



LORENZ CLINIC

Family Psychology Internship

Our Family Psychology training program is the bedrock of our clinic. It is an outgrowth of our commitment to professionalism and fierce dedication to serving the underserved. The training program features individual and group supervision, monthly agency-wide case consultation, monthly grand rounds, and periodic in-services. Because we host trainees from a variety of professional developmental stages, the training environment is rich and marked by a high level of peer collaboration. Past invited speakers included Drs. Irvin Yalom, Bruce Perry (pictured), Pauline Boss, Harry Aponte, Mac Baird, Sue Johnson, Peter Zelles, Mary Catherine Bateson, David Hong, Bill Doherty, and Ed Watkins.



The Specialty

Family Psychology is a distinct specialty within the larger field of psychology that integrates systems-oriented theories and treatment models into professional practice. Family Psychology is often viewed as where the fields of professional psychology and family therapy meet—a profession onto itself with a distinct, unique body of knowledge and modes of training. The American Psychological Association offers the following description. The specialty is also recognized by the American Board of Professional Psychology (ABPP). Many Family Psychologists also belong to the American Family Therapy Academy or the Society for Family Psychology, Division 43 of the American Psychological Association.

Placements

A highlight of the training program is that it hosts trainees from a variety of professional developmental levels:

- Postdoctoral Fellowship. Our Family Psychology postdoctoral fellowship is designed for trainees with doctoral degrees in psychology who are working toward licensure. This is a full-time, one-year, salaried position.
- Pre-doctoral Psychology Internship. For doctoral students in their final year of study. This is a full-time, one-year, salaried position.
- Post-Master's Internship. For MFT, LGSW or LPCC program graduates working on post-degree clinical hours. This is a full-time, two-year, salaried position.
- Therapy Practicum. For Marriage & Family Therapy or Psychology graduate students in their second or third years of study.

Internship Goals

Overall, The Lorenz Clinic trains supervisees to become competent, ethical, responsible professionals with a primary emphasis in service to children, couples, and families. The training program seeks to train supervisees to reach developmentally-appropriate levels of competence related to the Specialty Competencies in Couple and Family Psychology (Stanton & Welsh, 2011). Supervision within the training program is generally governed by policies the clinic has

adopted from APA's Guidelines for Clinical Supervision in Health Service Psychology (APA, 2014) as well as other sources.

Program Aims

The training experience is tailored to each student's unique learning goals and professional developmental level. Interns are expected to develop a working learning contract and regularly update it with their primary supervisor. Because the program is set in a family-focused outpatient clinic, interns can expect to gain experience and training specific to private practice (e.g., diagnostic formulation, documentation standards, interfacing with child protection, etc.).

Additionally, the program facilitates growth in the following areas:

- Therapeutic reflective functioning
- Process/Content Distinctions
- The ability to consider context
- Second-order change
- Developing evidence-based theoretical orientations
- Diagnostic formulation & treatment planning
- Application of systems-oriented intervention models
- Ability to academically critique commercialized interventions

Interns are required to train in the following competencies throughout the Internship the Specialty Competencies in Couple and Family Psychology as adapted from Stanton & Welsh (2011):

- Foundational Competencies
 - Ethical & Legal Competency
 - Diversity Competency
 - Interpersonal Interaction Competency
 - Professional Identity as a Couple & Family Psychologist/Therapist
- Functional Competencies
 - Integration of Science and Practice Competency
 - Conceptualization Competency
 - Assessment Competency
 - Intervention Competency
 - Consultancy Competency
 - Family Forensic Psychology Competency
 - Supervision Competency in Couple & Family Psychology
 - Teaching Competency in Couple & Family Psychology

Locations

Set within an outpatient private practice, the training program is integrated into the larger clinic, and trainees often practice alongside fully-licensed, experienced clinicians. The clinic has four locations—Victoria, Chaska, Prior Lake, and Rosemount—all of which are located about 30 miles from downtown Minneapolis. Each of our locations has a multidisciplinary staff that includes child specialists, couples counselors, and adult therapists. Lorenz Clinic also provides psychological testing and psychiatric medication management at some locations.

<http://lorenzclinic.com/join-us/careers/post-doctoral-internship/>



Having these specialized services under one roof helps us impact many problems from a variety of angles, making change more likely and sustainable. Interns will typically maintain their outpatient clinical work within a singular location, but may be placed at any one of the clinic's locations, as determined by training goals, client needs, and available space. Interns at any of the four locations will focus primarily on outpatient therapy and psychological testing services at that clinic and direct client contact will comprise of more than 40% of the training time. Offices used by interns are located alongside other licensed and unlicensed staff and are within proximity to administrative support staff.

Supervision

Interns are directly supervised by licensed psychologists who have had multiple years of licensure as a licensed psychologist in the state of Minnesota. Interns are provided 1 hour weekly of individual, dedicated, face-to-face supervision with each administrative and clinical supervisor at their respective office for a total of 2 minimum hours of individual supervision per week. Supervision has been separated into two functions – Administrative and Clinical supervision. Typically, interns will remain with the same administrative and same clinical supervisor throughout their year-long Internship rotation. Interns must regularly track their hours of supervision each week via supervision hours tracking logs to ensure that they are receiving the minimum number of hours to complete the application for licensure after completing a separate Postdoctoral Fellowship. Interns are housed at a location which also includes one of their supervisors.

Administrative Supervision

Administrative Supervisors have primary authority and control over trainees and the services they provide. In addition to serving as trainees' primary manager within the overall clinic, administrative supervisors take full, sole responsibility for the clinical services provided by their supervisees as well as all related billing and client files. Administrative Supervisors are charged with developing trainees' Supervision Plans and promptly updating them as necessary. The Training Director assigns administrative supervisees based on the supervisor's credentials, competencies, and program fit. Administrative Supervisors ensure trainees' clinical documentation meets the clinic's stated standards and deadlines and will sign all documentation created by the Intern in the Electronic Healthcare Record system. Administrative supervisors ensure that all cases are assigned to trainees based on the trainee's developmental level and supervisor competence. They also have the authority to initiate disciplinary action when necessary and regularly review trainees' progress related to production requirements. All administrative supervisors have maintained licensure for a minimum of 1 calendar year and have obtained significant training in clinical supervision and maintain regular continuing education in the area of clinical supervision.

Clinical Supervision

The Clinical Supervisor, designated as such by the Training Director, serves as the main *training* supervisor for each trainee. As such, Clinical Supervisors are charged with collaboratively developing and approving Learning Contracts with trainees and reviewing them with trainees on a regular basis. Clinical Supervision is defined by the program as supervision focused primarily on the trainee's *learning* and is primarily focused on developmental goals and objectives outlined in the trainee's Learning Contract.

Training Program Resources

Additional resources are available to Interns to complete their job responsibilities, including support staff, supervisors, and office supplies. Each physical facility has a clinical assistant and clinical manager on staff to assist in building and clinical concerns at each office. Clinical assistants help with scheduling intakes and regular sessions, collecting billing payments and co-pays, as well as checking in clients for registration, and forwarding phone calls. Clinical

managers are licensed master's level clinicians who provide support in logistics and training specific to clinical policies and procedures. They also provide training and oversight on building-specific concerns. Interns have access to multidisciplinary staff, including psychologists, psychiatric nurse practitioner, counselors, social workers, and marriage and family therapists. Each clinic location houses several licensed clinicians and unlicensed trainees, and Interns will have the opportunity to work in tandem and alongside clinicians from various disciplines. This allows for additional learning and consultation from providers from a variety of learning backgrounds.

Each office has a clinical manager who is a licensed clinician who manages licensed clinical staff on-site. Interns may use their clinical manager as an additional resource for questions related to the building, office, and general policies and procedures. Interns must continue to utilize their administrative and clinical supervisors for questions related to diagnosis, billing, and interventions. Supervision and training activities take place at the Victoria or Prior Lake location, and trainees are required to attend several trainings per week at the Victoria office, including individual administrative supervision. The Training Director is housed within the Victoria location as well, and access to the Training Director is available by phone and email, as the Training Director has regular office hours on Monday and Tuesday mornings, as well as by appointment. The Training Director makes periodic visits at each site to ensure that Interns and other trainees at other sites have access to Training Director.

The human resources department is housed in the Victoria office and maintains human resources and training materials - including Training Program Handbook and Employee Handbook and Clinical Policies and Procedures. Interns have access to human resources as needed and has contact during orientation regarding compensation and benefits.

Each office has its own computer, phone, desk and office furniture. Office computers have internet access, which will allow for interns to utilize the electronic health record system, as well as typical computer programs and internet browsers. Each intern is provided with a company Google email address which is provided through Google business suite, which maintains HIPAA compliance. Each office and facility has keys and locks for the door, which provides double lock storage/access to offices and file areas. Each clinic location is provided a copier/fax/printer which every Intern has access for printing materials related to work. Interns are encouraged to log out of computers and email when away from the desk to safeguard protected health information. Interns who work with children are provided various toys and other child-friendly materials for the office, which may include art materials. The DSM-V is available at each office's work station, and many clinicians have their own copy, as well as a DC:0-5 (Diagnosing Children 0-5) manual for clinicians working with children under the age of 5. Each clinic location provides access to digital recording devices such as GoPros, to allow for live supervision and digital review of clinical therapy sessions, provided that clients give written consent for digital recording of sessions. To ensure ethical maintenance and transportation of all office materials which may contain confidential material, office materials and protected health information is kept under appropriate protections, such as filing cabinets, lock-bags, and locked doors.

Lorenz Clinic utilizes an electronic health record system for documentation, and Interns are expected to maintain timely documentation, and are also provided time during the normal workday to complete documentation in office.

Psychological testing is conducted at the Prior Lake office, and all testing materials are available within the locked testing cabinet. Support staff at the Prior Lake office are available to assist in maintaining access and scoring to psychological measures. The Prior Lake office is located within 30 minutes from all other offices.

Internship Model

The clinic offers a post-doctoral internship in Couple and Family Psychology at an outpatient clinic in suburban Twin Cities locations. As an outpatient clinic, our primary focus is providing an array of weekly services aimed at assessing and treating the most common mental health issues. We are skilled at triaging client needs, selecting effective treatments, and collaborating with community resources and higher levels of care. We work closely with pediatricians, primary care physicians, schools, and social services agencies to achieve alignment in goals in complex cases.

The Internship in Couple and Family Psychology starts in September each year and requires a full-time, minimum year-long commitment for a total of 2000 training hours. These requirements fulfill the predoctoral prerequisites for application for Licensed Psychologists in the state of Minnesota. Interns function in an applied, clinical role and receive structured training in the provision of supervision. Interns present at the clinic's grand rounds and provide a limited number of didactics in the larger training program. Direct client contact includes the provision of outpatient psychotherapy and contextually-informed psychological testing. Highlights of our Internship include multiple hours of weekly individual supervision with licensed psychologists, a rich invited speaker series, monthly grand rounds, and regular case consultation in addition to seminars in systems, couples therapy, assessment, and clinical supervision.

The internship is in the spirit of a practitioner-scholar model and requires enrollment in a doctoral degree through which interns must have completed all academic requirements from their APA/CPA-accredited doctoral psychology program. The strongest candidates for this specialty internship typically have graduate-level training in family therapy in addition to psychology. The internship includes a competitive annual stipend and requires a full-time, year-long commitment. Admission is competitive, as we select from a national pool of family specialists. The placement is designed to meet the predoctoral requirements for licensure as a psychologist in Minnesota; candidates pursuing dual-licensure as an LP/LMFT may receive a portion of board-approved licensure supervision to fulfill licensure requirements of both respective licensing boards.

Interns carry a caseload with individual, couple, and family clients in an outpatient setting, along with regular psychological testing batteries and an outreach project. Following orientation training week, Interns are expected to conduct sessions independently and will build up their caseload over time during the initial stages of the internship, as determined by administrative supervisor as appropriate to the Intern's developmental level. Interns will increase in their responsibility and autonomy throughout the training year in approximation toward responsibilities and a caseload expectation closer to a post-graduate clinician. Lorenz Clinic maintains a mission of serving underserved populations and providing effective treatments within the relational context. As such, Interns may expect to provide psychotherapy to individual children, adults, couples, and families who may identify from various cultural contexts, including racial minorities, gender/sexual minorities, socioeconomic status, and/or indigenous heritage. Beyond the provision of psychotherapy and psychological testing, interns may also provide supervision to trainees in graduate school depending on learning goals and performance. A typical workday will consist of completion of outpatient psychotherapy, assessment, and documentation completion, as well as any required business meetings, supervision, or consultation sessions. Interns will have access to their supervisors and other staff located at the clinic to benefit their learning throughout the workday.

As part of the training program, Interns are expected to participate in Lorenz Clinic's rich training series. Each month, all trainees and licensed staff participate in learning activities, such as Grand Rounds, during which recent speakers have presented on developing supervision

contracts in clinical supervision, gender minorities in adolescents in the school system, aging and mental health, dyadic interventions for infants and young children who have experienced

trauma, etc. Lorenz Clinic invites local and national experts in their field to train our clinicians in updated research and approaches to best serve our clinic's populations. Additionally, Interns are expected to participate and present during case consultations, during which licensed staff and trainees discuss anonymous clinical case material from a relational lens, through which interventions, diagnosis, and therapeutic relationship can be discussed. Interns are expected to deepen their learning to focus on second-order change and to think beyond immediate interventions, which allows for further awareness of systemic influences on psychotherapy. Additionally, Interns are offered quality clinical supervision which is included within the internship. Supervisors in the Internship program have dedicated their careers to the advancement of trainee psychologists through a commitment to clinical supervision. Each supervisor has various areas of expertise and continues with ongoing continuing education in clinical supervision. Supervisors have years of experience in clinical supervision and develop learning goals with each Intern to tailor the training experience to Interns' own learning needs. Lorenz Clinic's Internship offers plenty of opportunities for high quality training which is included during the workday and is a highlight of the Internship.

Interns receive 2 hours of licensure supervision and 2 hours of training or group supervision each week. Offering of additional supervision hours outside of the 2 hours of Weekly individual supervision are subject to the activities and responsibilities in which an Intern participates on a regular basis.

- Individual Supervision: 1 hour per week of individual Clinical Supervision with a Licensed Psychologist and 1 hour per week of individual Administrative Supervision with a Licensed Psychologist
- Intern Professional Seminar: 1 hour per month of general group supervision with a Licensed Psychologist
- Assessment Group Supervision: 1 hour per month of group supervision with a Licensed Psychologist related to psychological testing as applicable
- Site-Specific Group Supervision: 1 hour per month of site-specific group supervision with a Licensed Psychologist
- Clinic-Wide Case Consultation: 2 hours per month of clinic-wide case consultation with a Licensed Psychologist
- Supervision Group Seminar: 1 hour per month of group supervision on the provision of supervision to other trainees.
- Grand Rounds: 2 hours per month of clinic-wide Grand Rounds facilitated by a Licensed Psychologist.

Internship Benefits

Interns receive a yearly stipend of \$31,000, and receive two weeks of paid time off, access to employer-sponsored group medical and dental insurance, short-term disability insurance, long-term disability insurance, life insurance, and paid holidays.

Each week, Interns receive 2 hours of individual supervision each week, as well as 2 hours of additional training activities, such as case consultation, group supervision, supervision seminar, and assessment supervision.

Internship Objectives

The program has adopted the Specialty Competencies in Couple and Family Psychology as described by Stanton & Welsh (2011).

Foundational Objectives

- Ethical & Legal Knowledge
 - This competency is addressed in Intern Professional Seminar through discussion of APA code of ethics, as well as applied practice of Minnesota State Statutes and Rules. This competency is also addressed as needed on a case-by-case basis in individual supervision, as well as case consultations. Interns are expected to complete training during orientation related to Child Protection Services, custody arrangements, informed consent, confidentiality and other applicable topics.
 - Understands the APA code of ethics as applicable to the practice of Couple & Family Psychology, with awareness of the limitations of the code when applied to work with couples and families
 - Understands the attendant ethics literature and applicable guidelines applicable to the practice of Couple & Family Psychology
 - Awareness of the scope of family law relating to Couple & Family Psychology in the specialist's area of practice
 - Understands common legal and ethical issues in the specialty and demonstrates advanced knowledge of the literature regarding management of those issues
 - Ability to articulate the ethical decision-making model used to reason through ethical dilemmas
 - Ability to reasonably foresee ethical and legal conflicts that present with some regularity in the practice of couple and family psychology
 - Able to identify, analyze, and proactively address legal and ethical conflicts that arise during the course of providing couple and family psychology services
 - Professional writings, presentations, research, teaching, supervision, intervention, and consultation will represent efforts to include ethical principles and standards related to couple and family psychology
 - Evidence of continued development in the competency
 - Would be characterized as managing rather than avoiding risk
 - Takes responsibility for continuing professional development of knowledge, skills, and attitudes in relation to ethical-legal-standards and policies relevant to couple and family psychology
- Diversity Competency
 - This competency is addressed in Intern Professional Seminar through discussion of personal and client diversity through use of the ADDRESSING framework (Hays 2001). This competency is also addressed as needed on a case-by-case basis in individual supervision, as well as case consultations. Various aspects of diversity will also be addressed through Grand Rounds presentations, including sexual/gender minorities, aging and gerontology, acquired/developmental disabilities, indigenous identity and decolonization approaches, and socioeconomic status of the client population.
 - Knowledge of factors that contribute to individual and societal perceptions about individual and cultural diversity factors in others
 - Awareness through cultural self-assessment about the Couple & Family Psychology specialists' perceptions of others that are different from their own
 - Knowledge of cultural diversity elements in couples and families, including normal family cultural patterns, worldviews and values, and macrosystemic factors
 - Knowledge of factors that contribute to intracultural variations between family members and their contexts, including identity models, acculturation difference, and multiple identities

- Knowledge of the major theoretical and empirical contributions to providing Couple & Family Psychology clinical services to multicultural populations
- Conducts culturally centered Couple & Family Psychology assessment
- Conducts culturally centered Couple & Family Psychology intervention
- Provides culturally centered Couple & Family Psychology consultation
- Provides culturally centered Couple & Family Psychology teaching
- Provides culturally centered Couple & Family Psychology supervision
- Conducts culturally centered Couple & Family Psychology research
- Commitment to perennial development
- Promotes multiculturalism within Couple & Family Psychology
- Commitment to serving marginalized couples and families
- Commitment to advocate for policies that promote equity for marginalized
- Commitment to intervene in oppressive macrosystems
- Interpersonal Interaction Competency
 - This competency is addressed in Case Consultations, as further discussion on the systemic influences will be discussed in the context of cases discussed. Additionally, several topics related to interaction will be further explored in Grand Rounds, especially through use of case presentations. This competency is also a strong focus of individual supervision, as discussion of cases, as well as the supervision relationship will be discussed in session.
 - Understands, conceptualizes, and evaluates interpersonal interaction from systemic perspective
 - Understands and capably articulates key concepts of relationship, couple, family, group, conflict, and communication theory
 - Demonstrates knowledge regarding the complex nature of Couple & Family Psychology role in interpersonal interactions in treatment
 - Ability to create therapeutic relationships with the range of clients in Couple & Family Psychology (individuals, couples, families, and larger social organizations), including multigenerational systems
 - Ability to manage conflict, complexity, and multiple perspectives with equity in professional interactions
 - Ability to communicate clearly and effectively in professional interactions
 - Ability to monitor interpersonal interactions in vivo and correct problems
 - Ability to facilitate treatment termination effectively
 - Aware of differences in perspective and tolerant of differences
 - Comfortable with ambiguity in interpersonal relations
 - Values each person in professional relationships and is committed to equitable treatment
 - Personally receptive to feedback
- Professional Identity as a Couple & Family Psychologist/Therapist
 - This competency is addressed in Intern Professional Seminar through discussion of professional development and discussion on the identity as a Couple & Family Psychologist. Further discussion will occur on the similarities and differences with other professionals in the field. This competency is also addressed as needed on a case-by-case basis in individual supervision, as well as case consultations. Additionally, through use of Couple & Family Assessment, this will be addressed in the Assessment Group Supervision. Furthermore, as Couple & Family Psychologists often provide supervision to other mental health professionals, this will also be further discussed in Supervision Seminar as it applies to the nature of the provision of supervision as an important process in the development as a psychologist.
 - Understands and capably articulates advanced specialty knowledge in the foundational competencies

- Understands and capably articulates advanced specialty knowledge in the functional competencies
- Ability to demonstrate advanced specialty skills in the foundational competencies
- Ability to demonstrate advanced specialty skills in the functional competencies
- Ability to present and publish in the specialty
- Ability to teach or supervise Couple & Family Psychology
- Aware of the ethical requirements for identification as a Couple & Family Psychology
- Independently pursues involvement in specialty organizations
- Completes ABPP examination in the specialty
- Develops or leads education and training programs in the specialty
- Pursues Couple & Family Psychology continuing education

Functional Objectives

- Integration of Science and Practice
 - This competency is addressed in the Community Outreach Project, as Interns will have the opportunity to present to community members on the intersection between scientific research and its application in practice. Grand Rounds will also address the use of didactics, including the review and discussion of current research and the impact demonstrated through current case material and case discussions. Interns who present at Grand Rounds will have the opportunity to provide a literature review on a specific topic, including use of journal articles to demonstrate current trends in the field. Interns will also apply this research and data to a specific case at Lorenz Clinic. This competency is also addressed as needed on a case-by-case basis in individual supervision, as well as case consultations.
 - Demonstrates advanced knowledge and capably articulates a systemic epistemology, including a systemic paradigm and key concepts, as well as the critiques and contemporary variations on a systemic orientation.
 - Demonstrates appropriate level of Couple and Family Psychology scientific knowledge and scientific methods
 - Demonstrates appropriate level of understanding regarding application of Couple and Family Psychology epistemology and science to specialty practice
 - Ability to think systemically and demonstrate systemic mental habits
 - Ability to apply systemic orientation to all Couple and Family Psychology competencies
 - Ability to apply specialty scientific knowledge and scientific methods to all Couple & Family Psychology competencies
 - Aware of epistemological options and ability to transition between paradigms in specialty practice
 - Independent attitudes that demonstrate scientific mindedness related to specialty practice
 - Conducts self-evaluations and invites peer review of specialty practice
- Conceptualization
 - This competency is addressed in individual supervision and case consultation, as this is an important part to case presentations. During case consultation, Interns are expected to present a brief conceptualization of their client and to pose additional relevant questions to further understand the client's symptom presentation.
 - Understands the concept, purpose, and components of case conceptualization in the context of Couple & Family Psychology service delivery
 - Understands the benefits of conducting a client-centered case conceptualization
 - Understands the steps in developing a problem formation, case formulation, or treatment formulation

- Able to establish a collaborative problem-solving frame
- Able to clarify the couple/family's presenting complaint and generate initial hypotheses through preliminary data-gathering functions
- Ability to conduct and assessment and arrive at a clear description or diagnosis of the problem
- Demonstrates the ability to identify pertinent information and organize the case information
- Demonstrates the ability to apply systemic principles to explain the problem formulation data in light of the presenting problem
- Able to identify and prioritize target areas
- Demonstrates the ability to provide therapeutic feedback to and consensually set goals with the couple/family
- Able to identify interventions and a plan for service delivery
- Able to monitor couple/family progress and barriers to goal attainment
- Demonstrates a client-centered perspective when identifying the presenting problem, conducting the assessment, describing the problem, and giving feedback
- Collaborates with couple/family when developing a treatment formulation
- Assessment
 - This competency is addressed in Assessment Group Supervision, as psychological testing cases will be discussed through group supervision. Interns will have the opportunity to conduct psychological evaluations through administration and interpretation of a full psychological testing battery. A licensed psychologist will supervise these evaluation reports and further discuss how assessment informs psychotherapy practice and the need for multi-modal assessment.
 - Applies a systemic paradigm to Couple & Family Psychology assessment and understands the distinction between Couple & Family Psychology assessment and traditional psychological assessment
 - Understands the range of Couple & Family Psychology assessment methods
 - Demonstrates knowledge of the appropriate uses and misuses of Couple & Family Psychology assessment methods
 - Awareness of psychometrics that constitute the various Couple & Family Psychology assessment instruments, including strengths and weaknesses of using the tools in diverse contexts
 - Demonstrates the ability to select and use common Couple & Family Psychology measurement instruments appropriate to the client's sociocultural context
 - Demonstrates the ability to apply individual assessment instruments to Couple & Family Psychology context
 - Demonstrates the ability to use Couple & Family Psychology assessment methods to arrive at a description and explanation of individual and systemic problems that informs treatment planning
 - Demonstrates the ability to communicate assessment findings in verbal and written feedback
 - Values assessment as part of the therapeutic process
 - Values critical thinking, integration of information, and clear presentation of results
 - Committed to lifelong learning in the area of assessment
- Intervention
 - This competency is addressed in individual supervision and case consultation, as this is an important part to case presentations. Upon use of appropriate conceptualization of cases, Interns will use clinical skills to determine appropriate treatment planning for interventions. During individual supervision and case consultation, Interns will have the opportunity to discuss use of appropriate

interventions and learning various evidence-based practices for use in therapy sessions. Interns are expected to provide interventions in psychotherapy as well as evaluate the effectiveness of these approaches.

- Understands and capably utilizes a systemic framework for specialty intervention
- Demonstrates advanced knowledge of specialty EBP
- Understands common factors in Couple & Family Psychology interventions
- Demonstrates advanced level of knowledge in the specialty interventions, including which interventions apply to particular treatment issues and/or populations
- Ability to review the case conceptualization, select prioritized intervention goals, and provide a rationale for the treatment plan that is understood and accepted by the client(s)
- Ability to select interventions appropriate to the issue and/or population
- Ability to demonstrate Couple & Family Psychology common factors in treatment
- Ability to provide the intervention in a manner consistent with its theoretical and/or evidence-based formulation
- Independently evaluates treatment progress and treatment outcomes
- Ability to modify the intervention to meet the specific needs of the client(s) and/or emerging circumstances during treatment
- Collaborates effectively with other service providers
- Seeks consultation when needed to ensure treatment outcomes
- Values intervention research and lifelong learning to remain current in intervention research
- Values self-evaluation, peer review, and client feedback in specialty practice
- Consultation
 - This competency is addressed in case consultation, as this is an important part to case presentations. Interns will use curiosity and reflection, as well as discussion of appropriate clinical interventions when discussing cases with other clinicians. During consultations, Interns will have the opportunity to think critically about cases and various approaches and provide additional information to intern clinicians when appropriate. Interns will evaluate their role as consultant to others and provide guidance within appropriate boundaries and contexts.
 - Understands and capably articulates the application of a systemic epistemology to consultation with individuals, groups, and organizations
 - Demonstrates theoretical and scientific knowledge of consultation models in the specialty and knowledge of the field in which the consultation is provided
 - Demonstrates understanding of the roles, assessment, methodologies, and intervention methodologies for Couple & Family Psychology consultation
 - Ability to apply systemic orientation and research to conduct a needs assessment using appropriate assessment methodologies and devices to provide focus to the referral questions
 - Ability to implement interventions based on organizational approval of recommendations using relationship skills, problem-solving, and implementation skills
 - Ability to prepare written and verbal reports that include cogent recommendations to address the referral question and the results of the needs assessment
 - Ability to demonstrate ethical and diversity competencies in consultation
 - Values and adopts the role of consultant as part of the Couple & Family Psychology specialty; values ethical and professional standards for consultation practice
 - Values collaboration between the consultant and the client

- Values and respects individual and group diversity in consultation
- Family Forensic Psychology (FFP)
 - This competency is addressed in couples seminar, assessment group supervision, and case consultation. Interns will have the opportunity to further discuss their identity with the forensic psychology domain and the impact it has on providing services to others. Interns will have the opportunity to learn more about ethical considerations in this area during Intern Professional Seminar, as well as through discussion of forensic assessment practices during assessment group supervision.
 - Command of APA ethics code and relevant practice guidelines
 - Knowledgeable about laws that govern specialty practice
 - Understands preparatory steps in FFP evaluations
 - Understands data collection methods in FFP evaluations
 - Understands data interpretation procedures in FFP practice
 - Knowledgeable of central FFP specialty literature
 - Demonstrates the ability to practice ethically in the FFP context
 - Demonstrates professional conduct in an adversarial setting
 - Demonstrates the ability to establish initial parameters for conducting the evaluation
 - Demonstrates the ability to gather data using multiple sources, including record review, clinical interview, and psychological testing
 - Demonstrates the ability to critically evaluate the data to address the psycholegal question(s)
 - Demonstrates the ability to clearly and accurately communicate in the form of a written report and expert testimony
 - Demonstrates a forensic perspective that includes exemplar ethical practice, an objective mindset, and crucial scrutiny of data
- Supervision Competency in Couple & Family
 - This competency is addressed in Supervision Seminar. Interns will discuss various models and theories related to supervision during Supervision Seminar. Additionally, if appropriate, Interns will have the opportunity to provide peer supervision to trainees in graduate school programs, and will be able to further discuss during Supervision Seminar.
 - Knowledge of systemic concepts and theories applicable to teaching in a supervisory setting
 - Knowledge of supervision models, theories, modalities, and research in Couple & Family Psychology supervision
 - Knowledge of theories, research, and methods “to facilitate supervisee developmental progression in psychology competencies”
 - Knowledge of foundational competencies, including ethics and diversity
 - Knowledge of functional competencies including case conceptualization, assessment, and intervention
 - Knowledge of identified developmental markers and competency levels expected of supervisees at specific stages of training
 - Skilled in applying systemic concepts, modalities, and research to teach systemic thinking about Couple & Family Psychology practice
 - Ability to teach Couple & Family Psychology competencies in the context of supervision
 - Able to form a supervisory alliance and accurately assess supervisee skills, developmental level, and training needs
 - Provides effective feedback and monitors progress in a supportive manner

- Able to identify and remediate problems of Couple & Family Psychology competence
- Values self-evaluation and invites peer review and supervisee feedback regarding the supervision experience
- Committed to providing an environment where supervisees can realize their professional and personal potential
- Committed to displaying the highest levels of professionalism, including integrity, respect for others, and professional courtesy
- Values ethical and legal specialty practice and ensures personal and supervisee compliance with all relevant laws and ethical standards related to supervised experience
- Teaching Competency in Couple & Family Psychology
 - This competency is addressed in Community Outreach Project as well as through Grand Rounds. Interns are expected to provide training in a specific topic related to Couple and Family Psychology. Interns will have the opportunity to present and develop a presentation focused on a topic relevant to teaching others in Couple and Family Psychology to deliver to the general public, or to fellow clinicians at Grand Rounds.
 - Understands theoretical and applied methods of teaching a systemic epistemology, including critiques and variations on a systemic orientation
 - Demonstrates advanced level of scientific knowledge and current evidence-based models of Couple & Family Psychology as a foundation for teaching others
 - Demonstrates advanced level of knowledge of specialty curriculum
 - Demonstrates advanced level of understanding of Couple & Family Psychology competencies
 - Ability to facilitate understanding and adoption of a systemic orientation and specialty scientific methods
 - Ability to conceptualize and/or create comprehensive specialty curriculum
 - Ability to develop a course in a specialty content area that reflects current specialty research and methods and fits within a comprehensive Couple & Family Psychology curriculum
 - Ability to apply teaching-learning methods appropriate to the specialty in instructional venues
 - Ability to teach specialty content in professional and applied publications and presentations
 - Independently identifies, reviews, and incorporates new specialty research and literature into teaching
 - Conducts self-evaluation and invites peer review and student feedback regarding the teaching-learning experience

Intern Activities

Interns receive additional training beyond supervision to achieve the objectives of the training program. Various competencies will be addressed through the following activities.

Site-Specific Group Supervision

Once monthly, a full-time licensed clinician facilitates a consultation/supervision group at each site that includes that site's clinical staff. The focus of this group is case consultation, and attendees are expected to come prepared with cases.

Clinic-Wide Case Consultation

Once each month, all clinical staff meet at the Victoria office for a large-group case consultation with a consultant. The clinic-wide case consultation includes clinical staff from various sites and various levels.

Grand Rounds

Grand Rounds is an age-old teaching ritual unique to the medical and allied health professions. It was an essential means of providing medical education and brings together many allied healthcare providers with the sole purpose of learning and bettering patient care. At Lorenz Clinic, Grand Rounds most often takes the form of didactic lectures and accompanying case presentations. The monthly event is facilitated by a Licensed Psychologist and presenters may include clinical staff or outside presenters to provide a medium through which clinicians from of all professional levels can wonder and learn. The clinic's Grand Rounds is an outgrowth of its value that professional development never stops. The event is open to all clinical staff of the clinic who are encouraged to attend monthly.

Intern Professional Seminar

Interns attend a monthly, one-hour Professional Seminar (aka "Intern Group") that is focused on their educational process in their last year and other affairs related to the general practice of professional psychology. The seminar is led by a Licensed Psychologist who is designated by the Training Director. The seminar is a mix of small-group discussion and intermittent didactics and counts as group supervision. The Topics discussed in Professional Seminar include:

- Case Management Consultation
- Professional and Personal Diversity
- Professionalism & Interdisciplinary Consultation/Collaboration
- EPPP study process & consultation
- State Ethics Exam (Professional Responsibility Exam) process and consultation
- Ethics Consultation

Assessment Group Supervision

Interns who conduct psychological assessment may attend a psychological assessment supervision group led by a Licensed Psychologist. Interns will have the opportunity to discuss general topics related to assessment such as test selection, test administration, interpretation, and report feedback. Additionally, written psychological reports will be reviewed in this group for peer and supervisor feedback.

Supervision Seminar

Interns who provide clinical supervision may attend a Supervision Seminar each month. The seminar will teach supervision-related material through a mix of guided discussion, didactics, and invited speaker discussions. Interns may consult about supervision cases in this group.

Couples Seminar

Open to Interns who work with couples, the optional Couples Seminar is led by a consultant. The seminar is a mix of directed small group discussion and didactics focused on systemic phenomena in psychotherapeutic intervention. General systems theory, models of family therapy, and relational approaches to individual and couples intervention are taught, discussed, and applied to case material. Special attention is placed on the reflexive integration of systemic theory, family psychology research, and psychotherapeutic practice.

Internship Outreach Project

Interns have an opportunity to work on a project within the clinic or the community. This may include speaking at nearby schools or cultural communities to provide psychoeducation and reduce the stigma of mental health. It may include developing a poster presentation to present at MPA, APA, AAMFT, or another professional conference. Other opportunities include in-clinic presentations or trainings for staff and other trainees on a specific topic, or creating a therapy group and curriculum. Project proposals will first be discussed with the Training Director, then formal proposals will be provided to the Training Director to be discussed in the Leadership Team Meeting. Project proposals will include a description of the project, needed resources, correspondence templates, and timelines of when the project would be completed/presented.

Methods of Evaluation

Every 3 months of the Internship, Interns shall submit to the Training Director a written self-evaluation reflecting on the progress made on the program's objectives and training elements, which are previously listed. The evaluation criteria are consistent with a practitioner-scholar model of training and include generally accepted competency areas specific to each level of training. Along with feedback from the Intern's supervisors, the self-evaluation shall be integrated into an Initial Evaluation completed by the Intern's primary supervisor. The Training Director and the Intern's supervisors will then meet to discuss the Initial Evaluation, the Intern's progress, and address any areas of concern. If a concern is noted, the Intern's supervisor will create a plan for addressing the concern with the Intern. Performance evaluations will also be conducted at the 3, 6, 9, and 12 month mark of the Internship. Performance evaluations will integrate consultation and feedback from University officials at the Interns graduate psychology program, and these performance evaluations may be sent to the Director of Clinical Training at their graduate psychology program.

Competencies are measured through supervisor rating scales on performance reviews. Interns are expected to reach competency in each of the foundational and functional domains at a total competency domain score of 3 or above by the completion of their placement. A rating of "3" indicates the Intern has reached the developmentally-appropriate level of competence required for entry into practice at their specific, professional level. The aforementioned objectives are the areas in which Interns are evaluated every 3 months during the Internship. Inadequate performance includes any performance by a Intern that is rated by an administrative supervisor as a 1 or 2 on the performance review form. Inadequate performance, with discussion and guidance from the administrative supervisor, may also include performance by a Intern that is rated by an additional supervisor as a 1 or 2 on a supplementary performance evaluation review form. Inadequate performance also includes problematic behavior, attitudes, or characteristics as judged and documented by the supervisor or Training Director.

After an inadequate performance review, all competency areas should be minimally rated a level 3 or higher by the next written performance review. All ratings must be rated a level 4 or 5 on the final performance review for successful completion of the training program. Supervisors may also initiate performance reviews at more frequent intervals in cases where

they have concerns about an Intern's performance. When the Training Director, his/her designee, Administrative Supervisor, or Director of Human Resources have determined an instance of Intern behavior or performance is problematic or otherwise inadequate, the Training Director or Administrative Supervisor may take the following actions to clearly document and communicate the issue:

1. Inform the Intern of the concern in writing and note the notification in a supervision note for retention in the Intern's training program file
2. Consult with the Training Director to address performance-related concerns
3. Consult with other supervisors within the training program
4. Privately meet with the Training Committee to discuss the performance-related concern
5. Initiate disciplinary action

General Due Process:

1. Presenting trainees with the program's written expectations related to performance and professional functioning at orientation. Discussion of these expectations is encouraged in both group and individual settings.
2. Presenting trainees with the program's procedures for evaluation. Such evaluations shall occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding problematic trainee behavior, performance, or impairment.
4. Instituting a remediation plan for identified inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the trainee, which describes how the trainee may appeal to the program's Training Director, and if necessary to Clinical Director. Such procedures should be included in the program's handbook or policy manual and be made available to the trainee at the beginning of the training placement.
6. Ensuring that trainees have sufficient time to respond to any action taken by the program.
7. Using input and consultation from multiple professional sources when making decisions or recommendations regarding the trainee's performance.
8. Documenting, in writing to all relevant parties, the action taken and its rationale.

We believe most problems are best resolved through direct, face-to-face interaction between trainees, supervisors, and other staff. Trainees are encouraged to first discuss any problems or concerns with their Administrative Supervisor. Supervisors shall be responsive to problems or concerns expressed by trainees.

If an Administrative Supervisor or the Training Director becomes aware the trainee's performance has not met minimum expectations, the following steps will be followed:

- 1) Notice: The trainee will be notified in writing of concerns that are being raised by the administrative supervisor or training director.
- 2) Hearing: The trainee will have the opportunity to discuss these issues and provide additional information to the supervisor or director whom has notified the Intern of these concerns.
- 3) Appeal: The trainee will be given the opportunity to present an appeal, through which the procedure is expanded below.

- 4) Remediation: The trainee will be provided specific plans to correct the behavior and this will be documented clearly in the corrective action.

Appeals

Supervisors shall help the trainee find ways to informally and directly address any concerns as well as seek and document appropriate consultation. If efforts within supervision fail to resolve the issue, the trainee may consider taking one of the following steps:

1. Informal Mediation. The trainee may ask the Training Director to serve as mediator or to assist in arranging for a mediator approved by both the trainee and Administrative Supervisor. The hope is that such mediation will bring about a resolution that satisfies all parties involved. Trainees may also request a change in supervision structure. Such changes in supervision structure will be reviewed by the training committee and may be approved or denied by the Training Director.
2. Formal Appeal. Appeals are defined as disagreement or challenge to a decision made during Due Process, which may include notice of Disciplinary Action. Within 5 business days of receipt of the Appeal, the Training Director will appoint an ad hoc committee to review the appeal.
 - a. Within 5 business days of written notification of a decision made during Due Process, including notice of Disciplinary Action, a trainee may make a formal written request for an appeal to the Training Director; such a report shall minimally address the decision made related to Due Process.
 - b. Within 5 business days of the receipt of any formal request for appeal, the Training Director will appoint an ad hoc committee to review the appeal. The ad hoc committee shall include one staff psychologist and the Training Director. If the Training Director had made the decision within Due Process which is subject to the appeal, the Training Director will designate the Clinical Director upon the ad hoc committee.
 - c. The trainee will present information related to the appeal to the committee in person within 10 business days of receipt of the written request for appeal. The committee shall review the written request for appeal, as well as existing written documentation related to the decision made in Due Process.
 - d. Within 5 business days of the committee's meeting, it shall provide a written statement to the trainee and his/her supervisor of its conclusions to uphold or modify any previous Due Process decisions and recommendations that provides steps to be taken to resolve the issue.
 - e. If the trainee is dissatisfied with the decision of the committee's decision, the trainee may provide a written request to the Clinical Director within 5 business days for final review of the decision made during Due Process. During final review, the Clinical Director, if not present as a member of the ad hoc committee appeal review, will make a final decision regarding upholding or modifying any previous Due Process decisions within 5 business days upon receipt of the request for final review of appeal. If the Clinical Director was present as a member of the ad hoc committee appeal review, the Clinical Director will designate the next highest licensed clinician to complete the final review. Upon completion of final review, the Clinical Director (or his/her designee) will notify the trainee, supervisor, and ad hoc committee of the final decision.

If through this procedure, it is determined that the trainee has not met the minimum expectations, the behavior shall first be corrected and documented in one of the following ways:

Verbal Corrective. A trainee may be verbally corrected by a supervisor or the Training Director. Whenever a verbal corrective is given, it should be documented in writing by either a) emailing

<http://lorenzclinic.com/join-us/careers/post-doctoral-internship/>

a summary of the verbal corrective for retention in the training file or b) summarized in a supervision note for retention in the training file.

Written Acknowledgement. The Training Director may write the trainee a letter acknowledging they are aware of the performance-related concern. This is done when an area of concern is identified and a verbal notice or warning has been given and no improvement is documented. The letter shall minimally contain or observe the following:

1. That a concern has been brought to the attention of the trainee
2. That the Training Director or trainee's supervisors will work with the trainee to rectify the problem or skill deficits
3. That the behaviors associated with the rating are not significant enough to warrant more serious action if adequately addressed
4. Written acknowledgement will be retained in the trainee's training file

Written Corrective. A trainee may be provided a written corrective that indicates the need to discontinue an inappropriate action or behavior. Written correctives shall minimally include the following:

1. A specific definition of the problematic behavior including examples of when it was observed, and
2. A summary of the Training Director's or supervisor's expectations for the manner and timeframe in which the trainee is to correct the problem, and
3. An outline of specific disciplinary actions that may be taken if the problem behavior is not corrected in the specified timeframe.
4. A clear statement that termination of employment and dismissal from the training program is a possible outcome if the problem is not rectified during the specified timeframe, and
5. The supervisor's and trainee's signatures denoting that a copy of the written corrective was provided to the trainee.

Trainees shall be given a copy of any written correctives. The original, signed copy of the corrective shall be retained in the trainee's training and personnel files.

Remediation. A Remediation Plan is a formal plan that is adopted and agreed to by all parties involved in the trainee's training with the primary goal of remediating the competency problem, impairment, and/or other inadequate performance by a trainee. Remediation Plans must be documented on the Remediation Plan form provided by the Training Director.

Remediation Plans shall be instituted in cases when a supervisor or Training Director raises serious concerns about a trainee's performance or conduct or may be instituted whenever a trainee receives a score of 1 or 2 on any domain of a written performance review. Remediation Plans will be drafted by a trainee's administrative supervisor and signed by the trainee, the Training Director, and all supervisors with direct oversight of the trainee.

Examples of courses of action that a supervisor may mandate in order to remediate skill deficits of inadequate performance may include but are not limited to:

- Increasing the frequency/duration or moderating the format of supervision
- Reducing or otherwise adjusting the trainee's caseload, schedule, scope of practice, or other responsibilities
- Recommending personal psychotherapy when the supervisor has reason to believe the concerns may be related to the trainee's mental health
- Requiring specific, remedial academic coursework, continuing education, or other assignments related to the competency area
- Recommending a leave of absence or an additional training year at another setting

The original, signed copy of the remediation plan shall be retained in the trainee's training file, and a copy of the plan should be given to the trainee within 10 days of their signature.

Remediation plans are considered in full force and effect from the date all parties have signed the plan. Remediation plans should include specific, observable, and measurable objectives and should clearly outline the timeline whereby each objective is expected to have been met. Plans should also clearly delineate the potential ramifications for the trainee if objectives are not met including possible further remediation, probation, or dismissal from the training program.

Dismissal from Program. If other, less severe efforts have been unsuccessful in correcting problematic trainee performance or behavior, the Training Director may dismiss the trainee from the training program and terminate their employment at the clinic. The Training Director shall initiate a dismissal only after reviewing the documentation and facts of the case and writing a summary of the decision for the training file. Written notice of dismissal and termination of employment shall be promptly given to the trainee that includes the reasons for dismissal and recommendations for future training should the trainee seek it. A copy of dismissal or termination letters shall be retained in the trainee's training and personnel files.

Grievance Policy:

Formal Grievance. Grievances are defined as when a complaint about training program or staff includes: a) harassment, b) discrimination, c) serious and unresolved issues in which informal mediation has failed to bring about a satisfactory resolution, or d) alleged violations of ethical conduct, professional standards, or law.

- f. Supervisors, staff members, and trainees shall immediately report grievances in writing to the Training Director; such a report shall:
 - i. Include a description of the grievance, and
 - ii. identify the staff member or supervisor who is the subject of the grievance, and
 - iii. outline recommendations for resolving the grievance. If the subject of the grievance is the Training Director or clinic owner, the grievance shall be submitted to the Clinical Director.

Within 5 business days of the receipt of any formal grievance, the Training Director will appoint an ad hoc committee to review the grievance. The ad hoc committee shall include one staff psychologist and the Clinical Director. The aggrieved person will present their grievance to the committee in person within two weeks of the written grievance. Within 5 business days of the committee's meeting, it shall provide a written statement of its conclusions and recommendations that provides steps to be taken to resolve the issue.

In instances where the trainee has observed what they believe to be unethical behavior, they should observe ethical and statutory principles that outline how such matters should be handled; this includes the duty to bring up the issue or problem with the person individually for informal resolution.

Supervisor Profiles

Chad Lorenz, Psy.D., LP, MA, LMFT, MBA – CEO

Credentials: Dr. Lorenz received his Doctorate in Counseling Psychology from the University of St. Thomas in Minneapolis, Minnesota. He is a Licensed Psychologist and Licensed Marriage and Family Therapist in Minnesota. He has been approved as a supervisor for the Minnesota Board of Marriage and Family Therapy and Board of Behavioral Health & Therapy. He obtained his MBA in Healthcare from the University of St. Thomas. Policy Intern – Humphrey School of Public Affairs, University of Minnesota.

Specialty areas of interest: Attachment, Family Therapy Training, Relationally-bound Developmental Process, Clinical Supervision, TF-CBT.

Laiel Baker-DeKrey, Ph.D., LP – *Clinical Director*

Credentials: Dr. Baker-DeKrey received her Doctorate and Master's degrees in Clinical Psychology from the University of North Dakota in Grand Forks, North Dakota. She is a Licensed Psychologist in Minnesota. She has been approved as a supervisor for the Minnesota Board of Behavioral Health & Therapy.

Specialty areas of interest: Clinical Supervision, Supervision of Supervision, Trauma-Informed Practice, Multicultural Competency, Mind-body focus.

Priyanka Rao, Psy.D., LP – *Assistant Clinical Director*

Credentials: Dr. Rao received her Doctorate in Clinical Psychology from the Adler University in Chicago, IL. She is a Licensed Psychologist in Minnesota.

Specialty areas of interest: Clinical Supervision, Trauma-Informed Practice, Multicultural Competency, Couples Counseling, Psychoanalytic/Psychodynamic Theory

BJ Suarez, Psy.D., LP – *Training Director*

Credentials: Dr. Suarez received his Doctorate and Master's degrees in Clinical Psychology from Widener University in Chester, Pennsylvania. He is a Licensed Psychologist in Illinois and Minnesota. He has been approved as a supervisor for the Minnesota Board of Behavioral Health & Therapy.

Specialty areas of interest: Infant Mental Health, Child Trauma, Clinical Supervision, School Psychology, Psychodynamic Theory

Jason Mayotte-Blum, Ph.D., LP – *Licensed Psychologist*

Credentials: Dr. Mayotte-Blum received his Doctorate degree in Clinical Psychology from Adelphi University in Garden City, New York, and Master's degree in Clinical Psychology from Pepperdine University in Malibu, California. He is a Licensed Psychologist in Minnesota.

Specialty areas of interest: Clinical Supervision, Psychoanalytic/Psychodynamic Theory, Therapeutic Relationship

Application Requirements

Incoming Interns are expected to meet the following requirements:

- Is enrolled in a doctoral degree program in the area of Clinical Psychology, Counseling Psychology, or School Psychology, from a program with APA/CPA-accreditation or a regionally accredited institution of higher education.
- Completed practicum experiences as required by their doctoral degree program which provide experiential training with the appropriate supervision.
- Have a foundation in family systems theory, developmental psychology and psychopathology
- Understand ethical issues and their application to professional practice with use of ethical decision-making models
- Have exposure to and knowledge of basic interviewing techniques
- Have a familiarity with a broad range of psychosocial interventions including evidence-based practice and empirically supported treatments
- Have exposure to and knowledge of psychiatric diagnosis and nosology
- Have basic communication and counseling skills
- Have experience in consultation, outreach, and working in multidisciplinary teams
- Understand program evaluation, research design, and statistics
- Have general exposure to children and adolescents with emotional and behavioral problems and trauma

- Have exposure and training experiences that highlight a) the range of problems children present with in outpatient clinical settings and b) a range of therapeutic modalities including individual, family, couples, and group psychotherapy and assessment
- Exposure to various systems of care
- Exposure and training in the integration of theory, research, and clinical practice including trauma-informed care and evidence-based practice
- Demonstrate sensitivity, responsiveness, respect, and appreciation for issues of diversity
- An expressed interest in developing specialty competencies in Couple and Family Psychology

Application Process

Admission to our training program is competitive. Lorenz Clinic participates in the APPIC Match I and II via the APPIC AAPI portal. Application materials will be reviewed upon the date of application. Interviews are typically held in December and January, with flexibility offered to applicants who are not located within Minnesota. Interviews are done individually with directors and supervisors at the clinic. Visit <http://lorenzclinic.com/clinical-training> for more information.

The Internship complies with all guidelines set forth by the Association of Psychology group and Internship Centers (APPIC), found at <http://www.appic.org/>

Note: All internship offers are contingent upon successful completion of reference checks, I9, and background checks including Minnesota Statute 148.01 "Minnesota Sexual Exploitation Act." This statute requires Lorenz Clinic contact employers from at least the last five years to determine whether any sexual exploitation of clients has occurred. Applicants who do not successfully pass these background checks will be dismissed from the placement.