervisor and, if needed, also with the director of training.

Supervisor: I agree to the following conditions related to supervision. Specifically, I agree to:

1. Orient supervisees to supervision and the supervisory process, including setting goals, planning, prioritizing and identifying criteria for success.

2. Provide face-to-face supervision to the supervisee as specified below. Please circle or type in mode, frequency and length.

   Mode: Individual supervision or group supervision
   Frequency: Weekly
   Length of Time: 60 minutes

3. Demonstrate commitment to supervision and professionalism by being on time and prepared to address questions/concerns.

4. Supervise according to high ethical, legal and professional standards as outlined by the state licensing board and professional organizations (i.e., APA).

5. Share relevant resources with the supervisee and teach evidence-based skills as part of supervision.

6. Take a strengths-based approach with a focus on both successes and challenges. Provide a competency and developmental-based feedback at the mid-year and end-of-year evaluation using the formal evaluation process documented in the training manual following the nine profession-wide competency expectations.

7. Demonstrate the role of gatekeeper to the field of psychology by addressing competency issues as they arise.

8. Comply with all documentation and correspondence/external communication requirements (specified by state licensing board, Joint Commission, etc.) including documenting supervision and signing off on clinical records and external correspondences.

9. Seek consultation/support on best practices in supervision and on topics/issues outside of my expertise.

10. Provide the supervisee with honest and constructive written and verbal feedback about their work.

11. Be available to provide clinical guidance and address crisis situations during non-supervisory times.

12. Help support ethical practice, and work with supervisee toward professional growth, autonomy and competence.

13. Identify and addresses strains or ruptures in the supervisory relationship.
14. Provide fair and objective feedback in my competency evaluations of the supervisee. Assure feedback is provided in person and in writing at mid-year and end of the year. Additionally, provide feedback throughout the training year in an informal manner.

15. Comply with supervisory guidelines and expectations established by the Hazelden Betty Ford Foundation, APPIC and Minnesota laws and statutes.

16. Keep the training director informed of the supervisee’s progress.

17. Prioritize the protection of patients above all else.

My signature below indicates that I have read the Supervision Contract and have agreed to abide by its terms.

_________________________________________  ________________
Supervisee Signature                       Date Reviewed and Signed

_________________________________________
Supervisee Printed Name

_________________________________________  ________________
Supervisor Signature                       Date Reviewed and Signed

_________________________________________
Supervisor Printed Name
# Appendix–Primary Supervision Log

## HBFF Mental Health Centers

### Supervision Log

<table>
<thead>
<tr>
<th>Date:</th>
<th>Length of Supervision Session:</th>
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</table>

<table>
<thead>
<tr>
<th>Supervisee(s):</th>
<th>Supervisor:</th>
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<table>
<thead>
<tr>
<th>Group supervision:</th>
<th>Individual supervision:</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agenda and summary of items brought by supervisee(s):</th>
<th>Agenda and summary of items brought by supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Check competencies discussed:**

- [ ] ASSESSMENT
- [ ] GROUP OR INDIVIDUAL INTERVENTIONS
- [ ] PROVIDING SUPERVISION
- [ ] CONSULTATION
- [ ] ETHICAL AND LEGAL STANDARDS
- [ ] PROFESSIONALISM
- [ ] INTERPERSONAL SKILLS AND COMMUNICATION
- [ ] RESEARCH/SCHOLARLY INQUIRY
- [ ] INDIVIDUAL AND CULTURAL DIVERSITY

**Corrective action needed with explanation (if applicable):**

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Follow-Up</th>
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### Appendix–Rule 29 Supervision Log for Outpatient Services

**HBFF Mental Health Centers**

Supervision Log (Monthly Outpatient Services Version)

<table>
<thead>
<tr>
<th>Date of Session:</th>
<th>Length of Supervision Session:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Supervisee:</th>
<th>Supervisor:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agenda and summary of items brought by supervisee(s):</th>
<th>Agenda and summary of items brought by supervisor:</th>
</tr>
</thead>
<tbody>
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</table>

Supervisees, per Minnesota Administrative Rule 9520.0800, subp. 4, your supervisor is responsible for reviewing every patient on your outpatient caseload at least bimonthly. In order to follow this and assure that all patients are accounted for in the notes, please provide a list of all current and recently discharged outpatient clients, filling out columns 1 and 2, before supervision and providing this form to your supervisor once per month to utilize as a supervision log note, indicating that your caseload has been reviewed per Rule 29 outpatient requirements. Supervisors will review these patients with you and have a space to add additional notes as needed.

<table>
<thead>
<tr>
<th>Patient Account #</th>
<th>Supervisee Notes</th>
<th>Supervisor Notes</th>
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<tbody>
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</table>
Appendix—Group Observation Supervision Log

HBFF Mental Health Centers

Group Observation Supervision Log

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Supervisee:</th>
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<table>
<thead>
<tr>
<th>Date of Session:</th>
<th>Length of session: (if supervision)</th>
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<tbody>
<tr>
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</table>

Staff observer notes during the observation (jot down observations during group):

ARRIVING ON TIME/ROOM SETUP/WELCOMING ENVIRONMENT:

AIDET/MANAGING UP/INTRO/EARLY ENGAGEMENT:

THEME/TOPICS/RELEVANCE:

INTERVENTIONS:

RESPONSE TO GROUP AND RELATIONAL DYNAMICS:

PROFESSIONALISM/RAPPORT/COMMUNICATION SKILLS/NONVERBALS/ATTITUDE:
CULTURAL CONSIDERATIONS:

ETHICS/BOUNDARIES:

MANAGEMENT OF TIME/PRIORITIES:

OTHER COMMENTS:

Summary of feedback for the trainee:
Trainee’s strengths:

Trainee’s areas of growth:

Only complete this section if applicable:
Is the trainee ready to provide group therapy without regular observation?  □ yes  □ no
If no, what does the trainee need to improve in order to be approved to lead groups without a regular observer?

Scan this into the trainee’s file. If not a training supervisor, please turn this in to the training director or supervisor to scan into the file. Feel free to give the trainee a copy if it seems appropriate.
Appendix—Assessment Observation Supervision Log

HBFF Mental Health Centers

Observation of a Trainee Providing a Mental Health Assessment (Supervision Log)

<table>
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<tr>
<th>Supervisee(s):</th>
<th>Supervisor:</th>
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<tbody>
<tr>
<td>Date of Session:</td>
<td>Length of session:</td>
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<td>(if supervision)</td>
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Staff observer notes during the observation (jot down observations during assessment):

AIDET/MANAGING UP/INFORMED CONSENT:

DIAGNOSTIC QUESTIONS:

RISK/SAFETY/SI/SIB/HI/AGGRESSION:

DIVERSITY CONSIDERATION (self-awareness and patient factors):

PROFESSIONALISM/RAPPORT/NONVERBALS/COMMUNICATION SKILLS/ATTITUDE:

STYLE OF INTERVIEWING OVERALL:
KEEPING PATIENT ON TRACK/TIME MANAGEMENT/PRIORITIZING:

RECOMMENDATIONS FOR TREATMENT/EXPLANATION OF DIAGNOSIS:

CONSULT WITH MEDICAL:

PROCEDURAL STEPS COMPLETED
(all info required was gathered, finding a room, talking to the nurse, checking out):

OTHER:
Summary of feedback for the trainee:

Trainee's strengths:

Trainee's areas of growth:

Trainee's reaction to feedback if notable:

Complete if appropriate:

Is the trainee ready to provide diagnostic assessments without observation?  ☐ Yes  ☐ No

If no, what does the trainee need to improve in order to be approved to do assessments without an observer?

Please turn this in to the training director, primary supervisor or senior administrative assistant to scan into the file. Feel free to give the trainee a copy if it seems appropriate.
Appendix–Problematic Performance Remediation Plan

Problematic Performance Remediation Plan

Hazelden Betty Ford’s Mental Health Centers training program including the training director, supervisors and faculty aim to provide you with the best training experience possible to meet your training needs. This includes meeting all the competency benchmarks to successfully move through your training program and ultimately to move you closer to becoming a competent psychologist. Problematic performance has been identified.

Problematic performance includes, for example, problems with a trainee’s behavior, attitude or competence, as well as other factors that may result in impaired clinical services or professional relationships. Problematic performance is determined by the trainee's supervisor(s), in collaboration with the training director. It has been determined that one of the ways we can support your training at this time is to create a remediation plan. Our hope is that the following plan will help to improve your skills, support you to meet competency benchmarks for your training position and to support your trajectory toward independent practice in the future. Please refer to the training program’s Due-Process Policy for developing and implementing the plan through completion for guidance.

Date of the remediation plan meeting:

Date this plan will be reviewed:

Name of trainee:

Name of primary supervisor:

Name of secondary supervisor:

Name of the training director:

Names of all relevant additional training program supervisors, faculty and staff involved in supervision and/or remediation of the trainee:

Names of all individuals present at the meeting:

Description of Problematic Behavior #1

Describe the specific areas of problematic performance in as much detail as possible focusing on objective information. Describe steps taken thus far to informally resolve the problematic behavior, if applicable.

Identify the health service psychology competency/competencies not currently being met considering the trainee’s current level of training as indicated by the problematic behavior (please circle or write in).

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

Plan for Remediation of Problematic Behavior #1

List any immediate remedial actions/sanctions indicated, if any.

List the program's recommendations for correcting the identified performance problem.

Clarify methods and procedures of evaluation providing guidelines for determining whether problematic performance issues are resolved.

List the time frame for the recommendations and evaluation.
Description of Problematic Behavior #2
Describe the specific areas of problematic performance in as much detail as possible focusing on objective information. Describe steps taken thus far to informally resolve the problematic behavior, if applicable.

Identify the health service psychology competency/competencies not currently being met considering the trainee's current level of training as indicated by the problematic behavior (please circle or write in).

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

Plan for Remediation of Problematic Behavior #2
List any immediate remedial actions/sanctions indicated, if any.

List the program’s recommendations for correcting the identified performance problem.

Clarify methods and procedures of evaluation providing guidelines for determining whether problematic performance issues are resolved.

List the time frame for the recommendations and evaluation. Acknowledgment of Receiving the Information by the Trainee

I,____________________________________ (trainee’s name), have reviewed the problematic performance remediation plan on the meeting date listed above with individuals from the training program. My signature below indicates I fully understand the plan and am aware of the right to request an appeal.

________________________________________
Trainee’s signature and date

Acknowledgment of Receiving the Information and Agreement to Support the Plan by Staff

The training director, supervisors and faculty with responsibilities or involvement in this plan must also sign indicating their knowledge of the plan and agreement to support the plan as written. Please sign and date below. The steps taken regarding due process must also be documented clearly in the trainee's file.

Signature and date

Signature and date

Signature and date

Signature and date

Signature and date

Signature and date
**Absence Log**

Doctoral interns are offered 15 days of sick/vacation time. They get Hazelden Betty Ford Foundation holidays off or at least rotate coverage and earn ILO days for holidays on-site. Doctoral interns are offered five days for professional development (see policies on the use of professional development time). All supervisors are responsible for confirming this log is up to date.

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<tr>
<th>Date</th>
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<th># of Prof Dev't Hours</th>
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### Appendix—Evaluation Timeline

<table>
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<tr>
<th>Timeline of data request</th>
<th>Survey name</th>
<th>Data purpose</th>
<th>Review</th>
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| After Interview – January | Recruitment Survey      | Feedback about interview and recruitment process to assess and improve process  | • Collated through Survey Gismo  
• Diversity Sub-Team will review and make recommendations.  
• IQLT and the training director review. |
| Orientation September   | Self-Assessment         | Assess competency and professional development                                | • Collated through Survey Gismo  
• IQLT and the training director review. |
|                         | Orientation Satisfaction Survey | Feedback about orientation experience                                    | • Collated through Survey Gismo  
• IQLT and the training director review. |
| October                 | Individualized Training Plan | Assess, document and agree on training needs                             | • Training director, supervisor and doctoral intern review.  
• Review at monthly Training Committee Team Meeting as needed. |
| January (rotation switch) | Supervisor Assessment  | Feedback regarding supervisors                                             | • Collated through Survey Gismo  
• Training director and supervisors review. |
|                         | Individualized Training Plan | Assess, document and agree on training needs                             | • Training director, supervisor and doctoral intern review.  
• Review at monthly Training Committee Team Meeting as needed. |
| February Mid Year       | Self-Assessment         | Assess competency and professional development                              | • Collated through Survey Gismo  
• Review with training director, supervisors and doctoral intern. |
|                         | Competency Evaluation   | Assess professional development                                           | • Collated through Survey Gismo  
• Review with training director, supervisor and intern. |
| May (rotation switch)   | Supervisor Assessment   | Feedback regarding supervisors                                             | • Collated through Survey Gismo  
• Review with supervisors. |
|                         | Individualized Training Plan | Assess training needs                                                      | • Training director, supervisor, and intern review.  
• Review at monthly Training Committee Team Meeting as needed. |
| August End of Year      | Self-Assessment         | Assess competency and professional development                              | • Collated through Survey Gismo  
• Review with training director, supervisor and doctoral intern. |
|                         | Competency Evaluation   | Assess professional development at the end of the training                 | • Collated through Survey Gismo  
• Review with training director, supervisor and doctoral intern. |
|                         | Supervisor Assessment   | Feedback regarding supervisors                                             | • Collated through Survey Gismo  
• Training director and supervisors review. |
|                         | Program Evaluation      | Feedback regarding program                                                 | • Collated through Survey Gismo  
• IQLT and training director review. |
| One year from completion and annually for seven years | Alumni Survey | Feedback regarding internship preparation for profession | • Collated through Survey Gismo  
• IQLT and training director review. |
Individualized Training Plan

Trainee Name: 
Date of development/review/update: 

This plan has been designed to assist the trainee in managing clinical work and planning for additional training to meet competencies. This individualized training plan is based on evaluation of areas of growth as noted by the trainee and/or supervisors. The trainee's areas of training interest, individual needs to develop competency and areas that the supervisors feel would be appropriate to challenge the trainee are all appropriate for the plan.

Competency areas to consider may include: ethics, diversity, research/scholarly inquiry, professionalism, communication and interpersonal skills, assessment, intervention, supervision and consultation. Please prioritize meeting competency expectations over meeting personal goals. This document should help guide supervision and training priorities. This plan will be developed at the beginning of the training year and will be updated with each new rotation. It may be updated per the trainee or supervisors' preferences at a greater frequency. This document requires coordination among trainees and supervisors.

Goal of training 1:

Task for trainee: 

Task for supervisor to support trainee, or resources and opportunities needed/requested: 

Goal of training 2:

Task for trainee: 

Task for supervisor to support trainee, or resources and opportunities needed/requested: 

Goal of training 3:

Task for trainee: 

Task for supervisor to support trainee, or resources and opportunities needed/requested: 

Signature and date of trainee acknowledging the plan has been reviewed with supervisor(s) and updated:

Signature and date 

Signature and date

Signature and date of at least one supervisor or the training director acknowledging the plan has been reviewed and approved:

Signature and date 

Signature and date

Signed training plans should be saved in the trainee's file. Trainees may also request a copy.
Appendix—Recruitment Survey

Program Materials
1. How did you hear about us?
2. Indicate your interview location.
3. Indicate the sites you were being considered for during your interview.
4. Rate your experience navigating the website and materials shared.
5. Rate how informative you found the website and materials shared.
6. Rate how accurate you found the website and materials shared.
7. Rate how well the website and materials prepared you for your interview.
8. What adjustments, if any, would you make to the website and materials shared?
9. If you have any additional comments or concerns regarding the website/materials, please outline them in the text box below:

Communication
10. Rate the timeliness in which you were contacted about your interview status.
11. Rate your experience with email communication with the training program before your interview date.
12. Rate your experience with available interview dates.
13. Rate your experience with being provided directions to the facility.
14. Rate your experience with being greeted upon arrival.
15. If you have any additional comments or concerns regarding communication, please outline them in the text box below:

Panel Interview
16. Rate how informative and helpful you found your interview.
17. Rate the relevancy of the interview questions.
18. Rate your experience with opportunities to ask questions.
19. Any comments on the interview experience? What adjustments, if any, would you make to the interview process?

Interaction with Current Interns
20. Rate how informative and helpful you found the discussion with current interns.
21. Rate your experience with opportunities to ask questions.
22. If you have any additional comments or concerns regarding interaction with current interns, please outline them in the text box below:
Tour

23. Rate how informative you found your tour guide?

Overview and Feedback

24. Please rate your perception of the extent the program values diversity in training and promotes inclusion within the program.

25. Overall, how would you rate the training program after completing the interview process?

26. What are three factors that increase your interest in training at the Hazelden Betty Ford Foundation?

27. What are three factors reduce your interest in training at the Hazelden Betty Ford Foundation?

28. Feel free to add any additional feedback or comments here:
Appendix–Orientation Satisfaction Survey

Orientation Satisfaction Survey

The following questions address your initial orientation to the program. We are very interested in your input and opinions. Please respond to each question based on your assessment of the experience. Survey data is aggregated and used to continuously improve orientation for stronger learning outcomes and better intern satisfaction.

1. The campus tour and orientation to the site was helpful.

   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |

2. Training on documentation and the use of the electronic health care system during orientation was a helpful introduction to the system and expectations.

   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |

3. Although I will be training all year, I found the orientation period to be helpful to prepare me for the primary tasks of the training year.

   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |

4. The orientation schedule was organized and easy to follow.

   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |

5. The use of a variety of orientation methods including in-person teaching, observation of tasks, discussions, video review, reading materials and written protocols was helpful.

   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |

6. Overall, the orientation was beneficial.

   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |

Please add any additional information, suggestions or comments in regard to the orientation:

Thank you for completing this Orientation Evaluation.
Appendix–Self-Assessment

Self-Assessment

Please enter your name: ________________________________

Please indicate if you are currently beginning your training, at your mid-term or have reached the completion of your training year: ________________________________

The goal of this evaluation is to encourage students to evaluate their current level of competency based on the profession-wide competencies of health service psychology. Please provide a rating for each competency. See the Competency Evaluation in this training manual for further information about the ratings and the definitions of competency terms as needed.

Competency Rating Scale:

1. **Unsatisfactory/Needs Remediation:** Displays significant problems. May have apparent lack of aptitude for the task or role. This includes unethical practice or boundary violations.

2. **Entry Level:** Typical Practicum-level skill set. Requires continuous supervision. Expected to last no longer than the first one to three months of internship. Has classroom knowledge and understanding of tasks, psychology theory, techniques and skills yet displays limited experience in putting knowledge into practice. Requires additional supervision and monitoring to carry out tasks.

3. **Intermediate Internship:** Typical skill set for practice during mid-year internship. Displays significant knowledge of role, and functions professionally with regular supervision.

4. **High Internship:** Typical skill set for completion of internship or during residency. Requires supervision, but displays highly developed professional skills and judgment. Supervision is often focused on consultation, non-routine tasks and refinement of advanced skills. Generally achieved after nine to 12 months of internship.

5. **Advanced/Autonomous:** Indicates knowledge and skill necessary for autonomous practice. Consults when appropriate. Typical rating for completion of residency.

Rate your competency in:

1. Research/Scholarly Inquiry
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Individual Therapy Interventions
8. Group Therapy Interventions
9. Crisis Interventions
10. Providing Supervision
11. Consultation

*Additional comments are welcomed. We encourage you to explain your thoughts on any particularly low or high ratings.*
Appendix—Competency Evaluation

Competency Evaluation for Doctoral Interns and Postdoctoral Residents

Trainee name: ________________________________

Please indicate if this is a mid-year or end-of-year evaluation: ________________________________

Introduction

Please note that there are nine profession-wide competencies based on the Standards of Accreditation (SoA). The competency list and definitions used in this document are taken from the SoA and applied to the activities and expectations at this training site. The profession-wide competencies are: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

Evaluations of a trainee’s competence must be based at least in part on direct observation, either in person or through video review.

Each supervisor will use the following rating scale to assess profession-wide competencies at mid-term and completion of the internship or residency. Any rating falling below the required ratings described below indicates a need for a narrative explanation at the end of the document.

- Doctoral interns are expected to achieve a minimum rating of 3 on each competency/objective at mid-term and at least a rating of 4 on each competency/objective by completion of the internship.
- Residents are expected to have a minimum rating of 4 on each competency/objective at mid-term and a rating of 5 on each competency objectives by completion.

Competency Objective Ratings Scale

N/A Indicates not applicable or not assessed by this evaluator.

1 Unsatisfactory/Needs Remediation: Displays significant problems. May have apparent lack of aptitude for the task or role. This includes unethical practice or boundary violations.

2 Entry Level: Typical Practicum-level skill set. Requires continuous supervision. Expected to last no longer than the first one to three months of internship. Has classroom knowledge and understanding of tasks, psychology theory, techniques and skills yet displays limited experience in putting knowledge into practice. Requires additional supervision and monitoring to carry out tasks.

3 Intermediate Internship: Typical skill set for practice during mid-year internship. Displays significant knowledge of role, and functions professionally with regular supervision.

4 High Internship: Typical skill set for completion of internship or during residency. Requires supervision, but displays highly developed professional skills and judgment. Supervision is often focused on consultation, non-routine tasks and refinement of advanced skills. Generally achieved after nine to 12 months of internship.

5 Advanced/Autonomous: Indicates knowledge and skill necessary for autonomous practice. Consults when appropriate. Typical rating for completion of residency.
**Competency 1: Research**

**Goal:** Demonstrate the ability to critically evaluate and disseminate research including completion of scholarly activities (conferences, presentations, publications) at the local, regional or national level.

**Note for internship supervisors:** This competency is often measured through observation of the doctoral intern displaying the ability to read scholarly articles and apply the information to clinical activities. For example, trainees may bring information to supervision from reading journal articles in order to discuss and apply the information to clinical work. Additionally, the training program creates experiential tasks to provide a setting for trainees to further demonstrate this skill such as structured case presentations during didactics and scholarly inquiry projects and presentations.

**Objective 1:** Independently and proactively seeks out the current research and literature on topics relevant to clinical practice. Has developed and demonstrates effective strategies for scholarly inquiry to refine one’s current knowledge of the literature and the empirical basis for clinical work including evidence-based practices.

N/A 1 2 3 4 5

**Objective 2:** Overall demonstrates the skills necessary to complete scholarly inquiry tasks, such as case presentations. This includes applying information in the literature to clinical practice and presenting the material in an accurate and sound manner as evidenced by clear integration of research literature into conceptualization and interventions.

N/A 1 2 3 4 5

**Objective 3:** Demonstrates critical thinking skills essential for evaluating the current research literature and applying it to clinical practice. Shows the ability to consider validity, reliability, results, relevance and other studies on the topic.

N/A 1 2 3 4 5

**Objective 4:** Applies ethical and legal standards in regard to research and/or scholarly inquiry including citing sources when appropriate.

N/A 1 2 3 4 5

**Objective 5:** Demonstrates cultural sensitivity, developmental awareness, and recognition and respect for individual differences in all phases of scholarly inquiry and/or research.

N/A 1 2 3 4 5

**Objective 6:** Displays professional values, attitudes and behaviors when engaging in research and/or scholarly inquiry activities such as presentations.

N/A 1 2 3 4 5

**Objective 7:** Demonstrates effective communication skills in presenting research material, specifically the ability to produce and comprehend oral, nonverbal and written communication that is informative and well-integrated when presenting research and/or scholarly inquiry findings.

N/A 1 2 3 4 5

**Competency 2: Ethical and Legal Standards**

**Goal:** Demonstrate knowledge of and acts in accordance with the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct and all relevant laws, rules, regulations and policies governing health service psychology at the organizational, local, state, regional and federal level. This includes adhering to 42-CFR and mandated reporting guidelines. This includes recognizing potential ethical dilemmas, utilizing a sound ethical decision-making model, consulting when appropriate and behaving ethically.

**Note for internship supervisors:** It is expected that trainees received foundational knowledge on ethical decision making and professional standards of care and behavior from their coursework. This competency is met through a variety of training activities, and is supported and monitored through supervision. During orientation, training on mandated reporting, privacy and standards of care is provided. Trainees are also provided all the Hazelden Betty Ford Foundation policies and attest to reading each policy. Trainees are expected to and given the opportunity to use supervision and consultation time to discuss potential ethical dilemmas, apply ethical decision-making skills and engage in behaviors that meet ethical and legal standards. Ethical and legal standards of behavior are necessary for all tasks of internship; therefore, objectives on the competency of ethical and legal standards have also been woven into other competencies listed in this evaluation.
**Objective 1:** Demonstrates knowledge and awareness of the ethical and legal standards of health service psychology and current trainee role.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Objective 2:** Displays the capacity and willingness to identify potential ethical dilemmas and/or legal concerns.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Objective 3:** Demonstrates sound decision-making skills in regard to potential ethical or legal dilemmas. Displays good judgment in seeking help and acting independently.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Objective 4:** Displays behavior in accordance with the ethical and legal standards of health service psychology, taking appropriate steps to resolve ethical dilemmas.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Objective 5:** Demonstrates skill in utilizing supervision and consultation to effectively resolve ethical dilemmas as appropriate.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Objective 6:** Respects patient rights and confidentiality. Shows the ability to be discreet, and limits sharing patient information to when and where appropriate.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Competency 3: Individual and Cultural Diversity**

**Goal:** Exhibit current theoretical and empirical knowledge of individual differences and the ability to apply the knowledge to clinical practice in all professional activities. Demonstrate awareness and understanding of how the trainee's own personal/cultural history, attitudes and biases may affect how the trainee understands and interacts with people different from the trainee. Demonstrate the ability to independently integrate awareness and knowledge of individual and cultural differences, not only in regard to patients, but also in regard to other professionals, in order to apply an effective framework and use a professional approach to work with a range of diverse individuals and groups effectively.

**Note for internship supervisors:** The training program provides training on this competency in a variety of ways including didactic topics on individual differences, multiculturalism and specific populations.

Training rotations are provided on both male and female units. Doctoral intern's case presentations are an example of a task promoting self-reflection in regard to each trainee's own individual factors of diversity, history and bias, and how these factors may have affected treatment provided; encouraging the use of a framework and interventions based on evidence-based practices and the current literature; and providing an opportunity for the trainee to display skills in integrating awareness and knowledge of diversity and individual differences into clinical practice. It is expected that trainees demonstrate competency in individual and cultural differences in all tasks. Trainees ask about sexual orientation, gender identification and cultural identity during assessments. Trainees demonstrate consideration of individual differences when providing conceptualizations of patients. Trainees use skillful effort in providing clinical interventions and consultation recommendations appropriate for each patient's individual identity and needs. Trainees use supervision techniques appropriately taking into consideration individual differences in regard to the supervisees and patients under the supervisee's care. Therefore, the competency is also woven into other competency areas on this evaluation as well.

**Objective 1:** Demonstrates awareness of one's own personal/cultural history and identity, attitudes and biases, and is self-reflective in practice. Acknowledges the effect personal identity may have on therapy. Recognizes and shows willingness to process countertransference reactions in consultation and supervision.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Objective 2:** Exhibits current theoretical and empirical knowledge on topics of individual and cultural diversity, and demonstrates the use of scholarly inquiry to continue to develop this knowledge.

| N/A | 1 | 2 | 3 | 4 | 5 |

**Objective 3:** Exhibits the ability to utilize self-awareness and knowledge of individual and cultural differences in providing effective clinical services including assessment and intervention. Demonstrates the ability to develop effective therapeutic alliances with people different from one's self.

| N/A | 1 | 2 | 3 | 4 | 5 |
Objective 4: Exhibits the ability to utilize self-awareness and knowledge of individual and cultural differences in providing effective consultation to others including peers and the multidisciplinary team.

N/A 1 2 3 4 5

Objective 5: Demonstrates professional values, attitudes and behaviors including interpersonal skills showing consideration for diversity in verbal, nonverbal, and written communication with individuals differing from the trainee.

N/A 1 2 3 4 5

Objective 6: Demonstrates the ability to make sound ethical and legal decisions displaying cultural sensitivity, developmental awareness and recognition and respect for individual differences with diverse patients, peers, volunteers, students, staff or community members.

N/A 1 2 3 4 5

**Competency 4: Professional values, attitudes and behaviors**

Goal: Demonstrate behavior that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others.

Note for doctoral intern supervisors: The training program weaves professional values, attitudes and behavior development into all areas of training. Evaluation of behaviors for this competency for may be captured during supervision, didactics and observations of clinical activities and other interactions between the trainee and peers, supervisors, patients and the multidisciplinary team.

Objective 1: Behaves in a conscientious manner, fulfills responsibilities in a timely manner without additional prompting and is productive. Actively works as a team member to successfully complete tasks in a cooperative manner. Demonstrates accountability, reliability and integrity in all tasks.

N/A 1 2 3 4 5

Objective 2: Displays acceptance of others. Models professionalism through forming positive relationships without exception.

N/A 1 2 3 4 5

Objective 3: Shows interest in self-development. Engages in self-reflection regarding one’s personal and professional functioning. Actively seeks and demonstrates openness and responsiveness to feedback. Utilizes feedback and supervision opportunities effectively for growth.

N/A 1 2 3 4 5

Objective 4: Engages in activities to maintain and improve performance and well-being including activities to improve self-management, self-awareness, self-evaluation and self-care. Demonstrates strategies to reduce risk of clinician burnout and external stressors affecting treatment work. Prioritizes self-care and acknowledges the connection between clinician self-care and effective clinical services.

N/A 1 2 3 4 5

Objective 5: Demonstrates an attitude of valuing the profession's legal and ethical standards through behaviors.

N/A 1 2 3 4 5

Objective 6: Demonstrates an attitude of value and respect for diversity and individual differences through behaviors.

N/A 1 2 3 4 5

Objective 7: Upholds a professional display of positive regard and respect toward the organization, training program, mental health department, multidisciplinary team and leadership.

N/A 1 2 3 4 5

Objective 8: Displays effort, and participates in learning activities such as didactics, case presentations and supervision.

N/A 1 2 3 4 5

Objective 9: Presents appropriately for the role including hygiene and dress, per the standards of the organization and expectations of supervisors.

N/A 1 2 3 4 5

Objective 10: Is punctual and reliable. Follows established deadlines and protocols. Presents on time for training activities, appointments and meetings.

N/A 1 2 3 4 5
**Competency 5: Communications and Interpersonal Skills**

**Goal:** Develop and maintain effective relationships with a wide range of individuals, including peers, the mental health team, supervisors, students, the multidisciplinary team, departments, communities, organizations and patients. This includes effective communication and interpersonal skills along with successfully managing difficult situations and conflicts.

**Note for doctoral intern supervisors:** The doctoral interns are expected to be able to demonstrate effective communication and interpersonal skills with peers, their supervisors, the mental health team, the multidisciplinary team, other professionals, patients and patient's families. This skill set is required for all tasks of internship. This includes exchanging information through verbal, nonverbal, and written communication, such as multidisciplinary team consultation, direct patient care, emails, supervision, documentation of services and coordination with the mental health team. During orientation, trainees are taught documentation standards and techniques for writing to meet medical necessity, Joint Commission and professional standards. Communication also includes the connection between people, use of active listening, rapport and trust building, boundaries, displays of warmth, expressions of empathy and other emotions, validation and understanding of emotions conveyed.

**Objective 1:** Overall, maintains effective, professional relationships with a wide range of individuals.

N/A 1 2 3 4 5

**Objective 2:** Effectively comprehends oral, nonverbal and written communication from a wide variety of sources in order to successfully complete tasks.

N/A 1 2 3 4 5

**Objective 3:** Produces oral communication that is informative, well thought out and well-integrated in a clear, effective, organized manner at the level appropriate for the assumed audience.

N/A 1 2 3 4 5

**Objective 4:** Produces written communication including patient file documentation that is informative and well-integrated in a clear, effective, concise manner at the level appropriate for the assumed audience and meeting medical necessity standards.

N/A 1 2 3 4 5

**Objective 5:** Demonstrates effective interpersonal skills including the ability to be direct and assertive. Manages difficult communication, disagreements and conflicts in a professional, diplomatic and tactful manner.

N/A 1 2 3 4 5

**Objective 6:** Overall, demonstrates ethical boundaries. Displays appropriate boundaries and effectively adjusts boundaries based on the type of relationship.

N/A 1 2 3 4 5

**Competency 6: Assessment**

**Goal:** Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics, collect relevant data using multiple sources, and use methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification and recommendations. At the same time, must guide against decision-making biases and distinguish the aspects of assessment that are subjective from those that are objective. Communicate the findings and the implications of the assessment in an accurate and effective manner being sensitive to a range of audiences using both written and oral formats.

**Note for doctoral intern supervisors:** The training program focuses heavily on diagnostic and risk assessment experiences with some opportunities for further testing available. All tasks will be considered in completion of the ratings below. Trainees learn about the pros/cons and strengths/barriers of assessment in early recovery. Trainees learn to tease out substance use symptoms from other mental health disorders. Trainees are coached on documentation of assessment findings to meet medical necessity standards for billing, Joint Commission standards and professional standards. Trainees learn to tailor both written and oral communication to explain diagnoses, clinical impressions and treatment recommendations to
Objective 1: Demonstrates the ability to use interpersonal skills to develop rapport necessary and appropriate for assessment.

Objective 2: Displays proficiency in test selection, administration, scoring and interpretation based on the referral question and individual patient factors. (N/A is an acceptable response if testing was not a task during training.)

Objective 3: Overall demonstrates knowledge and skill in interviewing patients as part of the diagnostic intake assessment in order to accurately and effectively gather the information necessary per department standards for diagnostic assessment completion. Gathers information including presenting problems, precipitating events, mental health history and current symptoms, treatment history, psychiatric medications, developmental history, family and social history, educational and employment background, mental status and behavioral observations, suicide and other risk factors, strengths and areas of growth, spirituality and factors of diversity. Is able to gather enough information for diagnostic clarity and treatment planning in the standard time allotted.

Objective 4: Demonstrates the ability to develop accurate, clear and concise case formulations based on clinical information on file, observations, self-report, potentially test results and collateral information along with consideration for the current research and empirical literature. Case formulations and recommendations are useful for the mental health and multidisciplinary team.

Objective 5: Demonstrates knowledge and the ability to make accurate diagnoses supported by clinical information based on clinical information on file, observations, self-report, potentially test results and collateral information. Able to make sound decisions regarding differential diagnoses based on empirical findings in the literature and the DSM-5.

Objective 6: Demonstrates competence and sensitivity to individual and cultural differences when completing assessments including asking about factors of individual difference, assessing in a manner that takes into consideration these factors, and integrating these factors into each patient's assessment of needs, conceptualization, and recommendations.

Objective 7: Displays proficiency in providing concise written communication of assessments including information gathered in clinical interviews, test results, interpretations and recommendations in a professional, accurate, informative and efficient manner.

Objective 8: Meets expectations regarding following ethical and legal standards as they relate to assessments and documentation of assessments including providing appropriate informed consent.

Objective 9: Meets expectations regarding displaying professional standards of attitudes and behaviors as they relate to assessment.

Objective 10: Demonstrates skill in formulating patient-centered treatment recommendations and treatment plans based on clinical information and assessment results. Documentation of this meets Joint Commission standards.

Objective 11: Demonstrates skill in communicating feedback orally to patients regarding diagnostic impressions, test results and treatment recommendations.

Objective 12: Demonstrates the knowledge of and ability to assess for risk of harm to self or others, and document the assessment clearly and in a timely and accurate manner. Is able to use the risk assessment protocol required in addition to utilizing clinical assessment and decision-making skills. Able to make sound clinical decisions in regard to risk.
Competency 7: Intervention

Goal: Demonstrate the ability to establish and maintain effective therapeutic relationships with patients. Develop evidence-based interventions with intended goals. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables. Apply relevant research literature to clinical decision making. Modify and adapt evidence-based practices appropriate for the population served. Evaluate intervention effectiveness and show the ability to be flexible in order to meet patients where they are at and meet their needs.

Note for doctoral intern supervisors: The competency intervention encompasses individual therapy, group therapy and crisis intervention from rapport building to skillful intervention to termination. Among activities taken into consideration in determining competency, trainees are observed in person and/or through video review while providing interventions. Trainees also present cases during didactics that display their ability to assess, conceptualize and put planned interventions into action then reflect on the interventions used. This competency also includes the effective use of at least one well-formed, evidence-based theoretical orientation to conceptualize, organize patient data and guide intervention.

Objective 1: Demonstrates the ability to establish and maintain effective therapeutic alliances with patients through active listening, trust building, healthy boundaries, empathy, communication, interpersonal, and other relationship building skills. This may also include effective and appropriate use of self-disclosure.

N/A 1 2 3 4 5

Objective 2: Demonstrates knowledge of evidence-based practices for providing individual therapeutic interventions and shows the ability to make clinical decisions based on current research literature.

N/A 1 2 3 4 5

Objective 3: Demonstrates knowledge of evidence-based practices for providing group therapeutic interventions and displays the ability to implement evidence-based interventions focused on the group goals and the patient population.

N/A 1 2 3 4 5

Objective 4: Demonstrates knowledge of research and uses this to guide one’s ability to provide effective practices in crisis intervention as needed.

N/A 1 2 3 4 5

Objective 5: Demonstrates the ability to utilize at least one evidence-based theoretical orientation to organize patient data, develop well-formed conceptualizations and guide intervention.

N/A 1 2 3 4 5

Objective 6: Demonstrates the ability to consider individual and cultural differences in building rapport, determining interventions and applying interventions.

N/A 1 2 3 4 5

Objective 7: Displays the ability to formulate and implement evidence-based methods of intervention focused on patient presenting problems and needs, diagnoses, strengths, limitations, treatment goals and priorities guided by assessment in order to achieve patient outcomes.

N/A 1 2 3 4 5

Objective 8: Shows flexibility in applying interventions to be effective. Demonstrates the ability to evaluate interventions and adapt based on self-reflection and other means of evaluating effectiveness. Also understands the strengths and limitations of empirical approaches and is able to modify and adapt evidence-based approaches effectively to meet the needs of the population or individual served.

N/A 1 2 3 4 5

Objective 9: Demonstrates the ability to recognize transference and countertransference, and other relationship dynamics, shows awareness of how this affects therapy and displays skills to respond to these dynamics whether in a group or individual setting.

N/A 1 2 3 4 5

Objective 10: Demonstrates ethical decision-making and behaviors in providing interventions.

N/A 1 2 3 4 5

Objective 11: Demonstrates professional values, attitudes and behavior when providing interventions including setting realistic expectations of patients, fostering positive expectations of hope and encouraging change while accepting the patient.

N/A 1 2 3 4 5

Objective 12: Demonstrates knowledge of termination skills and implements these skills effectively.

N/A 1 2 3 4 5
**Competency 8: Supervision**

**Goal:** Apply supervision knowledge in direct practice.

**Notes for doctoral intern supervisors:** Doctoral interns provide supervision to students in the Graduate School. For evaluation purposes, internship program supervisors are expected to request direct feedback from Graduate School faculty co-facilitating group supervision or complete their own observations of the trainee providing supervision.

**Objective 1:** Demonstrates knowledge of supervision theories and the current research and empirical literature that guide supervision practices.

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**Objective 2:** Demonstrates self-awareness and knowledge of individual and cultural differences in providing effective supervision to students.

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**Objective 3:** Engages in and models ethical and legal behaviors in supervision including but not limited to modeling of use of an ethical decision-making model and utilizing ethical boundaries with supervisees, appropriate for the role.

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**Objective 4:** Engages in and models professional attitudes, values and behaviors in supervision.

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**Objective 5:** Demonstrates the use of self-reflection and evaluation of effectiveness in supervisory interactions, and shows the ability to adapt to better meet supervisees’ needs.

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**Objective 6:** Demonstrates the ability to develop and maintain an effective supervision alliance and communicates effectively with supervisees using skillful interpersonal interventions. Displays the ability to provide a safe, trusting learning environment that upholds both the role of promotion of learning and professional development and gate keeping.

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**Objective 7:** Overall demonstrates the foundational skills of supervision such as the ability to evaluate competency, provide helpful feedback, balance challenge and support, provide modeling and strengthen conceptualization and intervention skills.

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

**Goal:** Demonstrate knowledge and respect for the roles and perspectives of other professions. Applies this knowledge in consultation with other members of the mental health team and members of the multidisciplinary team.

**Notes for doctoral intern supervisors:** The training program provides supervision and observation of the trainee’s consultation. Consultation may be provided to peers, mental health professionals, medical staff, addiction counselors, spiritual care staff, wellness staff, case managers and/or other members of the multidisciplinary team. Consultation may also be provided to patients’ family members. It may be appropriate to request feedback from the team to further support feedback in this section.

**Objective 1:** Demonstrates knowledge of and respect for roles and perspectives of other professions. Demonstrates value in other professions, and seeks feedback and collaborates with members of the multidisciplinary team. Actively avoids splitting.

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**Objective 2:** Utilizes effective consultation skills in the context of the multidisciplinary team when both providing and seeking consultation.

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**Objective 3:** Demonstrates skill in case consultation with members of the mental health team and/or peers when both providing and seeking consultation in settings such as group supervision, mental health department meetings, formal consultation meetings, informal consultation situations and case presentations.

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**Objective 4:** Displays effective communication skills, verbal and written, sharing case conceptualizations and relevant treatment recommendations. Adjusts communication based on the audience and goal of consultation. Communicates an appropriate level of confidence balanced with openness to discussion, feedback and collaboration.

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**Objective 5:** Provides consultation that is sensitive to individual and cultural differences regarding cases being presented and considering the individual differences among those consulting.

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Objective 6: Employs ethical and legal standards, and demonstrates professional values, attitudes and behaviors in regard to consultation, upholding the standards and modeling the behaviors to others.

N/A 1 2 3 4 5

Summary

Strengths:

Areas for Growth and Recommendations:

Additional Comments:

Date reviewed with trainee in person: ________________________________

Signatures

Note: The trainee signature acknowledges receipt of this evaluation, though not necessarily agreement with it. Trainees have the option of providing comments in an attached separate sheet to be saved in the trainee’s file with this evaluation.

Supervisor(s): ________________________________

Trainee: ________________________________

Training Director: ________________________________
Appendix–Supervisor Assessment

Supervisor Assessment

Please enter your name: ____________________________________________

Please identify the supervisor you are rating: _________________________

Directions: The goal of this evaluation is to rate the effectiveness of your supervisory experience. Please assess how much you agree or disagree with the following statements.

### Competency Ratings Scale

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
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### Organization

Please assess how much you agree or disagree with the following statements.

1. My supervision was regularly scheduled (one hour per week).
2. My supervision was regularly fulfilled (one hour per week).
3. My supervisor came to supervision sessions prepared.
4. My supervisor addressed my documentation needs in a timely fashion.
5. My supervisor maintained appropriate communication with me.
6. My supervisor reviewed my individualized training plan.
7. My supervisor assisted me with identifying training goals/needs.
8. My supervisor effectively used research and evidence-based practices while guiding my training.
9. My supervisor provided effective, timely feedback.
10. My supervisor provided feedback and completed, and reviewed my evaluations in a timely, professional manner.

### Effectiveness of Providing Training

Please assess your supervisors knowledge and effectiveness in providing supervision/training in the following areas.

1. Assessment
2. Individual intervention
3. Group intervention
4. Crisis intervention/management
5. Clinical consultation
6. Providing clinical supervision
7. Ethical and legal considerations
8. Diversity and individual differences
9. Research/scholarly inquiry
10. Professional values, attitudes and behaviors
11. Communication and interpersonal skills

What are your supervisor’s greatest strengths or ways you benefited most from their supervision?

What are your supervisor’s greatest areas of growth, or what do you wish they had done differently?

We welcome any additional comments, thoughts or feedback on your supervision experience.
Appendix—Program Evaluation

Program Evaluation

Intern Name (optional): _____________________________________________

Date: ____________________________________________________________

In an effort to identify areas of growth for the Doctoral Internship Program we are seeking out information regarding your experience within your training year. Your response to the following questions will assist in our efforts to make reasonable improvements for the subsequent interns who receive their training through Hazelden Betty Ford’s Mental Health Centers. We appreciate the time and effort placed on evaluating our program.

**Overall Ratings Scale**

<table>
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<tr>
<th>Rating</th>
<th>Description</th>
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<tr>
<td>5</td>
<td>Far Exceeded Expectations</td>
</tr>
<tr>
<td>4</td>
<td>Exceeded Expectations</td>
</tr>
<tr>
<td>3</td>
<td>Met Expectations</td>
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<tr>
<td>2</td>
<td>Below Expectations</td>
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<tr>
<td>1</td>
<td>Far Below Expectations</td>
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**Didactic Trainings**

Please rate the following regarding the didactic trainings.

1. Were didactics scheduled on a regular basis?
2. Topics were relevant to my clinical work and the population served.
3. Topics were relevant to my training goals.
4. Trainers were generally prepared, professional, and knowledgeable.

Feel free to add comments:

**Internship Sites**

Please rate how satisfied you were with the following.

1. First, which site were you located for your overall training?
2. Office space
3. Technology resources
4. Availability of supervisors/psychologists
5. Availability of peer interaction
6. Availability of patients (caseload) and clinical tasks for learning
7. Availability of necessary assessment supplies based on testing expectations from the training team

Feel free to add comments:

**Quality of Training on Profession-Wide Competencies**

Please rate how satisfied you were with your training in the following.

1. Assessment
2. Interventions (crisis, individual, group)
3. Ethical and Legal Standards
4. Communication and Interpersonal Skills
5. Providing Clinical Supervision
6. Clinical Consultation
7. Research/Scholarly Inquiry
8. Individual and Cultural Diversity
9. Professional Attitudes, Values and Behaviors

Feel free to add comments:

**Supervision**

1. Scheduling and consistency of supervision
2. Frequency of supervision
3. Frequency of group supervision
4. Group supervision topics

Feel free to add comments:
Strengths and areas of growth

1. Positive attributes of the program:
2. Areas of growth or ideas:

Training Director’s Leader Survey Items

The following items are taken directly from the yearly employee survey. In an effort to be sure that the training director receives standardized feedback similar to other leaders, your ratings on these questions are specifically related to the training director's performance including how they represent and communicate about the organization to you. This will have a direct impact on her yearly performance evaluation and engagement scores, and will determine whether she has met leadership goals for the year.

1. We have clear processes and procedures for doing our work.
2. I understand how my work goals relate to the organization’s goals.
3. Senior leadership is appropriately visible and accessible to employees.
4. Given the opportunity, I tell others great things about working here.
5. My coworkers respect my thoughts and feelings.
6. I get a sense of accomplishment from my work.
7. My manager encourages and motivates me to do my best.
8. We have a work environment that is accepting of diverse backgrounds and ways of thinking.
9. I receive appropriate recognition (beyond my pay and benefits) for my contributions and accomplishments.
10. I understand how my work goals relate to the organization’s goals.
11. Senior leadership is appropriately visible and accessible to employees.

Additional comments about these questions, the training director, senior leadership, or the organization are welcomed here. Having an explanation of particularly low or high ratings is greatly appreciated!
Appendix–Alumni Survey

Alumni Survey

Thank you for your willingness to respond to this annual survey. The survey is important to gather data to track the strengths and areas of growth of our internship training program. It allows us to track our alumni over time to assure we are providing a training experience that meets our program aims. The data compiled from this survey is critical for our continued accreditation.

Identifying Information
1. First and last name:
2. Current city/state:
3. Preferred email address for training correspondence:
4. Gender identity:
5. Race-ethnicity:
6. Are you subject to the Americans with Disabilities Act?
7. Are you a foreign national?

Degree and Postdoctoral Experience
1. Please list the year you earned your doctoral degree.
2. Please list the name of your doctoral educational program.
3. Degree earned:
4. Type of program:
5. Name of postdoctoral residency site:
6. City/state of postdoctoral residency:
7. Approximate start date of postdoctoral experience:
8. Approximate end date of postdoctoral experience:
9. Select the best description of your postdoctoral residency site:
10. Rate how well your internship training experience prepared you for your postdoctoral experience.

Current Employment
11. Are you currently employed?
12. If applicable, is your position (full time, part time, not applicable)?
13. Name of current employer:
14. City/State of current employer:
15. Select the best description of your current employer:
16. Rate how well your internship training experience prepared you for your current position:

Licensure Information
17. Have you taken the EPPP?
18. Did you pass the EPPP?
19. What was your score on the EPPP?
20. Are you currently licensed as a psychologist?
21. What date did you become licensed?
22. In what states are you licensed?
23. Is licensure required for your current position?

Profession-Wide Competencies
24. Rate how well your internship training experience prepared you in the profession-wide competency of research. Potential examples indicating competency in the area of research include engaging effectively in the field in activities such as program development, critical review of research, scholarly activities, efficacy studies, formal research and/or writing theoretical papers.

25. Rate how well your internship training experience prepared you in the profession-wide competency of ethical and legal standards. Examples of this may include knowledge of and behaviors that follow the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules and policies of health service psychology at varying levels; and professional standards and guidelines. This includes being aware of ethical dilemmas and responding ethically in navigating each situation to reach resolution.
26. Rate how well your internship training experience prepared you in the profession-wide competency of individual and cultural diversity. Examples of this may include the ability to understand your personal identity factors and how they may interact with others’ individual differences; a knowledge base on the topic of diversity; and the ability to apply the knowledge within professional roles such as therapy, supervision and research.

☐ It did not prepare me well. ☐ It prepared me well.
☐ It prepared me somewhat well. ☐ It prepared me very well.

27. Rate how well your internship training experience prepared you in the profession-wide competency of professional values, attitudes and behaviors. Examples of this may include behaviors and attitudes supporting integrity, accountability, self-reflection, self-care, lifelong learning and growth, use of feedback and concern for the safety and welfare of others. Additionally, professional identity development is an important part of this competency area.

☐ It did not prepare me well. ☐ It prepared me well.
☐ It prepared me somewhat well. ☐ It prepared me very well.

28. Rate how well your internship training experience prepared you in the profession-wide competency of communications and interpersonal skills. Examples of this may include the ability to build and maintain effective relationships with peers, multidisciplinary team members, supervisors, supervisees and patients; to effectively document services; to utilize effective verbal, nonverbal and written communication; and to manage interpersonal conflict in a professional manner.

☐ It did not prepare me well. ☐ It prepared me well.
☐ It prepared me somewhat well. ☐ It prepared me very well.

29. Rate how well your internship training experience prepared you in the profession-wide competency of assessment. Examples of this may include the ability to interview effectively, collect relevant data, select tests based on professional standards and current research, interpret results in an objective manner, develop appropriate recommendations, and document all based on the current research and professional standards and considering relevant individual differences.

☐ It did not prepare me well. ☐ It prepared me well.
☐ It prepared me somewhat well. ☐ It prepared me very well.

30. Rate how well your internship training experience prepared you in the profession-wide competency of intervention. Examples of this may include the skills of building and maintaining rapport, developing treatment plans, applying relevant research literature to clinical decision making and conceptualization, and implementing effective interventions based on the current scientific literature and individual patient needs.

☐ It did not prepare me well. ☐ It prepared me well.
☐ It prepared me somewhat well. ☐ It prepared me very well.

31. Rate how well your internship training experience prepared you in the profession-wide competency of supervision, specifically providing supervision to others.

☐ It did not prepare me well. ☐ It prepared me well.
☐ It prepared me somewhat well. ☐ It prepared me very well.

32. Rate how well your internship training experience prepared you in the profession-wide competency of consultation and interprofessional/interdisciplinary skills. Examples of this may include knowledge and skills necessary for effective consultation to various professions.

☐ It did not prepare me well. ☐ It prepared me well.
☐ It prepared me somewhat well. ☐ It prepared me very well.

33. List professional memberships you currently have (i.e., APA member, state association, etc.):

34. Number of articles or books you have published:

35. Number of grants you have been awarded:

36. List any other professional accomplishments:

We would love to hear your feedback. Do you have any comments about the training program, suggestions to make our program better or feedback on gaps you had in your experience? Were there aspects of the training program that you view as continuing to have an influence on you today?
Appendix—Didactic Objectives and Satisfaction Survey

Didactic Objectives and Satisfaction Survey

Training topic:________________________________________________________

Trainer:______________________________________________________________ Name (optional):________________________________________________________

Date:_______________________________________________________________

Training Objectives

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________

Rating Scale:

5  Far Exceeded Expectations
4  Exceeded Expectations
3  Met Expectations
2  Below Expectations
1  Far Below Expectations

1. The presenter was knowledgeable on this topic. 1  2  3  4  5
2. The presenter was organized. 1  2  3  4  5
3. I learned something new from this presentation. 1  2  3  4  5
4. The presenter wove diversity topics into this training. 1  2  3  4  5
5. This presentation fit with my training goals. 1  2  3  4  5
6. I would like additional trainings on this topic. 1  2  3  4  5
The purpose of the Internship Quality Leadership Team (IQLT) is the general oversight and control of the Mental Health Centers Doctoral Psychology Internship Program to ensure the long-term sustainability of program effectiveness.

### Membership
- Senior vice president of recovery services
- Vice president of the Minnesota region
- Vice president of education, quality and research
- Executive director, youth continuum
- Research scientist
- Program faculty representation
- Training director
- National executive director of mental health and/or site specific mental health representatives

### Team Leader
The training director serves as the team leader, sets the meeting agenda, facilitates an inclusive environment, promotes constructive discussion, strives to achieve consensus, adheres to timelines and ensures a results orientation.

### Recording Secretary
The national mental health assistant is the recording secretary, schedules each meeting, provides clerical support, maintains all records, completes meeting minutes and forwards minutes to all team members one week prior to the next scheduled meeting.

### Meetings
Quarterly

### Consultants
Consultants are used at the discretion of the team and may include but are not limited to:
- Doctoral interns
- Hazelden Betty Ford Foundation president and CEO
- Foundation general counsel
- Corporate director, human resources
- Chief medical officer
- Representation from other doctoral psychology internship programs

### Decision-Making Mechanisms
Decisions and recommendations are based on consensus and, as called for, democratic vote.

### Scope
The purview of the IQLT includes all aspects of the program such as strategic effectiveness and operational efficiencies with an emphasis on:
- Strategic alignment with the Hazelden Betty Ford Foundation mission, vision and strategic priorities
- Long-term financial viability
- Internship personnel performance
- Program evaluation data and trends
- Review of quality data and related information
- Identification and prioritization of opportunities for improvement
- Mobilization of resources for performance improvement initiatives
- Charter time limited teams and work groups to advance program performance

### Responsibilities
The team is responsible for:
- Critically reviewing program data and trends
- Identifying, empowering and overseeing quality improvement initiatives
- Ensuring that improvements and innovations initiated are evaluated for effectiveness over time
- Reviewing the general performance of internship personnel in terms of quantity and quality
- Aligning internship goals and objectives with the Foundation's mission, vision and values
- Ensuring that timelines are met and accountability for program performance is secured
- Providing input regarding the size, growth or reductions for program enrollment

### Ad Hoc Committees/Groups/Teams
The team is empowered to establish short-term, goal-directed groups to address key issues with greater focus and intensity.
Appendix– Internship Quality Leadership Team Annual Work Plan

Internship Quality Leadership Team (IQLT) Annual Work Plan, 2021

First Quarter: January, February, March
  • Program faculty: quantity and quality considerations
  • Review human and physical resources for program effectiveness
  • Accreditation review and updates
  • Program evaluation

Second Quarter: April, May, June
  • Progress report: improvements and innovations
  • Intern profiles and demographics
  • Diversity report
  • Program evaluation

Third Quarter: July, August, September
  • Budget proposal and year-end financial results
  • Assessment of program needs
  • Review: The Internship Program Implementation Team (IPIT)
  • Review and approve new policies
  • Program evaluation

Fourth Quarter: October, November, December
  • Review and update IQLT charter and work plan
  • Quality data trends and summary report
  • Year in review: results, trends and opportunities for improvement
  • Program evaluation
# Internship Program Implementation Team (IPIT) Charter

## Mission

The Internship Program Implementation Team (IPIT) is designed to assess program data and trends, solicit input from key constituents, engage in creative problem solving and address questions and recommendations from the American Psychological Association (APA) in order to advance continuous improvement through clearly defined strategies and tactics.

## Membership

- Training director
- Mental health supervisor, Center City
- Group supervision leader (when applicable)
- Plymouth representative
- Hazelden Graduate School of Addiction Studies representative
- Doctoral intern representative(s)

## Team Leader

The training director serves as the team leader, sets the meeting agenda, facilitates an inclusive environment, promotes constructive discussion, strives to achieve consensus, adheres to timelines and ensures a results orientation.

## Recording Secretary

The national mental health assistant is the recording secretary, schedules each meeting, provides clerical support, maintains all records, completes meeting minutes and forwards minutes to all team members one week prior to the next scheduled meeting.

## Meetings

Meetings are held every other month or as deemed necessary.

## Consultants

Use of consultants is at the discretion of the team and consultants may include but are not limited to:
- Foundation president and CEO
- National executive director of mental health
- Executive director for adult recovery services
- Vice president, midwest region
- Executive director, Youth Continuum
- Vice president, education, quality and research
- Foundation general counsel
- Human resources Marketing
- Rotation supervisors
- Research assistant

## Decision-Making Mechanisms

Decision and recommendations are based on consensus and, as called for, democratic vote. Decisions, actions, and recommendations are submitted to the Internship Quality Leadership Team (IQLT) for review and final approval.

## Scope

The purview of the IPIT includes all aspects of the internship program including:
- Access to all program data and information, such as:
  - Program evaluation data
  - Alumni survey results
  - Recruitment data
  - Comprehensive evaluation data and trends
  - Clinical supervision evaluations
  - Program records
- Development, revision and improvement of internship operations
- Best practice visits to other doctoral psychology internship programs
- Literature review regarding internship innovations and improvements
- Focus groups and/or individual interviews
- Review of promotional materials and communications with other schools and programs

## Responsibility

The IPIT is accountable to the IQLT for the effective operation of the internship program.

As indicated under scope, the team is afforded a wide range of options to refine program operations and execute implementation strategies and tactics. Not only is the team empowered to develop, revise and improve the internship program but it also has the purview to study improvements implemented to ensure their sustained effectiveness.

## Ad Hoc Committees/Groups/Teams

The team is empowered to establish short-term, goal-directed groups to address key issues with greater focus and intensity.
## Diversity Sub-Team Charter

<table>
<thead>
<tr>
<th><strong>Mission</strong></th>
<th>The Diversity Recruitment Committee supports, guides and advises the training director and the Internship Quality Leadership Team (IQLT) in ongoing, program-level efforts to develop and follow a long-term, systematic and coherent plan to recruit diverse doctoral interns, and recruit and retain diverse staff as part of the Hazelden Mental Health Centers Doctoral Psychology Internship Program. The goal is to improve strategic recruitment efforts at a minimum frequency of yearly by capturing and reviewing yearly efforts and results, then providing recommendations for improved diversity recruitment and retention.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Membership</strong></td>
<td>Membership is voluntary and may include trainees and staff within the mental health department. Other Hazelden Betty Ford Foundation staff may be invited as appropriate. New members will be recruited to the team yearly to assure representation from the current doctoral interns. The Training Director will recruit supervisors, mental health staff members, doctoral interns and postdoctoral residents and administrative staff. A minimum of three committee members is required to perform the tasks of the team. Hazelden Betty Ford Graduate School faculty, human resources staff, marketing staff and other Hazelden Betty Ford staff may be added as consulting members to the team as needed.</td>
</tr>
<tr>
<td><strong>Team Leader</strong></td>
<td>The training director assigns a yearly team leader. The team leader sets the meeting agenda, facilitates an inclusive environment, promotes constructive discussion, strives to achieve consensus, adheres to timelines and ensures a results orientation.</td>
</tr>
<tr>
<td><strong>Recording Secretary</strong></td>
<td>The senior administrative assistant is the recording secretary, schedules each meeting, provides clerical support, maintains all records, completes meeting minutes and forwards minutes to all team members one week prior to the next scheduled meeting.</td>
</tr>
<tr>
<td><strong>Meetings</strong></td>
<td>A minimum of one meeting will occur yearly upon completion of the yearly internship interviews. Additional meetings may be scheduled throughout the year as needed.</td>
</tr>
<tr>
<td><strong>Decision-Making Mechanisms</strong></td>
<td>Decisions and recommendations are based on consensus and, as called for, democratic vote.</td>
</tr>
</tbody>
</table>
| **Scope** | The purview of the Diversity Sub-Team includes all aspects of diversity recruitment at the mental health department and internship program level along with retention efforts. The Sub-Team may capture information and make recommendations on the areas of:  
• Recruitment strategies for internship from active marketing to application review to interview to recruitment surveys to rankings and match.  
• Recruitment strategies at the program level for mental health department staff at the Plymouth and Center City locations.  
• Retention strategies for diverse staff including efforts to enhance and sustain a welcoming and inclusive culture. |
| **Responsibilities** | The team reviews, summarizes and assesses yearly recruitment and retention efforts and results and makes recommendations for improvement. The team provides a thorough yearly report including all of the information below to be saved in the internship folder. This report will be available to the Commission of Accreditation, if requested, to show our systematic and long-term efforts. The yearly report will build on the previous year’s report. Diversity Sub-Team members may be delegated tasks throughout the year in implementing recommendations made and to take action to maintain the culture of inclusion.  

The yearly report will minimally include:  
• Capturing and documenting the yearly recruitment strategies  
• Summarizing intern application and interview data  
• Capturing and documenting the yearly recruitment strategies and results for diverse staff  
• Summarizing open positions, staff applications and interview data when information is available to the team  
• Capturing and documenting the yearly retention strategies and results for diverse staff  
• Summarizing yearly staff retention efforts  
• Providing a list of recommendations for improvement. Of note, this list will be submitted to the training director to be presented to the IQLT for review and approval during the Quarter 2 IQLT meeting yearly. Recommendations will be sent to the IPIT team for implementation when approved. |
Quality Improvement Process

- Strategy Plans
- Financial Data
- Program Outcomes
- Professional Accountability
- Quality Measures

Internship Quality Leadership Team (IQLT) → Internship Program Implementation Team (IPIT) → Improvements and Innovations
The Hazelden Betty Ford Foundation is a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs. As the nation’s leading nonprofit provider of comprehensive inpatient and outpatient treatment for adults and youth, the Foundation has 17 locations nationwide and collaborates with an expansive network throughout health care. With a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center, the Foundation today also encompasses a graduate school of addiction studies, a publishing division, an addiction research center, recovery advocacy and thought leadership, professional and medical education programs, school-based prevention resources and a specialized program for children who grow up in families with addiction.

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