

INDIAN HEALTH BOARD OF MINNEAPOLIS, INC.

*APA Accredited Doctoral Psychology Internship Program
Training Brochure*



“To ensure access to quality care for American Indians and others in the community and to promote health education and wellness.”



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Doctoral Psychology Internship Program

2016-2017

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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 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), the Swarm (lacrosse), and the Thunder (soccer).

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 Caucasian, 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. Within the Counseling & Support Clinic, 79% of clients identify as Native American, 11% identify as Caucasian, 8% identify as African American, and 2% identify as Asian or other, with 4% of clients overall also identifying Latino 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 in the 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 of the 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. 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). The program received its accreditation through the American Psychological Association (APA) in November 2015 and is up for fore review again in 2022.

PHILOSOPHY AND MISSION OF TRAINING

MISSION STATEMENT

To insure 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.

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 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 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 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 for diversity among interns, 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 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 invited to 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.

TRAINING PROGRAM

Interns of the IHB Psychology Training Program will gain experience working with children, adolescents, adults, and families in a community healthcare clinic. Interns will spend approximately 75% of their time in outpatient psychotherapy and training activities, and 25% will be spent in outpatient assessment and related training and supervision activities.

On a weekly basis, interns spend at least two hours in direct clinical supervision of cases with their primary 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, ADHD, 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.

Didactic Seminars

Interns, the Training Director, and interested agency professionals meet weekly as a group for the didactic seminar. Didactics are two hours in duration. The third week of the weekly didactics is dedicated to an assessment seminar. Professionals from within the agency and the community are invited to lead seminars. Past seminar topics have included cultural interviews, 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 present formal therapy case presentations once a year and a formal assessment case presentation once a year. Professionals from within the agency and the community are invited to lead seminars.

Team/Department Case Consultations

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

Training Goals

Goal 1. Competence in Theories and Methods of Psychological Assessment: Interns will develop competence in theories and methods of psychological assessment. Interns will do so through data collection for formal evaluation, skills in interviewing for diagnostic assessment and treatment, case formulation, appropriate use of tests and interpretation, skills in professional writing and feedback, as well as cultural sensitivity within diagnosing and test use/interpretation.

Objectives include: Interviewing and data collection for formal evaluation, Effective interview skills for diagnostic assessment for treatment, Accurate diagnosis and case formulation, Appropriate use of tests and interpretation, Professional writing and feedback, and Cultural competence.

Goal 2. Competence in Psychotherapy and Psychological Interventions: Interns will establish competence in psychotherapy and psychological interventions. Interns will do so by effectively assessing patient risk management, appropriate case conceptualization and treatment

planning, effective therapeutic interventions, sensitivity to individual and cultural diversity, group therapy skills, and cultural competence within psychotherapy.

Objectives include: Patient risk management, appropriate case conceptualization and treatment planning, Effective therapeutic interventions, Sensitivity to individual and cultural diversity, Group therapy skills, Cultural competence.

Goal 3. Constructive Consultation, Supervision and Program Evaluation: Interns will be able to engage in constructive consultation, supervision, and program evaluation. Interns will do so by engaging in effective consultation and communication, effective supervision and cultural competence within consultation, program evaluation and supervision.

Objectives include: Effective consultation and communication, Effective Supervision, Program evaluation, and Cultural competence.

Goal 4. Ethics and Professional Behavior: Interns will demonstrate ethical and professional behavior. Interns will do so by in developing and maintaining respectful relationships and cooperation with other disciplines, ethical behavior when interacting with clients, colleagues and other professionals, administrative competence and appropriate documentation, professional demeanor and identity, and cultural competence within ethical behavior.

Objectives include: Respectful relationships and cooperation with other disciplines, Ethical behavior, Administrative competence and appropriate documentation, Professional demeanor and identity, and Cultural competence.

TRAINING PROGRAM OUTCOMES

Interns receive ongoing supervisory input in weekly supervision, and receive written evaluations and feedback on a trimester basis that addresses performance and progress in regarding professional conduct and development and psychological knowledge, skills, and competencies in the areas of psychological assessment, intervention, supervision, program development, consultation and ethical behavior. The ratings are also informed by direct observation, case consultation, audio recordings, and formal case and didactic seminar presentations. Evaluations include feedback on strength as well as areas in need of improvement or problems. Evaluations are always discussed with the Intern and both supervisor and Intern sign the evaluation form.

The Training Director or supervisors meet with each intern following each trimester evaluation period to review and discuss overall progress in the program as well as elicit feedback from the intern on the training program. Plans for remediation of problems would be formulated at weekly psychologist/training meetings and discussed with the Intern. Progress on success of corrective actions is documented and discussed on subsequent written evaluations.

During the orientation process at the beginning of the year, the Training Director reviews the

Training Manual with Interns. The Training Manual includes written policies and procedures regarding program requirements, due process and grievance procedures, termination procedures, as well as expectations for performance and maintaining good standing in the program. In the event that issues arise for an intern that could negatively impact her/his training program outcomes, due process and grievance procedures are in place. Interns are entitled to due process procedures to address professional problems (defined as a behavior, attitude, or other characteristic that, although causing concern, is not excessive or outside the domain of expected behaviors for professionals in training and is amenable to management procedures, supervision, or education), impairment (defined as an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviors, an inability to acquire professional skills in order to reach an acceptable level of competency, or an inability to control personal stress, psychological dysfunction, and/or strong emotional reactions that interfere with professional functioning), and training program complaints. Furthermore, there are grievance procedures that cover IHB's labor contract with SEIU Healthcare Minnesota as well as overall company policies.

RESEARCH

Interns may spend a small percentage of their time on dissertation-related research. This must be pre-approved by the Training Director. In addition, small, well-thought out pilot studies approved by the Internal Review Board may be conducted. Interns may have the opportunity to become involved in on-going outcome-based research.

SUPERVISION

An intern will receive individual face-to-face supervision from a doctoral level licensed psychologist twice weekly. One hour is provided by his/her primary supervisor and the second hour is provided by the secondary supervisor. Interns are provided one hour of group supervision pertaining to training that takes place weekly at Minneapolis kindergarten through 8th grade public school Anishinabe Academy. The licensed psychologist that oversees training at the school is on site at Anishinabe Academy. One hour of group supervision takes place at the Indian Health Board upon return to the Indian Health Board and is provided by the psychologist who was on site. They also engage in one hour of peer consultation every other week along with postdoctoral fellows and advanced therapy practicum students. Interns are provided supervision related to any groups they lead. This often takes place along with his/her co-leader who is usually a fellow trainee. The supervision around this group takes place weekly, while the group is running. Supervision is also provided within one-hour weekly case consultation where all trainees and staff are present. Supervision is not provided by other disciplines. 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. Finally, additional supervision with secondary supervisors is encouraged.

Interns may be offered an opportunity to work toward a competency in supervision. Because

practicum students are also part of the IHB training program, interns may be invited to provide closely monitored supervision and/or co-supervision of the students.

SALARY AND BENEFITS

The salary for full-time doctoral psychology interns is \$22,006.40 for a 12-month period. Internship positions are protected by a labor agreement between IHB and SEIU Healthcare Minnesota; interns are required to pay nominal, monthly dues to SEIU beginning in December. Full-time interns receive the following benefits, beginning on the first day of the month following a calendar month of employment:

- 14 days of PTO (paid time off)
- 7 paid holidays and 2 personal “floating” holidays
- Health insurance (additional monthly premium)
- Dental insurance (additional monthly premium, or free onsite basic dental services)
- Flexible Spending Account (pre-tax basis of employee contributions)

APPLICATION INFORMATION

It is the policy of IHB to provide equal educational 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. American Indian applicants are especially welcomed to apply. Intern applicants from university-based programs and free-standing programs are considered. Candidates from many different kinds of programs and theoretical orientations, from different geographic areas, and of different ages are considered. Personal characteristics of humility, ability to deal with ambiguity, and ability to maintain self-care are strongly considered when assessing goodness-of-fit, sense of humor. Practica and academic preparation requirements are as follow:

- IHB prefers applications from individuals pursuing a PhD or PsyD from an APA-Accredited program in Clinical Psychology. Applicants with strong assessment and strong therapy skills from an American Psychological Association (APA)-Accredited Counseling or School Psychology program will be considered on a case-by-case basis.
- Cumulative hours on the AAPI contribute to assessing strength of an applicant as well as experience in the practicum setting working with underserved populations, American Indians, and/or training in a community health setting, and/or training in trauma. At least one practicum training year in assessment also contributes to the strength of an applicant. Interns are encouraged to have completed (or in the process of completing) a minimum of both an assessment and therapy practicum when applying for internship.
- All interns must have completed more than 300 hours of practicum experience before beginning internship. Practicum must include face-to-face delivery of professional psychological services. The quality and setting of the practicum is more heavily considered than just the accumulation of hours alone.

- Verification of Internship Eligibility and readiness letter completed by the program Training Director.
- Completion of required coursework, supervised practica, comprehensive examinations, and good standing within one's educational program are prerequisites for application.
- Completion of dissertation proposal is also recommended.

Applicants are required to submit the following, preferably through APPI Online system:

- A complete APPIC application form (AAPI), which includes cover letter, essays, CV, and official transcripts.
- Regarding letters of reference, three are required, with at least one from each: (1) an Academic Advisor or Professor and (2) a Clinical Supervisor; (3) The third can come from either an academic or clinical professional familiar with your progress and skills.
- A treatment or case summary (up to two reports if No evaluation report).
- A psychological evaluation report (up to two reports if No case summary).

Deadline for completed applications by 11:59 pm CST on December 6, 2015 through APPI Online system through APPIC or a postmark of December 3, 2015.

If sending by mail:

Indian Health Board of Minneapolis
Counseling & Support Clinic
Attn: Dr. Laiel Baker-DeKrey, Training Director
1315 East 24th Street
Minneapolis, MN 55404

Contact Information:

Dr. Laiel Baker-DeKrey
Phone: (612) 721-9804
Email: lbaker@ihb-mpls.org

SELECTION PROCESS

After an application has been received, the Training Director and training team reviews the applicant's file to determine the level of fit with the training program's model, objectives and opportunities. The selected applicants will be invited for an interview; an in-person interview is strongly preferred. If an applicant is not selected to interview, s/he will be notified in writing. Interview dates are selected in December and January. The interview will last for up to two hours, the first hour with the Training Director and training team. The second hour, the applicant will be offered a tour of the site and time to ask questions of the current interns. The information discussed at the meeting with the current interns does not have any bearing on the selection process. After all of the selected applicants have been interviewed, the ratings by the interview committee will be averaged. From these averages, a list will be compiled in rank order for the APPIC match.

This site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.

TRAINING FACULTY AND OTHER STAFF

Training Faculty

LAIEL BAKER-DEKREY, PhD, LP, Licensed Psychologist and Training Director

MICHAEL L. HARRIS, MA, LP, Licensed Psychologist and Clinic Director

HYE-KYONG KIM, PsyD, LP, Licensed Psychologist

THOMAS MURPHY, PsyD, LP, Licensed Psychologist

ROBIN YOUNG, PsyD, LP, Licensed Psychologist

Additional/Adjunct Training Staff

CYNTHIA BELT, MD, Psychiatrist (Board certifications: Adult, Child & Adolescent Psychiatry)

MEGAN EASTMAN, LICSW, Licensed Independent Clinical Social Worker

ANGELA ERDRICH, MD, Pediatrician

MITCHELL LaCOMBE, MD, Medical Director

MARIA McCOY, Client Care Navigator, Elder

PATRICK ROCK, MD, Chief Executive Officer

D. RICHARD WRIGHT, LADC, Chemical Health Specialist, Elder