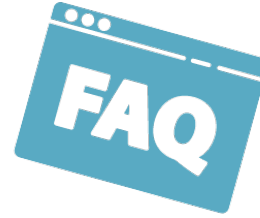




# NPTC Virtual Open House

SEPTEMBER 16TH - 18TH, 2024



Watch each video for full discussions and extended answers:

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

Other resources:

- [How to Apply](#)
- [Match Numbers 2025-2026](#)
- [Central Region Brochure](#)
- [Great Lakes Region Brochure](#)
- [Cascades Region Brochure](#)
- [Cy-Hawk Region Brochure](#)
- [Pacific Region Brochure](#)

**Please note that this document is not a complete transcript of open house discussions. Some answers or questions may have been summarized or slightly changed for clarity or length concerns. Please watch the videos for full discussions.**

**Many questions and answers are from past open house events but are listed here because they are relevant and may still reflect the opportunities available. If you have any questions, please reach out to [applicant@psychologyinterns.org](mailto:applicant@psychologyinterns.org).**

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## Applicant Qualifications and Process

### ***What is the APA accreditation status for all regions?***

Read about the accreditation status for each region here:

<https://psychologyinterns.org/about-nptc/apa-accreditation-status/>

### ***Regarding the application and cover letter, how should we name a specific site(s) we want to work at?***

#### **Katherine Dixon, Vice President 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 five 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>

#### **Dr. Pratt with Burrell Behavioral Health in the Central Region**

Best approach to a cover letter that I've seen in the couple hundred I've reviewed over the years:

1. Open with general interest in NPTC/Central Region, rural and underserved healthcare, etc.
2. A couple sentences/brief paragraph on each site/rotation you are interested in and how your experiences and/or goals align.
3. You can share which rotations you are most interested in and we don't mind. Our feelings are not hurt by seeing your interest in our competitors.
4. Remind us of who you are and why you're interested.

#### **Intern at Central Iowa Family Services in Iowa**

For each site, I added a paragraph about why I was interested in that site. I had a general intro paragraph and then went into details about each site. I think that is how APPIC set it up and that was the general idea throughout the application process.

***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, and 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 Family Institute 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. Dross-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 more so, than what experiences you've had thus far.

**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 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. 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 (PCBH) 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.

***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. Bauman with CHCW in the Cascades Region**

While it is definitely a good thing and yes it helps applications, honestly the main thing is wanting to work with underserved populations. You should bring the lack of experience to the forefront and acknowledge that you haven't worked in this setting but this is what you are excited about learning.

**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.

***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, Vice President of Operations NPTC**

Yes, we accept international students, but you need to be eligible to work in the United States. At this time, we have not figured out an easy way to accept Canadian students currently at a Canadian university (i.e. no student visa), but if you are currently being sponsored by your university and your visa allows you to work in the United States, you should be eligible for non-grant positions!

### ***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% 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 (PCBH) in the Cascades Region**

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

#### **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.

#### **Dr. Perry with Broadlawns Medical Center in the Cy-Hawk Region**

We do have one therapist who is fluent in Spanish. Otherwise, we have in-house interpreters. We have a handful of languages that we offer in-house, certified interpretation.

***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.

***Is there a preference in terms of a research background?***

**Dr. King, Senior Vice President of Clinical Operations NPTC**

We know that interns are coming to us at different levels in their training, experience, and background. That could also mean different points and stages of their dissertation process. We understand that interns are in different stages in that knowledge and research. If research is something you are really interested in, talk to your sites because there might be an opportunity for you to do some research and to track some data.

***Is there anything that surprised you while starting internship?***

**Intern at HealthPoint in the Cascades Region**

I very quickly learned that there are different levels of integration in primary care. Being fully integrated was an adjustment period for me. The quick, fast-paced level of service that we provide within primary care – that is something to be aware of, it's a definite learning experience, but you learn very quickly. Going through all of that and being able to provide service in such a quick format, and the number of cases, really strengthens you as a clinician to the level of versatility and the general knowledge that you have.



### *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?***

#### **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. 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 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, Vice President 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/>

### ***What does supervision look like at your sites?***

From the NPTC Training Manual: “Interns receive at least **4 hours of supervision per week**.

**One or more doctoral level psychologists**, who are appropriately training and licensed, are involved in ongoing supervisory relationships with an intern and have **primary professional responsibility for the cases** on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.”

Supervision is discussed in our Cascades Region Open House around the 32:00 minute mark here: <https://youtu.be/KG89UoX11bl>

## 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 opportunities for interns to run groups?***

#### **Bobby Meins with Pacific Rehabilitation Centers in the Pacific Region**

At Pacific, group is two-fold. One is teaching classes with patients and the other is psychology groups with patients and possibly family members.

**Dr. Hawley with Yakima Valley Farm Workers Clinic (Traditional) in the Pacific Region**

I most commonly run a chronic pain group and see so many of those wonderful benefits. We are trying to identify what populations and what topics make the most sense and there would be some opportunities for that.

**Dr. Maxson with Yakima Valley Farm Workers Clinic (Traditional) in the Pacific Region**

We do a lot of group therapy now in a wide range. We have a disruptive behavior therapy group with kids ages 8-12. We have also done some teen groups with anxiety and depressive symptoms. We are currently working on some parenting groups for parents. We also have a couple of therapists who are doing some specialty groups such as IFS and DBT. There are lots of opportunities and if there are interests in a certain population then we could definitely incorporate that and use the other therapists as well so you can have support and learn how to run a group. We also have manualized treatment groups as well which are very formulaic so it can be easy for interns to come in and know what to do, how to run the group, and what to expect.

**Dr. King, Senior Vice President of Clinical Operations NPTC**

We look at our interns at the beginning and we sit down and develop individual learning and training plans to find out what they want out of their internship year. So, if groups are really something you are passionate about, talk to your supervisors and talk to the training director and tell them you would like to do some of this work.

**Dr. Swing with Sound Psychotherapy and Assessment in the Pacific Region**

This is something where I've been waiting for an intern to restart groups in this setting. When people think about private practice settings, they don't necessarily think about group therapy, but I've noticed there are a lot of opportunities to start groups. If an intern does match with us and they want to do groups then they will definitely have the opportunity to help develop and start whatever group they are interested in.

***What opportunities are there to work with children and adolescents?***

See client populations on each site's webpage:

<https://psychologyinterns.org/applicants/view-sites/>. Some sites offer tracks specifically with children and adolescents.

### ***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 600 former interns, we have five 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 38 U.S. states and territories including Puerto Rico as well as Canada, The Bahamas, Egypt, 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. Our office works 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 Family Institute 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. 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 offer floating holidays each year, so that allows people to take time off to celebrate their culture and their traditions. 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.



## Next Steps

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

Over the past ten years, NPTC has, on average, retained 39% of interns for postdoc each year. Some Consortium sites report higher or lower percentages based on the number of postdoc positions available and the size of the intern cohort each year.

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

#### **Dr. Andreassen, President/CEO NPTC**

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.

#### **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, Vice President 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, in a previous 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. Webb with Compass Health in the Central Region**

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

**Dr. Jones with University Health in the Central Region**

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.

**Dr. Hawley with Yakima Valley Farm Workers Clinic (PCBH) 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.