



Indian
HEALTH BOARD
COMMUNITY TRADITION WELLNESS

2021-2022

**Postdoctoral Fellowship Psychology in
Integrated Behavioral Health**

Indian Health Board of Minneapolis, Inc.

Counseling & Support Clinic

1315 East 24th Street

Minneapolis, MN 55404

INDIAN HEALTH BOARD OF MINNEAPOLIS, INC

SETTING

Minneapolis, Minnesota is located in the southeast corner of Minnesota. The metropolitan area is referred to as the Twin Cities due to the proximity between Minneapolis and St. Paul, Minnesota's capital. The two metro areas, and two largest cities in the state, are divided by the Mississippi River, with St. Paul to the east and Minneapolis to the west. Minneapolis hosts 382,618 residents and is located in Hennepin County, which includes 45 other communities with a population of over a million. As of the census of 2000, there are 162,352 households and 73,870 families residing in the city. The racial makeup of the city is 65.13% White, 17.99% African American, 2.19% Native American, 6.13% Asian, 0.08% Pacific Islander, 4.13% from other races, and 4.36% from two or more races. 7.63% of the population is Hispanic or Latino of any race.

Minneapolis takes its name from the Dakota word for water ('minne') and the Greek word for city ('polis'), and is sometimes called the "City of Lakes." The many lakes in the Twin Cities provide miles of walking and biking trails, and opportunities for picnics, canoeing, kayaking, and boating. Today, Minneapolis continues to be referred to as the Mill City, after the industry that fostered initial economic growth. More recently the city has become notable for its medical and financial industries, as well as the largest shopping mall in the United States, the Mall of America (actually located in Bloomington, a suburb south of Minneapolis).

Minneapolis is the home of the original and by far the largest campus of the University of Minnesota, a Big Ten university with more than 45,000 undergraduate and graduate students enrolled in the Twin Cities alone. The Twin Cities hosts several other private colleges as well. Along with St. Paul, Minneapolis claims to have the highest per capita attendance at theater and arts events outside of New York City, perhaps boosted by its famously harsh winters. The Twin Cities hosts several professional sports teams, including the Timberwolves and Lynx (basketball), the Wild (hockey), the Vikings (football), the Twins (baseball), and the Thunder (soccer).

TRAINING SITE

Indian Health Board of Minneapolis, Inc. (IHB) is a nonprofit, culturally specific health care agency offers the following services to children, adolescents, and adults: medical, dental, counseling and support, health & wellness programs, Indigenous services and recovery services including Medication Assisted Treatment. According to 2013-2014 statistics, 48% of IHB clients identify as Native American, 35% identify as White, 15% identify as African American, and the remaining 2% identify as Asian, Native Hawaiian, or other. 25% of IHB clients overall also identify as having Latino ancestry.

Integrated Behavioral Health

The integrated behavioral health team is embedded within the primary care clinic and works collaboratively with the primary care team to *assess, advise, assist* and *assure* that patients' and providers' concerns around chronic health conditions and psychosocial issues are addressed from a trauma informed, culturally sensitive perspective. The IBH team consists of two behavioral health providers who are licensed psychologist, a registered nurse who coordinates care for psychiatry and

primary care providers specific to mental health and functioning, and a bachelor's level care coordinator who focuses on social determinants of health including food, housing, transportation, employment and access to health care. We also have contracted with an Indigenous yoga instructor who facilitates yoga groups for health and wellness, including an Indigenous Flow Yoga for adults, Elders Yoga and a Yoga 12 Step-group, co-facilitated by one of the IBH behavioral health providers.

Primary Care

The primary care team at IHB, Inc. consists of five family medicine primary care providers including three medical doctors and one nurse practitioner, as well as a pediatrician and a psychiatric nurse practitioner. The primary care clinic serves patients across the lifespan and provides the following services:

Primary Care

- Urgent care
- Immunizations
- Elder care
- Teen health screenings
- Sexual health, screenings & treatment
- Chronic disease management
- Mental & behavioral health referrals
- Medication Assisted Treatment

Women's Health

- Family planning, IUDs & implants
- Prenatal care & childbirth education
- OB Ultrasound
- Pap smear & mammogram
- Colposcopies
- Menopause support
- Family planning, IUDs & implants

Pediatric Care

- Well Child Checkups & immunizations
- Hearing & vision screening
- Sports physicals

Men's Health

- Prostate health
- Male reproductive health

Psychiatry

- Children, Adolescent & Adult psychiatry

The primary care clinic is supported by a team of nursing staff, care coordinators and a dedicated referral coordinator. IHB also has robust health and wellness programs providing educational classes and resources focused on healthy lifestyle choices, preventative and management care. Some programs include wellness classes for those living with diabetes, women's diabetes prevention, the men's health program, smoking cessation services and nutritional counseling.

Indigenous Services

The Indigenous Services at IHB provide the four traditional medicines sage, cedar, tobacco, and sweet grass to patients in each of our clinics. Several indigenous programs occur throughout the seasons, many of which are well attended, such as: beading and moccasin making, Indigenous Aniibish (tea) time, Pipe ceremonies, umbilical cord amulet kits, and cultural practices like drumming, singing, and food sovereignty. These classes are offered in the different seasons that align with the Medicine Wheel.

Recovery Services

The Recovery services at the IHB, Inc. consists of the Medication Assisted Treatment (MAT), which is a voluntary program that uses Suboxone or Vivitrol as a supporting tool to help individuals in recovery from an opioid or alcohol dependence. The MAT team consists of a licensed psychologist and a registered nurse; the team works closely with four of our primary care providers who are certified MAT prescribers. Additional integral staff of recovery services include a LADC and a peer recovery specialist who provide one-on-one support as well as facilitate the Wellbriety Circles, which follows the teachings of the Native American Medicine Wheel and traditional 12-step programs like AA and NA. The Recovery services is also working on opening an intensive outpatient program.

INDIAN HEALTH BOARD MISSION, VALUES AND POLICIES

MISSION STATEMENT

To ensure access to quality health care services for American Indian and other peoples and to promote health education and wellness.

VALUES

Respect for Culture

Excellence

Leadership

VISION

The patients of IHB reach the highest level of health and wellness available, incorporating traditional, culturally correct practices with the best available scientific medical knowledge. They receive the support and commitment of a staff dedicated to patient's success, trained in the skills necessary, and committed to the mission of IHB. Widely known and valued in its community, the Indian Health Board is known as the best place for persons seeking health and wellness, and the best place in the industry to work.

PHILOSOPHY AND MISSION OF TRAINING

The Indian Health Board's guiding philosophy regarding training is to equip developing psychology professionals with the skills needed to serve the diverse and complex behavioral and mental health needs of the urban American Indian community and others in need in our surrounding urban neighborhoods, as well as rural or reservation-based communities. Because of this focus, which ultimately serves to reduce and eliminate health disparities within the American Indian community, we provide diverse and comprehensive training opportunities to all trainees. Training opportunities draw upon the wealth of programs offered at IHB and also with community partners.

Indian Health Board is invested in high quality training, and frequently staff will present training seminars in their particular area of expertise. Additionally, we invite American Indian community members and professionals to present cultural trainings once per month to gain perspective and understanding from the community's point of view. Cultural opportunities are often available for trainees to observe and/or participate in, such as ceremonies and sweat lodges. Trainees consult and collaborate with a range of team members and community providers, including psychiatrists, social workers, psychologists, occupational therapists, case managers, school staff, and county workers. Doctoral psychology fellows also may have an opportunity to supervise other developing professionals.

Indigenous Mentorship Model: Training Model

Our philosophy of training for the program (*Niigimowinmiiwinzha: To heal that which is getting the best of us*) at the Indian Health Board emerges from four Indigenous points of view: Lived experiences of the local American Indian community we serve; Clinical experiences of our providers and other professional allies; Literature on Indigenous pedagogy and curriculum; and Cultural insight and guidance of our American Indian elders.

We call the training model that derives from this philosophy the Indigenous Mentorship Model, and we use this model because it incorporates the values of *good relationships* and *interrelatedness*.

Teaching and learning are most effective in the context of *good relationships*, expressed as *Da Ya Unk Unpi* (Dakota) and *Mino-Inawendiwin* (Ojibwe) in the languages of the people Indigenous to the territory we serve. The Indigenous words have the added connotation of ‘working well together for the good,’ which means that we each have gifts and wisdom to offer and share within the community, making us all teachers and students simultaneously.

We strongly hold that teaching and learning are inseparable from whom and where we are at any given moment. However, certain individuals do assume roles as mentors based on their experience and knowledge within specific contexts, though no one person is considered an “expert” in the western meaning of the word. Thus, teaching and learning are always developmental, holistic, context-based, dynamic, and relational.

Our psychology training model is also conducted within a context of *interrelatedness*, better known as *Mitakuye Oyasin* in the Lakota language and translated into English as *all my relations*. *All my relations* refers to an Indigenous understanding of the self as related to one’s family, clan(s), community(ies), nation(s), the natural world (e.g., earth, plants, animals, insects), and the spiritual world (e.g., Creator or Great Spirit, ancestors, spirit helpers) at once. *All my relations* invites trainees to introduce and understand themselves from the context of their interrelatedness. It enables each of us to understand where all of us are coming from when we share our diverse knowledge as we learn throughout the training year.

To set the tone for the training year, for each week, and for many meetings, introductions and discussion are done in a traditional talking circle format. This involves one person speaking at a time, with protocols of non-interruption and respectful listening. Following Indigenous teachings, we share in a clockwise manner. From the beginning, this sets the foundation for good relationships and respect for diversity among trainees, training staff, and others.

Supervisors' roles as mentors involve training with use of Indigenous pedagogical practices such as experiential activities, story-telling, and talking circles. Experiential learning involves applying material through hands-on engagement (e.g., practicing therapy skills and techniques using role-play, participating in community events or activities). Story-telling involves teaching through personal or traditional stories, which resonate and connect with trainees through contextualizing didactic content

and training in clinical services (e.g., supervisors often share stories from personal experiences and direct work experience). Traditional stories are also incorporated as appropriate, and trainees are invited to share their personal and culturally relevant stories.

Talking circles offer opportunities for trainees and supervisors to share what we have learned, honoring the diverse knowledge and understanding that each person brings. Each person thus assumes the role of teacher and student, enriching the learning environment and further strengthening good relationships. Experiential activities, stories, and talking circles strengthen trainees' relationships with didactic training. Within supervision then, we are able to promote holistic integration of content and deep personal reflection that enhances learning and training.

Finally, trainee feedback is invited and encouraged throughout the year and carefully considered, reflected on, and integrated through supervisor and program evaluations, so that supervisors and training staff may best serve the needs of the trainees. Through trainee feedback, consultation with other trainees, staff, and mentors, reading relevant literature, and personal reflection, supervisors continually strive to grow in providing adequate training. Learning is living and living is learning, and the Indigenous values within being an effective supervisor and fellow require engagement in ongoing personal and professional development throughout life.

TRAINING PROGRAM

The Indian Health Board is excited to offer a fellowship in Integrated Behavioral Health, a growing field within psychology that improves patients' access to mental health services, help with addressing disparities in mental health access for certain minority groups and aids in the prevention and treatment of epidemic chronic conditions such as diabetes, obesity, cancer and cardiac disease. Postdoctoral fellow of the Integrated Behavioral Health program will gain experience working with children, adolescents, adults, and families in a community healthcare clinic, specifically in the primary care clinic. Postdocs will spend approximately 80% of their time in the primary clinic (4 days a week), and 20% of their time (1 day a week) in the outpatient psychotherapy & assessment clinic.

Clinical Experience

Pursuant to the integrated behavioral health model, the postdoc will provide brief assessment and intervention in the medical clinic for chronic health conditions and psychosocial issues. Typical presenting concerns include depression, anxiety, substance use, insomnia, behavioral concerns with children, ADHD evaluation, parent-child conflict, psychosocial stress, diabetes, hypertension, smoking cessation, and poor medication adherence. The postdoc will complete suicide/homicide risk assessment, safety planning and facilitate psychiatric hospitalizations for patients in primary care. Health Coaching to support lifestyle changes, curbside consultation with primary care providers, and guest lecturing/co-facilitating health and wellness groups are also frequent activities of the IBH team and the postdoc will have ample opportunities to do so. Additionally, the postdoc will complete and follow through on referrals for long-term counseling and psychological assessment as appropriate. Finally, the postdoc will be involved in program development activities taking into account that psychologists in this somewhat nascent field are often expected to take on leadership roles to advocate and educate primary care

providers as well as specialty mental health services (traditional outpatient mental health clinic) about the benefits of integrated care.

A sample of IBH clinical activities is as follows:

<p style="text-align: center;">SPIRITUAL HEALTH</p> <ul style="list-style-type: none">□ Assess connection to culture and higher power□ Y12SR□ Elder's Yoga□ Offering traditional medicine	<p style="text-align: center;">PHYSICAL HEALTH</p> <ul style="list-style-type: none">□ MI strategies to assess for readiness to change regarding health behaviors.□ MI intervention and goal setting to regarding exercise, diet and medication adherence
<p style="text-align: center;">EMOTIONAL HEALTH</p> <ul style="list-style-type: none">□ Assessment of mood via PHQ-9 and GAD-7□ ACES□ Psychoeducation regarding Distress tolerance skills and relaxation training□ Brief intervention around parent/child conflict including discussions on developmental needs of children and adolescents□ Behavioral Activation□ Risk Assessment and safety planning	<p style="text-align: center;">MENTAL HEALTH</p> <ul style="list-style-type: none">□ Brief cognitive assessment via Mi-Cog both for prevention and early intervention□ Brief ADHD assessment of primary care patients□ Short-term intervention to help with memory and functioning□ Parent education/coaching for behavioral management as related to attentional and impulse control difficulties.

Training Methods

We recognize that integrated behavioral health is not incorporated into many doctoral training programs, and thus the training team presumes that postdoctoral fellows may have limited knowledge and experience prior to the start of the fellowship. Training in integrated behavioral health will happen through didactic seminars, webinars and direct observations. Observational learning is highly conducive in primary care setting and will be employed as a primary teaching and evaluation method throughout the training year.

Didactic Seminars

In addition to observation learning, postdoctoral fellows will learn about integrated behavioral health via didactic seminars including the introductory primary care psychology curriculum from the American Psychological Association's Society for Health Psychology's Committee on Integrated Primary Care. This curriculum consists of four foundational modules of IBH followed by a number of specific topics pertinent to IBH including recognizing and managing anxiety disorders, ADHD, chronic pain, depression, health promotion and disease and use of motivational enhancement strategies among others. There will be a two-hour didactic weekly during the training year.

Team/Department Case Consultations

Trainees attend weekly case consultation and are exposed to a variety of viewpoints, intervention theories and recommendations at these meetings. IBH postdoc will attend the weekly case consult with the outpatient mental health clinic (Counseling & Support). IBH postdoc may also attend the monthly case consultation with medical providers.

Training Goals

The training goals of IHB's IBH postdoctoral fellowship program is to train psychologists who are well versed in integrated behavioral health and can practice effectively in a primary care setting from a trauma-informed and culturally sensitive perspective. Moreover, because integrated behavioral health is still not widely practiced, we want to train psychologists who can implement an IBH program if called upon. We do not expect graduating fellows to be an expert in this field to do so, but know enough and more importantly know where and how to get further education and training to accomplish this goal, as research indicates that integrated primary care is may be one effective way to reduce health disparities, especially in underserved/ marginalized communities.

IHB's IBH fellowship program will train and evaluate the postdoctoral fellows based on the six clusters of competencies proposed by APA for primary care psychology. These six clusters and the relevant competencies are as follows: 1. Science (Science Related to the Biopsychosocial Approach and Research/Evaluation), 2. Systems (Leadership/Administration, Interdisciplinary Systems, and Advocacy), 3. Professionalism (Professional Values and Attitudes, Individual, Cultural and Disciplinary Diversity, Ethics in primary care, and Reflective Practice/Self-assessment/Self-care), 4. Relationships (Interprofessionalism, and Building and Sustaining Relationships in primary care), 5. Application (Practice Management, Assessment, Intervention, and Clinical Consultation), and 6. Education (Teaching and Supervision)

TRAINING PROGRAM OUTCOMES

Twice a year the fellow's performance is reviewed and assessed, and progress is evaluated, once midway through the fellowship and once at the end of the year. The ratings are informed by direct observation, case consultation, supervision, and formal case and didactic seminar presentations. In addition, the fellow will receive direct feedback throughout the year.

At the half-way point and at the end of the year, the fellows are asked formally and informally to evaluate and provide recommendations to the Training Director regarding their fellowship experience.

The areas of evaluation include: the quality of experience, supervision, training seminars, general satisfaction, progress in cultural proficiency, and the ability of the students and the fellowship to meet the trainees' major goals. If needed and when possible, adjustments are made for either the current or future fellowships.

SUPERVISION

Minnesota Board of Psychology requires fellows to have two hours weekly of regularly scheduled supervision when employed for more than 20 hours. One hour by the primary supervisor must be on an individual in-person basis by a licensed doctoral psychologist, and the other hour can be by either master's or doctoral level mental health professional on either an individual or group basis. For the IBH fellowship, fellows' primary supervisor will be the integrated behavioral health manager, Andre Peri, Ph.D., LP, and the other hour of supervision will be by Counseling and Support Staff at the outpatient mental health clinic.

SALARY AND BENEFITS

The salary for full-time postdoctoral fellows is \$36,899.20 for a 12-month period. Fellowship positions are protected by a labor agreement between IHB and SEIU Healthcare Minnesota; fellows are required to pay nominal, monthly dues to SEIU. Full-time fellows receive the following benefits, beginning on the first day of the month following a full calendar month of employment:

PTO (paid time off) with an accrual rate of 4.31 per pay period

7 paid holidays and 2 personal "floating" holidays

Health insurance

Dental insurance (additional monthly premium, or free onsite basic dental services)

Flexible spending account (pre-tax basis of employee contributions)

Malpractice insurance is provided. One month of employment is required before insurance is active and therefore a start date in August allows coverage as of October 1st.

APPLICATION INFORMATION

Applicants are required to submit a curriculum vitae and a cover letter as part of the application process.

Postdoctoral Fellows must have completed a doctoral degree before beginning their postdoctoral training. Per APPIC criteria, this is defined as having on the first day of the fellowship either the diploma in hand or a letter from the Director of Graduate Studies or one's program Director of Clinical Training verifying the completion of all degree requirements pending institution graduation ceremony.

IHB prefers applicants with a Ph.D. or Psy.D. from an APA- or CPA-Accredited program in Clinical or Counseling Psychology. Applicants with strong assessment *and* strong therapy skills from an APA- or CPA-Accredited School Psychology program will be considered on a case-by-case basis. If an applicant's degree program is not APA- or CPA-Accredited, IHB may still consider an applicant who has completed

all professional doctoral degree requirements from a regionally accredited institution of higher education that includes an internship meeting APPIC standards.

Applicants with doctoral degrees in fields other than clinical, counseling, or school psychology must have received a certificate of equivalency from an APA/CPA approved university program attesting to their having met APA/CPA standards, including the pre-doctoral internship.

It is the policy of IHB to provide equal opportunity to persons without regard to actual or perceived race, color, religion, gender, national origin or ancestry, age, disability, veteran status, sexual orientation, marital status, or any other basis protected by federal, state or local law.

The program seeks emerging professionals who have a knowledge base and understanding of American Indian values and commitment to working with this population so that our community is better served by highly trained and culturally aware professionals.

TRAINING FACULTY AND OTHER STAFF

Training Faculty

Luz Salinas, PsyD, LP, Training Director and Staff Psychologist

Andre Peri, PhD, LP, Integrated Behavioral Health Manager

Amy Fish, PhD, LP Behavioral Health Consultant and Staff Psychologist

Michael L. Harris, MA, LP, SEP, Director of Counseling & Support

Robin Young, PsyD, LP, Chief Psychologist

Thomas Murphy, PsyD, LP, Staff Psychologist

Adriana Youssef, PhD, LP, Staff Psychologist

Additional/Adjunct Training Staff

D. Richard Wright, LI, LADC, Indigenous Health

Mitchell LaCombe, MD, Family Medicine Physician and Director of Medical Clinic

Angela Erdrich, MD, Pediatrician

Emily Torell, MD, MPH, Family Medicine Physician

Jocelyn Guler, APRN, FNP-C, Family Care Provider

David Henry, MD, Family Medicine Physician

Patrick Rock, MD, Chief Executive Officer

Melodie Kabanuk Dohm, APRN-CNP, PMHNP-BC, Psychiatric Nurse Practitioner

Linda Roberts, LPN, Integrated Behavioral Health RN Care Coordinator

Jacob Croonenberghs, BA, Integrated Behavioral Health Care Coordinator

Program Contact Information:

Luz Salinas, PsyD, LP, Training Director and Staff Psychologist

Phone: 612-721-9804

Email: Luz.Salinas@indianhealthboard.com

Andre Peri, PhD, LP, Integrated Behavioral Health Manager

Phone: 612-721-9811

Email: Andre.peri@indianhealthboard.com