



LORENZ CLINIC

PSYCHOLOGY INTERNSHIP

A training experience tailored to each student's unique learning goals and professional journey



LORENZ CLINIC OF FAMILY PSYCHOLOGY

Doctoral Internship

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PSYCHOLOGY INTERNSHIP

Lorenz Clinic hosts a doctoral internship, an extension of our Family Psychology training program, which is the bedrock of Lorenz Clinic. Our training program is an outgrowth of our commitment to professionalism and fierce dedication to serving the underserved through a relational lens. Lorenz Clinic is located within the Twin Cities metro, which allows for proximity to a diverse metropolitan area, while also serving the greater suburban locations. The Minneapolis-St.Paul metro is home to several indigenous tribes and immigrant Scandinavian, Somalian, Karen, and Hmong populations. Minneapolis, MN will be the home of APA 2022 convention on August 4-7, 2022 and future interns are encouraged to participate and attend the APA convention.

Lorenz Clinic is located in the Minnesota counties of Hennepin, Carver, Scott, and Dakota counties which are several of the counties which comprise the 7-county metro area of the greater Minneapolis-St. Paul-Bloomington metro area. Minnesota is the home to more than 10,000 lakes and Minnesotans enjoy hiking, boating, fishing, and biking during the summers. The Twin Cities features many picturesque biking trails along the rivers and lakes, and the Lake Minnetonka LRT Regional Biking Trail even arrives directly at the door of our Victoria, MN office. Lorenz Clinic originally started in Victoria, MN and has continuously housed a training program since 2012. Lorenz Clinic also trains Postdoctoral Fellows and has been listed as an APPIC-member for the Postdoctoral Fellowship in Couple and Family Psychology since 2020.

Lorenz Clinic maintains a focus on providing therapeutic services to the underserved. Lorenz Clinic provides outpatient therapy, day treatment for early childhood intervention, home-based family therapy, medication management, and psychological assessment, which provides opportunities to trainees to practice within various levels of intervention. The training program features individual and group supervision, monthly case consultation, monthly grand rounds, and periodic in-services. The training environment is rich and marked by a high level of peer collaboration, which includes socialization with trainees of various developmental levels. Past invited speakers included Drs. Irvin Yalom, Bruce Perry, Pauline Boss, Harry Aponte, Mac Baird, Sue Johnson, Peter Zelles, Mary Catherine Bateson, David Hong, Bill Doherty, and Ed Watkins.

LOCATIONS

Set within a community mental health center, the training program is integrated into the larger clinic, and interns often practice alongside fully-licensed, experienced clinicians. The clinic has five locations — Victoria, Chaska, Prior Lake, Rosemount, and Wayzata — all of which are located about 30 miles from downtown Minneapolis. Clinicians may also practice telepsychology via home office or one of our clinic locations using a secure, confidential, synchronous digital platform. Each of our locations has a multidisciplinary staff that includes child specialists, couples counselors, and adult therapists. Lorenz Clinic also provides day treatment, home-based family therapy, psychological testing, and psychiatric medication management at some locations.

As a result of the COVID-19 pandemic, Lorenz Clinic has implemented a robust pandemic preparedness plan which describes the policies and procedures in place for clinicians and staff who enter the clinic. Additionally, there are current procedures in place for direct client work, which includes ensuring that clients maintain distance, waiting rooms have limited capacity, and that in accordance with MN state executive order 20-81, all who enter the clinic location must wear an approved face covering. All staff have been provided information related to the pandemic preparedness plan.

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 five locations will focus primarily on outpatient therapy and psychological testing services at that clinic and direct client contact will comprise of 45% of the training time. Offices used by interns are located alongside other licensed and unlicensed staff and are within proximity to administrative support staff.

INTERN ROTATIONS

Interns may have the opportunity to train in our clinic through various rotations which allow for a high level of interaction with clinical staff within each of these programs. Interns are expected to participate in both the Individual Child Therapy and Individual Adult Therapy specialty rotations to provide the best generalist training at the internship level. Interns have the opportunity to also participate in specialty concentrations which provide additional didactic training as well as supervision from a licensed psychologist competent in this area of practice. Interns who elect to participate in a specialty rotation will also have a minimum

number of clients in this rotation to provide experience in integration of science and practice in that competency area. Interns typically participate in outpatient services, supervision, and psychological assessment, but may have additional training in the other areas. Interns would be expected to have at least 925 direct client service hours (18 hours per week) upon completion of the Internship, which is a 12-month long placement over 2000 total training hours. The following rotations are available to interns:

- **OUTPATIENT PSYCHOTHERAPY SERVICES.** Interns participating in outpatient services will have the opportunity to see regular clients who visit the clinic for ongoing and acute mental health concerns. These clients may be seen in individual psychotherapy, group therapy, and/or family therapy. Specialty rotations are available for additional optional specific training working with relationally-focused populations.
 - **Individual Child Therapy.** Interns will learn developmentally-focused approaches to therapy, child psychopathology, and parenting coaching.
 - **Individual Adult Therapy.** Interns will learn evidence-based approaches to adult psychotherapy, including exposure therapies, cognitive-behavioral therapies, and trauma-informed approaches.
 - **Couples Counseling*.** Interns who elect to participate in this specialty rotation will learn Gottman methods, Emotionally-focused couples therapy, and other couples counseling techniques. To participate in this optional specialty rotation, the intern must demonstrate foundational skills in interventions prior to entry.
 - **Family Therapy*.** Interns who elect to participate in this specialty rotation will learn Structural Family Therapy, System-focused Family therapy, and other family therapy techniques. To participate in this optional specialty rotation, the intern must demonstrate foundational skills in interventions prior to entry.
- **SUPERVISION.** Interns who have had foundational coursework in supervision have the opportunity to begin practicing supervision of a practicum student underneath the guidance of a mentor who will provide supervision of supervision. Interns provide adjunct clinical supervision alongside a primary supervisor who is the independently licensed clinician providing supervision to the practicum student. Interns who provide supervision also participate in the Supervision Seminar to further discuss didactics and theory related to the provision of psychological supervision.
- **PSYCHOLOGICAL ASSESSMENT.** Interns will participate in a psychological assessment rotation throughout the internship and will conduct several psychological testing batteries under the supervision of a licensed psychologist who has competency in psychological assessment. Interns will also participate in the Assessment Seminar to further learn topics related to psychological assessment such as therapeutic feedback, cultural considerations

in testing administration, and couple and family assessment. Interns also will receive supervision and training in specific psychological measures of intellectual testing, achievement testing, visual-motor integration, memory testing, sustained attention testing, self-report measures, and objective personality assessment. Interns have the option to specialize in further training with a licensed psychologist in autism assessment, projective measures, and/or learning disabilities assessment.

INTERNSHIP GOALS

Overall, Lorenz Clinic trains interns to become competent, ethical, responsible professionals with a primary emphasis in service to children, adults, couples, and families within the scholar-practitioner model. The training program seeks to train interns to reach developmentally-appropriate levels of competence related to APA's Profession-Wide Competencies.

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. Interns are expected to train at a level appropriate to doctoral level interns, and will continue in their learning from their graduate programs and apply knowledge from their doctoral level program.

PROGRAM AIMS

The training experience is tailored to each student's unique learning goals and professional developmental level expected of a graduate-level intern. Interns are expected to develop a working learning contract and regularly update this with their primary supervisor. Because the program is set in a family-focused mental health clinic, interns can expect to gain experience and training specific to private practice (e.g., diagnostic formulation, documentation standards, interfacing with child protection, etc.). Interns are expected to maintain a regular patient caseload which includes individual therapy, but may include couples counseling, and family therapy to gain training in Couple and Family Psychology. Expectations for interns will be developmentally adjusted to be more challenging than expectations for a doctoral practicum student but less challenging than expectations for a postdoctoral fellow. Interns are expected to develop the appropriate foundational training to begin a Postdoctoral Fellowship upon completion of the doctoral internship.

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 American Psychological Association's profession-wide competencies are in the following areas:

- Profession-Wide Competencies
- Integration of Science and Clinical Practice Competency
- Ethical and Legal Standards Competency
- Individual and Cultural Diversity Competency
- Professional Values, Attitudes, and Behaviors Competency
- Communication and Interpersonal Skills Competency
- Psychological Assessment Competency
- Psychotherapeutic Intervention Competency
- Supervision and Training Competency
- Interprofessional and Interdisciplinary Consultation Competency

The additional optional Specialty Competencies in Couple and Family Psychology as adapted from Stanton & Welsh (2011):

- Interpersonal Interaction Competency
- Conceptualization Competency
- Professional Identity as a Couple & Family Psychologist/Therapist
- Family Forensic Psychology Competency

SUPERVISION

Additionally, Interns are offered quality clinical supervision included within the internship from our Psychology Training Faculty. 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 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 2 minimum hours of individual supervision per week with 1 hour weekly of individual, dedicated,

face-to-face supervision with each administrative and clinical supervisor at their respective office. Additionally, interns are offered 2 additional hours of weekly group supervision. 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 placement. 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 for APPIC requirements. 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 to ensure that the training meets the level of expectations for an internship-level student. 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.



SUPERVISOR PROFILES



DR. 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.



DR. YASMINE MOIDEEN — PHD, LP — OUTPATIENT PROGRAM MANAGER

Credentials: Dr. Moideen received her PhD in Clinical Child Psychology from DePaul University and completed her clinical training at Children's Hospitals and Clinics of Minnesota. She is a Licensed Psychologist in Minnesota.

Specialty areas of interest: Child Clinical Psychology, Multicultural Issues, Family Systems Therapy.



DR. KAREN CHINNOCK, PHD, LP — STAFF PSYCHOLOGIST

Credentials: Dr. Chinnock received her Doctor of Philosophy in Clinical Psychology at Nova Southeastern University. Her concentration was on Forensic Psychology and she worked with various forensic and medical populations as part of interdisciplinary and multidisciplinary teams. She is a Licensed Psychologist in Minnesota.

Specialty areas of interest: Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Intimate Partner Violence Interventions.



DR. SARAH CHERWIEN, PSY.D. LP — TRAINING FACULTY

Credentials: Dr. Cherwien received her Doctorate and Master's degrees in Counseling Psychology from the University of St. Thomas in Minneapolis, Minnesota. She is a Licensed Psychologist in Minnesota.

Specialty areas of interest: Attachment, Trauma, Clinical Supervision, Psychotherapy Process, Relational Dynamics.



DR. 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.

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 Program Manager on staff to assist in building-related 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. Program Managers are independently licensed 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 practitioners, 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 and continued socialization with fellow trainees.

Each office has a program manager who is a licensed clinician who manages licensed clinical staff on-site. Interns may use their program 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, often 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 have 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 doctoral level internship in psychology at a mental health clinic in suburban Twin Cities locations. 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.

Training Sequence

The Internship in Psychology starts in September each year and requires a full-time, minimum year-long commitment for a total of 2000 training hours. Interns function in an applied, clinical role and receive structured training in the provision of psychotherapy, assessment, and 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. Interns begin the internship with focus on didactics and integration of science and practice through training in supervision and groups. The training sequence allows for Interns to gradually develop in their caseload to allow for further focus on their learning goals, especially if there are specialty rotations, assessment, or provision of supervision.

The internship follows a year-long sequence of an intentional programmatic development of monthly themes focused on various competency areas. This sequence allows for breadth and quality of training through monthly themes which are appropriate to the internship level and competencies expected of a generalist psychology internship. These monthly themes roughly reflect expected competencies that are taught prior to completion of the internship. The monthly themes include the following:

- Integration of Science and Practice
- Individual Theoretical and Clinical Identity
- Systems Theories and Processes
- APA Ethics Code and Risk Assessment
- Couples Counseling
- Cultural Humility and Social Equity
- Attachment and Family Therapy
- Consultation, Supervision, and Teaching
- Trauma-informed Practice

- Role of Affect and Somatization in Intervention
- Interpersonal Communication and Processes
- Professional Development

The internship is in the spirit of a practitioner-scholar model and requires enrollment in a doctoral degree through which interns must have approval for internship status by their graduate program training director of 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 (\$36,250) and requires a full-time, year-long commitment. Admission is competitive, as we select from a national pool of those with additional training in delivering services to children, families, and/or couples.

Caseload

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 and will not be expected to have a productivity level higher than a Postdoctoral Fellow.

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.

Training Activities

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. Interns will receive training appropriate for the internship level and will be provided topics that are expected of a clinician who has not yet completed all graduate-level training. It is expected that Interns will be provided training to approximate to this level of experience.

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.

INTERNSHIP ACTIVITIES

Interns receive 2 hours of regularly scheduled individual supervision, 2 hours of regularly scheduled group supervision, and 2 hours of training or didactics 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. Interns meet together during any of the below group seminars, which allows for socialization within the intern cohort. Additional socialization with other unlicensed trainees may occur during the case consultation groups or other training activities. Monthly didactic trainings will provide training appropriate to the level of a graduate-level clinician, and interns will be evaluated at a level expected of a clinician who has not yet completed all graduate-level training.

- ***Individual Supervision:*** 2 total hours per week; 1 hour per week of face-to-face individual Administrative Supervision with a Licensed Psychologist and 1 hour per week of face-to-face individual Clinical Supervision with a Licensed Psychologist
- ***Group Supervision:*** 2 total hours per week; 1 hour per week of group supervision with a multi-cultural focus with a Licensed Psychologist and 1 hour per week of group supervision with a child intervention focus with a Licensed Psychologist

- ***Intern Professional Seminar:*** 1 hour weekly of Intern-specific discussion with a Licensed Psychologist
- ***Assessment Group Seminar:*** 1 hour per month of group consultation and didactics with a Licensed Psychologist related to psychological testing as applicable
- ***Supervision Seminar:*** 1 hour per month of group consultation with a Licensed Psychologist related to provision of supervision as applicable
- ***Case Consultation:*** 2 hours per month of site-specific group consultation with a Licensed Psychologist
- ***Grand Rounds:*** 2 hours per month of clinic-wide Grand Rounds facilitated by a Licensed Psychologist
- ***Case Consultation:*** 2 hours per month of site-specific group consultation with a Licensed Psychologist

Interns receive additional training beyond supervision to achieve the objectives of the training program. Various competencies will be addressed through the following activities to provide Interns with specific training appropriate to the level expected of a graduate-level clinician.

Case Consultation

Twice monthly, a full-time licensed clinician facilitates a case consultation group at each site that includes that site's clinical staff and therefore is not considered supervision or didactic training. The focus of this group is case consultation for students and clinicians, and attendees are expected to come prepared with cases.

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 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 weekly, 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 first and third seminar of the month will focus specifically on didactics related to intern-level foundational knowledge. Information for the didactic portion of the seminar will be provided via articles, videos, and discussion. The second and fourth seminar of the month will focus specifically on the application and integration of the

knowledge in that month. Interns will discuss the information obtained in the didactic portion and will then provide case material and personal experiences to integrate the didactics with practical experiences. The intern professional seminar will guide interns in the development and integration of all skills.

These skills represent the breadth of the internship sequence including the integration of science and practice. 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.

The Topics discussed in Professional Seminar include:

- Case Management Consultation
- Diversity and Culture within the Therapeutic Context
- Professionalism & Interdisciplinary Consultation/Collaboration
- Professional Development and Identity as a Couple and Family Psychologist
- APA Ethics Code Consultation

Assessment Group Seminar

Interns who conduct psychological assessment may attend a psychological assessment consultation 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 of a practicum student 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. The supervision seminar is intended to focus on the experience for beginning supervisors and will provide foundational material related to various supervision theories.

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 at every 3 months.
3. Articulating the various procedures and actions involved in making decisions regarding problematic trainee behavior, performance, or referral to HPSP.
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 Chief Clinical Officer. 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:

- **Notice:** The trainee will be notified in writing of concerns that are being raised by the Administrative Supervisor or Training Director. Upon notification of the reported concerns, the trainee will have a hearing within 5 business days.
- **Hearing:** The trainee will have the opportunity to discuss these issues and provide additional information to the supervisor or director whom has notified the trainee of these concerns. Within 5 business days of the hearing and having the opportunity for a hearing between trainee and supervisor/director, the trainee will have the opportunity to request formal appeal and present concerns to Training Director.
- **Appeal:** The trainee will be given the opportunity to present a written appeal, through which the procedure is expanded below. The trainee will have 10 business days to present the written appeal from the moment of the formal, written request for appeal.
- **Remediation:** The trainee will be provided specific plans to correct the behavior and this will be documented clearly in the corrective action with clear timeline for the resolution of problematic behaviors/performance.

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.** Within 5 days of notification of a report of a trainee concern, 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.
 - 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.
 - 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 Chief Clinical Officer upon the ad hoc committee.

- 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.
- 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.
- If the trainee is dissatisfied with the decision of the committee's decision, the trainee may provide a written request to the Chief Clinical Officer within 5 business days for final review of the decision made during Due Process. During final review, the Chief Clinical Officer, 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 Chief Clinical Officer was present as a member of the ad hoc committee appeal review, the Chief Clinical Officer will designate the next highest licensed clinician to complete the final review. Upon completion of final review, the Chief Clinical Officer (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 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 Acknowledgment. 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 acknowledgment 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.
6. 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.

1. Supervisors, staff members, and trainees shall immediately report grievances in writing to the Training Director; such a report shall:
 - Include a description of the grievance, and
 - identify the staff member or supervisor who is the subject of the grievance, and
 - 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 Chief Clinical Officer.

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 Chief Clinical Officer. 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.

INTERNSHIP OBJECTIVES

The program has adapted the Profession-wide Competencies from the American Psychological Association and has adapted optional Specialty Competencies in Couple and Family Psychology as described by Stanton & Welsh (2011). These objectives are evaluated in the Intern Performance Evaluation and are discussed with the intern at regular intervals.

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 Statues 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.
- Interns are evaluated in this area during supervision and discussion in group seminars. Interns are expected to discuss and conceptualize a crisis-case through use of a decision making model.
- Understands the APA code of ethics as applicable to the practice of 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 psychology
- Awareness of the scope of family law relating to psychology in the specialist's area of practice
- Understands common legal and ethical issues in the psychology 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 psychology
- Able to identify, analyze, and proactively address legal and ethical conflicts that arise during the course of providing psychology services
- Professional writings, presentations, research, teaching, supervision, intervention, and consultation will represent efforts to include ethical principles and standards related to 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 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.
- Interns are evaluated in this area through self-development and discussion of diversity in individual supervision and group seminars.
- 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 psychology specialists' perceptions of others that are different from their own
- Knowledge of cultural diversity elements in clients 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 psychology clinical services to multicultural populations
- Conducts culturally centered psychological assessment
- Conducts culturally centered psychological intervention
- Provides culturally centered psychological consultation
- Provides culturally centered psychological teaching
- Provides culturally centered psychological supervision
- Conducts culturally centered psychological research
- Commitment to perennial development
- Promotes multiculturalism within psychology
- Commitment to serving marginalized clients and families
- Commitment to advocate for policies that promote equity for marginalized clients
- Commitment to intervene in oppressive macrosystems

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.
- Interns are evaluated in this area through theoretical discussions in case consultations and supervision. Interns are expected to identify various methods and interventions on a specific case presentation by the end of internship, especially utilizing specific relational-contextual approaches.
- 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 psychology scientific knowledge and scientific methods for an intern
- Demonstrates appropriate level of understanding regarding application of psychology epistemology and science to specialty practice
- Ability to think systemically and demonstrate systemic mental habits
- Ability to apply specialty scientific knowledge and scientific methods to all 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.
- Interns are evaluated in this area through their use of case conceptualization in case consultations and individual supervision. Interns are expected to discuss a specific case and critically evaluate various theoretical models and interventions to use in this case.
- Understands the concept, purpose, and components of case conceptualization in the context of psychology service delivery
- Understands the benefits of conducting a client-centered case conceptualization

- Understands the steps in developing a problem formulation, case formulation, or treatment formulation
- Able to establish a collaborative problem-solving frame
- Able to clarify the client'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 client
- Able to identify interventions and a plan for service delivery
- Able to monitor client 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 client 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. Interns are expected to develop their assessment abilities further and are expected to complete these independently with supervision.
- Interns are evaluated on the administration, interpretation, and written communication in the development of psychological testing reports. Interns are expected to complete a minimum of 8 psychological batteries which also includes an intellectual testing and personality functioning component.
- Understands the range of psychological assessment methods
- Demonstrates knowledge of the appropriate uses and misuses of psychological assessment methods
- Awareness of psychometrics that constitute the various psychological assessment instruments, including strengths and weaknesses of using the tools in diverse contexts
- Demonstrates the ability to select and use common psychological measurement instruments appropriate to the client's sociocultural context
- Demonstrates the ability to apply individual assessment instruments to the psychological context
- Demonstrates the ability to use psychological 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.

- Interns are evaluated on their intervention skills through live supervision and recording of sessions. Interns are expected to utilize specific intervention approaches to a level of comfort and understanding, and can utilize treatment plans to identify the long-term goals based on the diagnostic impressions.
- Understands and capably utilizes a systemic framework for specialty intervention
- Demonstrates advanced knowledge of specialty EBP
- Understands common factors in 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 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.
- Interns are evaluated on consultation from observation and reports from other clinicians, especially from case consultations. Interns are expected to participate in consultation with others, whether in individual format or group format.
- 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 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; 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

Supervision Competency

- 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.
- Interns are evaluated in their supervision through discussion in supervision seminar and may also be observed or provide recordings of supervision sessions (with permission from all). Interns are expected (if providing supervision), to maintain regular supervision sessions with their student, and to utilize supervision theory in interaction with the supervisee.
- Knowledge of systemic concepts and theories applicable to teaching practicum students in a supervisory setting
- Knowledge of supervision models, theories, modalities, and research in 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 psychology practice
- Ability to teach 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 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

- 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 Psychology. Interns will have the opportunity to present and develop a presentation focused on a topic relevant to teaching others in Psychology to deliver to the general public, or to fellow clinicians at Grand Rounds.
- Interns are evaluated on teaching through observation of any presentations provided.
- 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 Psychology as a foundation for teaching others
- Demonstrates advanced level of knowledge of specialty curriculum
- Demonstrates advanced level of understanding of 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 apply teaching-learning methods appropriate to the specialty in instructional venues
- 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

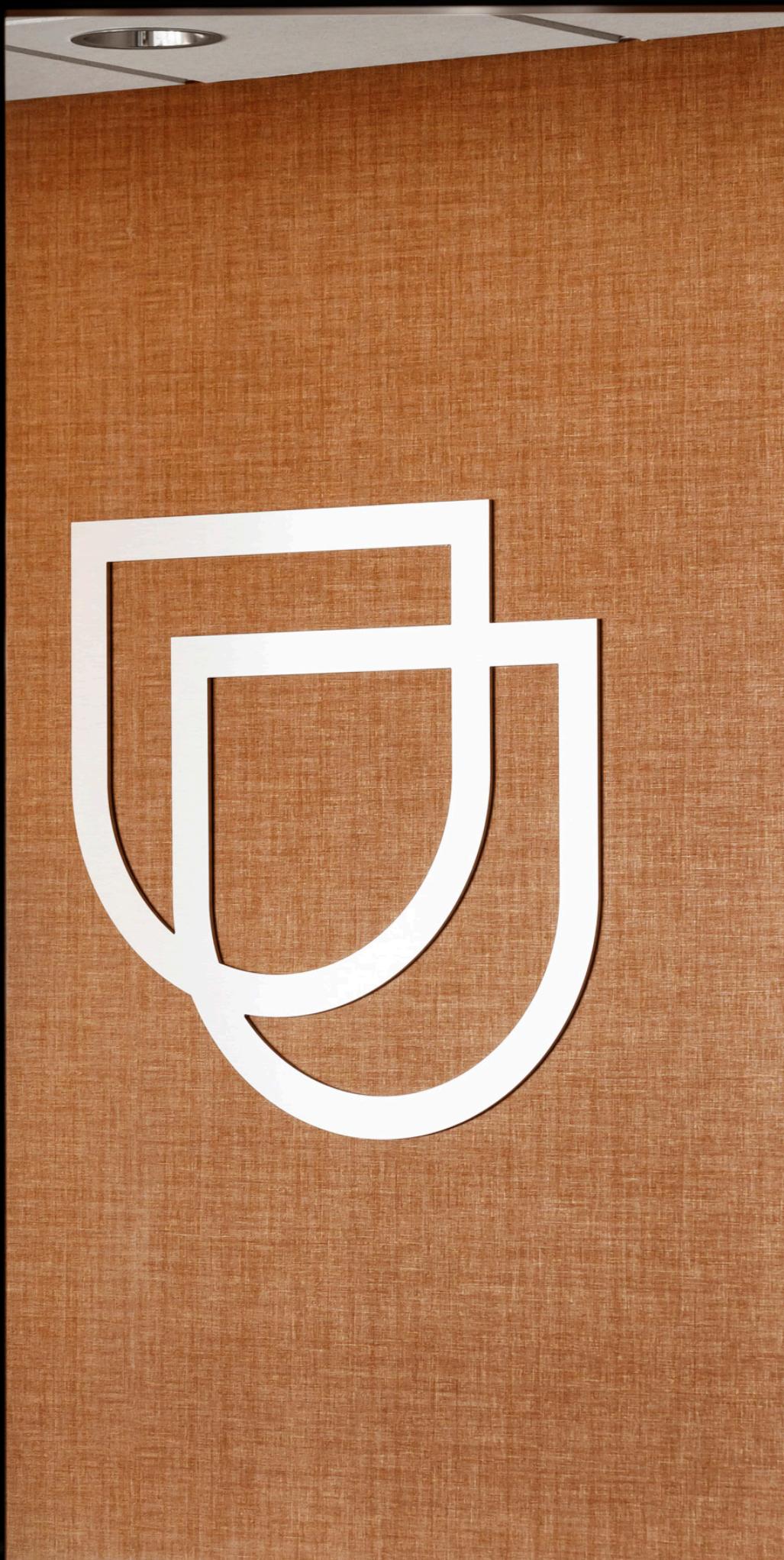
*Interpersonal Interaction Competency [*optional]*

- 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.
- Interns are evaluated in these area through observation of Intern's psychotherapy, assessment, and supervision interactions with clients and students. Observation may also be facilitated via live supervision or recording of sessions (with consent from all participants).
- 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 the psychology role in interpersonal interactions in treatment
- Ability to create therapeutic relationships with the range of clients in 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 Values, Attitudes, and Behaviors Competency

- This competency is addressed in Intern Professional Seminar through discussion of professional development and discussion on the identity as a 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 assessment, this will be addressed in the Assessment Group Supervision. Furthermore, as 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.
- Interns are evaluated in this area in discussions in the Intern Seminar and are expected to begin their involvement in the field of Psychology through enrollment and activity in advocacy organizations and networking with others in the field.
- Understands professionalism expected at the developmental level of a psychology intern
- Maintains direct client care as evidenced by continued professionalism in interactions with clients
- Aware of the ethical requirements for identification as a psychologist
- Independently pursues involvement in specialty organizations
- Develops or leads education and training programs in the specialty
- Pursues psychology continuing education



INTERNSHIP COMPLETION EXPECTATIONS

1. Completion of new employee, clinical employee, and training program orientation
2. Adherence to MN Psychology Practice Act and APA Ethical Code of Conduct
3. Completion of 12 months and 2,000 hours of training
4. Completion of 925 hours of direct clinical care; 8 psychological testing batteries
5. Reaching competency in each domain of Internship performance reviews as evidenced by supervisor ratings of 3 or higher by the completion of internship
6. Satisfactory completion of at least one Grand Rounds presentation
7. Completion of all assigned training activities
8. Completion of all documentation and paperwork

INTERNSHIP BENEFITS

Interns receive a yearly stipend of \$36,250, and receive two weeks of paid time off, access to employer-sponsored group medical and dental insurance, eligibility for 401k program, short-term disability insurance, long-term disability insurance, life insurance, and paid holidays.

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

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 foundational coursework 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 basic communication and counseling skills
- Have had coursework in program evaluation, research design, and statistics

- Have general exposure to children and adolescents with emotional and behavioral problems and trauma in a clinical practicum placement
- Have exposure and training experiences that highlight a) the range of problems children present with in outpatient clinical settings or b) a range of therapeutic modalities including individual, family, couples, and group psychotherapy and assessment
- 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

APPLICATION PROCESS

Admission to our training program is competitive. Lorenz Clinic participates in the APPIC Match Phases 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. During times of quarantine, interviews will be conducted via digital platforms. Interviews are done individually with directors and supervisors at the clinic. Visit 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 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.

LOCATIONS

CHASKA

1435 White Oak Dr., Ste. 200
Chaska, MN 55318

ROSEmount

15265 Carrousel Way
Rosemount, MN 55068

VICTORIA

1772 Steiger Lake Ln, Ste. 220
P.O. Box 51
Victoria, MN 55386

PRIOR LAKE

16180 Hastings Ave., Ste. 205
Prior Lake, MN 55372

(952) 443.4600

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