Indian
HEALTH BOARD

COMMUNITY TRADITION WELLNESS

Psychology Doctoral Internship Program Online Brochure

Updated June 2022

APA Accredited Doctoral Psychology Internship Training Program

TRAINING SITE

Indian Health Board of Minneapolis, Inc. (IHB) is a nonprofit, culturally specific health care agency that provides medical, dental, mental and chemical health services to children, adolescents, and adults. 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 Latinx ancestry. Within the Counseling & Support Clinic, 79% of clients identify as Native American, 11% identify as White, 8% identify as African American, and 2% identify as Asian or other, with 4% of clients overall also identifying Latinx ancestry. Notably, the vast majority of clients seen at IHB and within the Counseling & Support Clinic identify as having mixed ethnic backgrounds. In the Counseling & Support Clinic, 63% of clients identify as female and 37% identify as male, though within these categories there are clients who identify as transgender and/or two spirit. Clients currently seen in the Counseling & Support Clinic range in age from four to 88 years old and identify with a variety of religious and spiritual orientations. Clients seen inthe clinic also identify with diverse sexual orientations, including heterosexual, two spirit, gay, lesbian, bisexual, and queer. Socioeconomic status varies considerably between clients, though a large portion ofthe client population served fall below the poverty line.

Clients seen for counseling at IHB present with a wide array of concerns, including posttraumatic stress disorder, intergenerational and complex trauma, interpersonal difficulties, depression, anxiety, self-injury, suicidality, adjustment issues, parenting difficulties, identity development, domestic violence, history of abuse, substance abuse, eating disorders, and grief. Clients also present with diverse disability statuses, including physical, congenital, developmental, and acquired disabilities. Thus, the training program at IHB offers interns in-depth experience with a range of client populations and intersectional identities. Individual and family therapy, group therapy, child and adult assessment, chemical health assessments, social work, and psychiatric services are provided on-site. The department participates with the IHB Medical Clinic in a collaborative effort to reduce health disparities, and opportunities for consultation with Medical Clinic providers are also available. The department also prides itself on training students in cultural proficiency skills aimed toward the urban American Indian community. Indian Health Board of Minneapolis has trained practica students and doctoral psychology interns since 1993, participated in the Urban Child and Family Consortium (UCFC) from 2000-2006, and added a postdoctoral fellow program in 2004. The doctoral psychology internship received APPIC membership in 2000 and APA accreditation in 2015. The postdoctoral residency received APPIC membership in 2009. The agency provides trainees with a wealth of diverse clinical experiences and training opportunities, including urban outpatient treatment, psychological evaluations, collaborative opportunities with culturally specific schools and other agencies, and topic- or diagnosis-specific group therapy. Many interdisciplinary resources are available to interns, both onsite and in collaboration with other agencies and organizations. Staff is committed to working with urban and culturally diverse children and families, with specialized focus and services on the urban American Indian community.
The Indian Health Board of Minneapolis, Inc. complies with guidelines put forth by the Association for Psychology Postdoctoral and Internship Centers (APPIC) and American Psychological Association (APA).

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 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, including our doctoral psychology interns. 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. On occasion, cultural opportunities are often available for trainees to observe and/or participate in, such as beading, ribbon skirt making, star quilt making, moon 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 interns also may have an opportunity to supervise other developing professionals.

Indigenous Mentorship Model: Training Model for Psychology Internship

Our philosophy of training in the Doctoral Psychology Internship (*Niigimowinmiiwinzha*) 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 Unpí* (Dakota) and *Mino-Inawendiwin* (Ojibwe) in the languages of the people Indigenous to the territorywe 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* invite interns 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 fordiversity among interns, training staff, and others.

Supervisors' roles as mentors involve training with use of Indigenous pedagogical practices such as experiential activities, storytelling, 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). Storytelling involves teaching through personal or traditional stories, which resonate and connect with interns 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 interns are invitedto share their personal and culturally relevant stories.

Talking circles offer opportunities for interns 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 interns' 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, intern 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 interns. Through intern 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 intern require engagement in ongoing personal and professional development throughout life.

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: June 25 2022

Program Disclosures

As articulated in Standard I.B.2, programs may have "admission and employment policies that directly relate to affiliation or purpose" that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	_____ Yes _X_ No
If yes, provide website link (or content from brochure) where this specific information is presented	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

PRACTICA AND ACADEMIC PREPARATION REQUIREMENTS

- Graduate coursework and practicum training in psychotherapy and psychological interventionswith adults and children, including competence with cognitive and personality assessment andthe creation of written evaluations. An integrated psychological evaluation for both an adult and a child are expected.
- Graduate coursework and practicum experience with psychopathology and diagnosticassessment.
- Strong oral and written communication skills, efficient time management skills, and comfort andcompetence in challenging situations, including crises.
- Verification from the graduate program Director of Training that all coursework, comprehensiveexaminations and other required benchmarks will be completed by the internship start date.

Per job description:

- Enrolled in a doctoral program at a regionally accredited school and pursuing a doctoral degree in an applied psychology field.
- Completion of all doctoral level coursework in applied psychology field.
- 600 hours previous experience and training in clinical assessment and psychotherapy of children,adolescents, and/or adults.

Selection Process:

Interns are selected from applicants through the APPIC (Association of Psychology Postdoctoral and Internship Centers) website. Preference is given to graduate students from APA-accredited doctoral programs in professional psychology and American Indian applicants are especially invited to apply.

Applications are screened by the Training Director and training staff with priority given to experience in a community mental health setting, knowledge concerning trauma, sensitivity to diversity and competence with psychological evaluation and report writing. Applications are ranked according to the written materials, including reference letters, and the estimation of fit with the training program, with the top-ranked applicants invited to interview. Following interviews, initial rankings are revisited and submitted to APPIC.

As a member of APPIC, IHB agrees to abide by the APPIC policy that no person will solicit, accept or use any ranking-related information from any intern applicant.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: Yes Amount: 600 (combined with assessment)

Total Direct Contact Assessment Hours: Yes Amount: 50

Describe any other required minimum criteria used to screen applicants:

The program does not have additional screening criteria.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	32,354	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	128	
Hours of Annual Paid Sick Leave	Included in PTO	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other benefits (please describe):		
Dental insurance (additional monthly premium or free onsite basic dental services), flexible spending account (pre-tax basis of employee contributions), 7 paid holidays.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship
Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	6	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching		
Community mental health center	2	
Consortium		
University Counseling Center		
Hospital/Medical Center		
Veterans Affairs Health Care System		
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting	1	
Other		3

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

TRAINING PROGRAM

Interns of the IHB Doctoral Psychology Training Program will gain experience working with children, adolescents, adults and families in a community healthcare clinic. Interns will spend approximately 90% of their time in outpatient psychotherapy and training activities, and 10% in outpatient assessment and related training and supervision activities.

On a weekly basis, interns spend at least one hour in direct clinical supervision of cases with their primary supervisor, one hour per week with their secondary supervisor one hour each in group supervision and case consultation with all clinical staff, and two hours of didactic and/or cultural proficiency training. As part of orientation, interns outline their interests, goals, and skills with the Training Director so that therapy and assessment cases that are commensurate with the intern's skills and interests may be assigned.

CLINICAL TRAINING EXPERIENCES AND GOALS

Interns learn agency-specific and cultural competence guidelines while being encouraged to develop their own style of professional writing, interviewing, and treatment within those guidelines. Interns develop basic competence in a variety of areas through direct clinical experience, didactic seminars, and team/group case consultations.

Clinical Experience

Interns provide treatment and assessment supervised by the Training Director and other IHB Licensed Psychologists. A range of presenting concerns are treated, such as depression, anxiety, Posttraumatic Stress Disorder, Attention-Deficit/Hyperactivity Disorder, Reactive Attachment Disorder, Fetal Alcohol Spectrum Disorders (FASD), physical and sexual abuse and neglect and substance abuse. Interns complete general psychological evaluations. They may lead or co-lead therapy groups and provide consultation to the Medical Clinic or other agencies.

Primary clinical experiences include outpatient therapy, consultation at Anishinabe Academy and psychological evaluation. Secondary clinical experiences may include group therapy, consultation with Medical Clinic staff and/or other staff within and outside IHB and provision of supervision.

Cultural Competency Guidelines for the Provision of Clinical Mental Health Services to American Indians in the State of Minnesota

(Drafted by the American Indian Mental Health Advisory Council)

While there are many similarities in the provision of mental health services across treatment populations, there are essential and unique components that must be considered when providing mental health services for American Indian clients. While American Indians are also unique individuals, there are consistent similarities across this cultural group that are unique to Indian people, and this knowledge is essential for the provision of efficacious mental health treatment for Indian people.

Of great importance in the formation of mental health practice guidelines in working with American Indians is that such guidelines must be dynamic. As individuals grow in their understanding of cultural identification, and as mental health services improve their standards of care, so must cultural competency standards accommodate improvements in treatment practices.

Similarly, it is not acceptable for an individual practitioner to declare himself "culturally competent" whether after attending one seminar, or a lifetime of working with clients from diverse populations. Rather, cultural competency is a developmental process for which a mental health practitioner strives, and always improves. Even if a practitioner is of the same race as his/her client, he/she may be of a different gender, socio-economic status, physical or mental ability, sexual preference, or religious background. These demographic variables may outweigh or modify race for particular clients, and thereby confound a clinician's understanding of how race affects mental health services for a particular cultural group. Also, clients of particular groups may or may not identify with their racial group; a variable that the "culturally enthusiastic" clinician may not be aware. Therefore, knowledge of a particular cultural group's beliefs, norms, and practices may not be adequate knowledge for "culturally competent"clinical care.

As part of the developmental pursuit of culturally competent mental health services for American Indians the following recommendations are presented as necessary but not sufficient guidelines for a mental health practitioner to follow:

Form a Connection with the Community

- *It is important to know how people are related in Indian communities, what family histories are, and whois considered a leader in the community.*
- *Visit local schools, community centers, and elder complexes, and volunteer when possible at theseagencies*
- *Attend ceremonies if invited or appropriate*

Be Aware of Differences in Boundaries

- *Indian people may ask a clinician to attend a family event, visit their home, or accompany them to areligious event. It may be considered very disrespectful or alienating to refuse these gestures.*
- *An Indian client may ask personal information of a clinician before proceeding with the mental health session. Such a personal exchange is often seen as polite and caring among Indian people and should notbe automatically dismissed by the clinician as unprofessional or trivial.*

Be Aware of Differences in Time
American Indians often do not feel the same sense of urgency in arriving at meetings or events at their scheduled time as Caucasian people do. Many Indian people will not arrive at a mental health appointment on time, or sometimes not at all, if they have something, they believe is more important to do. Events that may be considered more important than mental health appointments often include family crises, ceremonies, deaths, or friends inneed.

Understand definitions of family
In many Indian communities, family may be considered more than blood relatives; family may also be consideredpeople who have been informally adopted, or simply raised by another person.

Awareness of Gift-Giving Practices
American Indian clients may give their mental health provider tobacco when asking for healing, or some other gift. Again, the clinician must use his/her judgment, and whenever possible, try not to dismiss the Indian client's gestureor intent in their gift giving.

Communication Styles among American Indians

- *Nonverbal Messages*
  Often Indian people communicate a great deal through nonverbal gestures, such as using downcast eyesor ignoring an individual when they are unhappy with or disagree with a person. Also, handshakes are generally done very gently and from the end of the fingers, instead of heartily and with the whole hand. Again, a gentle handshake is seen as respectful, and not a sign of weakness.

- *Humor*
  Indian people may say truths or difficult messages through humor and might cover great pain with smilesor jokes. It is important to listen closely to humor, as it may be seen as invasive to ask for too much clarification.
- *Indirect Communication*
  It is often considered unacceptable for an Indian person to criticize another. This is an important factor fora clinician to understand. Especially when it comes to Indians speaking out against or testifying against another person. Even if the individual has been exceedingly abusive, it may be considered disloyal or disrespectful to speak negatively about the other person. There is a common belief that people who have acted wrongly will pay for their acts in one way or another; although the method may not be the legal system.

Spirituality of American Indians

- *Given the abusive history that American Indians have suffered because of their spiritual practices, and thefact that it has only been legal for them to publicly display their religious practices since 1978 (American Indian Religious Freedom Act), many Indian people are very private and protective of their spiritual beliefsand practices. So, it may not be appropriate to ask probing questions about an Indian client's spiritual beliefs, or to assume that an Indian client has strong spiritual beliefs. Also, given the intensity with which Christianity has instilled itself into Indian culture, many American Indians strongly embrace Christianity and vehemently reject traditional American Indian spiritual beliefs and practices.*
- *Although there are great differences among American Indians regarding their spiritual practices, most Indian spirituality consists of a respect for life, a connectedness with nature, and a belief in a spiritual existence after the physical body has died. Also, most Indian religions promote the notion that one must bebalanced between their physical, mental, emotional, and spiritual health; a concept that is important when providing mental health services for Indian people.*
- *It is critical that mental health professionals do not misdiagnose spiritual experiences as psychosis. If theprofessional is in doubt, he/she should consult with an American Indian spiritual leader. Also, a good ruleof thumb is to question the message that the spirits are giving. If the message is for the client to harm him/herself or someone else, or if it causes the individual a great amount of distress and functional impairment, then it is more likely to be a case of psychological hallucinations than spiritual visitations. However, a spiritual leader should conduct the final assessment.*

Generational Mental Health Issues of American Indians

- *It is important for the mental health clinician to be familiar with accurate information regarding American Indian history over the last 400 years, and the trauma that Indian people have endured, in order to understand the present pervasiveness of mental health difficulties among Indian people. Specifically, giventhe disempowerment that Indian people have experienced from having their land taken, being forced on reservations, being beaten for speaking their native language and practicing their cultural ceremonies, andmore recently having their children forcibly taken away by child protection, Indian people may tend to have very little hope in experiencing a just and full life. Also, alcoholism and abuse have been common responses to the generations of mistreatment Indians have experienced, and these responses have been passed through generations as acceptable and common methods to survive an "unjust" world.*
- *It is also important for clinicians to understand "healthy paranoia" or the concept that it may not be a delusion on the Indian client's part when he/she claims they were followed unnecessarily in a store, thatthey did not receive a job over a less-qualified Caucasian candidate, or that they were denied housing because of their race.*

Formality

While it is often common practice for a mental health professional to present himself or herself in formal dress, or using psychological vocabulary when interacting with clients, this may be counter-productive when working

with American Indian clients. In fact, a large amount of education may be a detriment to the clinician's ability to heal and could add to the division between the clinician and the client. By contrast, when working with American Indianclients, a sense of casual professionalism on the part of the clinician is likely to increase the client's willingness to cooperate and participate in his/her treatment.

Humility and Patience

- *A clinician is more likely to gain the cooperation and trust of a client and his/her family if she/he is willingto approach the client in a humble stance, and not one of "absolute expertise." Quite often, the Indian client or his/her family will have insight into origins or solutions to problems that are not in mental healthtexts.*
- *Patience in particular is a very important attribute to adopt when working with Indian clients. Results or change are likely to occur at a rate much slower than that desired by the clinician, and "success" should beconsidered relative to the client's expectations, not the clinicians.*

Values

- *In order to create reasonable treatment plans for American Indian clients, it is essential to understand what concepts are of value and importance to the client. It may not be vital to the Indian client to attendcollege or have a "successful" career, while building and fostering a family may be very important to him/her. Given the collective tendency of American Indians, is likely, however, that family and support ofthe community will take precedence over individual achievement. However, individual achievement as a means to help the community may be highly regarded.*
- *If great important to the mental health clinician is an understanding of what health means to their Indian client. Does it mean functioning well enough to pay the bills or does it mean to realize dreams. It is imperative that the clinician does not impose the values of dominant society on their client or assume thatthe Indian client has grand material or academic aspirations.*

Cultural Identity Development

Fundamental to the provision of mental health services to American Indian clients is an assessment of his/her level of cultural identity. According to Sue and Sue (Counseling the Culturally Different, 1990), persons from diverse cultures often pass through a process of cultural identity, in which they 1) begin by identifying with the dominant culture and rejecting their own, 2) then begin to embrace their own culture and reject the dominant culture, 3) thensee positive in the dominant culture, but continue to prefer persons from their own culture, and finally 4) see the strengths and weaknesses in both their own culture and the dominant culture, and accept them as they are. Given these different cognitive stances, a client can vary largely in how they view their current mental health, its etiology,and possible resolutions to their problems.

Psychological Testing

- *Standardized tests are based on data collected on specific demographic groups. Therefore, wheneverpossible, it is necessary for accuracy and reliability when conducting psychological tests on AmericanIndian clients, to use tests with American Indian norms.*
- *When using the MMPI-2 with American Indians, it is important to note that this population often scores as psychotic when they have strong spiritual beliefs. Such an examinee may endorse items such as, "seeingthings other people do not see," and are referring to spirits, not visual hallucinations. Also, American*
  Indians tend to "spike" on scale 4 of the MMPI-2, or the paranoia scale. Again, caution is suggested wheninterpreting this scale, as many Indians do experience racism and injustice, which results in what the literature refers to as, "healthy paranoia."
- *As with all psychological testing, rapport with the American Indian client is critical to obtaining validresults. However, it may require a longer process of interacting and gaining trust than is typical for Caucasian clients.*
- *Be cautious when conducting tests of speed, as an American Indian client may not feel the obligation tocomply with such as request, given the common cultural ambivalence about strict dedication to time.*

While these recommendations are by no means exhaustive, they are the most commonly violated practices among American Indian mental health clients, and adherence to these few suggestions is likely to increase client cooperation and treatment success. When in doubt, the non-Indian clinician is highly encouraged to consult with anAmerican Indian clinician. The following is a suggested reference list for the mental health professional in pursuit ofcultural competency:

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***DENOTES CHALLENGE IN PRACTICE AREA DURING COVID-19 Pandemic**

CLINICAL TRAINING

Training Meetings

All trainees are required to attend training meetings each week, scheduled as follows:

*Cultural Interview: (third) Wednesday, 12:00-2:00 p*m

Case Consultation: (all but third) Wednesdays, 1:00-2:00 pm

All C&S clinical staff and trainees attend this meeting. Cases are reviewed, as well as a variety of clinicaltopics. Staff usually eats their lunch during this meeting.

Trainee Seminar: (all but third) Wednesdays, 10:00-12:00 pm

C&S clinical staff and outside professionals facilitate this meeting so that trainees have an opportunity tomeet with and learn from diverse staff who have a variety of clinical orientations and perspectives.

Didactic topics such as ethics, play therapy, countertransference, attachment, and trauma will becovered.

Supervision

Supervision will address, but will not be limited to, assessment and diagnostic skills, cultural awareness, therapy skills and professional development. A supervision contract will be created early in the year, in order to identify strengths and needs and to make expectations clear. The primary supervisor will be responsible for co-signing trainee's documentation and supervising clinical and administrative aspects ofthe case. All Intake Summaries, Treatment Plans, chart notes, letters, written communications, reports, and Discharge Summaries must be co-signed by the supervisor.

Review of audiotape is a valuable aspect of the supervision process. Specific consent from the client and/or the client's guardian is required and consent forms are available.

Emergency consultation with a licensed clinical staff member is always available and advised in crisis situations, particularly those that involve the assessment of suicide risk or danger to others. If all staffare in session when consultation is needed, it is acceptable to interrupt a staff provider's session. If possible, consultation should be sought from the supervisor.

*Assessment - Depending on COVID-19 pandemic status and virtual nature of client care, assessmentmay be limited throughout the training year.

Trainees arrive with varying levels of assessment skill and experience. Because some amount of assessment is possible with each client, it is important to be proficient with all major categories of assessment and appropriate tests used at the Indian Health Board. Interns and Fellows are expected toadminister, score, interpret and write reports on all relevant tests.

*Anishinabe Academy – Depending on COVID-19 pandemic status and school district public healthpolicy, rotations at the schools may be limited throughout the training year.

Interns and Fellows will be providing services onsite at a local elementary magnet school, AnishinabeAcademy, once weekly during the regular school sessions. A schedule will be provided, along with relevant training, supervision, and planning for the classroom therapeutic support. Careful planning of any trainee vacation or days off should take the local school calendar into consideration in order to missas few days as possible and to maximize the limited time available for onsite services.

Therapy

A range of presenting concerns are treated, such as depression, anxiety, Posttraumatic Stress Disorder, attention problems, Reactive Attachment Disorder, Fetal Alcohol Spectrum Disorders, physical and sexual abuse, neglect and substance abuse. Interns receive training in both long- (at least six months) and short-term therapy and are supervised in utilizing a range of theoretical approaches, including cognitive-behavioral, psychodynamic, and play therapy. Proficiency in crisis

intervention and management is valued and relevant training is provided. Trainees learn agency-specific and cultural competence guidelines while being encouraged to develop their own style of interviewing, professionalwriting, and treatment within those guidelines. Interns and Fellows may lead or co-lead therapy groups.

Cultural Awareness

Culturally aware treatment for the American Indian community is a primary focus of training at IHB. Relatedly, multicultural sensitivity and competence frequently guide topics for discussion and clinical areas of education and services. Monthly, American Indian community members and professionals areinvited to present cultural trainings to provide perspective and understanding from the community's point of view. Cultural opportunities are available and expected for trainees to observe and/or participate in, such as powwows, school-based events, and ceremonies.

Didactic Seminars

Each week a didactic training experience is selected based upon the needs of the trainee, knowledge of clinic operations and clinical practice expectations, meeting training goals of internship and APA requirements.

Interns, the Training Director, and interested agency professionals meet weekly as a group for approximately two hours of didactic seminar. Professionals from within the agency and the community are invited to lead seminars. Past seminar topics have included cultural interviews, climate change and mental health, decolonizing methodologies in treatment, public health program development and policy, Adverse childhood experiences and trauma in Indigenous communities, Indigenous ways of knowing (epistemologies), Suicide prevention and safety planning, child development, play therapy, Dialectical Behavior Therapy (DBT), attachment models, countertransference, psychiatric medication management, ethics and professional issues, supervision models and topics, and neuropsychological evaluation.

Interns provide a formal therapy case presentation once a year and a formal assessment case presentation once a year.

Team/Department Case Consultations

Interns attend weekly case consultation and are exposed to a variety of viewpoints, intervention theoriesand recommendations at these meetings.

Competencies

Consistent with our mission, training is expressed in the following broad competencies:

1. Research: Interns will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
2. Ethical and Legal Standards: Interns will demonstrate the ability to respond professionally in complex situations in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and

guidelines.

3. Individual and Cultural Diversity: Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population - demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.
4. Professional Values, Attitudes, and Behaviors: Interns will develop the ability to engage in self-reflection regarding one's personal and professional functioning, actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations.
5. Communication and Interpersonal Skills: Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
6. Assessment: Interns will demonstrate competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs.
7. Intervention: Interns will demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches. They will develop the ability to critically reflect on appropriateness of evidence-based interventions with the American Indian community and is able to justify when other interventions are more appropriate.
8. Supervision: Interns will develop competence in evidence-based knowledge of supervision models and practices and apply this knowledge in direct or simulated practice. Supervision involves the mentoring and monitoring the development of competence and skill in professional practice and the effective evaluation of those skills.
9. Consultation: Interns will develop competence in consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities

TRAINING PROGRAM OUTCOMES

Three times a year the intern's performance is reviewed and assessed, and progress is evaluated, duringthe first and second thirds of the year through the internship and once at the end of the year. The ratings are informed by direct observation, case consultation, supervision, audio recordings, and formal case and didactic seminar presentations. In addition, the interns will receive direct feedback throughoutthe year. At the half-way point and at the end of the year, interns are asked formally and informally to evaluate and provide recommendations to the Training Director regarding their internship 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 internship to meet
the trainee's major goals.

RESEARCH
Interns may spend a small percentage of their time on dissertation-related research. Three hours a week spanning a three month period may be used for dissertation release time. This time can be used at any point in the year but must be used consecutively. If the intern is unable to maintain their clinical responsibilities, this release time may be removed at the discretion of the training director.

SUPERVISION
IHB requires a minimum of four hours of weekly supervision, which includes two hours of individual supervision; one hour with the Training Director (or other designated primary supervisor) and one hour with a secondary supervisor who is a doctoral level licensed psychologist; one hour of group supervision by attending case consultation with all C & S clinicians; and a second hour of group supervision on topics which may be bi-weekly (e.g. tape review consult, group sup, supervision of peer supervision program). Participation in the Anishinabe Academy rotation includes one hour of weekly group supervision as well. All supervision includes a discussion/exploration of clinical, ethical, theoretical, conceptual, and empirical aspects of clinical activities with clients. Each intern will have additional supervision for psychological evaluations.

Interns may be offered an opportunity to work toward a competency in supervision. Interns may beinvited to provide closely monitored supervision and/or co-supervision of the students depending on the presence of assessment and therapy practica students within the IHB training program.

Clinic Staff and Job Function
Laiel Baker-DeKrey, PhD, LP, Clinical Director and Recovery Services Director, provides psychological services to adults, adolescents and children. She earned her PhD in Clinical Psychology from the University of North Dakota. She was also a student in the Indians into Psychology Doctoral Education (INPSYDE) Program and her research and training have been primarily in Native American mental health. Laiel is an enrolled member of the Three Affiliated Tribes (Mandan, Hidatsa, Arikara Nation) on the Fort Berthold Reservation of North Dakota.

Luz Angelica Salinas, PsyD,LP, Clinical Training Director attended Indian Health Board as a pre-doctoral practicum student, a pre-doctoral intern and post-doctoral fellow. After completing her training, she took at staff psychologist position with IHB in September of 2019 and transitioned into the role of training director in December 2020. Dr. Salinas provides clinical services to children, adolescents and adults with emphasis on incorporating Indigenous ways of healing. She identifies as a transracial adoptee from Colombia and has focused much of her clinical experience working with other transracially adopted peoples.

Robin Young, PsyD, LP, Chief Psychologist, provides psychological services to adults, adolescents and children. He received his doctorate in Clinical Psychology from Argosy University (Twin Cities), and completed his doctoral psychology internship and postdoctoral fellowship here at the Indian Health Board. Dr. Young's specialties are trauma and working with children and their

caregivers.

Thomas Murphy, PsyD, LP, Staff Psychologist, began at the Indian Health Board in 2012. He received his doctorate in Counseling Psychology from the University of St. Thomas and completed trainings in a variety of settings, including community mental health, CD treatment, corrections, college counseling, and private practice. He completed his doctoral psychology internship at Twin Cities Internship Consortium (now titled Minneapolis Internship Consortium). Dr. Murphy's specialties are co-occurring mental health-chemical dependence issues, anxiety, and depression, with both adults and adolescents.

Tyler Hoyt, PhD, LP, Staff Psychologist, began at the Indian Health Board in 2020 as a Postdoctoral Fellow. He received his doctorate in Clinical-Community Psychology with a Rural and Indigenous emphasis from the University of Alaska Fairbanks and where he attended preliminary training at the Department of Defense, community mental health settings, and the UAF University Counseling Center. He completed his doctoral psychology internship at the University of Hawaii at Manoa Counseling and Student Development Center. Dr. Hoyt is a first generation descendent of the Blackfeet Nation in Montana. He enjoys working clinically with Indigenous elders and other individuals across the lifespan, as well as LGBTQ populations, and he is passionate about serving communities who have been affected by intergenerational and historical trauma.

Donald "Richard" Wright, LADC, CI, Chemical Health Specialist, is a Licensed Alcohol and Drug Counselor who has worked at the Indian Health Board since February 2004. Richard attended the University of Minnesota majoring in General Studies with a minor in American Indian studies. He has been employed in the alcohol and drug field for 25 years. He previously has worked in community corrections and with the State Department of Corrections. More recently he worked for 11 years as a primary treatment counselor for American Indian adolescents in Minneapolis. Richard also is a national speaker on inhalant and solvent abuse, and non beverage alcohols. Richard is married and has nine children, three of whom are adopted. He has raised countless foster children, and is now a grandparent of thirteen. Richard is a recent graduate of the St. John's University, Archdiocese of St. Paul earning a Catechist Institute Degree bestowed on May 8, 2012. Richard also writes books and has had three publications, including a drug prevention curriculum and two articles in professional journals for addiction medicine. Richard is member of the Leech Lake Chippewa, Pillager band, born and raised at Onigum, Minnesota.

INTERN SELECTION

Interns are selected from applicants through the APPIC (Association of Psychology Postdoctoral and Internship Centers) website. Preference is given to graduate students from APA-accredited doctoral programs in professional psychology and American Indian applicants are especially invited to apply.

Applications are screened by the Training Director and training staff with priority given to experience ina community mental health setting, knowledge concerning trauma, sensitivity to diversity and competence with psychological evaluation and report writing. Applications are ranked according to thewritten materials, including reference letters, and the estimation of fit with the training program, with the top-ranked applicants invited to interview. Following interviews, initial

rankings are revisited and submitted to APPIC.

As a member of APPIC, IHB agrees to abide by the APPIC policy that no person will solicit, accept, or useany ranking-related information from any intern applicant.

PRACTICA AND ACADEMIC PREPARATION REQUIREMENTS

- Graduate coursework and practicum training in psychotherapy and psychological interventionswith adults and children, including competence with cognitive and personality assessment andthe creation of written evaluations. An integrated psychological evaluation for both an adult and a child are expected.
- Graduate coursework and practicum experience with psychopathology and diagnosticassessment.
- Strong oral and written communication skills, efficient time management skills, and comfort andcompetence in challenging situations, including crises.
- Verification from the graduate program Director of Training that all coursework, comprehensiveexaminations and other required benchmarks will be completed by the internship start date.

Per job description:

- Enrolled in a doctoral program at a regionally accredited school and pursuing a doctoral degree in anapplied psychology field.
- Completion of all doctoral level coursework in applied psychology field.
- 600 hours previous experience and training in clinical assessment and psychotherapy of children,adolescents, and/or adults.

Accreditation

The doctoral internship program at Indian Health Board is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the 2022 academic year.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org