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# **Forensic Services - Internship in Clinical Psychology - 2026-2027**

Information and Application for Admission

Updated: 09/01/2025

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For accessible formats of this information or assistance with additional equal access to human services, write to [Jessica.R.Garcia@state.mn.us](mailto:Jessica.R.Garcia@state.mn.us), call 507-985-2737, or use your preferred relay service. ADA1 (2-18)

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## Introduction

The Psychology Department at Forensic Services (FS) offers an internship program for students completing their doctoral degree from APA-accredited Clinical Psychology and Counseling Psychology Programs.

Patients come to FS on an involuntary basis, sometimes being civilly committed by the courts for evaluation or treatment. FS also serves as a statewide treatment facility for persons found not guilty or unable to stand trial by reason of mental illness. FS is comprised of secure and non-secure inpatient psychiatric units. FS treats a patient population that is both clinically and demographically diverse. Our patients have a very wide range of diagnoses, covering virtually all the major categories of the DSM-5-TR. The most common primary diagnoses include schizophrenia spectrum disorders, mood disorders (e.g., bipolar disorder), and personality disorders (e.g., antisocial personality disorder, borderline personality disorder). Some of our patients have committed sexual offenses and have corresponding paraphilia diagnoses. Additionally, many patients have co-occurring substance use disorders, neurocognitive disorders, and anxiety disorders.

The FS Internship in Clinical Psychology Internship consists of major rotation options over three levels of treatment care: The Acute/Admissions, Active Treatment, and Transitional Services/Community Readiness units of the Forensic Mental Health program as well as optional minor rotations in the Good Lives Program, General Assessment, and Forensic Assessment. While we make every effort to offer flexibility in rotation opportunities to allow interns the opportunity to gain desired experiences, the Internship Training Faculty (ITF) will finalize the rotations based on supervisory capacity and training needs of the interns and notify the interns during their New Employee Orientation (NEO) training period at the start of the internship.

The FS Internship in Clinical Psychology is accredited by the American Psychological Association (APA). Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, N.E.  
Washington, DC 20002-4242  
Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Website: <http://www.apa.org/ed/accreditation/index.aspx>

## **Sponsoring Agency**

### **Minnesota Direct Care & Treatment (DCT) – Forensic Services**

Forensic Services (FS) is a division of the Minnesota Direct Care and Treatment (DCT) administration. It provides efficient and effective delivery of forensic expertise throughout the state. An intern who is matched with the FS Internship Program may provide services across a variety of units within the Forensic Mental Health Program (FMHP) which is described below.

### **Forensic Mental Health Program (FMHP)**

The FMHP is an inpatient psychiatric facility that provides long-term, interdisciplinary treatment to forensic populations, including individuals who have been committed by the courts as Mentally Ill and Dangerous (MI&D). Treatment is also provided to individuals who have been found not competent to stand trial, and those transferred on an emergency basis from other regional treatment centers. A wide variety of diagnoses exist among patients, including acute and chronic psychotic disorders, mood disorders, developmental disabilities, personality disorders, substance use disorders, and paraphilia.

The FMHP serves approximately 350 patients and is organized into three levels of care [e.g., Levels of Care (LOC) A, B, and C] and there are multiple psychiatric units associated with each level. There is an Acute/ Admissions area (i.e., LOC A) for patients who have been recently admitted to the facility and have acute needs for security and behavioral stability. There is an Active Treatment area (i.e., LOC B) for patients who have achieved relative psychiatric and behavioral stability, but may continue to struggle with understanding their illness and risks for relapse – this is the largest level of care serving the most patients across the most units. The final phase of treatment is the Transitional Services/Community Readiness area (i.e., LOC C), which has non-secure units and provides psychosocial rehabilitation and treatment services to patients who are preparing to discharge back to the community.

## **Forensic Services (FS) Internship Program Overview**

### **Program Philosophy and Vision**

The internship training program at FS is rooted in a practitioner-scholar model of training in professional psychology. This training model emphasizes the integration of psychological science and clinical practice. Interns receive education in empirically supported and evidence-based treatment, person-centered thinking, and the application of those approaches in a forensic setting. Interns are trained to use an investigative approach to clinical practice, using knowledge of current professional literature to select and implement the most efficacious clinical procedures, and to objectively evaluate treatment outcomes. Thus, an appreciation of clinical practice based on the empirical evidence is achieved.

The internship training program takes a developmental and competency-based approach to supervision, recognizing that each individual intern is unique and has their own set of strengths and professional growth opportunities. The program strives to develop intern competencies through a coordinated series of training experiences which expose interns to a wide variety of professional roles. Training includes both experiential (i.e., direct service delivery) and didactic learning elements. The 12 months of full-time internship training represent an important transition from graduate student to entry-level professional. During each rotation, interns will have multiple opportunities to practice and expand on their current abilities, while developing new skills and knowledge.

We believe that we have an ethical obligation to provide interns with appropriate professional and personal growth experiences, constructive feedback, and quality supervision in all areas of professional practice. The internship staff at FS are committed to providing high quality training through experiential and didactic methods, as well as through supervision. Intensive supervision is an integral component of the FS internship training program, and is designed to foster ethical responsibility, personal integrity, and fundamental competencies in the provision of psychological services. Interns are given the opportunity to assume increasing professional responsibility as their skills and knowledge expand. Overspecialization in either therapy or assessment is discouraged. Interns are supported in becoming strong generalist clinicians with a unique understanding of forensic treatment and assessment, but with a broad skillset that could translate to a variety of clinical settings.

Interns participate in supervised evaluation and treatment of patients with a wide variety of psychiatric diagnoses, and experience is available with a demographically diverse population. In order to meet our training goals, the FS internship training program fosters development of a solid foundation in clinical skills, including assessment, intervention, and consultation. This includes experiential training in diagnostic interviewing, psychological testing, individual and group psychotherapy, treatment planning, and clinical guidance for interdisciplinary treatment teams.

Internship training activities include, but are not limited to, unit-specific training experiences such as participation in interdisciplinary treatment team meetings, campus-wide training activities such as didactics, and state-wide training opportunities with the Minnesota Association of Accredited Psychology Internships and Consortia (MAAPIC). There are additional opportunities available based on intern interests.

Interns are considered “colleagues in training” and are expected to function in a professional and ethical manner commensurate with current competencies. Interns will participate in every aspect of professional practice typical of the duties of psychology staff. Each intern will be expected to maintain an individual patient caseload as part of their training activities, for which the intern will serve as the primary psychological service provider on the patient’s interdisciplinary treatment team and provide a balance of individual and group psychotherapy as well as assessment and consultation with referring teams.



## **Diversity Mission Statement, Training Climate, and Commitment to Antiracism**

The FS Internship in Clinical Psychology strives to create and sustain a training program where interns and faculty of all backgrounds feel welcome, supported, and valued for their individual and cultural differences.

Internship is viewed as a period of focused professional growth and skill development. The program provides a warm and supportive learning environment. Internship candidates from diverse and underrepresented communities are not only welcome but strongly encouraged to apply. Professional psychologists from diverse backgrounds are actively recruited and strongly encouraged to join the program, as well. The program greatly values diversity, equity, accessibility and inclusion. We take pride in cultivating a workplace and learning environment that promotes respect and inclusion for all people.

Since the start of the COVID-19 pandemic, combined with the murder of George Floyd in Minneapolis in 2020 and the subsequent criminal trial of the involved police officers, these realities sent ripple effect throughout the local communities. These events further exposed incredible injustices and disparities in our society. The magnitude of these events prompted our faculty and training programs to take a closer look at ourselves and to have hard, and sometimes uncomfortable, conversations about the inequities and injustices of our systems, as well as reconsider how we might better cultivate equity and justice.

We are committed to real change in our local communities and our nation. The FS internship program and psychology department place a high value on diversity and inclusiveness, and we are regularly looking at how we can improve our programs and the training environment in these areas. Still, we recognize that real change will likely take time and must involve understanding and addressing underlying systemic issues. To date, we have made strides toward ensuring we are a culturally responsive workplace. Specifically, FS leadership has been involved in the completion of a needs assessment and has worked with the Director of the Health Equity department to select areas of focus to be incorporated into the strategic plan with the psychology department chosen as a group to help lead in the efforts. Our organization is also committed to incorporating the findings of the needs assessment so we may increase equitable outcomes for patients, as well as foster an inclusive and accessible workplace for all employees.

Additionally, in order to continue inviting conversation about racism and to facilitate discussion of potential solutions to the systemic injustices within our industry, we're progressing beyond the educational focus of our long-standing Working Across Cultures Didactic (WAC) series and former Dismantling Racism series, to engage in more experiential opportunities which will be led by our Equity Director. The goal of the original Dismantling Racism didactic series was to examine the impact of various forms of racism (e.g., systemic, implicit biases, whitewashing, etc.) apparent in society as well as our facility, and how they affect our ability to work with both patients and colleagues. It also involved intensive and, at times, uncomfortable self-examination, acknowledgement of privilege, and awareness of the role each of us has played in perpetuating the oppression and silencing of black, indigenous, and people of color cultures and communities, with the goal of developing a blueprint for

moving forward in an inclusive and accepting environment. The revised and improved experiential opportunities that will be introduced around campus are intended to build upon that work.

Additionally, FS interns are invited to participate in the institution's Diversity and Inclusion Committee as well as the Equity Matters Seminar Series. The Diversity and Inclusion Committee gives interns an opportunity for experiential group participation in events for patients of various minority groups, as well as staff education and training on the cultures of these people groups. Moreover, the Equity Matters Seminar Series provides didactic training in equity and diversity topics for all divisions of Minnesota Direct Care and Treatment.

## **Profession-Wide Competencies**

The primary goal of the internship training program is to prepare interns for entry-level practice in the Profession-Wide Competencies (PWCs) required by the American Psychological Association's (APA) Commission on Accreditation (CoA). FS interns receive training in each of the competencies listed below.

### **Research**

Interns will demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications), as well as disseminate research or other scholarly activities at the local, regional, or national level

### **Ethical and Legal Standards**

Interns will have knowledge of and act in accordance with the APA Code, relevant laws, regulations, rules, policies, standards and guidelines. Interns will recognize ethical dilemmas and apply ethical decision-making processes. Interns will recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas. Interns will conduct themselves in an ethical manner in all professional activities.

### **Individual and Cultural Diversity**

Interns will demonstrate an understanding of how their own personal and cultural history may affect how they interact with people different from themselves. Interns will demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to diversity in all professional activities. Interns will display the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. Interns will demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity. Interns will independently apply knowledge in working effectively with a range of diverse individuals and groups even if their worldviews create conflict with their own.

## **Professional Values and Attitudes**

Interns will behave in ways that reflect the values and attitudes of the profession. They will engage in self-reflective practice and show an openness and responsiveness to feedback and supervision. Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence.

## **Communication and Interpersonal Skills**

Interns will demonstrate and maintain effective relationships with a wide range of individuals (e.g., colleagues, communities, organizations, supervisors, supervisees, patients). Interns will demonstrate a thorough grasp of professional language and concepts and engage in communication that is informative and well-integrated. They will also demonstrate effective interpersonal skills and the ability to manage difficult communication well.

## **Assessment**

Interns will develop competence in psychological assessment by demonstrating current knowledge of diagnostic classification systems, functional and dysfunctional behaviors -including client strengths and psychopathology- and apply the context to the assessment and/or diagnostic process. Interns will demonstrate understanding of human behavior within its context (e.g., family, social, societal, cultural). They will also demonstrate the ability to apply assessment methods and instruments drawn from empirical literature, as well as interpret assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations. This will occur while guarding against biases. The intern will communicate the findings and implications of assessments in accurate and effective manners sensitive to a range of audiences.

## **Intervention**

Interns will understand the critical importance of therapeutic alliance and demonstrate the ability to establish and maintain effective relationships with patients. Interns will show the ability to investigate, comprehend, implement, and evaluate evidence-based interventions specific to the service delivery goals. They will demonstrate the ability to apply relevant research to clinical decision making, as well as modify and adapt evidence-based approaches to meet the unique needs of clinically and culturally diverse populations.

## **Supervision**

Interns will demonstrate knowledge of evidence-based supervision models and practices and observe, as well as apply this knowledge in direct or simulated practice with other psychology trainees or other health professionals.

## **Consultation and Interprofessional/Interdisciplinary Skills**

Interns will demonstrate knowledge and respect for the roles and perspectives of interdisciplinary professionals. They will develop competence in collaboration and consultation with other professionals in health service psychology through knowledge of consultation models.

## **Program Requirements**

In order to successfully complete internship, interns must demonstrate readiness for entry-level practice in each competency area, as evidenced by supervisor ratings on the Intern Evaluation of Profession-Wide Competencies (PWCs). This is a rating tool used by supervisors to evaluate interns' competency development and attainment of the program's minimum levels of achievement, which is demonstration of readiness for entry-level practice on all PWC elements by the end of the training year.

The Intern Evaluation of Profession-Wide Competencies addresses the nine domains of PWCs that are fundamental to psychologists' activities and characteristics. It also has narrative boxes for supervisor comments and overall feedback within each area. Supervisors evaluate interns using a 5-point scale (i.e., 1 – Substantial supervision required, remediation plan needed to address deficit; 2 – Regular supervision required on most straightforward cases/projects; 3 – Occasional supervision needed on challenging cases/projects or new skill area; 4 – Substantially independent functioning, demonstrates readiness for entry level practice; 5 – Advanced functioning, demonstrates competence typical of experienced psychologist) on specific elements associated with each competency. Thus, a direct mechanism to evaluate broad professional competencies in health service psychology is achieved.

## **Minimum Levels of Achievement**

Interns must demonstrate progress towards the "Minimum Levels of Achievement" to remain in good standing in the program. As a means to judge performance in each of the Profession-Wide Competency (PWC), interns are expected to minimally achieve at least a score of 4 ("Substantially independent functioning. Demonstrates readiness for entry level practice") across all competency elements on the Intern Evaluation of Profession-Wide Competency by the end of the year. To ensure interns are fully informed of these expectations and requirements, the Training Director engages interns in an internship orientation at the beginning of each year in which interns complete a self-assessment of the PWCs at the start of the internship year in which they indicate their perceived level on each PWC. They are also given the Intern Evaluation: Profession Wide Competencies document, as well as have the PWCs listed for them in their supervisory agreements. Prospective applicants who are interested in reviewing the program's evaluation materials may access them by emailing their request to the Training Director.

## **Assessment**

Interns are required to complete a minimum of 12 assessments during the training year. It is expected that they formulate diagnoses based on the DSM-5-TR, answer referral questions, and make treatment

recommendations. Interns are also expected to provide verbal feedback to the patient and treatment team following the completion of assessments.

### **Grand Rounds**

Toward the end of the training year, interns are required to present a year-long clinical therapy case reflecting their treatment approach, outcome data, and supporting research in a Grand Rounds format for mental health professionals on campus. Interns receive extensive training and guided support throughout the year as they prepare for this presentation. Primary supervisors collect feedback from other Training Faculty (ITF) members who attend the presentation and integrate feedback into their final ratings on the Intern Evaluation of Profession-Wide Competency.

### **Professional Presentations**

Interns are required to develop and provide professional presentations in the forums of Treatment Didactic and Working Across Cultures (WAC) Didactic. The presentations must be based on scholarly literature and include a reference list associated with the interns' scientific literature review. Interns receive feedback on their presentations from department members in attendance.

### **Hours**

Over the course of the internship year, FS interns are required to complete 2,000 total hours of full-time internship experience, which includes time afforded to all Minnesota state employees such as vacation, sick leave, and holidays. In addition, 500 hours of direct service time (i.e., face-to-face contact) with patients is required for successful completion of the internship. This is in accordance with APA standards, which requires one year of full-time training in no fewer than 12 months or two years of half-time training in no more than 24 months. The FS internship does not accept interns for half-time placement. Per APA requirements, interns receive a minimum of four hours per week of clinical supervision.

### **Attendance and Participation**

It is required that interns participate in interdisciplinary treatment team meetings when on a unit-based rotation, as well as attend weekly didactics as scheduled, monthly meetings with the Internship Training Director, monthly psychology department meetings, Supervision Workshop Series sessions as scheduled, Assessment Seminar weekly, and Group Supervision weekly.

### **Record Keeping**

Records related to an intern's performance and completion of the program will be maintained in a permanent file by the program. All records are kept confidential and maintained in locked file cabinets. Interns are required to document and track their hours throughout the year to monitor progress towards their total hour goals. Activity logs are submitted to the Training Director on a monthly basis and kept in the intern's file.

## Experiential Training

Interns complete two, six-month major rotations. Rotations are selected by determining intern preference, facility needs, and supervisor availability. Rotations represent diverse experiences with regard to patient populations, level of care, and therapeutic approaches. Please note that some rotations can be very popular in a given year and interns are not guaranteed a specific rotation, although the program will make every effort to match interns with rotations and caseloads that fit their desired learning experience.

The primary distinction between each major rotation is the level of acuity, stage of treatment, and the individualized treatment needs of the patient population. All major rotations consist of similar training activities, including a combination of individual and group psychotherapy, psychological assessment, Person-Centered and Trauma Informed treatment planning, and serving on a multidisciplinary treatment team. All rotations involve direct service delivery to patients with severe mental illnesses, personality disorders, and other comorbid disorders (e.g., substance use disorders, neurocognitive disorders). The supervisors are doctoral psychologists and members of the Training Faculty (ITF), who work in the rotation areas. Direct observation of the interns' training activities occurs routinely and is consistent across all rotations.

### Major Rotation Options

#### **Acute /Admissions Treatment (Level of Care A)**

The Acute/Admissions Treatment rotation offers experiences with patients of the highest acuity (e.g., acute psychosis and/or mania) and the highest risk of behavioral instability (related to psychiatric acuity and/or personality disorders). Interns on this rotation will gain more experience in crisis intervention and be exposed to legal issues associated with the early stages of treatment (e.g., initial assessment and civil commitment procedures). Opportunities may be offered to provide services across several units at this level of care. Opportunities for assessments in these settings include (but are not limited to) Initial Psychological Assessments (completed upon admission), Psychological Updates offering recommendations for continued progress in treatment, Treatment Reports to the Court, and Special Review Board Reports (statements about progress in treatment when a patient is being considered for placement in a less restrictive setting). Limited testimony may be required for court reports and Special Review Board reports. Other assessment opportunities may be present based on unit referrals received.

#### **Early Secure Residential Treatment (Level of Care B)**

The Early Secure Residential Treatment rotation consists of experiences with patients who have achieved some degree of clinical and behavioral stability but are often needing to gain insight into their illnesses and treatment needs and are more actively engaged in the treatment process. Interns are immersed in virtually all aspects of patient care, including assessment (i.e., clinical, cognitive, and behavioral), treatment planning, psychotherapy, and consultation. Therapeutic approaches are based

in Person Centered Thinking and are tailored to the unique needs of the patient. Interns will be asked to take a lead role in the development of treatment approaches for their assigned patients and they may be asked to provide staff education regarding individual patient issues. In addition to the aforementioned training opportunities, interns can gain experience in animal assisted therapy, which could include direct observation and support in preparing patients for equine therapy; evaluation for court procedures (e.g., Treatment Reports to Court and Special Review Board Reports), program development, and psychoeducational and process groups. There are opportunities to work with a variety of group therapy curricula and interns are encouraged to create and co-facilitate new therapy groups based on scholarly review and empirical evidence.

### **Specialized Secure Residential Treatment (Level of Care B)**

The Specialized Secure Residential Treatment rotation offers experience in working with patients who have achieved some degree of clinical and behavioral stability providing opportunity to develop clinical skills in variety of areas, starting from engagement and evaluation to rehabilitation, treatment, and community reintegration. The units on this rotation provide residential care for more specialized populations within the Forensic Mental Health Program, including an all-female unit, higher medical needs, health psychology, neurocognitive impairments (including developmental challenges and traumatic brain injury), and problematic sexual behavior populations. With a strong emphasis on rehabilitation and a multidisciplinary treatment team approach, assessment and therapeutic interventions are focused around the specialized individual treatment needs of these patients. Special Review Board Reports continue to be an opportunity on this rotation as many of these individuals are working towards provisional discharge into small, supported settings in the community. Along with the aforementioned assessment opportunities, there may be additional testing and evaluative assessment specific to these specialized populations.

### **Advanced Secure Residential Treatment (Level of Care B)**

The Advanced Secure Residential Treatment rotation consists of experiences with patients who have achieved a relative degree of stability, are usually actively engaged in treatment and begin or continue to focus on psychotherapy where able to meaningfully participate. Patients typically have increased levels of insight and understanding about their mental illness and treatment needs. Patients further develop their relapse risk management skills to demonstrate readiness for campus-wide and community-based privileges. Within this rotation interns work with patients developing skills and abilities to successfully and safely move about the grounds without staff escort and also to participate in increased community outings with staff. Special Review Board Reports are imperative at this stage of treatment as the assessments are an integral part of a patient being supported to transfer to a non-secure residential part of the Forensic Mental Health Program.

### **Transitional Services (Level of Care C)**

The Transitional Services rotation offers experience with patients who have reached a reasonable level of psychiatric and behavioral stability and working on reintegrating back into the community. Patients at this level of care have achieved the least restrictive liberty levels with, are usually actively engaged

in treatment, and may be ready for a more involved psychotherapeutic process. Patients are transferred from the secure residential units of the Forensic Mental Health Program or admitted upon return (voluntary or revocation) from Provisional Discharge in the community. As such, patients have a wide variety of psychiatric diagnoses with varying degrees of cognitive functioning. Patients in Transitional Services rotation have achieved sufficient knowledge about their illness and relapse risk management skills that they are allowed access to the facility's campus and work towards earning independent "pass privileges" to travel off campus without staff. Passes provide patients with opportunities to further develop their community living skills and demonstrate their ability to cope with real-world scenarios. After successful progression, a primary focus of treatment becomes discharge planning. This includes opportunities to tour group homes in the community, connect with family and community providers, and provide training to group home staff, all to ensure a smooth transition for the patient.

### **Minor Rotation Options**

*It is important to note that these rotations are completely optional and are in no way a requirement of the internship. The three minor rotations are offered for interns who may be interested in gaining specialized training in sex offender evaluation and treatment, more experience with general psychological assessment, or specific experience in forensic assessment. Minor rotations are up to six months in duration and interns complete them concurrently with their major rotations. Minor rotations are dependent upon supervisor availability, facility need, and Internship Training Faculty (ITF) approval. Training parameters associated with the minor rotations include a maximum of eight (8) hours per week devoted to the minor rotation and one weekly hour of supervision with the assigned minor rotation supervisor.*

### **Good Lives Treatment Program**

The Good Lives Treatment Program provides comprehensive assessment and treatment to persons in the Forensic Mental Health Program with severe and persistent mental illness and problematic sexual behavior. Interns may have opportunities to conduct comprehensive assessments using measures of static and dynamic risk for sexual re-offense, personality functioning, psychopathy, stages of change, and sexual interest. Interns will also have the opportunity to gain experience in providing group and individual therapy, skill building, and treatment planning. Interns have the opportunity to gain experience in the design (including curriculum development), implementation, and evaluation of this treatment program to assist persons in managing key risk factors for sexual re-offense.

### **General Assessment**

The minor rotation in general psychological assessment allows interns the opportunity to gain exposure to psychological testing and assessment with which they have had limited or no exposure to during their practicum experiences, or to enhance and bolster upon their foundational knowledge and past experiences. Testing and assessment referrals could come from all levels of care at FMHP; as such, interns will have the opportunity to administer a wide variety of psychometric instruments to diverse patient populations and conceptualize challenging cases over a variety of units within FMHP.



## Forensic Assessment

The minor rotation in forensic assessment will allow interns to gain exposure to the types of forensic evaluations that are conducted by forensic psychologists, including competency to stand trial, criminal responsibility, violence and sexual violence risk assessment, and civil commitment (e.g., commitment as Mentally Ill and Dangerous). *This experience is designed to offer exposure to forensic evaluation and is not intended to prepare trainees for independent practice of forensic-clinical psychology.* Interns will have the opportunity to participate in inpatient evaluations conducted in the Forensic Mental Health Program and outpatient evaluations conducted either at the Forensic Mental Health Program or at community locations (e.g., county jails). With a growing number of referrals for outpatient evaluations, interns may be asked to travel to participate in the outpatient evaluation experience. Interns will gain exposure to specialized forensic assessment instruments, forensic interviewing, forensic report writing, and (potentially) court-testimony. Depending on the nature of the evaluation, interns may have the opportunity to author portions of the final forensic report. In those instances in which the final report must be authored in totality by the supervising forensic psychologist (e.g., cases that may require testimony), the intern will have the opportunity to author mock-reports that may be used for postdoctoral residency/fellowship applications.

## Didactic Training

The internship provides a full calendar of regularly scheduled didactic experiences, with presentation responsibilities shared among staff psychologists. Interns are also required to complete one professional presentation in Treatment Didactic and one in Working Across Cultures Didactic. All presentations are expected to be based on independent review and analysis of the scientific literature and integration of the knowledge into practice. The Treatment Didactic, Working Across Cultures Didactic, Professional Issues Series, Applied Clinical Research, and Forensic Didactic Series are approved by the Minnesota Board of Psychology as continuing education activities.

## Applied Clinical Research

The Applied Clinical Research didactic series is designed to bridge the gap between academic research and real-world clinical practice in a forensic setting. Each session will focus on a recent, peer-reviewed journal article related to the assessment, diagnosis, treatment, or management of serious mental illness. Presenters will guide participants through the article's core components—including an introduction to the topic, the research question, methodology, results, and conclusions—and then facilitate a discussion on how these findings can be practically applied. This series provides a vital venue for licensed and unlicensed psychologists, doctoral psychology interns, and other mental health providers to stay current with the latest empirical evidence in clinical psychology. The didactic aims to foster critical thinking skills and collaboration on strategies to apply best practices to improve patient care and outcomes.

## **Professional Issues Didactic**

This monthly, one-hour didactic is designed to support the professional development of each intern, while promoting knowledge and skills in particular content areas. Topics may include clinical supervision, professional boundaries in forensic settings, ethics in social media, legal issues in the practice of psychology, diversity issues, program evaluation, work-life balance, future employment, and post-doctoral training. At least two dates in Professional Issues Seminar are intentionally left open each training year, so the intern cohort can give feedback on its preferred topics and feel empowered to create its own training plan. The didactic is open to all members of the psychology department and is usually attended by several psychologists. The format typically involves presentation of reputable scientific literature related to the topic, education about critical activities in professional development (e.g., professional curriculum vitas, obtaining employment, EPPP, licensure, and continuing education), discussion of application within FS populations, consideration for ethical and culture-specific issues, and broad discussion of thoughts, questions, and experiences amongst all attendees.

## **Treatment Didactic**

This one-hour didactic is offered monthly and focuses on empirically validated treatment models and interventions for populations served by FS. The didactic explores current research literature and best practices regarding the provision of treatment. The didactic curriculum is organized sequentially and cumulatively in order to address core interventions for FS populations early in the year (e.g., interventions for acute psychosis) and gradually introduce problem-specific interventions (e.g., treatment for sexually deviancy) as the year progresses. Discussions related to ethical implications and culturally competent practice are integrated into each topic. Didactics are presented by members of the psychology department and each intern is required to facilitate one Treatment Didactic presentation during the training year. The didactic is open to all members of the psychology department and is usually attended by several psychologists. The presentation format typically involves review of reputable scientific literature related to the topic, education about the treatment model and interventions, discussion of skill application within FS populations, consideration for ethical and culture-specific issues, and broad discussion of thoughts, questions, and experiences amongst all attendees.

## **Working Across Cultures**

Multicultural competency begins with the demonstration of respectful behaviors toward clients on the basis of cultural knowledge, including that of our own culture, the recognition of our competency boundaries, and an emphasis on the skills needed to foster trusting relationships and interpret responses in a cultural context. With the aim of achieving multicultural competency, this one-hour, monthly didactic seminar incorporates a series of training modules with cultural / diversity learning on a variety of diverse groups that are being served within FS. Examples of content from the current training year include Gender Diversity, Buddhist Cultures, and Internalized Homophobia. This didactic is open to members of the psychology department (i.e., unlicensed & licensed psychologists, licensed clinical therapists, and graduate students in practicum and internship), as well as other interested

mental health providers. The didactic focuses on topics related to effective provision of services to a multicultural and multi-ethnic population. Interns are required to present one session of this didactic during their training year. Occasionally, experts in mental health services for diverse populations are brought in to present. The format typically involves presentation of reputable scientific literature related to the topic, education about diverse populations, discussion of culturally sensitive assessment and intervention methods, and broad discussion of thoughts, questions, and experiences amongst all attendees.

### **Forensic Didactic Series**

The Forensic Didactic Series meets every week for one and a half hours and addresses a wide range of basic and advanced topics related to forensic practice, forensic research, and professional ethics. These didactics are presented by FS forensic staff, Post-Doctoral Fellows, and professionals in the community or at other forensic facilities. Content in this seminar relates to civil commitment statutes, competency to stand trial, criminal responsibility, and violence risk assessment. Interns are expected to complete readings and attend presentations if they choose to participate in the Forensic Didactic series. The didactic is open to all members of the psychology department and is usually attended by several psychologists. The format typically involves presentation of reputable scientific literature related to the topic, education about relevant federal and state case law, discussion of legal implications within FS populations, consideration for ethical, legal, and culture-specific issues, and broad discussion of thoughts, questions, and experiences amongst all attendees.

### **Forensic Case Conference (optional)**

The Forensic Case Conference is a weekly meeting. Forensic examiners will encounter a variety of complex and interesting forensic cases during the fellowship year and importance is placed on professional consultation to discuss difficult forensic issues. To increase their exposure to forensic issues and challenging cases, interns may choose to attend a weekly case conference during which fellows present a case for discussion amongst other fellows, forensic examiners, and forensic psychiatry fellowship faculty. Discussion will primarily focus on difficult case issues, associated case law, forensic nuances, and diagnostic anomalies.

### **Forensic Case Law Seminar (optional)**

The Forensic Case Law Seminar consists of Foundational Case Law and Supplemental Case Law weekly meetings that address landmark federal and state mental health cases. Since mental health case law is the foundation of forensic practice, interns will have the opportunity to receive extensive training in case law via two separate case law seminars. A weekly landmark case law seminar will be held at the University of Minnesota, which will address landmark federal mental health cases. In addition, a supplemental and state-level case law seminar will allow interns to gain familiarity with Minnesota case law and other notable mental health law cases. Along with other forensic staff members, the interns will write legal briefs and take an active role in discussing the various cases. These seminars assist interns as they navigate legal issues within the Forensic Mental Health Program and develop skills in forensic evaluation during their Forensic Assessment Minor Rotation. Interns are expected to

read each case in preparation for the seminars and, along with other forensic staff members, take an active role in discussing the various cases. This seminar is optional for all interns, but encouraged for interns who choose to complete the Forensic Assessment Minor Rotation.

### **Minnesota Association of Accredited Psychology Internship Centers (MAAPIC) Workshops**

MAAPIC is a professional conglomeration of APA-accredited internship programs in Minnesota. Each year FS interns assemble with interns from other APA-accredited training programs (i.e., about 50 interns in total) and participate in conjoint training on the topics of cultural diversity and ethics/supervision. There are two MAAPIC workshops that occur off-site in the fall and spring, respectively. Each workshop is one full day (i.e., eight hours) of training. The MAAPIC Training Directors collaborate and organize the workshops every year, bringing in local experts in the subject matter to provide the trainings.

## **Supervision**

The supervision philosophy of the FS Internship in Clinical Psychology emphasizes mastery of new skills, integration of science and practice, enhancement of a broad knowledge base, and refinement of existing competencies, in an atmosphere of mutual respect and collegiality. Supervisors share their knowledge and experience, provide professional mentoring, and share constructive feedback regarding intern performance. The internship staff is enthusiastically dedicated to training that prepares each intern to assume duties of an entry-level psychologist as well as preparation for postdoctoral experience and licensure. Supervisors utilize a developmental approach with interns. Each intern receives a minimum of four hours of weekly supervision, as described below.

### **Primary Supervision**

Of the four required hours of weekly supervision, at least two of those hours are face-to-face with the primary supervisor of the intern's major rotation. Primary supervision is provided by rotation supervisors who are doctoral level licensed psychologists. The duties of the individual supervisor include supervision and direct observation of all intern clinical activities, coordination of the intern's duties and responsibilities, and facilitation of formal and informal learning experiences. Assessment of the intern's initial competency and training needs, completion of formal evaluations of interns every three months, enhancement of the intern's professional identity through mentorship experiences, and provision of ongoing communication with the ITF and the Training Director regarding intern performance will also occur.

### **Group Supervision**

Primary supervision is supplemented by one hour of face-to-face Group Supervision per week. There are a variety of complex and interesting forensic cases at this facility and importance is placed on professional consultation to discuss difficult forensic and clinical issues. Therefore, the interns will meet weekly for one hour to discuss any difficult case issues within a group supervision format. This is

also a useful time for the intern cohort to spend time together consulting about their experiences, gaining peer support, and feedback. Group supervision is also facilitated by a fully licensed doctoral level psychologist.

### **Assessment Seminar**

Primary supervision is supplemented by one hour of face-to-face supervision in the Assessment Seminar. Assessment Seminar is a weekly, one-hour session that provides both supervision and education in the administration, scoring, and interpretation of psychological tests. Learning activities focus on a variety of topics, including objective and projective personality tests, assessment of neurocognitive impairment, multicultural assessment issues, and therapeutic assessment. The remaining weekly sessions are spent analyzing cases brought to the seminar by participants and applying lecture material in those cases. Assessment Seminar is facilitated by a supervisor from the ITF; however, other FS psychologists with expertise in a specific assessment domain are brought in occasionally to present, as well. The seminar is primarily designed for internship supervision and training.

### **Supervision Workshop Series**

There are four Clinical Supervision Workshops offered during the training year. Each workshop is two hours in duration. The first workshop focuses on foundational knowledge in the models and roles of clinical supervision. The other three workshops focus on applied practice, experiential role-play practice, and targeted support in addressing overtly challenging topics in supervision. In the second workshop, interns build off the knowledge and skills they learned in the first workshop and get to practice supervision with simulated supervisees and video vignettes.

### **Evaluation**

Evaluation is an inherent aspect of supervision and professional growth. Intern evaluation is an ongoing process. Interns, rotation supervisors, and other applicable FS staff complete evaluation forms periodically. This process allows for early identification of intern strengths, deficits which need remediation, and modifications to the training plan. The evaluation process also assures interns receive regular feedback regarding their progress in the program. Information obtained from evaluations will be used to provide ongoing feedback to the intern and portions may be included in the end of the year completion letter to be forwarded to the Director of Clinical Training at the intern's doctoral program. Evaluations are focused on the aforementioned Profession Wide Competencies required by the American Psychological Association, Commission on Accreditation.

### **Self-Evaluation**

Interns are asked to engage in self-reflection and self-assessment practices by evaluating their competencies at the beginning and end of internship. In addition, all interns are asked to identify at least two learning objectives for their major rotations. Learning objectives are self-identified goals for

professional growth and development. Each learning objective should have at least two learning strategies associated with it. The learning strategies are action-oriented steps that will help interns achieve their objective. Interns will update their supervisors as they make progress.

## **Program Evaluation**

In order to continue to improve the internship program at FS, the ITF feedback from interns. Feedback from interns is informally solicited by the Training Director on a monthly basis and corresponds with the monthly ITF meetings. Interns are expected to complete written evaluations of their supervisors and rotation experiences at the end of each rotation. At the middle and end of the internship year, the interns will be asked to provide feedback regarding the overall strengths and weaknesses of the internship program via the Program Evaluation form. Informal feedback regarding the program is sought on a monthly basis during meetings with the Training Director. If an intern wishes to report a grievance related to feedback provided by the clinical supervisor or Training Director, they may do so informally or by following the formal grievance procedure established in our due process procedure.

## **Administrative Policies and Procedures**

Every intern is granted access to an internal website that contains all administrative policies and procedures related to the internship. Access to this website is limited to staff members of FS due to state policy regarding access to internal SharePoint sites. However, the Training Director will be pleased to provide copies of these policies and procedures to prospective interns upon written request. Upon receipt of the written request, the Training Director will email the documents to the interested applicant and answer any questions about policies or procedures. Requests to review these documents will not impact a candidate's eligibility for interview or ranking.

The first three weeks of training are devoted to New Employee Orientation (NEO) training, Psychology Department orientation, internship orientation, and brief meetings with the rotation supervisors and other department leadership. Information regarding hospital-wide policies and procedures is provided during the orientation period. As temporary unclassified state employees, all interns must receive training for certification in CPR as well as hospital-approved procedures for physical intervention and patient restraint. At the end of the hospital-wide orientation, the interns will report to their specific work areas for any additional orientation and training that might be required.

## **Illness Precautions**

The personal safety and overall well-being of our interns are incredibly important to us. Our facility has taken measured precautions to ensure the safety of patients and staff alike. All staff and patients have been provided the opportunity to receive influenza and COVID vaccinations over previous years and staff are supported in their decision should they choose to wear facility-provided masks to help prevent the spread of illness. All staff have received training in the proper use of personal protective equipment (PPE) and adaptation of organizational processes.

The FMHP recognizes that illnesses are ever-changing, and we have various contingency plans in place to keep patients and staff safe while continuing to provide psychological services and training. It is possible the upcoming 2026-2027 training year may include virtual meetings, virtual didactics, and telesupervision.

## Clinical Supervisors

The Internship Training Faculty (ITF) is a standing cooperation of individuals from the FS psychology department and is overseen by the Training Director. The ITF is generally composed of the Training Director, who is also the Assistant Director of Psychology, as well as Core Faculty members (i.e., licensed clinical supervisors) from various levels of care within FS

Regular monthly meetings of the ITF are scheduled. However, more frequent meetings may be held if needed. The ITF is responsible for recruitment, selection, training, evaluation, and certification of psychology interns and for addressing issues related to discipline, appeal processes, and changes in training policy or procedures. The Training Director is responsible for coordination of the internship program, as well as addressing managerial needs of the interns. These combined duties include the organization of training activities, designation of primary and secondary supervisors, assignment of intern rotations, the integration of evaluations, approving requested leave, and addressing formal concerns or complaints. This coordination is overseen by the Psychology Director and the Executive Director of Behavioral Health.

Licensed doctoral level psychologists constitute the core faculty and serve as primary rotation supervisors, group supervisors, and at times, minor rotation supervisors. Additional substantive instruction and experiential activities may be provided by adjunct faculty who are other psychology department and forensic evaluation department staff. All internship staff persons are employees of FS.

## Internship Training Faculty

**Jessica R. Garcia, Psy.D., LP**

*Assistant Director of Psychology and Internship Training Director*

Doctoral Education: William James College

Professional Interests: Treatment and evaluation of individuals with SPMI in forensic, community corrections, and outpatient populations; LGBTQIA2S+/QTBIPOC treatment, evaluation, and policy implementation; Dialectical Behavior Therapy; Cognitive Process Therapy

Personal Interests: Learning new languages, politics/civic engagement, colorful/beaded/big earrings, and I'm new to gardening, crocheting, and putting up way too many bird feeders in my backyard

**Mitchell Ziemke, Ph.D., L.P.**

*Senior Clinical Psychologist*

Doctoral Education: The University of Alabama

Professional Interests: Positive psychology, ACT, strengths-based approaches, psychoeducation, creative problem solving and risk reduction, assessments and report writing, teaching/training/supervising

Personal Interests: Travel, spending time with family/friends, movies, baking

**Christopher Bollig, Psy.D., LP**

*Senior Clinical Psychologist*

Doctoral Education: Illinois School of Professional Psychology

Professional Interests: Forensic SPMI populations, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, group therapy, and clinical supervision.

Personal Interests: Golf, the Iowa Hawkeyes, the Minnesota Vikings, hanging out with the family and the friends, watching the kiddos play soccer and hockey, food (cooking and especially eating), and anything that makes me laugh

**Shelia M. Brandt, Psy.D., LP**

*Senior Clinical Psychologist*

Doctoral Education: Minnesota School of Professional Psychology, 1998

Professional Interests: Justice-involved individuals living with mental illnesses; ACT, narrative, sensory, and other strength-based interventions; advocating for public policy and education about mental illness and risk management.

Personal Interests: Anything outdoors, travel, Halloween (all year), and finding humor in every day

**Brandon Scott Dugan, Psy.D., LP**

*Senior Clinical Psychologist*

Doctoral Education: University of Denver Graduate School of Professional Psychology

Professional Interests: Clinical assessment and testing, psychodynamic and holistic approaches to rehabilitation and recovery with forensic and SPMI populations, history and theories of psychology, supervision

Personal Interests: Time with family (board games, travel), reading, watching sports, hiking, listening to music, watching comedies

**Caysha Hrtanek, Psy.D., LP**

*Senior Clinical Psychologist*

Doctoral Education: Minnesota School of Professional Psychology

Professional Interests: Treatment of individuals with SPMI in a forensic setting, treatment for individuals with personality disorders, psychodynamic psychotherapy, trauma therapy, humanistic psychology, ACT

Personal Interests: Cooking – especially anything new or unique, trying new restaurants, stories of any type in any form (books, television, podcasts, movies), growing vegetables, camping, board games, watching baseball, travel



**Elisha Kampfe, Psy.D., LP**

*Senior Clinical Psychologist*

Doctoral Education: Pacific University: School of Professional Psychology

Professional Interests: Trauma (trained in EMDR), bipolar spectrum illnesses, clinical assessment and testing, LGBTQ+ topics, positive psychology, and personality disorders

Personal Interests: I enjoy spending time in nature (i.e., hiking, camping, etc.), having quality time with my two cats, watching football and women's basketball, laughing, playing video games, and watching fantasy television shows.

**Tatiana Komleva, Psy.D., LP**

*Senior Clinical Psychologist*

Doctoral Education: Illinois School of Professional Psychology

Professional Interests: Psychotherapy and process of change; philosophy of psychology, multidisciplinary/holistic approach to recovery and rehabilitation; recovery and rehabilitation in SPMI; humanistic psychology; person-centered approach

Personal Interests: To support potential for thriving and enjoy its benefits (orchids, garden, cooking, fermentation, sourdough baking); freedom of being in the moment (mountains, travel)

**Alexandra Solovey, Psy.D., L.P.**

*Senior Clinical Psychologist*

Doctoral Education: Minnesota School of Professional Psychology

Professional Interests: SPMI populations, psychological assessment and report writing, supportive interventions, supervision.

Personal Interests: Travel, theater, reading, cooking/baking, work-life balance, watching Chinese TV dramas

# Internship Disclosures, Admissions, Support and Initial Placement Data

Data program tables were updated in September 2025.

## Program Disclosures

Does the program or institution require students, trainees and/or staff or 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.            N       Y

## Internship Program Admissions

The FS Internship in Clinical Psychology is best suited for students seeking inpatient experiences that will complement their previous training. Successful applicants will possess a solid foundation in psychological assessment and therapeutic intervention, will have completed or be in the process of completing a formal dissertation, and must have successfully defended the dissertation proposal prior to the internship start date. Doctoral students from APA-accredited Clinical and Counseling Psychology programs who have obtained approval from their faculty and are internship-eligible may apply. FS is an Affirmative Action and Equal Opportunity Employer.

Matched interns must meet two conditions for employment at FS prior to the start of their internship. Employees must be able to pass a criminal background check and attest to their ability to meet basic physical fitness benchmarks. This position requires the incumbent to be able to perform various physical tasks to maintain safety of the employee and environment. Additional information regarding these requirements may be obtained by contacting the Training Director, Dr. Jessica R. Garcia, using the methods listed below or by reviewing the attachment at the end of this document.

Does the program require that applicants have received a minimum number of hours of the following at time of application?

Total Direct Contact Intervention Hours:	N	<u>Y</u>	Amount: <b>300</b>
Total Direct Contact Assessment Hours:	N	<u>Y</u>	Amount: <b>75</b>

Describe any other required minimum criteria used to screen applicants:

- Total Intervention and Assessment Hours = 1200
- At least 3 administrations of personality measures and 3 of cognitive measures
- GPA at least 3.5

## Financial and Other Benefit Support for the Upcoming Training Year

Annual Stipend/Salary for Full Time Interns: \$63,120

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): 12 days

Hours of Annual Paid Sick Leave: 12 days

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

Dental and life insurance, 10 paid holidays per year, and one "floating holiday" (11 total). Salary is paid every two weeks and professional liability insurance is covered by the State of Minnesota. Vacation and sick leave are accrued at a rate of 4 hours per pay period.

Other benefits include clerical and technical support via administrative assistants and psychometrist staff that assist in coordinating psychological assessment referrals and manage psychological assessment materials. Training materials and equipment includes access to all psychological tests and texts owned by the department, audio visual equipment provided on campus, computers provided in intern offices (and the use of remote access as needed), phone lines assigned to each intern and access to the RN Barr Library. Interns have access to all software programs required including PowerPoint, Word (and other word processing packages), Excel, Access, and SPSS. Interns are also provided with a variety of templates, and sample documents (assessments, progress notes) to assist them in efficient orientation to providing clinical services.

### Initial Post-Internship Positions (aggregated tally for the preceding three cohorts)

	2021-2024	
Total # of interns who were in the three cohorts	10	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University counseling center	0	0
Hospital/Medical center	1	0
Veteran's Affairs medical center	0	0
Psychiatric facility	3	5
Correctional facility	0	0
Health maintenance organization	0	1
School district/system	0	0
Independent practice setting	0	0
Other	0	0

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.

## Application Process

### Deadline

Application deadline is Sunday November 2, 2025 at 11:59pm Eastern Time.

### Applications Must Include

In order to be considered for admittance to our program, the application must include the following:

- Completed APPIC Application for Psychology Internship (AAPI) Available to be submitted online at the APPIC website: <http://www.appic.org>
- Current curriculum vitae
- Official graduate school transcripts (uploaded with the AAPI)
- Three letters of recommendation using the AAPI standardized form
- One writing sample in the form of a psychological report or written case summary with any identifying information deleted

### For More Information

Direct all requests for additional information to:

Jessica R. Garcia, Psy.D., L.P  
Assistant Director of Psychology and Internship Training Director  
Direct Care & Treatment – Forensic Services  
100 Freeman Drive  
St. Peter, MN 56082  
Phone: 507-985-2737  
Email: [jessica.r.garcia@state.mn.us](mailto:jessica.r.garcia@state.mn.us)

### Interviews

Applications will be reviewed in November. Selected applicants will be invited to participate in interviews the following January (typically within the first two weeks). In hopes to mitigate social inequities, the unpredictable nature of weather and related travel, the fluid nature of illness (seasonal and otherwise), and the associated constraints that may exist when applying for internships across a wide geographic area, all interviews will be virtual for the 2026-2027 training year, and we will continue to adhere to the recommendations and policies of APPIC. A video tour of Forensic Services was created and is available for applicants at the time they interview.

Interviews will include a structured interview and conversation with members of the Training Committee, a meeting with current interns, and opportunities to answer any questions applicants may have about the internship. Each applicant will be assessed using a structured interview rating scale, and the information obtained from the interview will be included in the determination of rankings. If

you are selected to interview and need a reasonable accommodation, please contact [651-259-3637](tel:651-259-3637) or email [careers@state.mn.us](mailto:careers@state.mn.us) and indicate what assistance is needed.

Candidates selected for interview may be provided a self-declaration form. Completion of this form is strictly voluntary and interviewees will be asked to return this form to the state Office of Equal Opportunity. This will remain separate from all other materials and is strictly voluntary. Selection and ranking decisions will not be influenced by your choice to submit the form. The State of Minnesota requires employers to provide the opportunity to submit aggregate data regarding Affirmative Action. Minnesota is an equal opportunity, veteran-friendly employer.

Candidates are required by Human Resources to submit fingerprints as part of their participation in a background check. Candidates for psychotherapy positions are further required to sign an Authorization and Release form, allowing FS to contact former employers to inquire about any occurrences of sexual contact by psychotherapists with their patients or former patients. A copy of this form is available upon request for interested candidates who would like to review it.

## Intern Selection

FS is an Equal Opportunity Employer. Maintaining diversity is a strong consideration in the intern selection process, though invitations for internship are primarily determined by objective ratings, including data from the application materials and interview. Select members of the Internship Training Faculty, referred to in procedure as the Application Review Committee, use a standardized system to rate application information and responses during interviews. The committee makes final ranking decisions based on majority vote, taking into consideration the degree to which evaluation or application materials suggest that the applicant is a “good fit” with FS training opportunities. Four interns are anticipated for the 2026-2027 training year.

This internship 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 intern applicant. In accordance with APA policy, training records for interns who match with FS will be permanently maintained by our facility.

After rankings have been submitted and finalized with National Matching Services, input about our process will be solicited from interviewees. This will consist of an e-mail from the Training Director to all interviewees inviting them to participate in an optional and anonymous online survey. If an interviewee wishes to give feedback and provide their identity this can be sent directly to Dr. Garcia.

The FS Internship in Clinical Psychology maintains a commitment to diversity and welcomes the application of interns of diverse age, gender, race, ethnicity, sexual orientation, and religious affiliation. Didactics and seminars incorporate discussion of diversity issues as it relates to the treatment of our patients and supervisors are encouraged to discuss multicultural issues as a standard component in the supervision of assessment and therapy cases. In addition, supervisors receive ongoing training in culturally sensitive supervision approaches and view the unique perspective of each intern to be valuable. Candidates with diverse backgrounds are strongly encouraged to apply.

## About the Area

### Living in Minnesota

One of the joys of living in the Midwest is experiencing the full spectrum of the four seasons. Each season has a distinct feel, beauty, and series of events. In the summertime, Minnesotans come in groves for the wonderful Minnesota State Fair and locally beloved Renaissance Festival. Sports fans enjoy watching Minnesota Twins baseball in the comfy and vibrant confines of Target Field in downtown Minneapolis. Autumn brings gorgeous colors as the leaves begin to change and the crisp air gets locals excited about Vikings and Gopher football. Minnesota autumns are also known for Oktoberfest parties, which celebrate the rich traditions of Bavarian culture among the large contingent of people with German heritage in the state. Winters in Minnesota can be chilly...okay...very cold. However, our winters are also known for their splendor, as the white snow gently rests on green pine trees and people cozy-up around warm fireplaces. Spring is buzzing with energy and enthusiasm as the temperature rises. Spring is perhaps the best weather season in Minnesotan with average temperatures in the 60's and 70's, and the bright sun gleaming off the lakes and trees. There are also a variety of cultural events in the springtime, such as the Festival of Nations, Pride Festival Weekend, Annual University of Minnesota Pow Wow, and the International Festival at Minnesota State University – Mankato.

Known as “The Land of 10,000 Lakes,” the great outdoors are a cornerstone of Minnesota life. Minnesota boasts one of the most pristine shorelines in the country – The “North Shore” on Lake Superior. There are several state parks along the North shoreline, including Split Rock Lighthouse State Park, where visitors can capture the scenic lake views and hike along trails near the waterfalls. One can enjoy a variety of outdoor recreation year-round, including biking, camping, fishing, canoeing, water skiing, ice fishing, sledding, snow mobile riding, running races, attending outdoor music festivals, and hosting cook outs. Take a leisurely walk among the Chain of Lakes, bike along the classic Stone Arch Bridge, or admire on a day off the famous “giant spoon and cherry” of the Walker Art Center’s Minneapolis Sculpture Garden. Throughout the year, fishing is a popular activity among locals and many can be found on one of 10,000 lakes during all seasons, including ice fishing during the winter. Music lovers can enjoy a concert at First Avenue in the heart of downtown Minneapolis. Made popular by one of Minnesota’s most famous musicians, Prince, First Avenue is a historic music venue and hot spot for current major concerts. The Mall of America is another famous venue with its indoor amusement park, miles of restaurants and shopping, and underground SEAlife aquarium. Theatre fans can stop by the world-famous Chanhassen Dinner Theatre to enjoy dinner and an amazing live performance. Another great landmark to visit is the Stone Arch Bridge along the Riverfront District of Minneapolis, which hosts a festival each year to celebrate diversity among cultural backgrounds, exhibitions from local artists and engaging music or dance routines.

### The Cities of St. Peter and Mankato

The FS internship site is located in St. Peter, Minnesota. Established in the Minnesota River Valley, St. Peter is a family-oriented, growing community of around 10,000 people. It is located in South Central Minnesota, approximately 60 miles southwest of the Twin Cities and 12 miles north of Mankato. St. Peter was founded in 1853, and it is one of the oldest cities in the state. Over 40 sites in town are listed in the National Register of Historic Places. St. Peter has a quaint and well-maintained downtown area filled with small businesses, such as

excellent bakeries, coffee shops, and restaurants. St. Peter also has a thriving local food co-op and features two eateries that focus on use of local, organic produce. St. Peter is home to Gustavus Adolphus College, a four-year liberal arts college with international recognition. St. Peter is also home to the annual Rock Bend Folk Festival, Polar Plunge, and beautiful Linnaeus Arboretum. For those that prefer indoor pursuits, the area has a wide variety of theater performances, coffee houses, and the Nobel Conference that is held at Gustavus Adolphus College each year. In the nearby city of Mankato, one can find Minnesota State University - Mankato with active social life, recreation activities and sporting events. Moreover, Mankato hosts an orchestra, Carnegie Art Center, and several live music venues.

## **The Twin Cities Metro Area**

When most people think of Minneapolis and St. Paul, snow and cold weather immediately come to mind. But those who have visited or lived in the metropolitan area know there is much more to the “Twin Cities” than their northern locale. Separated by the Mississippi River and located approximately seven miles apart, Minneapolis and St. Paul comprise a vibrant metropolitan area of nearly three million people. Together, these cities serve as the entertainment and cultural center of the upper Midwest. They are known for their vast array of theaters, orchestras, art museums, and diverse restaurants. Professional sports, riverboats, and a variety of nightspots add to the appeal. Both cities offer contemporary skylines, historic architecture, and numerous lakes and parks.

The population of Minneapolis is young and vibrant; nearly 60 percent is age 34 or younger. Although a strong Scandinavian influence remains recognizable, the Twin Cities is becoming increasingly diverse. Twenty percent of Minneapolis residents are African American, and ten percent are Hispanic. A large population of Hmong and Somali also call this area home. Minneapolis has been nationally recognized for its “bike-friendly” environment and is noted to be one of the top 10 most creative cities in the nation.

St. Paul serves as the state’s capital. Although growing, it is smaller and quieter than Minneapolis. It also retains a more historic look and is recognized for its wealth of architectural mastery. For example, Summit Avenue showcases the country’s largest stretch of Victorian homes, reaching from the Cathedral of Saint Paul near downtown to Mississippi River Boulevard five miles west. In the winter, St. Paul is host to the annual Winter Carnival with food, ice palaces, and winter sports.

## **Interesting Facts about Minnesota**

- Minnesota is the home of Prince, Bob Dylan, Lindsey Vonn, Judy Garland, and Charles Schulz, Chris Pratt, John Madden, Eric Decker, and Louie Anderson.
- Minnesota has six major professional sports teams: The Vikings (football), The Wild (hockey), The Twins (baseball), The Timberwolves and Lynx (basketball) and The Minnesota United FC (soccer).
- Spread over an area of 4.2 million square feet, The Mall of America in Bloomington is big enough to fit 32 Boeing 747s.
- 20 Fortune 500 companies are headquartered in Minnesota, including Target, General Mills, Land O’Lakes, and Best Buy.
- Minneapolis Sculpture Garden has been the largest urban sculpture garden in the United States since 1992, when it was expanded to eleven acres and over 40 permanent art installations.



- Minneapolis has 100 theater companies and 30 theater venues. The Twin Cities have more theater seats per capita than any world city other than New York.
- Minneapolis has a 7-mile system of indoor skyways connecting 72 city blocks, making it possible to live, shop, and work without ever going outside.
- Minnesota has 90,000 miles of shoreline, more than California, Florida and Hawaii combined.