



NPTC 2022 Virtual Open House



Watch each video for full discussions: [NPTC General Open House](#), [Central Region Open House](#), [Great Lakes Region Open House](#), [Cascades Region Open House](#)

Applicant Qualifications and Process

In regard to 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/>

What are some of the most important experiences/attributes/qualifications that graduate students can obtain before an internship position with NPTC that will really allow for success while in the internship program?

Dr. Andreassen, President/CEO NPTC

We are here for the same reason you are here, and that is to become great providers of care to those in a variety of settings. The experiences you have, whether they are in depth in one area, or multi-faceted will all be of interest to us. If you've had experience with any sort of leadership or supervision, that's always nice, but not required. Some of you, your first career may not be launched into psychology, so some of you may be coming with other background experiences, and that's always welcome. But, also if this is your first opportunity, we look forward to that as well.

It really is about flexibility. Everyone will be working on making the internship everything you want it to be, but as with life—and so it is this year—the picture in our head can sometimes be the thing that prevents us from enjoying or appreciating the flip side. Of course, this last year and half has shown us that there is always going to be that tension between what we planned and what we experienced. That quality of helping our clients transition and adapt is sometimes harder to apply to ourselves. I would say most of our interns get what they thought would, but flexibility is the first thing I would mention and is just a great life skill.

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. Hunter with Bowen Center in the Great Lakes Region

Having experience in community mental health or other fast-paced environments as well as with trauma tend to predict good fits for our site.

Dr. Pratt with Burrell Behavioral Health in the Central Region

We look for people with both therapy and testing experience for our Traditional and Dual tracks, and strong interest in a BHC career for our IHC Grant positions (even if you don't have a ton of experience yet). As much as we are looking for your general experience at this point—are you hungry for more—that's sometimes even more important.

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

At University Health, in Kansas City, MO, where we have 3 primary but very different rotations (inpatient psych, outpatient CMHC adult therapy, and outpatient CMHC child therapy) - in our applicants, we strongly value flexibility and ability to adapt to differing environments with vastly different documentation and clinical expectations.

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. Webb with Compass Health in the Central Region

At Compass, the important thing to us is how we will fit into/add to your training. Whether all of your experience is in community mental health and you want to expand this, or whether it was one practicum and you've tried lots of other settings to realize that CMH is your best fit - how did your experiences inform your goals?

Dr. Lowman with Royal Oaks in the Central Region

Being a well-rounded person. Being familiar not only with current treatments in mental health, but also current events.

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 interpret results, and most importantly a self-reflection and awareness of what your strengths and weaknesses are.

Dr. Noll with Four County in the Cascades Region

At Four County, we are looking for a well-rounded individual, who is curious, willing to take risks for growth, those who are interested in clients with severe and chronic mental illness with complexities (substance use, trauma, lower SES, medical issues, personality traits/issues), interest in helping the underserved, passion, and curiosity.

Dr. Baker with HealthPoint in the Cascades Region

If you want to apply to a Cascade Regions site and have never done integrated care... it is really helpful in your cover letter to speak to what interests you about doing this model of care/working in healthcare. I really look for a cover letter that speaks to why you are applying to us. And if you do have integrated care experience, speak to what you enjoyed about it and what you still want to learn. We do want an applicant who is interested in community health and working with the underserved and who are curious, open, and excited to be challenged by this work in primary care.

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. Hunter with Bowen Center in the Great Lakes Region

Publications do not play much of a role in our selection process. We are focused on the application of science rather than having publications or presentations.

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 APPI. 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.

Dr. Lowman at Royal Oaks Hospital in the Central Region

Royal Oaks and Compass Health will sponsor visa for post doc.

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.

If you are bilingual (Spanish) which site should you apply for?

Dr. Andreassen, President/CEO NPTC

All of them!

What are some of the greatest 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.

Dr. Baker with 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.

What are some of the greatest challenges you see interns encounter at the beginning of the internship year?

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. Andreassen, President/CEO NPTC

I was an intern at Royal Oaks, and hopefully what I'm about to say will entice you and not scare you, but Royal Oaks, and so many other sites, are fast paced and there's a lot to juggle. I think that's the best possible launch into what it's going to be like to be a psychologist. It's something that comes with all the opportunities to explore and to improve on our time management and

our efficiencies. And, our supervisors are good at helping with that. For example, when I was a supervisor there, most interns would reach a point—especially if they hadn't been in the workforce before—where they'd say "this is too much." So we would sit down and we would go through it and talk through a day. I would always be like "I can go talk to Dr. Lowman if you really think you have too much," but we get to the end of that review and we figure out that there are two to three more hours if you figure out how to efficiently align things. That never resulted in me needing to go to Dr. Lowman and say "this intern has too much on their plate," but what it did highlight is we want to be there to help learn all those things, because it's not like you're going to enter the field and not have a lot asked of you. Interns at the consortium are essential staff, and we feel like it's the best way to enter the field, is this training first environment where you are also extremely relevant, extremely needed, and extremely in demand. In rural and underserved areas, if you don't see some of these patients, then nobody will and that to me is a wonderful way to launch into a career. It is one that we need to be transparent about because it's going to be challenging but I also think you're going to find it extremely rewarding. And, if you look at our numbers with the amount of interns we have staying, then you'll see that whatever it's like coming in, by the end of that year, they are deciding that they want to do it more.

For the interns, have you felt connected to other interns during the internship year?

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!

For the interns, what has been the biggest assumption that has been challenged during internship?

Intern at CHCW in the Cascades Region

Coming into this, I had some experience in primary care, but here we are basically one with the medical providers.

Intern at HealthPoint in the Cascades Region

I felt during my practicum that I wasn't really heard by medical providers and that my opinion didn't matter as much. Here at HealthPoint and I'm sure at the other internship sites, our opinion really does matter and providers are seeking out what we think about patient care and what we are doing.

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.

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

Our interns work collaboratively with our medical providers. They shadow them, they see patients with them, they work hand in hand with them, they bounce ideas off of each other, and they present cases together. It is a real collaborative, integrated relationship throughout the year.

Dr. Kulkarni with Valley Oaks in the Great Lakes Region

Our interns are not involved in the integrated care that we are providing, but we do still take a team-based approach. Specifically, the rotations that you'll have at our rural clinics are going to lend themselves to closer collaboration with the medical providers just because of the way those clinics are structured. In many cases, the provider might be next door to you or down the hall, so there is a lot of opportunity for in-person consultation.

Dr. Hunter with Bowen Center in the Great Lakes Region

At Bowen Center, the relationships with medical providers (both primary care and psychiatric care) and interns are collaborative and respectful. When I was an intern, I was able to stop by the psychiatrist's office to get immediate consultation and support for a patient having a significant decline in functioning. Last year, our psychiatrist at our psychiatric hospital regularly relied on one of our interns for diagnostic clarification and treatment recommendations via psychological testing. This year, we've had an intern who has done warm handoffs to our nurse practitioner in the FQHC for multiple patients who have not accessed medical services in years. This intern has also been able to provide education to other therapists on integrated care and provide informal consultation to the primary care team.

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. Sklar with Centerstone in the Great Lakes Region

We talk about it during the interview process. I really think that the fit between our site and the intern applicant is really really important. I don't want an intern who doesn't want what we have to offer. We have some flexibility in what we can offer and we want to make sure that something the intern desires is something we can give.

Dr. Andreassen, President/CEO NPTC

We have so many opportunities between our three regions we have like 50 different types of slots and 70+ positions. 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/>

Opportunities to Learn

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.

Dr. Kulkarni with Valley Oaks in the Great Lakes Region

We would be much more prepared to support an intern who wanted to grow their therapy skills. I don't know that we have the resources or supervisory experience to provide that support to assessments in Spanish. We have licensed therapists on staff who are bilingual and provide services in both English and Spanish, so we could get you connected to a bilingual supervisor.

Dr. Pratt with Burrell Center in the Central Region

We're working on it! You can check on our current status by emailing our Diversity and Inclusion team Diversity.Inclusion@burrellcenter.com.

It was mentioned that there are some. "very rural" locations. Can you speak to where these locations are specifically? Can I assume that these communities will include people from the agricultural industry?

Dr. Kulkarni at Valley Oaks in the Great Lakes Region

Our rural clinics are specifically located in Delphi and Crawfordsville, Indiana, but Lafayette (where we are headquartered) is in Tippecanoe county, which spans 500 square miles, so we reach people in rural areas out of our Lafayette offices, too. We do see people from the agricultural industry in all of our offices.

Dr. Hunter at Bowen Center in the Great Lakes Region

Bowen Center has locations in 28 counties, though therapy services are only available in 10 counties. Fort Wayne is the second largest city in Indiana, so it is less rural; however, folks from other towns within the county that are very rural still access services there.

We see folks across the lifespan and across diagnostic categories. Folks from a variety of backgrounds (LGBTQ+, races/ethnicities, religions, political beliefs, abilities, etc.) seek services with us. We are a safety net organization meaning we see folks regardless of ability to pay, so many are economically disenfranchised. However, we do have some patients, who make 6 figures. We really try to serve the whole community. Bowen Center is also a member of the Welcoming Network to help us be more welcoming to all who walk through our door.

Do sites equally have assessment opportunities? Or is there a particular site with more assessment experiences?

Dr. Andreassen, President/CEO NPTC

Everybody does offer a lot of assessment and we have six core that are required. Of course, some sites do offer more and especially if you're interested there's a lot more opportunity.

Dr. Dross Gonzalez with Aspire in the Great Lakes Region

We get a lot of our traditional, full battery psychological assessments from the Department of Child and Family Services. So, a lot of our full battery testing is child-based as well as internal.

Dr. Kulkarni with Valley Oaks in the Great Lakes Region

Our interns will each complete a minimum of 6 assessment cases, with depth/difficulty depending on prior experience and level of interest. We are not a site where the assessment experience is the focus of the training experience, though. For interns who are further along in their competency, there is opportunity to complete more than 6 reports if desired.

Dr. Hunter with Bowen Center in the Great Lakes Region

The Consortium requires at least 6 integrated reports, but because there are so many opportunities at Bowen Center, we actually require 10. A lot of those reports are things like diagnostic consults, particularly for ADHD and for Autism. We also have a lot of interns testing for the Department of Child and Family Services—a lot of those folks are coming in to do parenting assessments.

Dr. Sklar at Centerstone in the Great Lakes Region

We easily meet the requirement for 6 tests. If someone has an interest, there's certainly a lot of opportunity. We do internal referrals only. We also have a forensic psychologist the interns meet with once a month for additional opportunities.

Dr. Logue with LittleStar in the Great Lakes Region

We do several assessments a week. The intern we had last year was in the 20s if not 30s in terms of the number of reports completed.

Dr. Lowman with Royal Oaks in the Central Region

Royal Oaks has a different take on assessment. Ours is very fast-paced since our patients are only with us for five to seven days, so whenever a testing order is submitted, it needs an answer really really quick. So, instead of 15-20 page reports, ours are usually a page to a page and a half because they are looking for a med change or a differential diagnosis, so it's a very quick turnaround time.

Dr. Pratt with Burrell Behavioral Health in the Central Region

There's quite a variety here for outpatient testing. One the things we did, knowing that previous cohorts have not had the same opportunities for testing at their practicum sites, we started with some very specific training at the beginning of the year so that we could get a more even footing developmentally before turning you loose to your different supervisors. We do a lot of generalist testing sessions and then some specialty as well.

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.

Can you speak to opportunities to work with developmental pediatrics and how you approach assessments for autism/adhd, etc. within primary care?

Dr. Bauman at CHCW in the Cascades Region

I think every single year interns really challenge and help us to broaden what we can do with assessment. At our pediatric clinic, before anyone gets diagnosed with ADHD, there's a paired visit with the BHC and the PCP who are doing the evaluation in conjunction with each other.

Dr. Baker with HealthPoint in the Cascades Region

We have an autism pathway here at HealthPoint to serve kids age two to five at this point. We've created a pathway with our pediatrician and the BHC are doing the STAT if you're familiar with that. We are trying to reduce barriers for kids who are highly likely to have autism and we were trained by an autism specialist to be able to do this STAT. The idea is to get them diagnosed quicker so they can get into services and interventions faster. Our patient population on average was waiting two to three years for this assessment and then getting the intervention and services that these kids and families deserve. A lot of our assessment pathways are thinking about what is feasible for us to do in primary care, and how do we do it, and that's a collaborative effort. We've done that with autism, we continue to expand the age ranges and we've done that with ADHD with pediatrics and adults. We are doing the same with cognitive dementia and concerns with memory. We see a lot of patients who are wanting to become American citizens who need a medical exemption and are struggling to do the citizenship process. Actually our adult ADHD pathway was designed here by a prior intern.

Dr. Hawley with YVFWC in the Cascades Region

Once these kids are diagnosed with this stuff, they don't go away. They still come back to their doctor, they still get well child checks, they still get sports physicals, and they still come in for coughs and colds. We want to see them for their whole life. So, that assessment and screening is a huge part of getting people either to the right place or seeing what we can do in the clinic.

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.

Dr. Hunter with Bowen Center in the Great Lakes Region

I really think it's the network, not just the network of increased opportunities, but the network of support specifically. I started at Bowen Center as a pre-doc intern through the consortium. I stayed on for post-doc, I entered the career as an early-career psychologist, and I've worked my way to training director. I never thought I would be a training director. I thought maybe 15-20 years into my career, maybe I would be a supervisor, but just the amount of support for both my

personal and professional growth and development that I have received from supervisors and now colleagues, as well as the larger network within the consortium, has helped me grow so much. They haven't just pushed me out of my comfort zone—which they absolutely have—but pushed me out while also providing that safety net of support that really helped scaffold me into these areas where I never really thought I would be. I think that is one of the truly special things about the consortium and all of the sites.

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 is social justice encouraged at your sites?

Dr. Andreassen, President/CEO NPTC

We recently restructure our DEI. We've been very lucky to have a DEI team working for a number of years and we have a consultant in each region who will be part of the overall lift. In addition to our directors, who we've asked to really make sure top to bottom to make sure we are doing everything we can do now and also positioning ourselves to be leaders in a space where we should be leaders in. And also leaders in a space where, frankly, there's not a lot of leadership in that space when it comes to internship and that transition. That is a space that we think is really right for that leadership, but we also make sure that each region has a consultant who is more specifically dedicated to that region and that area.

Dr. Kulkarni with Valley Oaks in the Great Lakes Region

One of the things that interns will be involved in is bi-monthly psychology discipline meetings. All of the psychologist in our agency are spread out, so we come together once every two months to talk about discipline specific stuff: testing procedures, training, etc. That is a place where I personally have tried to bring issues related to social justice and how that shows up in our processes and in our organization.

Dr. Hunter with Bowen Center in the Great Lakes Region

We have a Diversity and Inclusion Steering Committee that interns are able to be a part of. Interns can provide feedback to the committee whether they are a part of it or not. Last year, we had interns provide feedback about some of our trainings and were able to help us make changes that improved the quality of those trainings. We are a member of the Welcoming Network, so from the top down we really strive to make our spaces warm and inviting emotionally and physically.

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

In May, we hired a Chief Culture Officer. Her charge is to ensure that we are engaging health equities across the board and really looking at our systems to ensure we are inclusive and equitable. The first thing she did when she came on board was an environmental assessment to ensure everyone is welcome here.

Dr. Webb with Compass Health in the Central Region

I actually just came from group supervision with all of our outpatient interns where they were given a presentation by our head of Diversity Inclusion Accessibility. She really wanted to gather intern assistance in developing our Safe Zone program to be delivered to other staff. She was offering a real opportunity for our interns to be engaged in that. If that is a passion for our interns, then that is certainly something that there is an opportunity to engage in with advocacy and program development during the internship year.

Dr. Pratt with Burrell Behavioral Health in the Central Region

We've had some special projects that our interns have participated in over the past couple of years. We had an intern who helped us compile a list of Spanish language assessment protocols as we partner with our internal DEI team and move forward being able to provide those Spanish speaking services. On top of it, our interns can become free members of the Missouri Psych Association where they can join committees for various DEI projects, for legislative advocacy at the local, state, and national levels, and so on and so forth. So, whether it is at your site or the Missouri Psych Associate, there are truly innumerable opportunities.

Dr. Asay, DEI Director – Operations with NPTC

It's a constant reflective process—we never achieve cultural competence, we never achieve social justice—these are things that we will be constantly working and striving towards. In that, there really is the balance of looking at all of the levels of the system and how these system pieces are enacting social justice. How they are lifting these values? How do we know that? Where are the areas where we need growth? This is where the interns coming in every year are so helpful in being able to inform and share their experience and perspective on the pieces that we are missing and this is what could be strengthened. We also want to embrace being an

advocate at all levels of our professional engagement with our clients, for our clients, for each other, with each other, and out in the community.

Dr. Sconyers, DEI Director – Outreach and Experience with NPTC

I'm excited about being a liaison for the interns and create relationships with them and understand what their needs and experiences are so they know that their voices and experiences are important. We want to use them to inform how we can create a better environment and use them to assess what is happening and how we can move forward.

Dr. Bauman with CHCW in the Cascades Region

Something that I am really proud of and that I know our interns are really proud of is taking on the mission and the values of a community mental health center is, which is serving underserved populations. These populations have been left out of the conversation of health care and without a doubt left out of the conversation about behavioral healthcare. The first thing that I think our interns have done an incredible job with is embracing this mission of what DEI is supposed to be—approaching with humility and curiosity and making sure we are getting out to the patients and populations we are hoping to reach.

Dr. Hawley with YVFWC in the Cascades Region

I tell our interns that the goal with internship is that we want to bring in new thoughts, new perspectives, new training ideas. So much about where we are headed with healthcare and integrated healthcare needs new thoughts, we need to be moving forward. Our healthcare system has a lot of problems and we are not content to say this is as good as it gets. I will be the first to tell you that I don't have all the answers, so the big part about bringing in people is that we need a diverse team, a group that is passionate about this, and a big team, a young team with lots of energy to push forward in ways our predecessors haven't been able to.

Dr. Baker with HealthPoint in the Cascades Region

I will add to the DEI talk, that social advocacy goes beyond what we do in our walls within our healthcare systems. It is about being in our communities and partnering with our patients. An intern at HealthPoint recently went and spoke to the Somali Health Board about the importance of access to behavioral health care.