



2023-2024 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 several locations around the country including California, Colorado, Florida, Illinois, 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 Betty Ford 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 its 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 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 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 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; Greenwood Village, Colorado; Naples, Florida; Chicago, Illinois; Chaska, Maple Grove, and Saint Paul, Minnesota; 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 find treatment and recovery support more easily. 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, dietitians, 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 to be eligible to match to our program.

There are two match numbers for the internship program, corresponding to the two training tracks/sites. 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. Be a U.S. Citizen.
3. Have completed the Association of Postdoctoral Psychology and Internship Centers (APPIC) application.
4. 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.
5. Have successfully completed their school's Comprehensive Examination.
6. Provide a current curriculum vita.
7. Provide an official transcript of all graduate work.
8. Include three letters of recommendation from resources with direct knowledge of your clinical experience, strengths, and interests.

The application deadline is **November 1** of each year.

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

1. Confirm status as a U.S. Citizen.
2. Signing a form acknowledging 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.
3. Successful completion of a background check including fingerprinting.
4. Completion of the 2-step baseline tuberculin skin test screening (Mantoux testing) and appropriate follow-up as indicated.
5. Proof of malpractice insurance, often provided by their educational program.
6. Proof of COVID vaccination or receive approval for submitted declination form.

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 the internship's APPIC

directory posting 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, eight Hazelden Betty Ford Foundation-recognized holidays (64 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:

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Please contact the interim 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

Harnessing science, love and the wisdom of lived experience, we are a force of healing and hope for families and communities affected by substance use and mental health conditions.

Vision Statement

Empowering recovery and wellbeing for all.

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 everyone'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 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 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 Ford'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 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 harnessing science, love, and wisdom of experience from supervisor to supervisee to patient. 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 holding on to learned and felt experiences using science, love, and wisdom of lived experience.

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 clinical supervisors at both the Center City and Plymouth locations to implement training. The training director confers often with the clinical supervisor at the Plymouth site to coordinate training across sites. The training director reports to the national leader of mental health. The clinical supervisor at the Center City and Plymouth locations have reporting responsibility to the directors of those locations and the national leader of mental health services.

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 leadership at the Center City and Plymouth locations 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 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 administrative assistants support functions of the internship training program including, but not limited to, scheduling, setting 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 can 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 administrative assistants schedule each meeting, provide clerical support, maintain all records, record meeting minutes, and forward 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) 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 administrative assistant schedules the meeting, keeps records, and records 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 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 and 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. Everyone 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 can 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-identifying 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. To be clear, trainees are providing supervision under supervision; this is supervision provided under the purview of the graduate school and is differentiated from treatment supervision provided at the students’ practicum sites. 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.

Regarding 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 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 administrative 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 platform 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 a shared computer drive. 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 administrative assistant.

Videoconferencing technology is set up in multiple meeting rooms 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 state-of-the-art exercise equipment, a gym for basketball, outdoor walking trails, and indoor walking path 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 will 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 adjust 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. The trainee will complete the Clinical HR Staff Checklist provided by Human Resources in addition to internship-specific training. Additionally, due to Minnesota-specific 245i requirements, within 90 days of first providing direct contact services to a patient, trainees will complete training in the following: trauma-informed care and secondary trauma, person-centered individual treatment plans; co-occurring substance use disorders; and culturally responsive treatment practices. Trainees working with patients under 18, specifically those working at the Plymouth location, will additionally be required to complete training about adverse childhood experiences (ACES); family-centered treatment plans and seeking partnerships with family and other natural supports; substance use disorders in family systems; and child development, including cognitive functioning and physical and mental abilities.

In the second phase of training, 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, 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 will 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 supervision.

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 of supervision occurs in the weekly consultation group. 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 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 supervisees 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 regarding 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 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 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 can 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 use 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 assessment 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 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 can 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 regarding 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 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 staffing, 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 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 nurse practitioners daily through email communication and informal meetings.
- **Third-Party Contacts:** Doctoral interns, at times, consult with third parties, supported by releases of information, 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 2023-2024.

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 primary units for female-identifying units.
2. Tiebout and Silkworth Paired Units: Providing services to adults at the residential care level on two primary units for male-identifying units.
3. Shoemaker and Promises Paired Units: Providing services to adults at the residential care level on two primary units for male-identifying units.
4. Cronin and Dia Linn Paired Units: Providing services to adult, health care professionals at the residential care level for all genders.
5. Lilly and Osborne Paired Units: Providing services to adults at the day treatment-plus level of care (housing on campus) for all genders.
6. 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.

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 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 monthly 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 spent 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.

Mental Health Doctoral Internship-specific Program Policies

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 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 process.
4. 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.
5. Based on the recommendation of reviewers through the Stage II Application Review Form, the training director will calculate each applicant's average rating.
6. 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.
7. 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.
8. 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.
9. 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.
10. At the completion of the interview, each interviewer will complete the Stage III Doctoral Internship Applicant Interview Form.
 11. 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.
 12. Doctoral interns will be selected through the ranking system set forth through APPIC Match.
 13. 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.
 14. If 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.
 15. 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, CO7, 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 maybe 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 start date.
3. Stipends are paid on a biweekly basis on alternating Fridays throughout the year. Payments can be made by direct deposit to an account at the financial institution elected.
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 state-of-the-art exercise equipment, a gym for basketball, indoor walking path, and outdoor walking trails.
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 licensed clinical psychologists.

Postdoctoral residents will receive two hours of supervision per week, at least one hour 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. Didactic documentation must include the topic, trainer including credentials, date of the training, and length of the training. This information must be available if requested in an audit.

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. 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 with 30 days of the trainee start date and any time a new supervisor is assigned. Contracts will be saved to the trainee's file. A list of trainees and designated supervisors is available at each training location. Supervision contracts must be updated minimally on an annual basis.
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. Supervision must meet treatment supervision standards in Minnesota. Supervision will follow the plan agreed upon in the supervision contract. The supervisor will provide feedback, coaching, teaching, and skill practice opportunities during supervision to target competency development. Supervision must include review of the trainee's caseload including a review of and evaluation of the interventions delivered, discussion and training on alternative strategies when indicated, review and feedback on services, corresponding items such as treatment plans and documentation, cultural perspective, and patient needs. Supervision must include case reviews. Cases must be reviewed every 2 months by a mental health professional. The review must include (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and the individual treatment plan; (2) a review of the appropriateness, duration, and outcome of treatment provided to the patient; and (3) treatment recommendations.
6. 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.
7. 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 training director or other designated mental health leadership. 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 training director or other designated mental health leadership.
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 Telesupervision

Policy Statement: Doctoral interns may participate in individual or group didactic training remotely via audio or visual technology. Consistent with the Training Program's commitment to quality, remote participation in didactic training will not account for more than 50% of the minimum required two weekly hours of didactic training.

In addition, telesupervision of a doctoral intern's provision of clinical services may be used when face to face supervision is impracticable. Telesupervision will include a visual component. To be clear, telesupervision will only be provided in extreme circumstances to assure the doctoral intern is fully supported by supervisors.

Purpose: Stressing a developmental model of learning that ensures acquisition of competence, the program training model and philosophy informs the appropriateness of remote participation in didactic training. As a result, remote participation enriches face to face didactic experiences. Remote participation is used to enhance doctoral intern learning through group interaction under the leadership and expertise of a doctoral level licensed psychologist in situations that limit face to face in person interactions. The clinical supervision and didactic instruction of doctoral interns at the Plymouth location are effectively integrated within the larger cohort of doctoral interns at the Center City location for a more dynamic learning experience.

Telesupervision of a doctoral intern's provision of clinical services may be appropriate in some circumstances. This policy ensures telesupervision is used in a manner that ensures a high quality of services provided to patients and is employed only when face to face supervision is impracticable.

Procedures:

1. Remote participation in didactic training is used to enhance doctoral intern learning based on greater opportunities for peer interaction under the guidance of a doctoral level licensed psychologist. Doctoral interns at the Plymouth location have limited access to a larger cohort and benefit from collegial relationships in the development of clinical competence. As a result, program faculty is required to foster an effective milieu conducive to peer-interaction at a distance. Remote participation is not used solely for faculty convenience and is arranged in collaboration with participating doctoral interns when in person interaction is limited.

2. Faculty recognizes that principles of didactic instruction and clinical supervision generalize to remote participation settings and telesupervision, but require greater attention to non-verbal communication, emotional cues, and other discrete elements of instruction and supervision which may elude audio-visual arrangements. As a result, supervising faculty are required to strengthen face to face instruction and supervision by focusing more intently on subtle issues that could be missed via remote participation or telesupervision.
3. Throughout the internship experience, remote participation in didactic training is available for doctoral interns at a distance. Doctoral interns are screened by the clinical supervisor to ensure appropriateness of remote participation in didactic training based on:
 - The frequency and availability of opportunities for intern-to-intern and intern-to-supervisor socialization,
 - Individual doctoral intern characteristics,
 - Collateral information,
 - Previous experience with didactic training,
 - Personal preferences, and
 - Learning style.

If a doctoral intern is not found to be a likely candidate for remote participation, other arrangements are made to fulfill the instruction expectations.

4. Through careful planning, program faculty ensures that doctoral interns from both locations have frequent and predictable opportunities for socialization and relationship building. Doctoral intern socialization fosters more effective group interaction conducive to didactic training.
5. Throughout the internship experience, telesupervision of doctoral interns may be available when face to face supervision is impracticable. Clinical supervisors will evaluate the appropriateness of telesupervision based on:
 - The availability of adequate face to face supervision,
 - The doctoral intern's level of experience, competence, and expertise,
 - The location of the patients, doctoral intern, and supervisors,
 - The complexity of patient needs,
 - Technological capabilities, and
 - The best interests of patients.
6. The on-site primary clinical supervisor has full responsibility for clinical cases. This responsibility is shared with the program faculty providing telesupervision. In most cases, the Training Director provides telesupervision and works in collaboration with the primary doctoral level psychologist at Plymouth to ensure not only effective clinical supervisory practices, but also clinical oversight for assigned cases.
7. Unscheduled clinical crises and urgent cases are the responsibility of the on-site clinical supervisor who has full responsibility for clinical cases assigned to doctoral interns participating in telesupervision. The on-site clinical supervisor provides more than 50% of face-to-face supervision and has the advantage of input from the telesupervision conferences. As a result, the onsite supervisor works closely with doctoral interns to assess and effectively manage urgent and crisis situations.
8. Program faculty providing remote didactic instruction and telesupervision are required to formally review all privacy and confidentiality standards with participating doctoral interns at the onset of each clinical rotation. Confidentiality, privacy, and professional conduct standards are subsequently reviewed throughout clinical supervision to foster alignment between knowledge and practice.
9. The training director ensures that all technical aspects of remote participation in didactic training and telesupervision are proactively addressed including routine training for program faculty and doctoral interns.

Internship Retention and Termination 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 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 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.
4. 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.
5. 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 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 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
- Self-Assessment at program completion
- Supervisor Assessment at rotation 3 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 address relevant concerns and challenges influencing performance.

Purpose: Clinical supervisors, program faculty and other the Mental Health Centers psychologists are available to assist doctoral interns in their efforts to establish a professional identity. Advisement typically helps doctoral interns adjust to the daily demands of a clinic setting, provides mentorship regarding performance concerns, supports the exploration of future career and clinical opportunities, and provides a forum to discuss the interaction between career aspirations and personal considerations. However, mental health or other personal issues are routinely referred to the Hazelden Betty Ford Foundation Employee Assistance Program (EAP).

Procedures:

1. The doctoral intern requests advising either from the supervising psychologist or training director. Advisement is distinct from clinical supervision and is scheduled separately.
2. Contingent on the nature of the request, other practicing psychologists in the organization may be contacted to provide more specialized advisement regarding research or teaching opportunities, dissertation questions, clinical practice specialization or other relevant professional considerations.
3. Issues requiring clinical assessment or treatment are referred to the Hazelden Betty Ford Foundation Employee Assistance Program (EAP).
4. If the issue is related to performance concerns, the training director will refer the doctoral intern to a pre-identified senior clinician within the Mental Health Centers. This individual will serve as a mentor by providing advocacy and support for the doctoral intern and does not provide evaluation of the doctoral intern.
5. Advising and mentorship require a note to the intern's file addressing the basic nature of the contact and reference to additional follow-up or implications for future planning. The following will be documented in the doctoral intern's file:
 - a. Date of referral
 - b. Reason for referral
 - c. Dates of advisement/mentoring sessions
 - d. Recommendations for additional follow-up

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 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 regarding 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 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 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.

Definition:

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 regarding 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. 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: Any members who have a conflict of interest in the complaint being reviewed will only be invited to the meeting as needed or warranted. 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: 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
 - Martin Luther King Jr. Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Christmas Day

Additionally, interns are offered one floating holiday each year to accommodate differing needs, beliefs, and cultures.

2. Requests for vacation time need to be made in advance to the training director, site clinical supervisor, or other designated site leadership 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 clinical supervisor no less than two weeks prior to the expected absence. Leaves are granted at the discretion of the training director and clinical supervisor. Any remaining professional leave time following the completion of the doctoral intern's dissertation, with training director or clinical supervisor 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 supervisor, program manager, 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 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 Procedure:

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 break times.

1. Additional time to lactate outside of scheduled break or mealtimes 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 and request assistance in scheduling rooms.

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. Everyone 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 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 Policy Manager.

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 if 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 to continue to support reference and credentialing requests.

Appendix: Mental Health Doctoral Intern Job Description

Basic Information

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

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

<u>Percentage</u> (Up to 100%)	<u>Essential Duties & Responsibilities</u>
15%	<p>Provide mental health assessment, ensuring proper placement and identifying barriers to recovery and stability.</p> <ul style="list-style-type: none"> • 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. • Demonstrates proficiency in administration, scoring and interpretation of various psychological testing instruments, and integrates results in establishing diagnoses, recommendations, and treatment planning. • Develop mental health diagnoses consistent with DSM 5 criteria. • Refer to psychiatry or other specialized programming as indicated by individual patient need. • Provide quality and timely documentation that accurately reflects clinical service consistent with internal and external standards including notes and treatment plan documentation. • Meet established yearly productivity expectations
40%	<p>Provide individual and/or group therapy utilizing evidence-based intervention strategies and best practices.</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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%	<p>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.</p> <ul style="list-style-type: none"> • 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%	<p>Provide co-supervision while under supervision. Provide direct supervision of Hazelden Graduate School of Addiction Studies (HGSAS) students as part of their training experience.</p> <ul style="list-style-type: none"> • Participate with faculty in the evaluation of the supervisees. • Consult with other professionals and staff regarding supervisory issues.
5%	<p>Facilitate crisis intervention to ensure safety and wellbeing of patients.</p> <ul style="list-style-type: none"> • Complete assessments of safety risk, safety plan, provide interventions, and document clearly. • Participate in conflict resolution meetings representing the mental health team.
15%	<p>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.</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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%	<p>Assure a safe and secure environment for patients, staff, guests, and visitors to include:</p> <ul style="list-style-type: none"> • 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 & 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 2 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

1. **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.
2. **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.
3. **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.

4. **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.

5. **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.

6. **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.

7. **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.

8. **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.

9. **Adaptability 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.

10. **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.

11. **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.

12. **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.

13. **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.

14. **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

FYI	Emergency Preparedness	Fire/Severe Weather
xxx	xxx	xxx

Physical Demands and Work Environment

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

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.

Appendix- 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 14, 2023 and the last day of internship will be August 16, 2024. 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 Betty Ford 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. I agree to follow COVID-related protocols and expectations set forth by the Hazelden Betty Ford.
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 Hazelden’s Mental Health Centers will provide me with an internship site, supervisors and trainers, learning situations, a structured program, use of the library, and opportunities for involvement in activities to further my growth.
13. For this internship, I will receive a total stipend in the amount of \$31,518 for the time period from August 14, 2023 to August 16, 2024 , 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 and the intern’s school.

Appendix- Supervision Contract

Note that the supervision contract must be signed within 30 days of starting the training program. It must be renewed annually.

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) Be responsible to indicate the mental health provider role with each individual patient followed, in the E.H.R, including identifying the co-signing supervisor. Bring a current patient list to supervision. Actively review cases including assessment data gathered, cultural values and needs, interventions used, and case conceptualizations. Be prepared to review documentation, treatment plans, and goals developed with patients. Be open to alternative strategies, coaching, and feedback to promote improved patient care. Outpatient patients must be reviewed minimally every 2 months.
- 3) 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).
- 4) Always work within the limits of my competency, skills, training, and role. Ask for help when needed and seek supervision when appropriate.
- 5) Comply with all clinic and program policies, procedures, and paperwork, including volume expectations and timelines.
- 6) Be open and honest (sharing successes, areas of growth, and mistakes) and willing to accept constructive feedback.
- 7) 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.
- 8) Actively participate in the supervision process by setting goals, planning, setting priorities, and identifying criteria for success.

- 9) Provide the supervisor with honest feedback about supervision and the supervisory process. Identify and address strains or ruptures in the supervisory relationship.
- 10) Strive to be self-aware, self-reflective, and willing to work toward professional growth and competence. Engage in regular self-care and honest self-evaluation.
- 11) Share current qualifications as a supervisor on the training team including listing their history of training as a qualified clinician and supervisor, strengths, and areas of growth. Summarize what is discussed here to meet MN 245i requirements.

- 12) 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) Review cases with the trainee including assessment data gathered, cultural values and needs, interventions used, and case conceptualizations. Review documentation, treatment plans, and goals developed with patients. Provide immediate feedback and coaching. Complete a case review of each outpatient case assigned to the supervisee every 2 months.

- 10) 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.
- 11) Seek consultation/support on best practices in supervision and on topics/issues outside of my expertise.
- 12) Provide the supervisee with honest and constructive written and verbal feedback about their work.
- 13) Be available to provide clinical guidance and address crisis situations during non-supervisory times.
- 14) Help support ethical practice and work with supervisee toward professional growth, autonomy, and competence.
- 15) Identify and addresses strains or ruptures in the supervisory relationship.
- 16) Provide fair and objective feedback in my competency evaluations of the supervisee. Assure feedback is provided in person and in writing with them at mid-year and end of the year. Additionally, provide feedback throughout the training year in an informal manner.
- 17) Comply with supervisory guidelines and expectations established by Hazelden Betty Ford Foundation, APPIC, and the Minnesota laws and statutes.
- 18) Keep the Training Director and the supervisee's other assigned supervisors informed of the supervisee's progress. Current supervisors and those who may be delegated the task of supervision include (please add names and license number):

- 19) 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

Supervisor Signature and License Number

Date Reviewed and Signed

Appendix-Supervision log for MHA Observation

Supervisor:

Supervisee:

Date:

Length of session:

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/NON-VERBALS/COMMUNICATION
SKILLS/ATTITUDE:

STYLE OF INTERVIEWING OVERALL:

KEEPING PATIENT ON TRACK/TIME MANAGEMENT/PRIORITIZING:

RECOMMENDATIONS FOR TREATMENT/EXPLANATION OF DIAGNOSIS:

CONSULT WITH TEAM:

PROCEDURAL STEPS COMPLETED:

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 scan into the trainee's file. Feel free to give the trainee a copy if it seems appropriate.

Appendix- Supervision Log for Group Observation

Supervisor:

Supervisee:

Date:

Length of session:

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/NON-
VERBALS/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?

Please scan and save in the trainee's file. Feel free to give the trainee a copy if it seems appropriate.

Appendix–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.

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

Appendix–Evaluation Timeline

Timeline of data request	Survey name	Data purpose	Review
After Interview -January	Recruitment Survey	Feedback about interview and recruitment process to assess and improve process	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Collated through Survey Gismo Training director, supervisor and doctoral intern review.
	Orientation Satisfaction Survey	Feedback about orientation experience	<ul style="list-style-type: none"> Collated through Survey Gismo IQLT and the training director review.
October	Individualized Training Plan	Assess, document and agree on training needs	<ul style="list-style-type: none"> Training director, supervisor and doctoral intern review. Review at monthly Training Committee Team Meeting as needed.
January (rotation change)	Supervisor Assessment	Feedback regarding supervisors	<ul style="list-style-type: none"> Collated through Survey Gismo Training director and supervisors review.
	Individualized Training Plan	Assess, document and agree on training needs	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Collated through Survey Gismo Review with training director, supervisors and doctoral intern.
	Competency Evaluation	Assess professional development	<ul style="list-style-type: none"> Collated through Survey Gismo Review with training director, supervisor and intern.
May (rotation change)	Supervisor Assessment	Feedback regarding supervisors	<ul style="list-style-type: none"> Collated through Survey Gismo Review with supervisors.
	Individualized Training Plan	Assess training needs	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Collated through Survey Gismo Review with training director, supervisor and doctoral intern.
	Competency Evaluation	Assess professional development at the end of the training	<ul style="list-style-type: none"> Collated through Survey Gismo Review with training director, supervisor and doctoral intern.
	Supervisor Assessment	Feedback regarding supervisors	<ul style="list-style-type: none"> Collated through Survey Gismo Training director and supervisors review.
	Program Evaluation	Feedback regarding program	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Collated through Survey Gismo IQLT and training director review.

Appendix-Recruitment Survey (virtual version)

Program Materials

- 1) How did you hear about us?
 - APPIC Directory Online
 - Hazelden Betty Ford Website
 - Web Search
 - Hazelden Betty Ford Past or Current Trainee
 - Other: (please specify):

 - 2) Indicate the site or sites you applied to
 - Center City Plymouth Both Center City and Plymouth
 - 3) Rate your experience navigating the website and materials shared.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
 - 4) Rate how informative you found the website and materials shared.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
 - 5) Rate how well the website and materials prepared you for your interview.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
 - 6) Any additional comments on the materials? What adjustments, if any, would you make to the website and materials shared?
-

Communication

- 7) Rate the timeliness in which you were contacted about your interview status.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
 - 8) Rate your experience with setting up an interview date.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
 - 9) Rate your experience with email communication with the training program before your interview date.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
 - 10) Rate your experience with the communication around the virtual WebEx interview process.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
 - 11) If you have any additional comments or concerns regarding communication, please outline them in the textbox below:
-

Panel Interview

- 12) Rate how informative and helpful you found your interviews.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 13) Rate the relevance of the interview questions.
 - Far Below Expectations, Below Expectations, Met Expectations, Exceeded

- Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 14) Rate your experience with opportunities to ask questions.
Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 15) Rate your experience with the video technology used for the interviews.
Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 16) Any comments on the interview experience? What adjustments, if any, would you make to the interview process?
-

Interaction with Current Interns

- 17) Rate how informative and helpful you found the discussion with current interns.
Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 18) Rate your experience with opportunities to ask questions.
Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 19) If you have any additional comments regarding interaction with current interns, please outline them in the textbox below:
-

Overview and Feedback

- 20) Please rate your perception of extent the program values diversity in training and promotes inclusion within the program
Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 21) Overall, how would you rate your expectations of the training program after completing the interview process?
Far Below Expectations, Below Expectations, Met Expectations, Exceeded Expectations, Far Exceeded Expectation, Cannot Say/No Opinion
- 22) What do you view as the top 3 strengths that make you interested in training at Hazelden Betty Ford Foundation?
-
-
-

- 23) What 3 factors reduce your interest or make you hesitant about training at Hazelden Betty Ford Foundation?
-
-
-
-

- 24) Feel free to add any additional feedback or comments here:
-

Thank you for taking our survey. Your response is very important to us.

Appendix- Self-Assessment

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

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. _____

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 no longer than the first 1-3 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 in 9-12 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 (diagnostic intakes, brief testing, and risk assessment)
- 7) Individual Therapy Interventions
- 8) Group Therapy Interventions
- 9) Crisis Interventions
- 10) Providing Supervision

11) Consultation

12) Additional comments are welcomed. We encourage you to explain your thoughts on any particularly low or high ratings. _____

Thank you for taking our survey. Your response is very important to us.

Appendix-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 strong learning outcomes and better intern satisfaction.

- 1) The campus tour and orientation to the site was helpful.
Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Not Applicable
Comments:
- 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, Not Applicable
Comments:
- 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, Not Applicable
Comments:
- 4) The orientation schedule was organized and easy to follow.
Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Not Applicable
Comments:
- 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, Not Applicable
Comments:
- 6) Overall, the orientation was beneficial.
Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Not Applicable
Comments:
- 7) Who on the mental health team or other HBFF departments was particularly helpful in making you feel welcomed and/or giving you useful guidance and information? We would like to take the time to recognize those team members.

8) If you were planning new trainee orientation for next year, what would you do differently?

9) Please add any additional information, suggestions, or comments in regards to the orientation:

Thank you for completing this Orientation Evaluation.

Appendix-Supervisors Assessment

1) Please enter your name:

2) Please identify the supervisor you are rating:

You will fill this survey out once each for each of your individual supervisors.

Organization

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

My supervision was regularly scheduled (1 hour per week)

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervision was regularly fulfilled (1 hour per week)

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervisor came to supervision sessions prepared

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervisor addressed my documentation needs in a timely fashion

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, N/A

My supervisor maintained appropriate communication with me

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervisor reviewed my individualized training plan on time

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervisor assisted me with identifying training goals/needs

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervisor effectively used research and evidenced based practices while guiding my training

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervisor provided effective, timely feedback

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

My supervisor completed and reviewed my evaluations in a timely, professional manner

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

Ultimately, my supervisor provided me with what I needed developmentally at this stage of my training

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

Effectiveness of Providing Training in:

Please assess your supervisors knowledge based and effectiveness in providing supervision/training in the following areas using this scale:

1- Far Below Expectations

2- Below Expectations

3- Met Expectations

4- Exceeded Expectations

5- Far Exceeded Expectation

Assessment (diagnostic intake, testing, risk assessment)

Individual Intervention

Group Intervention

Crisis Intervention/Management

Clinical Consultation

Providing Clinical Supervision
Ethical and legal considerations
Diversity and individual differences
Professional attitudes, values, and behaviors
Communication and interpersonal skills (written, verbal, non-verbal)

Comments

- 3) What are your supervisor's greatest strengths or ways you benefited most from their supervision?
- 4) What are your supervisor's greatest areas of growth or what do you wish they had done differently?
- 5) We welcome any additional comments, thoughts, or feedback on your supervision experience.

Thank you for taking our survey. Your response is very important to us.

Appendix-Feedback for intern's unit MHP

Please fill this out for your unit MHP.

- 1) Your MHPs first and last name:
- 2) The MHP did a good job orienting me to the new unit rotation. I received what I needed to be successful.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 3) The MHP communicated respectfully and effectively with me.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 4) My MHP's boundaries were appropriate.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 5) My MHP's behaviors and communication left me feeling appropriately respected in my role as a trainee.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 6) My MHP offers praise and acknowledgement of my work. I feel seen and acknowledged.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 7) The MHP is effective at giving me feedback as needed.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 8) The MHP responds positively to feedback
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 9) My MHP helps me meet my training goals.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 10) The MHP is balanced in responding to me with the clear communication and support I need as a trainee and also gives me the appropriate amount of independence to learn and grow.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 11) The MHP possesses the knowledge, experience and skills necessary to support me in performing my clinical and training roles.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 12) The MHP contributes to my learning experience on internship.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 13) When my MHP is out, they communicate with me about coverage and I feel I can manage based on the plan and communication provided.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 14) In multidisciplinary team meetings, I feel that my MHP and I work well together. My MHP is a good role model for consultation and allows me the time and space to also consult with the team so I can find my voice.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 15) I feel the caseload I held and the expectations provided by my MHP were appropriate for my skills and training needs.
Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- 16) Please take the time to provide written comments about your MHP such as things you found helpful or possible areas of growth for the MHP when training and supporting another intern or postdoc.

Thank you for taking our survey. Your response is very important to us.

Appendix-Didactic Satisfaction Survey

<Insert Didactic Topic >

Trainer: <Insert Trainer Name and
 Credentials> Name (optional):

Date: Enter date of presentation.

Ratings 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

Appendix-End of Year Program Evaluation

Didactic Trainings (Please rate the following regarding the didactic trainings)

- 1) Were Didactics scheduled on a regular basis (weekly with few exceptions) Yes, No
- 2) Topics were relevant to my clinical work here and the population served
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 3) Topics were relevant to my training goals
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 4) Trainers were generally prepared, professional, and knowledgeable.
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 5) Feel free to add comments:

Internship Sites (Please rate how satisfied you were with the following)

- 6) First, which site were you located for your overall training? Center City, Plymouth
- 7) Office space
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 8) Technology resources
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 9) Availability of Supervisors/Psychologists
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 10) Availability of peer interaction
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 11) Availability of patients (caseload) and clinical tasks for learning
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 12) Availability of necessary assessment supplies based on testing expectations from the training team
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 13) Feel free to add comments: _____

Quality of Training on Profession-Wide Competencies

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

- 14) Assessment (diagnostic intakes, risk assessment, screeners/brief testing)
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 15) Interventions (crisis, individual, group)
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 16) Ethical and Legal Standards

- Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 17) Communication and Interpersonal Skills
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 18) Providing Clinical Supervision
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 19) Clinical Consultation
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 20) Research/Scholarly inquiry
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 21) Individual and Cultural Diversity
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 22) Professional Attitudes, Values, and Behaviors
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 23) Feel free to add comments: _____
-

Supervision

- 24) Scheduling and consistency of supervision
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 25) Experience of experiencing group supervision including the leader, structure, and topics
Far Exceeded Expectations, Exceeded Expectations, Met Expectations, Below Expectations, Below Expectations
- 26) Feel free to add comments: _____
-

Program strengths and areas of growth

- 27) Positive Attributes of the Program _____
- 28) Areas of growth or new ideas _____

Thank you for taking our survey. Your response is very important to us.

Appendix-Alumni Survey

Identifying Information

- 1) First and Last Name: * _____
- 2) Current City/State: _____
- 3) Preferred email address for training correspondence (if we have contacted you at a less preferred address): _____
- 4) Gender identity:
- Male cisgender
 - Female cisgender
 - Male transgender
 - Female transgender
 - Gender Queer/Non-binary
 - Other (we apologize for not having your identity listed)- Write In: _____
- 5) Race/Ethnicity (Select all that apply):
(Please note that we used the wording of the US Department of Education and encourage you to use the write in option if the list is limiting)
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latinx
 - Native Hawaiian or Pacific Islander
 - White
 - Other (we apologize for not having your identity represented here)- Write In: _____
- 6) Are you subject to the Americans with Disabilities Act? Yes, No, prefer not to say
- 7) Are you a foreign national? Yes, No, prefer not to say

Degree and Postdoctoral Experience

- 8) Please list the year you earned your doctoral degree.
- | | | |
|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> 2011 | <input type="checkbox"/> 2018 | <input type="checkbox"/> 2025 |
| <input type="checkbox"/> 2012 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2026 |
| <input type="checkbox"/> 2013 | <input type="checkbox"/> 2020 | <input type="checkbox"/> 2027 |
| <input type="checkbox"/> 2014 | <input type="checkbox"/> 2021 | <input type="checkbox"/> 2028 |
| <input type="checkbox"/> 2015 | <input type="checkbox"/> 2022 | <input type="checkbox"/> Not completed yet (N/A) |
| <input type="checkbox"/> 2016 | <input type="checkbox"/> 2023 | |
| <input type="checkbox"/> 2017 | <input type="checkbox"/> 2024 | |
- 9) Please list the name of your doctoral educational program. _____
- 10) Degree earned:
- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Did not complete doctoral degree | <input type="checkbox"/> Other (required): |
| <input type="checkbox"/> Psy.D. | | |
| <input type="checkbox"/> Ed.D. | | |
| <input type="checkbox"/> M.Ed. | | |
- _____ *
- 11) Type of Program:
- Clinical
 - Counseling
 - School
 - Other (required): _____ *

- 12) Name of your postdoctoral residency site: (Skip this item if you did not complete a postdoctoral residency) _____
- 13) City and State of Postdoctoral Residency: (Skip this item if you did not complete a postdoctoral residency) _____
- 14) Approximate start date of postdoctoral experience: (Skip this item if you did not complete a postdoctoral residency) _____
- 15) Approximate end date of postdoctoral experience: (Skip this item if you did not complete a postdoctoral residency) _____
- 16) Select the best description of your postdoctoral residency (Skip this if you did not complete a postdoc residency)
 (titles listed are based on CoA's recommendations, please use "other" and describe the setting if you feel limited)
- Community Mental Health Center
 - Medical School/Academic Health Center
 - Medical/Healthcare Setting (e.g., group practice)
 - Private Hospital
 - Private Psychiatric Hospital
 - State/County Hospital
 - Independent Practice
 - School District/System
 - Veterans Affairs Medical Center
 - University Counseling Center
 - University Teaching Faculty
 - Other (required): _____
- 17) Rate how well your internship training experience prepared you for your postdoctoral experience: (Skip if you didn't complete a postdoctoral residency)
- It did not prepare me well. It prepared me somewhat well. It prepared me well. It prepared me very well.
-

Current Employment Information

- 18) Are you currently employed?
- Yes
 - Unemployed, seeking work
 - Retired
 - Other - Write In: _____
- 19) Is your position: FT, PT, N/A
- 20) Name of current employer: _____
- 21) City/State of current employer: _____
- 22) Select the best description of you current employer:
 (If you find this list limiting, use the "other" option and describe the setting.)
- Community Mental Health Center
 - Medical School/Academic Health Center
 - Medical/Healthcare setting (e.g., group practice)
 - Private Hospital
 - Private Psychiatric Hospital
 - State/County Hospital

- Independent Practice
- School District/System
- Veterans Affairs Medical Center
- University Counseling Center
- University Teaching Faculty
- Other (required): _____*

23) Rate how well your internship training experience prepared you for your current position:

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

Licensure Information

24) Have you taken the EPPP? Yes, No

25) Did you pass the EPPP? Yes, No

26) What was your score on the EPPP? ____ (skip this item if you don't remember or if it doesn't apply to you)

27) Are you currently licensed as a psychologist? Yes, No

28) If licensed as a psychologist, what date did you become licensed?

29) If licensed as a psychologist, which state(s) are you licensed? _____

30) Is licensure required for your current position? Yes, No

Profession Wide Competencies

31) Rate how well your internship training experience prepared you in the profession wide competency of research and scholarly inquiry. 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.

It did not prepare me well. It prepared me somewhat well. It prepared me well. It prepared me very well. Not applicable.

32) 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 which 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.

It did not prepare me well. It prepared me somewhat well. It prepared me well. It prepared me very well. Not applicable.

33) 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 somewhat well. It prepared me well. It prepared me very well. Not applicable.

34) 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 somewhat well. It prepared me well. It prepared me very well. Not applicable.

35) 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, non-verbal, and written communication; and to manage interpersonal conflict in a professional manner.

It did not prepare me well. It prepared me somewhat well. It prepared me well. It prepared me very well. Not applicable.

36) 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 somewhat well. It prepared me well. It prepared me very well. Not applicable.

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

It did not prepare me well. It prepared me somewhat well. It prepared me well. It prepared me very well. Not applicable.

38) 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 somewhat well. It prepared me well. It prepared me very well. Not applicable.

39) 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 somewhat well. It prepared me well. It prepared me very well. Not applicable.

Professional Accomplishments

40) List professional memberships you currently have (e.g., APA member, state association, etc.): _____

41) Number of articles or books you have published: _____

42) Number of grants you have been awarded: _____

43) List any other professional accomplishments: _____

44) 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 continuing to have an influence on you today? _____

Thank you for taking our survey. Your response is very important to us.

Appendix-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 of at least one supervisor or the Training Director acknowledging the plan has been reviewed and approved:

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

Appendix-Internship Quality Leadership Team (IQLT) Charter

Mission	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	President and CEO of the Hazelden Betty Ford Graduate School of Addiction Studies; Vice Regional Vice President and Executive Director, Center City; President of Mental Health; Executive Director, Plymouth; Internship Training Director; and site-specific Mental Health representative for Plymouth.
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	<p>Consultants are used at the discretion of the team and may include, but are not limited to:</p> <ul style="list-style-type: none"> • Doctoral Intern • Hazelden Betty Ford President and CEO • Foundation General Counsel • Corporate Director, Human Resources • Chief Medical Officer • Representation from other Doctoral Psychology Internship Programs
Decision Making Mechanisms	<p>Decisions and recommendations are based on consensus and, as called for, democratic vote.</p>
Scope	<p>The purview of the IQLT includes all aspects of the program such as strategic effectiveness and operational efficiencies with an emphasis on:</p> <ul style="list-style-type: none"> • 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	<p>The team is responsible for:</p> <ul style="list-style-type: none"> • 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 Hazelden Foundation 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	<p>The team is empowered to establish short-term, goal-directed groups to address key issues with greater focus and intensity.</p>

Appendix-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
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	<p>Use of consultants is at the discretion of the team and consultants may include but are not limited to</p> <ul style="list-style-type: none">• The Foundation President and CEO• The National Executive Director of Mental Health• The Executive Director for Adult Recovery Services• The Vice President, Midwest Region• The Executive Director, Youth Continuum• The Vice President, Education, Quality, and Research• The Foundation General Counsel• Human Resources• Marketing• Rotation Supervisors• Research Assistant
Decision Making Mechanisms	<p>Decision and recommendations are based on consensus and, as called for, democratic vote. Decisions, actions, and recommendations are submitted and the Internship Quality Leadership Team (IQLT) for review and final approval.</p>

Scope	<p>The Purview of the IPIT includes all aspects of the internship program including</p> <ul style="list-style-type: none"> • 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	<p>The IPIT is accountable to the IQLT for the effective operation of the internship program.</p> <p>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.</p>
Ad Hoc Committees/Groups/Teams	<p>The team is empowered to establish short-term, goal-directed groups to address key issues with greater focus and intensity.</p>

Appendix-Diversity Sub-Team Charter

Mission	<p>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.</p>
Membership	<p>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 3 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.</p>
Team Leader	<p>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.</p>
Recording Secretary	<p>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.</p>

Meetings	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.
Decision Making Mechanisms	Decisions and recommendations are based on consensus and, as called for, democratic vote.
Scope	<p>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:</p> <ul style="list-style-type: none">• 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.

Appendix-Internship Quality Leadership Team (IQLT) Annual Work Plan, 2022-2023

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

Appendix: Quality Improvement Process



