Minnesota Department of Corrections

Psychology Internship Handbook

Revised 08/2025

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The MN DOC Psychology Internship Handbook is revised annually, with the most recent update effective as of August 2025. The Director of Clinical Training and the training committee reserve the right to make additional updates to the handbook during the training year as necessary. Any changes will be communicated to the current intern cohort. Please note that no revisions will be made to the handbook during an active investigation or grievance; updates will be suspended until these matters are resolved.

I. Minnesota DOC Psychology Internship Brochure – Minnesota Department of Corrections

Introduction

The Minnesota Department of Corrections (MN DOC) was created in 1959 to consolidate state correctional functions within one agency. There are three divisions in the MN DOC: Facility Division, Community Services Division, and the Operations Support Division. The MN DOC currently operates ten correctional facilities – nine for adults and one for adults and juveniles. The adult prisons hold more than 9000 men and over 600 women.

Minnesota has a national reputation for operating humane, safe correctional institutions with low levels of violence and are safe for inmates and staff. Although the adult inmate population in Minnesota has been increasing during the past decade, MN DOC correctional institutions are not confronted with the magnitude of prison crowding plaguing most states. Minnesota continually ranks as one of the lowest states in the nation in the number of incarcerated individuals per capita. This low incarceration rate reflects Minnesota's reliance on alternatives to prison for less serious offenders. The system is designed to reserve expensive prison space for only dangerous criminals who need to be incarcerated.

Organization of MN DOC Mental Health Services

Psychology is part of the Behavioral Health Services Unit, which is part of Health Services. The overall management and direction of mental health services is the responsibility of the MN DOC Behavioral Health Services Director. At the institution level, behavioral health services are under the supervision of Psychology Directors.

Internships are offered at two Minnesota DOC facilities:

The MN DOC Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). 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. The internship is accredited effective October 2020 by the American Psychological Association (APA). Applicants can access program information from the MN DOC public website or directly contact the Director of Clinical Training. https://mn.gov/doc/employment-opportunities/intern-opportunities/intern-positions/mentalhealth/doctoral-psychology-internship/

The MN DOC Internship Program has established a profile on the Association of Psychology Postdoctoral and Internship Center's website. This website exhibits the accreditation status of the Psychology Internship Program. 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 1st Street, NE, Washington, DC 20002 Phone: (202) 336-5979 / Email: apaaccred@apa.org Web: www.apa.org/ed/accreditation

MCF-Shakopee. The Shakopee facility is the MN DOC's only adult female facility, located approximately 30 minutes Southwest of the Minneapolis-St. Paul metro area. MCF-Shakopee currently houses over 600 incarcerated individuals of all custody levels. Upon admission, each incarcerated individual is assigned a mental health provider; therefore, mental health staff is tasked with meeting the varied needs of the diverse individuals committed to the facility. The Behavioral Health Department at MCF-Shakopee includes a multidisciplinary team of psychologists, master's-level licensed clinicians, licensed alcohol and drug counselors, and two release planners. The intern will be involved in a full range of services, including, but not limited to, completing various assessments (i.e., intake assessments, diagnostic assessments, and comprehensive mental health assessments, including psychological testing). Additionally, MCF-Shakopee offers the intern a wealth of opportunities to provide brief and long-term individual therapy as well as opportunities for group facilitation. Current group topics include adjustment to incarceration, CBT and DBT skills development, coping with trauma-related distress, managing severe persistent mental illness, and sex offense treatment. Using a developmental supervisory approach, additional activities (e.g., crisis management, multidisciplinary case consultation) are offered to prepare interns for a future career as a psychologist in a variety of settings.

MCF-Oak Park Heights. The Oak Park Heights facility is a maximum-security prison. The facility is unique as it has specialized units that operate comparable to an inpatient medical unit and an inpatient psychiatric unit. On-site, a team of Psychology staff provides individualized services to incarcerated individuals who reside on the Mental Health Unit (MHU), the Transitional Care Unit (TCU), restrictive housing, and those residing in the general population. The Psychology Department, comprised of master's level clinicians, a release planner, and a doctoral-level psychologist, provides individual psychotherapy services, group psychotherapy services, assessment, crisis intervention, and consultation. On the MHU, treatment services are centered on assessment and mental health stabilization of complex cases involving serious and persistent mental illness, personality disorders, and civil commitment. Services provided on the TCU are focused on assessment and treatment of mental health concerns with the opportunity to provide assessment and monitoring to those with medical concerns necessitating a hospital-level of care. This facility is an ideal training site for an intern interested in gaining experience in both an outpatient and inpatient level of care.

Mission

The mission statement of the Minnesota Department of Corrections is as follows: ***Transforming Lives for a Safer Minnesota.***

The mission of the MN DOC is demonstrated by the behavioral health staff who provide prosocial, evidence-based, and culturally sensitive interventions aimed at maintaining a safe and secure environment for the incarcerated individual, staff, and the community at large.

The MN DOC Psychology Internship Program's aim is to provide ample supervision and education within a mentorship training model that prepares individuals for postdoctoral positions in psychology which, ultimately, would lead to a career as a licensed psychologist. While geared toward work in and with correctional populations, the Psychology Internship Program is of sufficient breadth and diversity so that it provides the intern with the experiences necessary to perform as a generalist in a non-correctional/forensic setting.

For nearly two decades, the Minnesota Department of Corrections has relied upon the doctoral internship program to provide the department with uniquely qualified entry-level psychologists. Interns who have shown themselves to be competent clinicians within the correctional setting are often recruited by the department at the end of the internship year.

Philosophy

The Psychology Internship Program at the Minnesota Department of Corrections emphasizes the practice of clinical psychology in a correctional facility. Correctional facilities are unique institutions with their own culture, vocabulary, and social hierarchy. They are also unique in the responsibility and authority given to psychologists. Correctional psychologists are concerned with the provision of psychotherapy services, consultation, crisis intervention, suicide prevention, assessment, and rehabilitation of incarcerated individuals within correctional facilities. Therefore, interns in the MN DOC will gain experience with diverse issues and clinical problems.

Goals/Expectations

Internships in the MN DOC are twelve months long, totaling 2000 hours, and typically begin in early September. Interns will spend at least 25% of their time, equivalent to 500 hours, in direct face-to-face clinical service activity. It is the goal of our program that, by the completion of the internship, interns will have developed sufficient competence in the following areas so they can function independently as psychologists:

Assessment: Interns are expected to develop the skills necessary to complete an assessment. Interns receive training in formal psychological assessments, including neurocognitive testing. Under supervision, interns work with referral sources to clarify the referral question, select and administer appropriate psychological tests, conduct thorough clinical interviews, integrate the test findings and other data, prepare cogently written reports that can be readily understood by referral sources, and provide follow-up consultation as needed.

Intervention: Interns are expected to demonstrate competencies in evidence-based psychotherapies. It is expected that they will develop treatment strategies to address issues that were identified in the assessments, write treatment plans, provide the appropriate group or individual therapy, and modify their treatment based on changes in the client's condition. Interns are expected to establish and maintain effective therapeutic relationships with clients. In working with their clients, interns are to develop and adhere to evidence-based service interventions.

Individual and Cultural Diversity: Interns are expected to demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with people who are different from themselves. Interns will remain current in theoretical and empirical knowledge related to their professional activities. As the internship unfolds, interns will demonstrate the ability to independently apply their knowledge and approach to working effectively with diverse populations.

Research: Interns demonstrate the ability to critically evaluate and disseminate research or scholarly activities to inform their clinical practice and the professional practice of psychology in corrections specifically.

Consultation and Interprofessional/Interdisciplinary Skills: Interns are expected to learn the psychologist's role as a consultant to other professionals. This consultation typically focuses on challenging clients with whom the intern may or may not have a client-therapist relationship. The intern is expected to learn what behaviors are most likely to lead to a consultation, how to prepare for a consultation meeting, what other professionals expect from a psychologist, and how to achieve a satisfactory outcome.

Supervision: As interns become more experienced during their internship, the intern will demonstrate proficiency in understanding the basic principles of clinical supervision (e.g., building a supervisory alliance, providing and accepting effective summative feedback, promoting growth and self-assessment of peer/intern, and seeking consultation) and applying these principles as peer supervisors during group supervision and/or with doctoral practicum students if available.

Ethical and Legal Standards: Interns are expected to be knowledgeable and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations and rules, and policies governing health service psychology; relevant professional standards and guidelines. When ethical dilemmas arise, they seek appropriate consultation and supervision.

Professional Values, Attitudes, and Behavior: Interns will demonstrate proficiency in providing psychological services consistent with professional values, beliefs, and practices within the field generally and within the correctional environment specifically.

Communication and Interpersonal Skills: Interns are expected to develop and maintain effective relationships with various individuals that include colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Internship Activities

Given the unique nature of providing mental health services within a correctional facility, the first month of the MN DOC internship is geared toward preparing and orienting the intern for work in a correctional setting. Starting with the first day, all interns meet with the Director of Clinical Training. The Director of Clinical Training reviews the entire orientation manual with the interns on this first day. This also provides an opportunity for the interns to meet and become acquainted with each other. Each intern will go through a site-specific orientation during their first week. Also, in the first month, interns will attend more than 45 hours of MN DOC academy, training that is required for all department employees. The academy provides training on various topics related to working in a correctional facility (e.g., Avoiding set-ups by inmates, First Aid, Incident Command System, and Security Threat Groups, aka gangs).

Upon completing the first month, a relatively routine training schedule ensues, with the intern getting at least two hours of individual supervision weekly. In addition to individual supervision, all MN DOC interns will meet weekly throughout the year for didactic training, totaling over 100 hours.

There are a total of ten adult correctional facilities in the MN DOC. Ideally, the interns will have the opportunity to visit select facilities for a tour and discussion with the mental health staff on the programming specific to the individual site and the general operation of the psychology unit. Other

training includes but is not limited to seminars in treating individuals who commit sexual offenses, personality disorders, and drug and alcohol problems.

Interns will attend MN DOC Mental Health Training Sessions as available and are encouraged to attend workshops outside of the department when approved by their supervisor. An intern's work and progress are formally evaluated quarterly during the internship year. Evaluations are reviewed with the intern and shared with the MN DOC Director of Clinical Training and Director of Internship Training at the intern's educational institution.

Compensation and Benefits

Psychology intern positions (Psychologist I) are governed by the Minnesota Association of Professional Employees (MAPE) contract.

Interns are entitled to an annual rate of approximately $62,180 ($29.78/hour) and are eligible for health insurance benefits. Psychology interns also receive 4 hours of sick leave per pay period (80 hours). Psychology interns are also eligible for at least 4 hours of vacation per pay period. Psychology interns can request higher accrual rates based on prior relatable experience per the MAPE contract. In addition to sick and vacation leave, benefits include 11 paid state holidays and one paid floating holiday. However, interns at the Psychologist I designation must be mindful of their training hour requirements and utilize their allotted time off judiciously to ensure they meet the necessary training hours for the year.

Interns are allotted two hours on-site at their facilities each week to work on their dissertation. Interns who have completed their dissertation, may use this time to engage in relevant online trainings and/or to review relevant research to expand their clinical knowledge and skillset. The two hours allotted to each intern cannot be “banked” for later use. If the intern selects to forgo their dissertation time on a week or as an ongoing pattern, the internship program will not be held liable. Interns are encouraged to work with their supervisors to establish a way to promote utilizing the two hours of on-site dissertation time.

Interns are provided with office space, which may be shared depending on the facility, as well as access to a computer, telephone, desk, psychological testing instruments and manuals, DSM-5-TR, and general office supplies.

Supervisors for Psychology Interns

Adam Piccolino, Psy.D., LP, ABN, Behavioral Med Practitioner, Sr.

Shannon Stanton, Psy.D., LP, Behavioral Medicine Practitioner

Susan Pyle, Psy.D., LP, Psychologist 3

Sean Fields, Psy.D., LP, Psychologist 3

Angela Kollmann, Psy.D., LP, Psychologist 3

II. Eligibility

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 08/2024

Program Disclosures

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

Internship Program Admissions

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

An internship in the MN DOC prepares the intern for practice as a generalist in the field of clinical psychology. Interns are provided the opportunity to deliver a breadth of services. These services include individual psychotherapy, group psychotherapy, crisis interventions, psychological assessments, and consultations with peers and interdisciplinary team members.

Graduate students from accredited doctoral programs in professional psychology are eligible. The Minnesota DOC is committed to fostering diversity in its training program; members of minority groups are strongly encouraged to apply. Applicants should have the following minimum qualifications:

1. Graduate coursework and practicum training in intellectual and personality assessment.
2. Graduate coursework and practicum training in psychotherapy.
3. Graduate coursework in psychopathology.
4. Verification from the Director of Clinical Training of the applicant's graduate program that they have completed all graduate coursework and any comprehensive examinations required by their program before the internship start date.
5. Student is in good academic standing at the educational institution in which they are enrolled.
6. The educational institution is regionally accredited.
7. While correctional experience is valued, intern applicants who have a strong foundation and direct clinical training in psychological assessment and psychotherapy, and who have practicum experiences that have allowed for experience and exposure to a broad clinical population will be given strong consideration.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	**Yes**	No	Amount: 300
Total Direct Contact Assessment Hours	**Yes**	No	Amount: 100

Describe any other required minimum criteria used to screen applicants:
Applications are only accepted through the APPIC Application for Psychology Internships (AAPI). Applicants are required to complete the APPIC Application and submit three letters of recommendation, a redacted psychological evaluation, and their curriculum vitae.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$62,180/year	
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)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No
Other Benefits (please describe): In addition to sick leave and vacation leave, benefits include 11 paid state holidays and one paid floating holiday. Free DOC-sponsored training sessions for psychologists. Interns will be allotted a specified time while on-site to work on their dissertation.		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2021-2024	
Total # of interns who were in the 3 cohorts	10	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	**EP**
Academic teaching	0	1
Community mental health center	0	5
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	2
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	1
Other	0	0

Application Procedures

Applications are only accepted through the APPIC Application for Psychology Internships (AAPI). Applicants are required to complete the APPIC Application, submit three letters of recommendation, their curriculum vitae, and a sample psychological evaluation that has been redacted.

The Minnesota Department of Corrections is not accepting applicants for the 2025-2026 training year. Any questions pertaining to internship applications or the availability for internship training opportunities following the 2025-2026 should be directed to the following:

Adam Piccolino, Psy.D., ABN, LP
Psychology Internship Director of Clinical Training
Minnesota Department of Corrections
1010 West 6th Avenue
Shakopee, MN 55379
Telephone: (952) 233-3897
Email: adam.piccolino@state.mn.us

III. Supervision

The MN DOC values the contribution of interns to the agency. The internship supervisors feel fortunate to work with new professionals who bring enthusiasm and knowledge of current research to invigorate our program. Providing supervision is not a requirement for staff but is viewed as a benefit and is regarded as one of the more rewarding aspects of professional life in the MN DOC. Interns are regarded as colleagues as well as students, and staff is conscientious about providing the supervision that we agreed to provide.

Interns receive at minimum two hours of individual supervision per week by a licensed psychologist. The primary supervisor is an on-site supervisor with whom interns have ongoing, regular contact. A secondary supervisor may be assigned who may or may not be directly on-site at the facility but who is available via telesupervision or in person when warranted.

Each week interns will also receive two hours of supervision in addition to their two hours of individual supervision. The additional supervision is typically completed in a group format that may include clinical team consultations, and group supervision. The supervision is provided by an individual or individuals licensed appropriately for their work. The supervisor may be a licensed psychologist (LP), licensed professional clinical counselors (LPCC), licensed alcohol and drug counselors (LADC), licensed professional counselors (LPC), and/or licensed social workers (LICSW).

The program ensures that interns have access to consultation and supervision while they are providing clinical services. The supervisors who have clinical responsibility for the intern's cases are located on-site at the facility and/or are accessible through telesupervision means. The supervisors are available to the intern via open-door policy, email, phone, videoconferencing, and messaging. At the start of supervision, the intern is verbally informed of the various ways to contact their supervisor. In the supervisor's absence, the intern is informed of a backup supervisor (often, a secondary doctoral-level psychologist, another mental health professional, or the supervisor's supervisor). If the supervisor is offsite, the intern may be provided with the supervisor's contact information. This information may include DOC email, messaging, or a cellphone or landline phone number. Supervisors and interns schedule regularly weekly supervisory sessions; interns are encouraged to seek additional supervision from the supervisor as needed informally via an open-door policy or through email or messaging and/or through videoconferencing. Clinical and/or designated supervisors are on-site when interns are providing clinical services.

The intern's training is overseen by the psychologist who is primarily responsible for the intern's clinical services. The intern may interact with other mental health staff throughout their training year to provide clinical services such as groups or consultation. The training supervisor communicates with the mental health staff to receive pertinent information regarding the intern's delivery of service and subsequent activities. Staff are informed of who the primary supervisor is for the intern and are encouraged to seek out the supervisor to address any concerns that should arise or provide feedback on the intern on an informal basis. In addition, the interns inform their clients that they are an intern and unlicensed and are under the supervision of a specified licensed supervisor. Supervisors maintain responsibility for all

supervision and clinical oversight of the interns' work. Supervisors gain collateral information from mental health staff with whom the intern works and reviews the interns' clinical documentation, including clinical notes and assessment reports. Supervisors will integrate these information sources on the intern's progress to incorporate into the formal intern evaluations.

Over the course of the internship year, MN DOC interns are required to complete 2,000 total hours of full-time internship experience, which includes PTO such as vacation, sick leave, and holidays. In addition, the goal is to achieve 500 hours of face-to-face contact time with patients to successfully complete the internship, as recommended by APPIC. The APA requires that the internship be one year of full-time training, completed in no fewer than 12 months. Interns are expected to keep track of their clinical hours. During supervision, interns will be asked to have their clinical hours approved and signed by their supervisor. At the beginning of the internship year, interns will be provided with instructions on how the various internship requirements are to be documented.

IV. Telesupervision

Telesupervision is defined by APA as the provision of supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee.

Per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for interns.

Rationale:

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe. Our rationale is that telesupervision allows for continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision.

Consistency with Training Aims and Outcomes:

Telesupervision allows our supervisors to be engaged and available to assigned trainees, to oversee client care, and to foster trainee development, even in circumstances that preclude in-person interactions. In these ways, it is fully consistent with our training aims. Certainly, in-person supervision has unique benefits, including the availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence. We work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of the potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, etc. We work to set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship. Trainees will continue to receive ongoing formative feedback as well as summative feedback to ensure they are progressing appropriately within core competency areas.

How and When Telesupervision is Used:

Telesupervision is used in place of in-person supervision when meeting physically is not possible, feasible, or unsafe It is not used for the sole purpose of convenience. We implement telesupervision by using a videoconferencing platform, Microsoft Teams. Supervisors and supervisees may access telesupervision either from their work offices, and in some cases, from a secure and confidential space within a home.

Trainee Participation:

All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable.

Supervisory Relationship Development:

Ideally, in-person meetings between supervisor and supervisee are encouraged. This can be especially important early on in supervisory relationship development. We also encourage our supervisors to check in regularly on how supervisees are experiencing the telesupervision format. Our supervisors and other clinical staff are readily available via phone or Microsoft Teams between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster development of strong supervisory relationships.

Professional Responsibility for Clinical Cases:

The supervisor, whether it be a primary or even a secondary supervisor, conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site clinical staff are also available to our trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's needs or client care.

Management of Non-scheduled Consultation and Crisis Coverage:

Supervisors are available by email, text, phone, or Microsoft Teams in the event of a need for consultation between sessions. Other clinical staff are also available via such forms of communication if a direct supervisor is unavailable. If a trainee is working in their office in the facility, we maintain our open-door policy, and clinical staff can also be approached in this manner.

Privacy/Confidentiality of Clients and Trainees:

Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the facility or in a home-based setting. Our videoconferencing platform, Microsoft Teams, provides end-to-end encryption over a secure network.

Technology Requirements and Education:

Telesupervision will occur via Microsoft Teams. During their first weeks of onboarding, trainees will receive telehealth training and training on being prepared for supervision, whether this be in-person or via teleconference. The internship supervisors are encouraged to seek out continuing education and training on providing services in a teleconferencing environment.

V. Statement of Training Goals/Standards for Competency

The overall training goal is to develop competency in the skills needed to be an independent practitioner of Psychology. To successfully complete the internship, interns must obtain a minimum level of achievement rating of four (4) in 80% of the elements related to the Profession Wide Competencies. Pursuit of this goal includes the following:

1. Assessment: Goal: To select and apply assessment methods, collect relevant collateral data using multiple sources and methods to answer the identified questions of the assessment taking in mind the diversity of the client to accurately conceptualize the client.
2. Intervention: The goals are as follows: 1. Establish and maintain effective therapeutic relationships with clients; 2. Develop and adhere to evidence-based service interventions; 3. Inform interventions based on current scientific literature, assessment findings, diversity characteristics of clients; 4. Demonstrate the ability to apply relevant research literature to clinical decisions and clinical application; 5. Evaluate intervention effectiveness and adapt intervention goals.
3. Individual and Cultural Diversity: Goal: The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
4. Research: Goal: Demonstrate the ability to critically evaluate and disseminate research or scholarly activities to inform their practices with their clinical population.
5. Consultation and Interprofessional/Interdisciplinary Skills: Goals: 1. Demonstrate knowledge and respect for the roles and perspectives of other professions; 2. Apply this knowledge in direct consultation with individuals, family members when warranted, other health care professionals, security staff, administrative staff, case workers, program directors or systems related to health and behavior.
6. Supervision: Goal is to apply supervision knowledge in a direct or simulated practice.
7. Ethical and Legal Standards: Goals are as follows: 1. Be knowledgeable and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations and rules, and policies governing health service psychology; relevant professional standards and guidelines; 2. Recognize ethical dilemmas and apply decision-making processes; 3. Conduct self in an ethical manner.
8. Professional Values, Attitudes, and Behavior: Goal is to behave in ways that reflect the values and attitudes of psychology that include integrity, professional identity, accountability, and lifelong learning.
9. Communication and Interpersonal Skills: Goal is to develop and maintain effective relationships with a range of individuals that include colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Psychology Intern Clinical Case Conference Presentation

The clinical case presentation allows interns to hone their professional presentation skills and build confidence by demonstrating their clinical acumen. Interns will be required to present one assessment and one psychotherapy case during the training year. These presentations will be attended by supervisory staff (i.e., primary supervisor, secondary supervisor, Psychological Services Director or Designee, Director of Clinical Training, or Associate Director of Clinical Training). Specific instructions regarding the format for the case conferences will be provided to interns during orientation.

The intern's case must be cleared with their supervisor(s) well in advance of the case conference. Interns are expected to establish goals for the presentation and aim to present cases with which the intern has some difficulties and desires feedback. Cases involving complex diagnostic, conceptualization, countertransference, therapeutic strategy, or therapeutic obstacles would all be appropriate. The intern will be evaluated formally by the attending supervisors. If the intern's presentation is deemed unsatisfactory, the primary or secondary supervisor will meet the intern to offer feedback, guidance, and remedial suggestions.

VI: Professional Code of Conduct Policies

Interns are expected to be familiar with and comply with all MN DOC rules, regulations, and policies at all times during the internship year. They also must adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2017) at all times. This policy can be found at https://www.apa.org/ethics/code

All psychology interns will be expected to complete the MN DOC Academy training at the start of their internship year. At that time, professional code of conduct policies will be reviewed. Select professional code of conduct policies also will be reviewed with the Director of Clinical training on the intern's first day, and paper copies of those policies will be provided. Interns will be asked to sign an acknowledgement form attesting they have fully read, understood the policies. This will also provide an opportunity to have any questions answered in regard to the policies. What follows are code of conduct issues that have historically required intervention. By no means are the following an exhaustive review of the specific policies or what is required of the psychology interns during the training year.

While all employees are required to abide by MN DOC policies, employees have due process and just cause rights under statute and by their governing contract or plan. Psychology interns are governed by the MAPE contract. Prior to discipline being given to an employee, the employee will have a right to respond to the allegations with union representation present. This will be discussed further in the Management of Problematic and/or Conduct section of this document.

Department of Corrections Staff ID Badges (201.014)/Identification Cards-Employees/Contractors/Volunteers/Interns (103.013)

MN DOC badge with your name and photograph clearly visible must be worn for all official business only as defined by the unit appointing authority.

Uniforms, Attire, and Personal Hygiene (103.221)

At the start of the internship, the Director of Clinical Training will review Policy 103.221: Uniforms, Attire, and Personal Hygiene. The personal appearance of our interns contributes to the image of our department, and our profession. Further, as health service providers, personal appearance and hygiene has a significant effect on ensuring a professional and safe environment for patients that focuses on their needs in the delivery of quality patient care. Professional attire and appearance are expected at all times throughout the training year. It may be necessary for program dress code standards to supersede individual preferences or self-expression. Please address questions or discuss any special needs with the Director of Clinical Training. The Director of Clinical Training or other program supervisors may address potential concerns about an intern's professional appearance. Please also note that additional dress code requirements or exceptions may be in place at your primary site. Expected professional attire is broadly described as business casual.

Tardiness and Failure to Report to Work (103.035)

Interns are expected to be on-site at the required time. At the start of the internship year, please discuss with your supervisor your specific daily start and stop times. All interns are required to work a 40-hour work week. The workday is 8 hours.

Upon arrival at the intern's assigned facility, the intern is to report to their assigned area. Each facility has policies in place if an intern is running late or will be taking a personal sick day. Please work with your supervisor to understand your facility's specific tardiness and sick reporting requirements. Regular tardiness and failure to report to work (i.e., no call/no show) is unacceptable behavior. Depending on the number and severity of cases, tardiness and/or failure to report to work may result in discipline up to and including termination.

Personal Code of Conduct of Employees (103.220)

Interns will review the policy on Personal Code of Conduct with the Director of Clinical Training on the first day of internship. As set forth in the policy, interns will disclose any outside employment. It is strongly encouraged that interns do not engage in the provision of psychological services outside of internship. Any outside employment opportunities are discouraged on internship to allow the intern to focus on their training year.

VII. Psychology Internship Evaluation Procedures

Evaluation of interns. The internship program is designed to provide regular feedback to the interns and is open and responsive to intern-to-program feedback. Informal feedback is a regular part of supervision, and intern progress is regularly discussed in Internship Training Committee meetings. Formal evaluations occur quarterly. At the end of every quarter, supervisors will meet individually with interns to provide feedback on the intern's performance using the Minnesota Department of Corrections Internship Evaluation Form (See below). Evaluation forms should be signed by the intern, supervisor, and the Director of Clinical Training. The Internship Evaluation Forms are provided to the intern's graduate program, as specified by APPIC. Please see **Appendix A** for MN DOC Internship Evaluation Form.

Written evaluations are reviewed in individual meetings between supervisors and interns and then are submitted to the Director of Clinical Training. Interns are expected to receive ratings at a level of competence of **"**3**"** or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating **(i.e., "1" at any point** or **"2" at the 6th month period and beyond)** is received**,** the supervisor must specify in writing the remediation required, with specific dates for completion. Interns are expected to be performing at a competence of "4" or higher at the end of the last quarter evaluations.

Direct Face-to-Face Clinical Service Requirement

In accordance with APPIC guidelines, psychology interns must complete a minimum of 500 hours of direct face-to-face clinical service during their 2000-hour, 12-month internship. This requirement ensures adequate exposure to clinical work and is a necessary component of a qualifying internship.

What Counts as Direct Face-to-Face Clinical Service:

Examples of activities that count toward the 500-hour requirement include, but are not limited to:

Individual psychotherapy sessions

Group therapy or co-facilitation of therapeutic groups

Psychological assessment sessions involving direct interaction with clients (e.g., test administration, clinical interviewing)

Crisis intervention or intake assessments

Psychoeducation sessions delivered directly to clients

Clinical consultations involving direct client contact

What Does Not Count:

Activities that are valuable but do not qualify as direct service include:

Report writing or documentation Supervision received or given Scoring of psychological tests Observation without client interaction.

Case conceptualization meetings without client presence Didactic seminars or staff meetings.

Intern Responsibilities for Tracking Hours:

Interns are responsible for tracking their own clinical hours and ensuring they are on pace to meet the 500-hour direct service requirement by the end of the internship year. Interns will be asked to formally track their contact hours using tools such as Time2Track, in coordination with their graduate programs.

These tools may require the intern to pay a user fee. The MN DOC does not provide compensation for the cost of these tools.

If an intern does not have the financial resources to access such platforms, alternative tracking methods will be explored in collaboration with the training team.

VIII. Management of Problematic Behaviors and/or Conduct

This section provides guidelines for managing problematic intern conduct and/or performance. The guidelines incorporate Human Resource directives of the Minnesota Department of Corrections (MN DOC), the American Psychological Association (APA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), and the Minnesota Association of Professional Employees (MAPE) labor agreement. These guidelines emphasize due process and assure fairness in the program's decisions about interns.

Interns also have rights and protections under the MAPE contract, such as the right to respond to allegations and the right to union representation in meetings that may lead to discipline. Because the psychology intern position is a temporary, unclassified appointment, it may be ended at any time by the Department. Likewise, the position is at-will, meaning interns may also choose to end their internship/employment voluntarily at their discretion

Evaluation and Remediation

The training program follows due process guidelines to ensure that decisions about interns are not arbitrary or personally based. The program uses comparable procedures to evaluate all interns and has appeal procedures that permit any intern to challenge program decisions. The due process guidelines include the following:

1. All interns receive written information detailing program expectations for professional functioning.
2. Evaluation procedures are based on the requirements of the MN DOC internship program.
3. Graduate programs are informed about any suspected difficulties with interns and are provided quarterly evaluations for their review.
4. Remediation plans are instituted for identified inadequacies, including time frames for remediation and specify consequences for failure to rectify the inadequacies.
5. All interns are made aware of resources (e.g., Internship Handbook) where procedures they may use to appeal the program's actions are found.
6. Interns are given sufficient time to respond to any action taken by the program.
7. When an investigation is conducted that may lead to discipline, interns have the right to be informed in advance of the nature of the investigation, the potential for discipline, and their right to MAPE

representation. Waiver of this right must be in writing (MAPE Art. 8, Sec. 2).

8. Investigations are conducted to afford employees, including interns, the right to respond to allegations. The subject of the investigation also has the right to have a union representative present during their interview.
9. Program actions and their rationale are documented in writing to all relevant parties.

Identification of "Problematic Behavior" and Due Process for Training Concerns

Psychology interns make significant developmental transitions during the training period. Part of the training process involves identifying the intern's growth and/or problem areas. Clinical supervisors often identify these and deal with them in supervision. However, problems may sometimes require more formalized intervention.

This document provides MN DOC interns and staff with an overview of the identification and management of intern problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and interns to discuss and resolve conflicts informally, but the following formal mechanisms allow for a response to issues of concern if this cannot occur.

Definition of Problematic Behavior. Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning.
4. It is a professional judgment as to when an intern's behavior becomes a problem that requires remediation. Interns may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Behaviors typically become identified as problematic when they include one or more of the following characteristics:
    a. The problematic behavior violates appropriate interpersonal communication with agency staff and/or any agency policies and procedures;
    b. The intern does not acknowledge, understand, or address the problem when it is identified;
    c. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
    d. The quality of services delivered by the intern is sufficiently negatively affected;
    e. The problem is not restricted to one area of professional functioning;
    f. A disproportionate amount of attention by training personnel is required; and/or
    g. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
    h. The problematic behavior has potential for ethical or legal ramifications if not addressed;
    i. The intern's behavior negatively impacts the public view of the agency;
    j. The problematic behavior negatively impacts the intern cohort; and/or
    k. The problematic behavior potentially causes harm to a patient.

Definition of Training Committee. The Training Committee is comprised of the Director of Clinical Training and/or their designee, along with the primary and secondary psychology internship supervisors.

Additional staff members may be included as deemed necessary for specific circumstances or to provide expertise relevant to particular issues under review.

Definition of Review Panel. The Review Panel is comprised of a minimum of four members: the Director of Clinical Training, two members selected by the Behavioral Health Services Director or their designee, and one member selected by the psychology intern involved. Staff members who have filed a grievance against the intern are explicitly excluded from serving on this panel.

Staff allegation of psychology intern violation of standards. Any staff member of the Minnesota Department of Corrections may file a written complaint against a psychology intern for the following reasons: (a) unethical or legal violations of professional standards or laws; (b) failure to fulfill professional obligations, resulting in a violation of the rights, privileges, or responsibilities of others.

Definition of Due Process. Due process serves as a procedural framework designed to ensure transparency, fairness, and impartiality in decision-making concerning psychology interns. It encompasses specific evaluative procedures that apply uniformly to all interns. The process is designed to keep all relevant parties informed and provides avenues for appeal for interns wishing to challenge program actions.

Guidelines for Due Process

Psychology interns occupy a unique position at MN DOC. They are professional staff members and are thus subject to the policies and procedures applicable to professional staff, and the MAPE contract. They are also graduate interns at various institutions, and by completing a psychology internship are fulfilling an academic requirement of their home institution. Psychology interns may have multiple supervisors and reporting lines. Therefore, it is necessary to define a due process procedure that considers the agency's personnel policies, the multiplicity of lines of authority over interns, the duality of their status, and published professional standards. The following procedures clarify how Progressive Discipline shall be applied to interns.

Due Process: General Guidelines

Due process ensures that the decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all interns and provide appropriate appeal procedures. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. Providing interns with the program's expectations related to professional functioning in writing during the orientation period and discussing these expectations.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions about problem behaviors.
4. Communicating, early and often, with graduate programs about any difficulties with interns and, when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences for not rectifying the inadequacies.
6. Providing interns with a written procedure that describes how the intern may appeal the program's action. These procedures are included in the materials provided to interns during orientation.

7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding an intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.
10. Ensuring that interns are afforded their due process rights provided under statute and the MAPE contract, including but not limited to the right to respond to allegations, with union representation present, prior to discipline, as prescribed in the MAPE contract, is administered. If there is a determination by the intern that the aggrieved behavior(s) is a violation of the MAPE contract, they may choose to pursue the MAPE due process/grievance procedures.
11. At any point during the remediation process, the Training Committee and/or the psychology intern, may make use of the APPIC Problem Consultation services: https://appic.org/Problem-Consultation

Our commitment at MN DOC is to ensure that every psychology intern receives fair treatment, clear communication, and consistent evaluations. We believe in fostering a supportive and just environment where due process safeguards the rights and responsibilities of all involved parties.

Notification Procedures to Address Problematic Behavior or Inadequate Performance

Meaningful ways to address problematic behavior, once identified, are important. In implementing remedial actions, the Training Committee staff must be mindful and balance the needs of the intern with problematic behavior, the clients involved, members of the intern's training group cohort, the Training Committee staff, and other clinic personnel.

Informal Review. When a supervisor finds an intern's behavior to be problematic, the supervisor first raises the issue directly with the intern as soon as possible in an attempt to resolve the issue. This may include increased supervision, didactic training, or supplemental readings. This process is documented in writing in the supervision notes and discussed with the Director of Clinical Training but does not become part of the intern's file. Consistent with MAPE Art. 8, Sec. 8, minor infractions, if corrected, are not entered into the personnel file.

If an intern's problematic behavior continues to persist following an attempt to address the issue informally, and evaluations indicate that a psychology intern's skills, professionalism, or personal functioning are problematic for a psychology intern in training, the Director of Clinical Training (DCT) initiates the following procedures:

1. The evaluations are reviewed, and a determination is made, in conjunction with the supervisors (Training Committee), as to what action needs to be taken to address the problems.

2. The psychology intern is notified in writing that a review is occurring and that the DCT is ready to receive any information or statement that the intern wishes to provide regarding the identified problems. If the review may lead to discipline under MAPE, the notice will also advise the intern of their right to MAPE representation in accordance with Article 8, Section 2.

3. After reviewing all available information, the DCT, in consultation with the supervisors (Training Committee), may adopt one or more of the following steps or take other appropriate action.

Remediation

The following remediation processes are not necessarily linear in their application. The type of

remediation action will depend on the type and seriousness of the problematic behavior(s). The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. The Training Committee may elect to take no further action.
   In instances where no further action is deemed necessary, a statement regarding the committee's decision will be issued within 14 calendar days. This statement will be provided to the intern, the intern's supervisor, and the DCT. The intern's graduate program will not be notified, and this statement will not be stored in the intern's permanent file.

2. If the Training Committee deems that remedial action is required, the identified problems in performance or conduct must be systematically addressed. Possible remedial steps include, but are not limited to, the following:
   a. Increasing the amount of supervision, either with the same or other supervisors.
   b. Change in the format, emphasis, and/or focus of supervision.
   c. Schedule modification (e.g., reducing the intern's workload).
   d. Assignments designed to assist with skill development may be given, with feedback on assignments offered by supervisors. Recommending personal therapy with a clear statement about the way such therapy contacts are used in the psychology intern evaluation process.
   e. Implementing a Performance Improvement Plan. A Performance Improvement Plan is a coaching tool that outlines identified areas of opportunities for the intern and provides tools and guidance to help the intern improve upon those areas of opportunities. This document goes into the intern's supervisory file but does not become a part of their permanent personnel file. This is not considered discipline under the MAPE agreement.

   A statement of the remedial action plan is issued within 14 calendar days of the meeting and is shared with the intern, the intern's supervisor(s), the Director of Clinical Training, and the intern's graduate school Director of Clinical Training at the discretion of the Training Committee. At the end of the remediation period, the problem is reviewed, and a statement is issued by the Director of Clinical Training indicating whether or not the issue has been successfully remediated. This statement is stored in the intern's permanent file.

3. The Committee may issue a *Letter of Expectations* that states in writing the following:
   a. The Committee is aware of and concerned about the negative evaluation.
   b. The evaluation has been brought to the psychology intern's attention and the Committee or other supervisors who work with the psychology intern to rectify the problem within a specified time frame.
   c. The behaviors associated with the evaluation are not significant enough to warrant more significant action at the time.

Under MAPE Article 8, Section 8, a Letter of Expectations is not discipline but must be placed in the personnel file. The intern may request in writing that the Letter of Expectations be removed after six (6) months of satisfactory performance.

Following the delivery of s *Letter of Expectations*, the Director of Clinical Training is to meet with the psychology intern within 7 calendar days to review the required corrective steps. **The intern has the right to MAPE representation at this meeting (Article 8, Section 2).** The psychology intern may elect to

accept the conditions or may challenge the Committee's actions as outlined. In either case, the Director of Clinical Training is to inform the psychology intern's graduate program within 3 calendar days indicating the nature of the inadequacy and the steps taken by the Training Committee. The psychology intern shall receive a copy of the letter to the graduate program. This statement becomes a part of the intern's permanent file.

Once the Training Committee has issued a *Letter of Expectations*, the problem's status is reviewed within six to eight weeks, or at the time the next written evaluation is submitted, whichever comes first.

4. The letter of expectation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. This letter defines a relationship where the Director of Clinical Training systematically monitors the degree to which the intern addresses, changes, or otherwise improves the problem behavior. The intern is informed of the expectations in a written statement (i.e., letter of expectations) that includes:

    a. The specific problem behaviors;
    b. The recommendation for rectifying these behaviors;
    c. The time frame for which the problem is expected to be ameliorated; and
    d. The procedures to ascertain whether the problem has been appropriately rectified.

If the letter of expectation has an employment impact, it may be considered a Written Reprimand under MAPE Article 8, Section 3, requiring written notice to the intern and the Association of the specific reasons and the right to MAPE representation at related meetings (Article 8, Section 2).

Following the delivery of a *Letter of Expectation*, the Director of Clinical Training meets with the psychology intern within 7 calendar days to review the required corrective steps. The intern has the right to MAPE representation at this meeting. The psychology intern may elect to accept the conditions or may challenge the Training Committee's actions as outlined. In either case, the Director of Clinical Training will inform the psychology intern's graduate program and indicate the nature of the inadequacy and the steps taken by the Training Committee within 7 calendar days. The psychology intern shall receive a copy of the letter to the graduate program. This statement becomes a part of the intern's permanent personnel file. Once the Training Committee has issued a *letter of expectation*, the problem's status is reviewed within the time frame set by the notice.

Failure to Correct Problems. When a combination of interventions does not rectify the problematic performance or problematic conduct within a reasonable period, or when the psychology intern seems unable or unwilling to alter their behavior, the training program may need to take more structured action, including convening a Review Panel. The intern's supervisor is to discuss the concerns with the trainee, identify problematic behaviors, and formulate plans for remediation. Suppose a psychology intern has not improved sufficiently to rectify the problems under the conditions stipulated by the letter of expectation. In that case, the Review Panel is to conduct a review and inform the psychology intern in writing that the conditions for revoking the letter of expectations have not been met. Termination of the internship is only considered for concerns of significant magnitude and as a last resort. The Review Panel may then elect to take any of the following steps, or other appropriate actions.

Suspension of Direct Service Activities is necessary if a determination has been made that the welfare of the intern's clients has been jeopardized. In this case, direct service activities will be suspended for a specified period as determined by the Director of Clinical Training in consultation with the Director of Behavioral Health Services and the intern's supervisors. Discussion with APPIC's Problem Consultation services will be completed. At the end of the suspension period, the intern's supervisor in consultation with the Director of Clinical Training will assess the intern's capacity for effective functioning and determine when direct service can be resumed. The Director of Clinical Training will inform the graduate program of these events, with the intern receiving a copy of any letters. If the suspension is imposed as Investigatory Leave, MAPE Article 8, Section 4 requires that a reasonable basis exists, and the intern and Association must receive written notice of the reason(s) for the leave. If the suspension is unpaid, MAPE Article 8, Section 9 requires a Loudermill hearing opportunity before it takes effect.

Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the MN DOC. If imposed as Investigatory Leave, MAPE Article 8, section 4 applies. If the timeframe of the letter of expectations, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. Discussion with APPIC's Problem Consultation services will also be completed.

Dismissal from the Internship will be considered when specific interventions do not rectify the impairment and the intern seems unable to or unwilling to alter his/her behavior, the Director of Clinical Training will discuss with the Director of Behavioral Health Services the possibility of dismissal from the internship. APPIC Problem Consultation services will also be completed before any final decision is made; however, the department reserves the right to end the intern's employment with the MN DOC without an investigation provided due cause. The Director of Behavioral Health will make the final decision about dismissal. When an intern has been dismissed, the Director of Clinical Training will communicate to the intern's academic department that the intern has not successfully completed the internship. APPIC will also be notified of the dismissal in writing.

Immediate Dismissal involves the immediate, permanent revocation of all agency responsibilities and privileges. Prior to dismissal, APPIC will be notified of the reasons for the immediate dismissal.

Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the training program due to physical, mental, or emotional illness. In addition, in the event an intern compromises the welfare of a client(s) or the Minnesota Department of Corrections by an action(s) which generates grave concern from the Director of Clinical Training or the supervisor(s), the Director of Behavioral Health may immediately dismiss the intern from MN DOC. When an intern has been dismissed, the Director of Clinical Training will communicate to the intern's academic department that the intern has not successfully completed the training program. APPIC will also be notified of the dismissal in writing.

Notifying the Psychology Intern's Graduate Program

If the Letter of Expectation is initiated, the Director of Clinical Training is to inform the intern's graduate program within 7 calendar days, indicating the nature of the problematic behavior and/or conduct, the rationale for the action, and the decision made by the MN DOC Internship Program. The intern also

receives a copy of the letter to the graduate program.

Once the Letter of Expectation is issued, the status of the problem is to be reviewed no later than the time limit identified in the intern's remediation plan. If the problem has been satisfactorily rectified, the home doctoral program is informed, and no further action is taken.

Challenge and Appeals Process

Psychology Intern Challenge and Appeals Procedures

Psychology interns who disagree with any Director of Clinical Training or Training Committee decisions regarding their status in the program, are entitled to challenge the Committee's actions by initiating an Appeals Procedure. Psychology interns covered by the Minnesota Association of Professional Employees (MAPE) retain all rights under the MAPE contract, including representation at any stage of this process. Within 7 calendar days of receipt of the Training Committee's notice or other decision, the psychology intern must inform the Director of Clinical Training in writing that they are appealing the Committee's action. The psychology intern then has 7 additional calendar days to provide the Director of Clinical Training with information as to why the intern believes the Director of Clinical Training or Training Committee's action is unwarranted. Failure to provide such information constitutes a withdrawal of the appeal. Following receipt of the psychology intern's appeal, the following actions are to be taken.

1. The Director of Clinical Training is to convene a Review Panel in accordance with the procedures listed in the section below. The psychology intern retains the right to hear all facts and the opportunity to dispute or explain their behavior.

2. The Director of Clinical Training will conduct and chair a review hearing in which the psychology intern's challenge is heard and the evidence presented. The Review Panel's decisions are made by majority vote. Within 14 calendar days of completion of the review hearing, the Review Panel is to prepare a report on its decisions and recommendations and inform the psychology intern of its decisions, which includes, at minimum, a written summary of the decision. The Review Panel then submits its report to the Director of Behavioral Health and the Appointing Authority.

3. Once the Review Panel informs the psychology intern in writing and submits its report, the psychology intern has 7 calendar days within which to seek a further review of their appeal by submitting a written request to the Director of Behavioral Health and the Appointing Authority. The psychology intern's request must contain brief explanations of the appeal and the desired settlement he or she is seeking. It must also specify which policies, rules, or regulations have been violated, misinterpreted, or misapplied.

4. The Director of Behavioral Health then reviews all documents submitted and renders a written decision. Their decision is to be rendered within 21 calendar days of receipt of the Review Panel's report, and within 14 calendar days of receipt of an intern's request for further review if such request was submitted. The Director of Behavioral Health can accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Review Panel reports back to the Director of Behavioral Health within 14 calendar days of the request for further deliberation. The Director of Behavioral Health then makes a final recommendation regarding actions to be taken, including, but limited to working with Human

Resources to determine appropriate steps.

5. Once a final decision has been made, the psychology intern, graduate program and other appropriate individuals are informed in writing of the action taken.

This appeal process does not negate the psychology intern's grievance rights under the MAPE contract.

Review Panel Procedures

1. The Director of Clinical Training reviews the complaint with other Training Committee members and determines if there is a reason to go further or whether the behavior in question is rectified.

2. If the Director of Clinical Training and other Training Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the Director of Clinical Training shall inform the staff member who may be allowed to renew the complaint if additional information is provided.

3. When the Director of Clinical Training and other Training Committee members decide that there is probable cause for deliberation by a Review Panel, the Director of Clinical Training shall notify the staff member and inform the psychology intern of the nature of the complaint.

4. If the psychology intern is informed of the complaint, a Review Panel is convened consisting of at least the Director of Clinical Training, two members selected by the staff member who filed the allegation, and two members selected by the psychology intern. The staff person filing the complaint cannot serve on the Review Panel and, in the case that the Director of Clinical Training is filing the complaint, a designee is to be selected by the psychology internship supervisors. The Review Panel receives any relevant information from both the psychology intern and staff member that bears on its deliberations.

5. The Review Panel, chaired by the Director of Clinical Training, holds a review hearing in which the complaint is heard, and evidence is presented. Within 10 calendar days of completing the review hearing, the Review Panel will communicate its recommendation in writing to the psychology intern and the Director of Behavioral Health.

6. Once the Review Panel has communicated its recommendations as noted above, the psychology intern has 7 calendar days to submit a written request for further review to the Director of Behavioral Health. The request should include relevant information, explanations, and viewpoints that may challenge, refute, or otherwise call for modification of the Review Panel's decisions and recommendations. The request should also specify policies, rules, or regulations that may have been violated, misinterpreted, or misapplied.

7. The MN DOC Appointing Authority, currently Jolene Robertus, the Associate Commissioner of Corrections, conducts a review of all documents submitted and renders a written decision. Their decision is to be rendered within 15 calendar days of receipt of the Review Panel's report, and within 10 calendar days of receipt of a psychology intern's request for further review if such request was submitted. The Appointing Authority may either accept the Review Panel's action, reject the Review

Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Review Panel then reports back to the Appointing Authority within 10 calendar days of the request for further deliberation. The Appointing Authority then makes a final recommendation regarding actions to be taken, including, but limited to, working with Human Resources to determine appropriate steps.

8. Once a final and binding decision has been made, the psychology intern, the graduate program, and other appropriate individuals are informed in writing of the action taken.

Grievance

Grievance procedures are a structured process to resolve perceived conflicts that cannot be resolved by other means. Such situations may include a complaint, concern, or grievance against a supervisor, staff member, psychology intern, or the program itself. For purposes of this procedure wherein the Director of Clinical Training and/or the Director of Behavioral Health are specified in the grievance, a "designee" may be identified to fulfill the responsibilities accompanying those positions. These guidelines are intended to provide the intern with a means to resolve perceived conflicts. As such, psychology interns or staff who pursue grievances in good faith do not experience any adverse personal or professional consequences as a direct result of the grievance. The steps to be taken are listed below.

Please note that this grievance procedure differs from the grievance procedure found in the MAPE contract.

Grievance Procedure

The following steps are intended to provide the psychology intern with a means to resolve perceived conflicts that other means cannot resolve. The psychology intern who wishes to file a grievance should:

1. Discuss the issue with the staff member(s) involved.
2. If the issue cannot be resolved informally, or it is inappropriate to discuss it with the other individual, the intern should discuss the concern with the Director of Clinical Training. If the Director of Clinical Training is the object of the grievance or is unavailable, the issue should be raised with the Director of Behavioral Health Services.

The Director of Clinical Training may meet with the intern and the staff member involved individually or with both the intern and the staff member involved, to assist in mediation of the issue where a plan of action is developed to resolve the problem. This should occur within 7 calendar days. A plan of action includes:

   a. The issues associated with the grievance
   b. Steps necessary to correct the problem; and,
   c. Procedures designed to determine if the problem has been rectified.

3. If the Director of Clinical Training cannot resolve the issue, the intern should discuss the concern with the Director of Behavioral Health Services. The Director of Behavioral Health Services may meet with the intern, the staff member involved, and the Director of Clinical Training individually or as a group to mediate the issue. The intern and the individual grieved are to report back to the Director of Clinical Training in writing within the time frame determined by the plan of action regarding whether the action has been resolved.

4. If the issue cannot be resolved with the Director of Clinical Training or the Director of Behavioral Health Services, the intern's academic program may be contacted to help mediate the grievance.
5. If the Director of Clinical Training or Director of Behavioral Health Services cannot resolve the issue, the intern can request that a Review Panel be convened to hear this grievance:
    a. The intern should file a formal complaint in writing including any supporting documents with the Director of Clinical Training. If the intern is challenging a formal evaluation, the intern must do so within five (5) workdays of receipt of the evaluation.
    b. Within three (3) workdays of a formal complaint, the Director of Clinical Training must consult with the Director of Behavioral Health Services and implement Review Panel procedures as described below.

Review Panel and Process:

1. Upon receipt of a formal complaint, the Director of Behavioral Health Services will convene a Review Panel. The Panel will consist of three staff members selected by the Director of Behavioral Health Services with recommendations from the Director of Clinical Training and the intern involved in the dispute. The intern has the right to hear all the facts with the opportunity to dispute or explain the behavior of concern.

2. Within 7 workdays of convening a Review Panel, a hearing will be conducted in which the grievance is heard, and relevant material presented. Within three (3) workdays of completing the review, the Review Panel submits a written report to the Director of Behavioral Health Services, including any recommendations for further action. Recommendations made by the Review Board will be made by a majority vote. Once a decision has been made, the intern, his/her academic department, and other appropriate individuals will be informed in writing of the action taken.

3. Once the Review Panel has communicated its recommendations as noted above, the psychology intern has 7 calendar days to submit a written request for further review to the Director of Behavioral Health. The request should include relevant information, explanations, and viewpoints that may challenge, refute, or otherwise call for modification of the Review Panel's decisions and recommendations. The request should also specify policies, rules, or regulations that may have been violated, misinterpreted, or misapplied.

4. In conjunction with the Director of Behavioral Health Services and the Director of Clinical Training or designee, the MN DOC Appointing Authority, currently Jolene Robertus, the Associate Commissioner of Corrections, conducts a review of all documents submitted and renders a written decision. Their decision is to be rendered within 15 calendar days of receipt of the Review Panel's report, and within 10 calendar days of receipt of a psychology intern's request for further review if such request was submitted. The Appointing Authority may either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Review Panel then reports back to the Appointing Authority within 10 calendar days of the request for further deliberation. The Appointing Authority then makes a final recommendation regarding actions to be taken, including, but limited to, working with Human Resources to determine appropriate steps.

5. Once a final and binding decision has been made, the psychology intern, the graduate program, and other appropriate individuals are informed in writing of the action taken.

All the above steps are to be appropriately documented and implemented in ways that are consistent

with any contractual language of the respective psychology intern, including rights and procedures under the MAPE contract if applicable. Copies of these documents are stored in the intern's files that are in a locked file cabinet.

Records of grievance procedures are retained in a confidential location, indefinitely, by the Director of Clinical Training. Grievance information may be shared with APA, as requested, but does not include identifying data. These complaints are otherwise confidential.

This procedure is not meant to supersede any other established review, evaluation, or employment management processes, but rather act as an augmentation to these processes.

Appendix A

MINNESOTA DEPARTMENT OF CORRECTIONS

INTERNSHIP EVALUATION FORM

Student Name: _____ Date: _____

Intern Site: _____ Supervisor: _____

Evaluation Period: _____ Training Year: 202___

Assessment Method(s) for Competencies

_____Direct Observation _____Review of Written Work

_____Videotape _____Review of Raw Test Data

_____Audiotape _____Discussion of Clinical Interaction

_____Case Presentation _____Comments from Other Staff

Minimum Level of Achievement

The MN DOC Intern Evaluation form evaluates interns on the Profession Wide Competencies established under the *APA Standards of Accreditation*. The competencies are Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communications and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Interprofessional/Interdisciplinary Skills. Interns are evaluated on their ability to demonstrate or provide the elements that comprises each of the competencies to successfully complete the internship, interns must obtain a minimum level of achievement rating of four (4) in 80% of the elements related to the Profession Wide Competencies. The Profession Wide Competencies are established below, along with the specified goals of each area of competency.

COMPETENCY RATINGS DESCRIPTIONS:

5 Post-Doctoral Equivalent Competence Level:

Intern skillset exceeds that expected for psychology interns at the completion of the training year. The Intern has achieved a level of mastery well beyond what is expected for this skill set. Intern can manage complex situations independently with minimal supervision. Training needs are mostly consultative in nature.

4 Advanced Competence Level:

Intern displays greater independence and autonomy of applied skill set to clinical work. Intern consistently integrates well-developed knowledge, skills, and abilities into all aspects

of professional practice. Intern functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.

3 Intermediate Competence Level:

Intern needs minimal structure for routine activities but may need closer supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. While the Intern can perform the skills, conscious awareness may be required, i.e., thinking through the steps. This is the level expected for most skills mid-way through the internship year.

2 Novice/Entry Competence Level:

Intern presents with an expected skill level at the start of internship. Intern has a mastery of skills needed to complete work but requires guidance and supervision for effective application. This is the level of competency expected for a beginning intern working with a new clinical population.

1 Remedial Competence Level:

Intern shows significant deficiencies in this area, with skills below that expected of a beginning Intern. Requires further education and intensive guidance or supervision to be able to apply to clinical work. Intensive supervision is required to attain a basic level of competence, OR the Intern has not attained the expected level of competence despite supervision. A remediation plan is likely to be implemented at this level.

NA **Not applicable** or not assessed

<u>COMPETENCY: COMMUNICATION AND INTERPERSONAL SKILLS</u>

Goal: Develop and maintain effective relationships with a range of individuals that include colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

1 2 3 4 5 NA	Ability to engage the client effectively: capacity for empathy and rapport building.
1 2 3 4 5 NA	Ability to develop and maintain a constructive working alliance with clients.
1 2 3 4 5 NA	Ability to develop and maintain a constructive working alliance with supervisor(s).
1 2 3 4 5 NA	Produce oral, nonverbal, and written communications that are informative and well-integrated.
1 2 3 4 5 NA	Demonstrate a grasp of professional language and conduct.

1 2 3 4 5 NA	Respond to emails and phone calls promptly.
1 2 3 4 5 NA	Complete documentation in a timely manner as set forth by policy, legal, and professional standards.
1 2 3 4 5 NA	Demonstrate professional demeanor in meetings.
1 2 3 4 5 NA	Demonstrate ability to manage conflict in interpersonal relationships.
1 2 3 4 5 NA	Ability to establish collaborative professional relationships with correctional staff, colleagues, students and/or members of other disciplines.
1 2 3 4 5 NA	Actively participate in team meetings.
1 2 3 4 5 NA	Understand appropriate boundaries in relationships.
1 2 3 4 5 NA	**Composite evaluation of communication and interpersonal skills.**

Additional comments:

COMPETENCY: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Goal: Behave in ways that reflect the values and attitudes of psychology that include integrity, professional identity, accountability, and lifelong learning.

1 2 3 4 5 NA	Engage in self-reflection of one's personal and professional functioning.
1 2 3 4 5 NA	Engage in activities to maintain and improve performance, well-being, and professional effectiveness.
1 2 3 4 5 NA	Actively seek feedback and supervision.
1 2 3 4 5 NA	Demonstrate openness and responsiveness to feedback and supervision.
1 2 3 4 5 NA	Recognize limits and willing to obtain consultation prior to acting.
1 2 3 4 5 NA	Respond in increasingly complex situations with a greater degree of independence throughout the training year.
1 2 3 4 5 NA	**Composite evaluation of professional competency.**

Additional comments:

COMPETENCY: ETHICAL AND LEGAL STANDARDS

Goals: 1. Be knowledgeable and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations and rules, and policies governing health service psychology; relevant professional standards and guidelines. 2. Recognize ethical dilemmas and apply decision-making processes. 3. Conduct self in an ethical manner.

1 2 3 4 5 NA	Knowledge of ethics, professional guidelines, and standards of conduct.
1 2 3 4 5 NA	Ability to apply ethical standards in interactions with others and demonstrate professional behavior with clients, peers, and other professionals.
1 2 3 4 5 NA	Ability to adhere to laws, regulations, rules, and policies governing profession.
1 2 3 4 5 NA	Respect for confidentiality.
1 2 3 4 5 NA	Recognize ethical dilemmas and demonstrate the use of an ethical decision-making model.
1 2 3 4 5 NA	Exhibit a professional demeanor: comfort with various professional roles and responsibilities.
1 2 3 4 5 NA	Manage time effectively, complete work in a timely manner and follow through on commitments.
1 2 3 4 5 NA	Comply with documentation and other professional requirements of the setting.
1 2 3 4 5 NA	Commitment to self-evaluation and lifelong learning.
1 2 3 4 5 NA	Actively seek consultation when treating complex cases and working with unfamiliar symptoms.
1 2 3 4 5 NA	Open to supervisory feedback.
1 2 3 4 5 NA	Engage in self-reflection regarding one's personal and professional functioning.
1 2 3 4 5 NA	Show awareness of strengths and weaknesses.
1 2 3 4 5 NA	**Composite evaluation of ethics and legal competency.**

Additional comments:

COMPETENCY: SUPERVISION

Goal: To demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

1 2 3 4 5 NA	Engage in independent efforts to learn about supervision theory, models, and effective practices in supervision through the use of directed readings.
1 2 3 4 5 NA	Demonstrate knowledge of theories, models, and effective practices in supervision.
1 2 3 4 5 NA	Actively apply supervision skills with peers in a group supervision format and/or with another trainee.
1 2 3 4 5 NA	Engage in self-reflection regarding one's personal and professional functioning as it relates to the supervisor-supervisee relationship.
1 2 3 4 5 NA	Show awareness of supervisory strengths and weaknesses.
1 2 3 4 5 NA	Is knowledgeable about and able to apply ethical principles relevant to training and supervision.
1 2 3 4 5 NA	Ability to provide supervisory feedback to others effectively.
1 2 3 4 5 NA	Reflect on and effectively manages one's own reactions (e.g. supervisory countertransference) within the supervisory relationship.
1 2 3 4 5 NA	**Composite evaluation of supervision competency.**

Additional comments:

COMPETENCY: ASSESSMENT

Goal: Select and apply assessment methods, collect relevant collateral data using multiple sources and methods to answer the identified questions of the assessment keeping in mind the diversity of the client to accurately conceptualize the client.

1 2 3 4 5 NA	Ability to conduct an effective clinical interview.
1 2 3 4 5 NA	Ability to select, administer, score, and interpret standardized intelligence, cognitive, and personality testing measures.
1 2 3 4 5 NA	Ability to conceptualize and integrate information from multiple sources.
1 2 3 4 5 NA	Ability to develop appropriate conceptualizations of clients with appropriate diagnoses.
1 2 3 4 5 NA	Ability to effectively communicate evaluation results in writing.
1 2 3 4 5 NA	Ability to communicate evaluation results verbally and effectively to clients and other professionals.
1 2 3 4 5 NA	Demonstrate a thorough knowledge of the DSM and relevant diagnostic criteria to develop an accurate diagnostic formulation
1 2 3 4 5 NA	Answer the referral question.
1 2 3 4 5 NA	**Composite evaluation of assessment competency.**

Additional comments:

COMPETENCY: INTERVENTION

Goals: 1. Establish and maintain effective therapeutic relationships with clients; 2. develop and adhere to evidence-based service interventions; 3. inform interventions based on current scientific literature, assessment findings, diversity characteristics of clients; 4. demonstrate the ability to apply relevant research literature to clinical decisions and clinical application; 5. evaluate intervention effectiveness and adapt intervention goals.

1 2 3 4 5 NA	Establish and maintain rapport with clients.
1 2 3 4 5 NA	Demonstrate the knowledge of theory and the ability to apply theory and technique to develop useful case conceptualizations and treatment plans.

1 2 3 4 5 NA	Ability to inform therapeutic interventions based on effective scientific based treatment to meet the needs of diverse client populations.
1 2 3 4 5 NA	Ability to revise treatment strategies based on available outcome data.

1 2 3 4 5 NA Demonstrate awareness of diversity and culture in the therapeutic relationship.

1 2 3 4 5 NA Able to identify own issues, including countertransference, that impact the therapeutic process.

1 2 3 4 5 NA Effectively evaluate, manage, and document client risk by Assessing immediate concerns such as suicidality, homicidally, and any other safety issues.

1 2 3 4 5 NA Seek supervision/consultation as emergent issues unfold.

1 2 3 4 5 NA **Composite evaluation of intervention competency.**

Additional comments:

COMPETENCY: INDIVIDUAL AND CULTURAL DIVERSITY

Goal: The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

1 2 3 4 5 NA Knowledge of their own personal/culture history, attitudes, and biases and its impact on their values and world view.

1 2 3 4 5 NA Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.

1 2 3 4 5 NA Ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.

1 2 3 4 5 NA Ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create a conflict with their own.

1 2 3 4 5 NA Awareness of their own personal reactions and ability to seek consultation to maintain clinical objectivity.

1 2 3 4 5 NA Demonstrate ability to work effectively with a range of diverse individuals and groups.

1 2 3 4 5 NA **Composite evaluation of diversity competency.**

Additional comments:

COMPETENCY: RESEARCH

Goal: Demonstrate the ability to critically evaluate and disseminate research or scholarly activities to inform their practices with their clinical population.

1 2 3 4 5 NA	Independently seeks out scientific literature to inform and enhance clinical practice in assessment and psychotherapy through the use of professional literature, seminars, training, and other resources.
1 2 3 4 5 NA	Demonstrate a commitment to evidence-based practice that integrates research with clinical expertise in the context of client characteristics, culture, and preferences.
1 2 3 4 5 NA	Recognizes limits to competence and areas of expertise and takes steps to address the issues.
1 2 3 4 5 NA	Demonstrates motivation to increase knowledge and expand range of professional skills through reading and supervision/consultation
1 2 3 4 5 NA	Demonstrates familiarity with empirical research and methods.
1 2 3 4 5 NA	Provides quality oral presentations in case conferences and in Journal Club.
1 2 3 4 5 NA	**Composite evaluation of research and evaluation competency.**

Additional comments:

COMPETENCY: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Goals: 1. Demonstrate knowledge and respect for the roles and perspectives of other professions; 2. Apply this knowledge in direct consultation with individuals, family members, other health care professionals, security staff, administrative staff, case workers, program directors or systems related to health and behavior.

1 2 3 4 5 NA	Ability to consult with and educate others through oral and written communications.

1 2 3 4 5 NA	Ability to consult and relay information to others effectively in a manner that the receiver of the information understands.
1 2 3 4 5 NA	Demonstrate respect for the roles and perspectives of other professions and contacts.
1 2 3 4 5 NA	**Composite evaluation of consultation competency.**

Additional comments:

Intern Comments:

This evaluation has been shared and discussed with the intern on _____(date) and a copy of the evaluation was given to the intern.

The intern's clinical hours have been reviewed by the supervisor on _____(date) and are attached to this evaluation form.

CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that an intern needs remedial work, a remediation plan should be filled out **immediately** prior to any deadline date for evaluation and shared with the intern and the Director of Clinical Training. In order to allow the intern to gain competency to pass criteria for the internship activity, a remediation plan needs to be developed and implemented for specific competency area(s).

GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All Objective Composites will be rated at a level of competence of 3 or higher, with a minimum score of 3 in 80% of the elements related to each competency area. No competency areas will be rated as 1 or 2**.**

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

All Objective Composites will be rated at a level of 4 or higher, with a minimum score of 4 in 80% of the elements related to each competency area. No competency areas will be rated as 1 or 2.

_____The intern HAS successfully completed the above goal. We have reviewed this evaluation together.

_____The intern HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the training experience will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor _____ Date _____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern_____ Date _____

Please retain a copy of this evaluation for your records and submit the original form to the student's Director of Clinical Training.

_____ _____

MN DOC Director of Clinical Training Signature Date