



NPTC Virtual Open House

SEPTEMBER 25TH - 29TH, 2023



Watch each video for full discussions and extended answers:

- [NPTC General Open House](#)
- [Cy-Hawk Region Open House](#)
- [Central Region Open House](#)
- [Great Lakes Region Open House](#)
- [Cascades Region Open House](#)

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Applicant Qualifications and Process

Regarding the application, should we name a specific site(s) we want to work at?

Katherine Dixon, Director of Operations NPTC

You will have the option to select any (or all) sites in each regional application. This is important so that your application gets filtered to the right people. You will also mention all sites in your one cover letter for each application regarding your interest and fit for the programs.

With three applications (one to each region) you can apply to 70+ internship opportunities.

Read more about the application process for all regions here:

<https://psychologyinterns.org/internship-application/>

See detailed instructions for the APPIC AAPI here: <https://psychologyinterns.org/wp-content/uploads/How-to-Apply.pdf>

What is the interview process like? Do you interview for a region or is there an interview for each site?

You can read about each site's interview process on their individual site page, which you can find here: <https://psychologyinterns.org/applicants/>

While there is only one application per region, each site or track you apply to will interview you separately. For example, if you apply to the Central Region at Burrell, and also apply to the Great Lakes Region at Centerstone and Aspire Indiana, you will have one interview at Centerstone, one at Aspire, one for Burrell.

What are some of the most important experiences/attributes/qualifications that you look for?

Dr. Andreassen, President/CEO NPTC

You want to be flexible, mission-focused, ethical. Very focused on mission and diversity, equity, and inclusion, and very open to learning. We are looking for someone who comes in believing two things, 1) that you have a lot to offer and 2) that you have a lot to learn.

Dr. Phillips at Central Iowa Psychological Services in the Cy-Hawk Region

This is a generalist internship, so just bringing with you all of the amazing skills that you have. I think I can speak for everybody that that's what we are looking for.

Dr. Gonzalez with Aspire in the Great Lakes Region

In regards to clinical experience- it is great to have diverse clinical experience with an underserved population. Prior CMHC experience is a plus as is experience aiding those struggling with addiction and trauma.

Dr. Sklar with Centerstone in the Great Lakes Region

Having good clinical skills coming in is important, given our challenging population.

Dr. Kulkarni with Valley Oaks Health in the Great Lakes Region

At Valley Oaks, we also look for well-rounded clinical experiences. Prior experience in a Community Mental Health Center is a good indicator of possible fit for the pace of our setting, but it's certainly not a deal-breaker for us. Experience working with trauma also has served our prior interns well. I think how our training site fits into your long-term goals is just as relevant, if not sometimes moreso, than what experiences you've had thus far.

Dr. Logue with Little Star ABA in the Great Lakes Region

Experiences with autism and assessment (particularly the ADOS) would allow the intern to hit the ground running. More importantly, a successful intern would display an openness to new experiences, a team player mentality, and enthusiasm for working with patients with autism and their families.

Dr. Pratt with Burrell Behavioral Health in the Central Region

I think what really helps candidates be successful here is people who have found their voice. Doesn't matter if you are an introverted or extroverted person, if you can speak up early and often when you need help. Those interns are more successful.

Dr. Jones with University Health (previously Truman Medical Centers) in the Central Region

I think one of the most important things—here especially—is flexibility. Some days you may come in and may have it set out this way and your day will change and shift and look different on inpatient and outpatient. So, flexibility is really important. Also, willingness to learn and openness to grow and ask for help as needed.

Dr. Johnson with Burrell in the Central Region

Intellectual humility, coming in with a high level of wanting to learn, and being open to learning. Also, being able to ask for what you need and tell us what you want. Having some emotional awareness and being aware of what it is like to be sitting across from you and to interact with you.

Dr. Vo with Burrell in the Central Region

NPTC has always been very flexible in training in meeting the intern where they are at. With that said, there is plenty of opportunity to grow and levels of support and supervision to match that.

Dr. Webb with Compass Health in the Central Region

We have quite a bit of documentation so having a sense of organization and tracking time, paperwork, and deadlines.

All of us as supervisors would be really happy to hear you say “I don't have any experience with this but I really want to—how can I grow and build this?”

Dr. Costley with Clark Center in the Central Region

I think one of the things that we look for the most is someone who can work well on a team. Someone who is collaborative minded since we have a lot of different professionals that work here. And, most of the people you are going to see have a healthcare team involved. Flexibility is a big thing and it's a real plus if we can just see you be yourself and get to know who you are in your interviews.

Dr. Fletcher with Royal Oaks in the Central Region

At acute inpatient, your laid out schedule rarely plays out like that so we need folks who can pivot and know how to reassess priorities for the day. Of course, we have plenty of clinicians on hand who can help you navigate that. We want someone who is flexible and open to new experiences.

At Royal Oaks, we work with children 17 and younger, and we absolutely welcome those who if this is their first time working with a child population. I came to Royal Oaks as an intern having only worked with adults. We focus on promoting you and building you up to get the confidence as opposed to assuming you know what you're supposed to do by the time you get here.

Dr. Bauman in the Cascades Region

This changes every year as we learn and develop. I would say training or background in primary care or in medical clinics, working on teams, having exposure to a variety of different ages and conditions, behaviorism, and functional contextualist approach. A willingness to be uncomfortable and to have your assumptions challenged about what behavioral health is.

Dr. Hawley with Yakima Valley Farm Workers Clinic in the Cascades Region

I think having a general set of basic skills is more important than being great at any one thing: clinical interviewing, case conceptualization, diagnoses, CBT/ACT/DBT/Behavioral skills, awareness of screeners, and some assessment knowledge to read and interpret results, and most importantly a self-reflection and awareness of what your strengths and weaknesses are.

Dr. Allred with HealthPoint in the Cascades Region

We are looking at if you have previous health experience and primary care experience—that is helpful—but we also recognize that not everyone gets that opportunity. A variety is going to be key. I don't think there's going to be any exclusionary sites.

How important are publications for potential candidates?

Dr. Pratt with Burrell Behavioral Health in the Central Region

At Burrell Behavioral Health they are a nice, added bonus but are not required and are not weighted heavily in the application reviews.

Dr. Sklar with Centerstone in the Great Lakes Region

[Publications do not play a role in the selection process] with Centerstone either, though I do get impressed!

Dr. Dross-Gonzalez with Aspire in the Great Lakes Region

Publications are great, but not a requirement.

Dr. Bauman with CHCW in the Cascades Region

In the Cascades, particularly CHCW, we do look at number of presentations and publications when reviewing applications. Couple of main points, 1) it definitely is not the deciding factor, only can help your AAPI. 2) We very much want CVs to reflect the work you have done; thus, don't feel that you have to make things look better than they are. If you have publications and presentations, GREAT. If not, that is okay as well!

Do you accept applicants without practicum experience in medical settings?

Dr. Andreassen, President/CEO NPTC

The broad answer is that it probably depends. If it is an integrated care focus, there may be some hope that you would come in and have some of that medical experience. I know that every year, even in the Cascades region, which is exclusively PCBH integration, there are people that much that between their experiences and profile of experiences and interest, really check the boxes—even if one of those boxes is not previous experience because we are here to train. If you're interested in those things, we are here to help you get those experiences. But, in the integrated settings, there's probably going to be a bit more interest in the candidates that have some experience there. We have lots of generalist experiences where I don't think that's going to be the requirement.

Dr. Webb with Compass Health in the Central Region

As a site that has both those integrated health positions and those generalist positions, I think we prefer for those integrated health positions that applicants have that experience. It's not a hard and fast rule, it is certainly not even a preference for those who are looking at our generalist track, so it would depend on the track, but it's not completely exclusionary either.

CoxHealth in the Central Region

Our preference is definitely for someone who does have experience in a medical setting, but we've taken plenty in the past that haven't and they've worked out wonderfully.

Dr. Pratt with Burrell Center in the Central Region

Having both integrated and generalist positions, we prefer the experience, but it isn't necessary.

Do you accept international students?

Dr. Andreassen, President/CEO NPTC

Yes, we accept international students, but in terms of the specifics of how that works of course all runs through APPIC and APA.

Katherine Dixon, Director of Operations with NPTC

The main barrier we have run across so far is if you are a Canadian citizen attending a Canadian school, you are international with us, but you would not have a sponsoring school. We have run into issues sponsoring a student with regard to getting you here.

If you are currently an international student attending a school in the United States and are currently sponsored by your school to be here, then we have accepted many international students in that circumstance.

Are there any sites that have a need for bilingual speakers?

Dr. Pratt with Burrell Behavioral Health in the Central Region

We serve Spanish-speaking populations at Burrell Behavioral Health in Springfield, Missouri. We primarily use interpreters for those services and are working on expanding services with bilingual clinicians.

HealthPoint in the Cascades Region

At HealthPoint, 30-35% of our medical/dental visits require an interpreter. 40% of are Spanish speakers. Depending on location, we have large patient populations of Somali, Arabic, Nepalese, Vietnamese, Chinese, Russian, Ukranian, and others.

Dr. Bauman in the Cascades Region

All locations—HealthPoint, CHCW, and YVFWC—will have opportunities with multiple languages—including Spanish. At CHCW, about 20% of patients are mono-lingual Spanish speaking.

Dr. Hawley with Yakima Valley Farm Workers Clinic in the Great Lakes Region

Yakima Valley Farm Workers clinics typically see around 40-50% Spanish speaking patients. Some variation clinic to clinic.

Dr. Hunter with Bowen Center in the Great Lakes Region

With regard to Spanish speaking populations, yes; we have patients and patient family members who speak Spanish as their primary or only language.

Dr. Kulkarni with Valley Oaks Health in the Great Lakes Region

We also have opportunities to work with clients/families who have Spanish as their first language at Valley Oaks. You are most likely to come across this opportunity with our generalist track.

Dr. Sklar with Centerstone in the Great Lakes Region

We have a number of Spanish speaking clients and very few Spanish speaking clinicians. We have access to a translation service.

What type of psychological assessment report are sites looking for in the Central and Great Lakes application?

Dr. Sklar with Centerstone in the Great Lakes Region

Just send what you consider to be your best one.

Is there a preference in terms of theoretical orientation?

Dr. Dross-Gonzalez with Aspire Indiana in the Great Lakes Region

No, you have supervisors and staff and clinicians who really run the gambit. So, we really are not looking for a particular theoretical orientation. When matching you with a supervisor here, we like to give you one who has the same and one who is very different because we do like to challenge some of that. We want to make sure you don't just come with what you got and leave with what you got.

Dr. Andreassen, President/CEO NPTC

Every single one of you as interns comes into the year with something to offer and not just something to learn and all of our sites know that and appreciate that.

What are some of the challenges you see interns encounter?

Dr. Andreassen, President/CEO NPTC

Aside from these global things we've all experienced together, every year our interns bring their lives, their family, their connections—or their lack of connections with them. We've seen just about everything but I'm proud to say that I've seen interns who I really thought would tap out but for the support they were able to get both from the consortium or the site, or both.

Dr. Bauman with CHCW in the Cascades Region

Mind goes a few specific challenges, 1) as Dr. Andreassen was saying, internship requires people to often leave their family, their tribe, their people and move, at times, to the other side of the country. Thus, building social networks are paramount, and we do a significant amount of work in building at the beginning of the year. And, then 2) remembering that this is a training year, which means feedback will be happening regularly and often. At CHCW, you are shadowed regularly, as well as regularly pushed out of your comfort zone. Now, we work very hard to create a context where it makes sense to step out of your comfort zone (e.g., you have a team behind you offering love and support constantly). Leaning into the learning process can be challenging at times and is vital for a successful internship year.

HealthPoint in the Cascades Region

We want to build you a tribe that has your back. We encourage socialization time as an intern cohort. Our interns just yesterday spent lunch together and then went to the driving range. This was planned time for them out of clinic to enjoy time together and connect. We also plan social time with the supervisors and our residents.

Dr. Webb with Compass Health in the Central Region

I think at Compass, ours is often an information/paperwork overload that kind of follows orientation. We have a lot of information given at orientation followed by a lot of expectations about paperwork, deadlines, when we need it to be done and then wanting to make sure you are getting enough client contact. We do our best to manage that and I say we do that pretty effectively so that everyone gets caught up, everyone is comfortable, and we can really individualize that so that we are building people up to a level that is beyond what they can handle. We understand that everyone's tolerance is going to be different so I think at Compass that is probably the biggest challenge is that first hump of information overload, but we manage it, provide lots of resources, and make it work.

Dr. Dross-Gonzalez with Aspire Indiana in the Great Lakes Region

One of the interns moved across the country, so just readjusting to life, being away from family and friends, all of those things. For a lot of our interns, this is really their first experience working a full-time job, so really just trying to figure out what life is like in a full-time working environment. So trying to balance those things and have the socialization piece and that self-care. Lastly, one of the things I think is a big struggle in a CMHC is the documentation and trying to figure out our electronic health record.

What opportunities are there for interns to build a sense of togetherness?

Intern at HealthPoint in the Cascades Region

There are a lot of chances during our internship to be connected. At HealthPoint we do have group supervision/trainings together. Once a month we have an all-day training that we have with interns across NPTC cascades region. We also coordinate our own hangouts and we get in touch multiple times a month!

Dr. Andreassen, President/CEO NPTC

Once a quarter, the Great Lakes and Central Interns have in-person didactics within their respective cohorts and every Friday, there is virtually didactic training as well. Many of the virtual trainings that occur are shared trainings with the Central and Great Lakes Regions. It is NPTC's intent to make the Cy-Hawk Region part of that as well.

Malloy Richardson, Communications and Intern Relations Coordinator with NPTC

Each of our regions designates two Chief Interns who are responsible for disseminating information to their cohort, representing their fellow interns at training director meetings, and planning social events. NPTC allocates a budget for social events to encourage and assist the intern groups to come together and stay connected. We also put out a monthly newsletter that shares news from all regions in an effort to connect our organization.

Dr. Bauman with Community Health of Central Washington in the Cascades Region

Cascades does many things to make sure that you are not only successful professionally but personally. This includes having intentional onboarding that not only includes fellow interns but also with other trainees, such as family medicine residents. Further, there are intentional social activities plan to ensure a tribe is being built up around you. Lastly, we have in person monthly didactics that not only focuses on training but socializing and support!

Dr. Allred with HealthPoint in the Cascades Region

At HealthPoint we have the Chief Intern plan social activities for all the interns at our site including things like a Seahawks game (Go Hawks!), and then monthly we meet with the interns at the other sites in Cascades Region.

Dr. Sklar with Centerstone in the Great Lakes Region

Weekly group supervision with the intern cohort. Fun mixed with serious supervision.

Dr. Beckham with Burrell in the Central Region

Burrell Behavioral Health has had internship opportunities within our Be Well Initiatives, which includes bringing brain science to life to help us experience hope and healing, internally and in the community: <https://www.bewellcommunity.org/>. For engagement, we have multiple culture building and appreciation events throughout the year. Ice cream social kicks off the beginning of the internship year.

Dr. Webb with Compass Health in the Central Region

At Compass Health, we also have quarterly in-person meetings for all of our trainees and psychologists to help connect everyone and build relationships, along with weekly group supervision, often both across the agency and within-office.

Dr. Jones with University Health (previously Truman Medical Centers) in the Central Region
At University Health, interns also have a weekly group supervision and additional consultation meetings.

Dr. Dross-Gonzalez with Aspire in the Great Lakes Region

At Aspire we have an intern process group weekly where they get together for shared space and to process the experience together. As an agency, interns are treated as staff and included in all get togethers, lunch celebrations, and staff recognitions throughout the year.

Dr. Cooper in the Cy-Hawk Region

For the Cy-Hawk region, we will make it a point to connect interns together to help to make it feel like a cohort during the training year.

What kinds of relationships do interns typically develop with medical providers during the internship training experience?

Dr. Andreassen, President/CEO NPTC

Virtually all of our sites in our regions are going to work hand in hand with medical staff, community workers, counselors, therapists, psychologists, emergent family therapists, ABA specialists—you're going to see a full continuum virtually everywhere. In terms of how tightly that is consultative vs. integrated is going to depend on your rotation.

Can you explain more how an intern's placement location will be based on need and/or intern interest?

Katherine Dixon, Director of Operations with NPTC

On our [website](#), you'll see each site has their own page. Each site will have their match number(s) and details about the rotations. You will indicate on the application which match number and then which rotation you would like to be in.

Dr. Andreassen, President/CEO NPTC

Anything that is appealing to you, reach out to that site because they can tell you a lot about their selection process—we really want to engage with you.

What does a typical day look like for interns?

Dr. Andreassen, President/CEO NPTC

Consortium-wide, work-life balance is very important to us. In general, your days will be 8ish to 5ish, unless explicitly stated. For example, some sites may require weekend hours or on-call hours. Those details will be stated for each site.

Each site page contains an example schedule on our website:

<https://psychologyinterns.org/applicants/>

Do you allow interns to join any types of committees that may exist in your organization?

Dr. Phillips at Central Iowa Psychological Services in the Cy-Hawk Region

We are absolutely on board with that. One of the ways we are already doing that is we have a Zero Suicide Initiative and a committee around it with practicum students and postdocs who are part of that committee.

Opportunities to Learn

Why NPTC as opposed to other internship programs?

Dr. Andreassen, President/CEO NPTC

We have more variety to offer than any internship program in the United States and maybe anywhere. We have so many sites, so many different ways of engaging, that there are very few areas that we couldn't engage you in.

Can you please speak to opportunities to conduct therapy and testing in Spanish for bilingual interns?

Dr. Andreassen, President/CEO NPTC

If you are bilingual, there will be a line out the door of sites wanting to talk to you. If you're comfortable in both languages, we want to talk to you. There's only one way to get more bilingual services in our service areas, and that is to get some of you here and doing those things.

If we are seeing someone who could do more if they had more access to bilingual resources when it came to supervision and resources, then that's something the Consortium would want to get involved with. We would want to remove all barriers to any of those increased opportunities.

Are there any opportunities to conduct and/or assist in research or program development?

Dr. Bauman at Community Health of Central Washington in the Cascades Region

Yes! At CHCW, you will complete a Quality Improvement project that follows a Plan-Do-Study-Act process that includes focusing on an innovation, researching it, providing an intervention, and then presenting to the team. Many of these projects have been presented at national conferences.

Dr. Sklar with Centerstone in the Great Lakes Region

We do not. We keep you pretty busy!

Dr. Webb with Compass Health in the Central Region

Compass Health has an IRB and Research Institute, and interns are always welcome to engage in outcome related research as a part of their internship!

Dr. Johnson with Burrell in the Central Region

At Burrell Behavioral Health, we have a Research Department that frequently provides opportunities for students. There is also a lot of opportunity for program development!

Dr. Logue with LittleStar ABA Therapy in the Great Lakes Region

LittleStar ABA is heavily involved in research. We have developed a Research Review Committee and our staff publish and present regionally/nationally throughout the year. Our interns have

been involved with this process, and we're always looking to explore new research interests/areas.

Do you have any resource recommendations (i.e., books, journal articles, podcasts, etc.) that would be beneficial for new interns?

Dr. Webb with Compass Health in the Central Region

I strongly recommend "Self-Care for Clinicians in Training" by Leigh A. Carter and Jeffrey E. Barnett!

Dr. Bauman with Community Health of Central Washington in the Cascades Region

Great book for those in the Cascades Region "Fresh Fruits, Broken Bodies: Migrant Farmworkers in the US" (Holmes)

Life at NPTC

What is the best aspect of working within this training program?

Dr. Andreassen, President/CEO NPTC

From a Consortium perspective, one of the things I'm most proud of is how well during the training year and after the training year, you benefit from a network of people that are almost limitless in terms of expertise and reach. We have more than 500 former interns, we have three regions, we have 70+ interns total right now, and we have trainers and presenters from all over. So whether you're coming in as a trainee or graduating and looking for your next opportunity, our network is something I'm extremely proud of.

Often, you have your large support network at school and then you come to an internship and there are one or two other interns and it can feel like a real abrupt drop-off. I feel like this is a real step into a new world where you're launching into your professional career, but you're doing it from within this larger context where there are so many other people to network with.

Mallory Richardson, Communications and Intern Relations Coordinator with NPTC

NPTC is a supportive community with a HUGE network. We have a network of more than 600 previous interns in more than 37 states, Canada, Puerto Rico, the Bahamas, and South Korea. When you become an intern with us, you gain access to that network for support, resources, and opportunities. You also have very dedicated individuals in the NPTC Administrative Office. Currently, there are six of us who work closely to ensure each intern, site, and supervisor is getting what they need to receive or provide quality training. We plan to support you through internship and beyond by helping you get licensed and staying connected as you continue your professional career. We constantly evaluate our training efforts and are ever evolving in a changing field.

How does working within a rural setting inform access to care, resources, and treatment?

Dr. Andreassen, President/CEO NPTC

Rural and underserved can be the same thing but aren't always the same thing. Every year we have interns come and in a few months, they say they just completely underestimated how different the questions of access and different resources are answered. For example, if you were in an urban or suburban area, the issue may not be that there isn't a resource or multiple other agencies or entities to connect people to—the issue might be there's a waiting list or it's really hard to manage and get connected or transportation is the issue. If you're in a rural and underserved area, it could really be a question of the nearest resource is a hundred miles away. How you become a generalist who does everything you can for someone, tries to connect them with resources, but knows that some of those resources are not always available—it really does change the complexion of how you function as a psychologist. Especially in terms of how you connect people to resources versus trying to do your best to meet their need.

Among other things, you'll have an opportunity to explore a lot with your supervisor the preconceived notions you may have about the limits of your competency compared to how you consult and expand your competency range to meet the need in areas—all of which the APA ethics code speaks to. You'll experience the reality of those questions. For example, when if you're working in a very rural area, normally you would say, "you don't psychologically test your therapy clients," but if you're looking at someone that you're working with—and you're working with a 14-year-old who needs testing and there is nowhere within an hour or more—you've got to really sort through and consult with your supervisors and your colleagues and with ethics codes to say "what is the right thing to do here?" You don't want to skew the data, but this may be this individual's only opportunity to get more clarification, and then how do you know you're fully objective. All of those things in a rural setting affect access questions much differently than if you are in Springfield, St. Louis, or Kansas City and you just walk down the hallway and refer the case to another psychologist.

How does this internship account for and celebrate diversity throughout the training year?

Dr. Sconyers, DEI Director with NPTC

We are working to make sure that we are acclimated to what each site and region is doing in terms of their DEI efforts. We are making sure that interns are aware of ways to be connected. With our recent effort of acknowledging days of significance where we ask interns what is important to them and what is helpful for us to know about them because that is really important for the internship experience for the interns to know that we see them and want to know about them. We want to welcome them and make sure that they know they belong to this internship consortium experience.

Dr. Andreassen, President/CEO NPTC

I think all of our larger sites have a DEI department that highlights dates of significance and promotes DEI within the system. Our smaller sites may not have a formal department but as a system they still highlight the same.

Dr. Fletcher with Royal Oaks in the Central Region

One of the ways that we do acknowledge diversity issues and how they apply to the practice of psychology is that each of our interns here they have two separate presentations that they give to the organization as a whole. In those presentations, folks try to look at literature about diverse groups and how we might adjust our practices at the hospital or psychology as a whole to meet their needs. People have had their own personal passions and have brought that into our awareness. Interns get a voice to speak out about diversity variables that are lacking in the current literature and I think that gives them a great power and really helps out the organization as a whole.

Dr. Phillips with Central Iowa Psychological Services in the Cy-Hawk Region

In the past decade really, we have focused on recruitment. We have offered trainings on DEI and multicultural diversity on a regular basis.

Dr. Cooper in the Cy-Hawk Region

All of the training sites have an established way of promoting DEI.

Dr. Perry with Broadlawns in the Cy-Hawk Region

We have a DEI counsel that's entirely employee formed. Their goal is to celebrate the uniqueness of each individual. They distribute educational material to make folks aware and have them know about various holidays. We also focus on recruiting to better match what our client population looks like.

Dr. Young with Mind and Spirit Counseling Center in the Cy-Hawk Region

I would just reiterate that a focus on religion and spirituality as part of psychological services is a unique DEI aspect of the MSCC.

Dr. Bauman with Community Health of Central Washington in the Cascades Region

While there are incredible innovations and initiatives to ensure these conversations happen; one of the most beautiful part of the Cascades region related to justice, equity, diversity, and inclusion are the patients that we serve. With only 10% of the population in the US having access to a MH provider in a given year, our primary value is getting access to BH services, primarily in underserved populations. For instance, our one rural clinic at CHCW that serves a high migrant farm worker community had 30% of the patients see a BHC in the past seven months. Our value of access and ensuring that ALL members of our community have access to high quality primary care is one of the most paramount values.

Dr. Allred with HealthPoint in the Cascades Region

HealthPoint offers an optional School Based Health Center rotation that may include outreach and events in the schools during the school day, as well as other general volunteer opportunities that are available to interns, but are not necessarily part of the internship training--and as Dr. Bauman mentioned, as an FQHC, population health and SODH is central to your training experience in Cascades Region.

Dr. Griffin with Bowen Center in the Great Lakes Region

As an organization, it is very valued. Not only for the patients we are serving but also for the staff. We do have four floating holidays a year, so that allows people to take time off to

celebrate their culture and their tradition. There is a strong emphasis in supervision with talking about those diversity factors, case conceptualization, how people are doing.

Dr. Dross-Gonzalez with Aspire Indiana in the Great Lakes Region

We have employee resource groups that we have started to develop. These are all based on any group that you may belong to, or want more information on, and we meet monthly and just have discussions about diversity topics.

Dr. Grant with 4C Health in the Great Lakes Region

We have a diversity committee where we talk about these things and we talk about these things in our work with the patients and the interns. Dr. Aimee Dershowitz, who is the DEI [Great Lakes Regional Consultant] though NPTC, is part of 4C Health so it is something we are focused on, it is emphasized, and it is required to engage, process, connect, and talk through.

Next Steps

How many of your interns, on average, stay for postdoc/apply for a long-term position?

Dr. Pratt with Burrell Behavioral Health in the Central Region

We have had a pretty good track record of keeping about half of our interns for postdoc and beyond.

What roles do students typically apply for after internship? Does it align with work done at their site(s)?

Dr. Andreassen, President/CEO NPTC

40%-60% of all of our interns remain either within their existing agency, within the consortium, or the state every year. Workforce development and having opportunities after this year is one of the chief and primary reasons that we pursue this. It is such an incredible way of getting interns to start their career in our state, whichever state that is. So, that is something we are proud of and something that has a lot of great numbers behind it.

Dr. Pratt with Burrell Behavioral Health in the Central Region

We are looking to keep everybody. I know that CoxHealth has at least generations over there and as do we over here in our traditional tracks.

Dr. Costley at Clark Center in the Central Region

At Clark center, there is a real good chance that we would have an opportunity for post doc after your internship year. You'll be doing very similar to what you did during the internship year or if there is something you want to do more of like the school track then that would an opportunity for you as well.

Katherine Dixon, Director of Operations with NPTC

Not all of the interns stay at their site for post doc, but many of them have ended up with other sites in the consortium. For example, last year we had four or five of our Great Lakes interns

who were doing integrated care work, some of them in an integrated care track and some of them who were just interested in it, and they all ended up doing their post doc in our Cascades Region at various sites. There are many opportunities for them to continue doing what they were doing in internship, but also those who were interested in these other opportunities who landed in these post doc positions.

Dr. Lowman with Royal Oaks in the Central Region

We are always looking for individuals so if someone wanted to come train with us and stay, I would like that very much.

Dr. Webb with Compass Health in the Central Region

We like to keep our interns for post doc and so we are talking to our interns now about that process.

Dr. Jones with University Health (previously Truman Medical Center) in the Central Region

We have a post doc, historically on inpatient, we have an LCS that's run like a private practice and they've had a post doc out here before. It really kind of depends. We are growing, so we talk about what your interests are and maybe we can set something up. We definitely like to keep our own. We invest a lot in our interns, so we would definitely like to grow and keep you guys.

CoxHealth in the Central Region

We have retained one of our interns every year to stay on and we hope to continue that. We are open to trying to find a position that suits their needs for post doc.

Dr. Baker with HealthPoint in the Cascades Region

Of the supervisor team we have at HealthPoint, 75% were a trainee with us at some point. We currently have seven residents and six out of those seven were interns with us last year. It's all about workforce development for us. We want interns who train with us to stay with us for residency, which is why we have the residency program. One year is often not enough and we recognize that and want to give you that second year with us. Then, it's my pleasure during residency to say "Do you want a job?" and we create opportunities for you to stay here because there is always more need.

Dr. Bauman with CHCW in the Cascades Region

At CHCW our ratio of PCPs to BHCs is 2 ½:1. Our CEO has said if you have a good BHC then we are hiring them just like a medical provider. We are seen as truly primary within this organization and the expansion continues to be great.

Dr. Hawley with YVFWC in the Cascades Region

We continue to grow and our geographical footprint is quite large, so we definitely have a lot of opportunities in the Pacific Northwest for an intern to move into a more traditional fellowship position where they might stay in one place for 12 months, or move into a staff BHC position where they are still working towards licensure. A big part of that is just going to be working with people throughout the year and talking about those goals.