



**South Dakota**

Psychology  
Internship  
Consortium

# Applicant Brochure

2023-2024

[www.SD-PIC.org](http://www.SD-PIC.org)

## Table of Contents

Program Mission.....	3
Accreditation Status.....	3
AAPIC Membership Status.....	3
Program Structure Overview .....	4
Required Major Training Emphases .....	4
Training Opportunities.....	5
Aim and Competencies .....	6
Program Aim.....	6
Supervision .....	9
Didactic Seminars .....	9
Research.....	9
Stipend, Benefits, and Resources.....	9
Successful Internship Completion .....	10
SD-PIC Training Sites .....	11
Human Services Center (HSC) .....	11
Training Opportunities at HSC .....	11
Intern Experience at HSC .....	13
Lewis and Clark Behavioral Health Services, Inc. (LCBHS).....	14
Training Opportunities at LCBHS .....	14
Intern Experience at LCBHS .....	16
Application Process and Selection Criteria.....	18
SD-PIC Due Process & Grievance Procedure .....	20

## **Program Mission**

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The mission of the South Dakota Psychology Internship Consortium is to prepare and retain psychologists who will provide culturally competent public mental health care for the diverse population of adults, adolescents, and children residing in rural and underserved communities.

South Dakota Psychology Internship Consortium (SD-PIC) is comprised of two (2) primary training sites in Yankton, South Dakota. The sites include the Human Services Center (HSC) and Lewis and Clark Behavioral Health Services Inc. (LCBHS). These sites collaborate to share resources and faculty for the purpose of providing a diversified educational program for psychology interns, focusing on training in culturally relevant and competent services for the area's diverse, and often underserved population, in addition to the professional competencies outlined by the American Psychological Association. SD-PIC has partnered with the Western Interstate Commission for Higher Education's Behavioral Health Program (WICHE BHP) in the development of the internship consortium to provide consultation and support. The WICHE BHP has the building of the behavioral workforce in the western United States as a central tenet to its mission and a track record of assisting in the development of successful and accredited psychology internship consortia in eight other western states and territories.

## **Accreditation Status**

The South Dakota Psychology Internship Consortium is not accredited by the American Psychological Association.

## **AAPIC Membership Status**

SD-PIC is not a member of APPIC. The Consortium is currently in the application process for APPIC membership.

## Program Structure Overview

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SD-PIC offers three (3) one-year, full-time doctoral internships beginning and ending in mid-August. The start date for the inaugural 2023-2024 cohort is August 14, 2023. The Consortium provides a range of clinical and didactic experiences that represents the necessary depth and extent required for future professional practices within psychology. Interns are placed at one of the two sites and will have multiple training opportunities with different populations.

The South Dakota Psychology Internship Consortium (SD-PIC) strives to prepare interns for entry-level professions in behavioral health psychology with a strong emphasis on providing culturally competent behavioral health care to underserved communities. SD-PIC believes that all forms of diversity serve to enhance the training environment and professional growth of interns and faculty alike.

The program is designed to train interns, through multiple, evidence-based experiences and focus areas, to function as independent, ethical, and culturally competent professional psychologists who have the capability of acting as an integral member of a multidisciplinary health delivery team, that focuses on the evaluation and treatment of behavioral health disorders and the complexity that is between emotional and physical well-being. Interns are provided with different opportunities to expand their knowledge through individual and group supervision, interactions with other professionals within the sites, and selected readings. Additionally, the Consortium offers weekly didactic trainings that are focused on relevant topics for the intern's development into advanced psychology interns. Additional didactic training and experiential opportunities may be offered throughout the year, both cohort-wide and at individual sites.

SD-PIC does not engage in discrimination against, or harassment of any person employed or seeking employment within our consortium on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, or service in the uniformed services. This policy applies to all phases and aspects of the internship, including recruitment, selection, salary, training, and development. This policy is intended to be consistent with the provisions of applicable state and federal laws and site-specific policies. SD-PIC also prohibits sexual harassment and addresses any such grievance in collaboration with each site's Human Resource Department.

## Required Major Training Emphases

All sites offer the following major training emphases. See site descriptions for additional training details.

## **Behavioral Health Intervention**

As behavioral health intervention is the primary training emphasis, interns across the consortium sites spend approximately 10-15 hours per week in activities related to behavioral health intervention. All sites provide interns the chance to work with a diverse range of underserved clients utilizing a variety of therapeutic modalities. Individual, group, family and/or couples therapy treatments are available at some sites. Clients served range in age, race, ethnicity, and diagnostic presentation.

## **Psychological Assessment**

Interns across the training sites spend approximately 5-15 hours per week in activities related to assessment. Interns at every site administer, interpret, and provide written synthesis of psychological test batteries. Assessments may include record reviews, clinical interviews, intellectual, achievement, personality, neuropsychology and/or competency-based measures. Interns have opportunities to write reports and make recommendations that convey meaningful information to prescribers, treatment teams, clients, and families. Assessment opportunities and requirements vary by site.

## **Care Collaboration & Consultation**

Interns spend approximately 6-8 hours per week in activities related to care collaboration and consultation, to facilitate patient care between a variety of other providers and stakeholders. Collaborative care opportunities include working within an interdisciplinary treatment team, providing psychological consultation to other disciplines, and partnering with community social services, medical and legal services. Opportunities for care collaboration and consultation vary by site.

## **Training Opportunities**

All interns will be provided the opportunity to engage in different training opportunities to gain experience in a variety of settings and working with a variety of populations. These training opportunities allow interns to expand their knowledge in different assessment and treatment modalities, as well as working on multidisciplinary teams. Interns will also participate together in didactic trainings and experience activities to further their understanding the impact of culture, one's own and the client's, within delivering services.

# Aim and Competencies

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## Program Aim

*The aim of the South Dakota Psychology Internship Consortium is to produce and retain high quality psychologist to deliver culturally competent and collaborative public mental health care for the diverse population of children, adolescents, and adults residing in rural and underserved communities.*

## APA Profession Wide Competencies and Learning Elements

It is expected that by the conclusion of the internship year, interns will have achieved competence demonstrating that they are prepared for entry level independent practice and licensure in the following areas:

i. **Profession-wide Competency: Research**

Learning Elements associated with this competency include:

- Demonstrate the substantially independent ability to critically evaluate scholarly activities (e.g., case conference, presentation, publications).
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

ii. **Profession-wide Competency: Ethical and Legal Standards**

Learning Elements associated with this competency include:

- Be knowledgeable of, demonstrate and act in accordance with each of the following:
  - a. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - b. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - c. Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.
- Consult actively with supervisor to act upon ethical and legal aspects of practice.

iii. **Profession-wide Competency: Individual and Cultural Diversity**

Learning Elements associated with this competency include:

- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves

- Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- Initiate supervision regularly about diversity issues and integrate feedback into practice.

iv. **Profession-wide Competency: Professional Values, Attitudes, and Behaviors**

Learning Elements associated with this competency include:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

v. **Profession-wide Competency: Communication and Interpersonal Skills**

Learning Elements associated with this competency include:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

vi. **Profession-wide Competency: Assessment**

Learning Elements associated with this competency include:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

viii. **Profession-wide Competency: Intervention**

Learning Elements associated with this competency include:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

vii. **Profession-wide Competency: Supervision**

Learning Elements associated with this competency include:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skills of observing, evaluating, and giving guidance and feedback in direct or simulated practice.

viii. **Profession-wide Competency: Consultation and Interprofessional/Interdisciplinary Skills**

Learning Elements associated with this competency include:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge of consultation models and practice in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.



## Supervision

Interns will receive a minimum of 4 hours per week of supervision. Interns may also receive additional individual and/or group supervision at their sites by a licensed psychologist or another credentialed professional.

Interns will receive a minimum of 2 hours of required individual supervision each week from a licensed psychologist at their primary site. Additional weekly individual supervision may be provided by additional faculty at each site and/or by a licensed professional. Licensed supervisors provide interns with experientially based clinical training and direct observation is a component of the supervision and evaluation process.

Additionally, interns will receive 2 hours of required weekly group supervision from a licensed psychologist, typically one of the SD-PIC supervisors. All interns are required to meet in person for group supervision unless notified by the Training Director(s). Group supervision focuses on clinical topics, case presentations, professional development, and legal/ethical issues.

## Didactic Seminars

SD-PIC faculty strive to embrace life-long learners and view professional development as a continuous process with no fixed endpoint. The didactic seminars are one way in which the value on education is put into practice. Interns will be exposed to a variety of speakers through a comprehensive didactic seminar series throughout the training year. Didactic seminars are held once per week for two (2) hours. Didactic seminars will be held at one of the training sites and interns are expected to attend in-person unless instructed by the Training Director(s).

## Research

SD-PIC interns will be trained to be efficient interpreters and applicators of scientific research. Interns will be expected to integrate current research and findings into case presentations and clinical practice. Research opportunities may vary by site and may not be offered at all consortium sites. Please inquire with Training Director(s) about current and future research opportunities.

## Stipend, Benefits, and Resources

The annual internship stipend across all consortium sites is \$40,000.

As employees of their primary site, interns will receive comparable health benefits and paid time off. Interns will also be reimbursed for some travel-related expenses incurred during travel for mandatory, off-site training activities. For more information regarding eligible reimbursements, please see the Travel Reimbursement policy.

## Successful Internship Completion

The SD-PIC training program is a year-long, full-time doctoral training experience. Doctoral interns are expected to complete 2,000 hours of training, with 500 of those hours in direct client service, throughout the year. Inters will also be expected to achieve the goals and objectives of the internship program, as stated on the “Training Goals” page of the website ([www.SD-PIC.org](http://www.SD-PIC.org)), and as reflected by final evaluation scores meeting the minimum level of achievement as stated in the Intern Evaluation Policy. Interns are expected to attend all required training activities, as well as abide by the APA Code of Ethics, the SD-PIC Code of Conduct, and the requirements of the SD-PIC training program.

## SD-PIC Training Sites

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### Human Services Center (HSC)

The South Dakota Human Services Center (HSC) is a licensed specialty hospital. The Center serves South Dakotans ranging from adolescents to geriatrics. HSC provided state-of-the-art-treatment for the 931 persons admitted during Fiscal Year 2022 with mental illness and/or chemical dependency. HSC is a member of the South Dakota Association of Healthcare Organizations (SDAHO) and the Western Psychiatric State Hospital Association (WPSHA).

As of 2022 the South Dakota Human Services Center has been providing treatment to South Dakotans with mental illness for 143 years. HSC began serving patients ten years before South Dakota achieved statehood. According to historical records, Territorial Governor William A. Howard was notified that Dakotans needing care could no longer be served in neighboring states. The other states' efforts were concentrated on providing adequate care for their own people settling in the region. Governor Howard, at his own expense, purchased two vacated buildings and had them moved north of Yankton and the Center began in 1879.

Today, the Center is in a state of the art psychiatric and chemical dependency treatment facility, also known as the Mickelson Center for the Neurosciences (MCN), which opened in October of 1996. It is located on the northern part of the HSC campus. Several buildings on the southern section of the campus are still being used by both HSC and the State of South Dakota for offices, support, and other non-patient care uses.

### Training Opportunities at HSC

#### *Adult Acute Psychiatric Program:*

The Human Services Center provides acute inpatient psychiatric treatment for adults, age 18 years and older.

The Adult Acute Program provides for initial assessment and stabilization of adult psychiatric patients. During the 12-15-day average length of stay, the program initiates and develops treatment and discharge plans. The program promotes and facilitates the patients' independent functioning in daily activities. Emphasis is on providing care, treatment, and stabilization services that will enable the patients to return to and function in the community at the earliest possible time. Patients admitted for psychiatric treatment are assigned to these units on a rotation basis. The Acute Program is Medicare approved by the Centers for Medicare and Medicaid Services (CMS).

#### *Adult Psychiatric Rehabilitation & Recovery Program:*

The Human Services Center provides adult psychiatric rehabilitation and recovery services for adults, age 18 years and older.

Psychiatric Rehabilitation Program provides individualized and person-centered services for adult patients who are coping with persistent mental illness and who need to remain at the

hospital for medication management and/or skills building. The goal of the program is to assist the patients through strength-based treatment, while developing the skills that will help them to live in the least restrictive setting possible. A non-linear patient centered approach to treatment is offered by professionals who empower the patient to be responsible for their education, training, and vocational experiences in preparation for community reintegration.

*Intensive Treatment Unit (ITU):*

Intensive Treatment Unit (ITU) is structurally divided into two distinct areas. Opened in July 1998, the unit provides closer observation for patients who pose a high risk for harming themselves or others. One area is designated for care of adolescents, the second area for care of adults. The ITU is also approved by the Centers for Medicare and Medicaid Services (CMS).

*Geriatric Program:*

The Human Services Center provides inpatient diagnostic and therapeutic services for individuals who, in addition to psychiatric treatment needs, have medical and/or physical care needs that require the level of care provided by a nursing home. The Geriatric Program provides care and treatment for patients who, because of the severity of their mental illness, cannot be served by a nursing home in the community. A psychiatrist, registered nurse, social worker, and direct-care staff develop a comprehensive individualized treatment plan for every patient on admission, with emphasis on providing the patient every opportunity to function as independently as possible in activities of daily living. A treatment goal is for the patient to live in the least restrictive environment, including discharge when appropriate community support services are available. Care, treatment, and rehabilitation provided by direct-care staff is coordinated with occupational therapy, social services, and therapeutic recreational programming. Additional services are available on a referral basis from a registered dietitian, occupational therapist, physical therapist, psychologist, speech/hearing pathologist, and audiologist.

The Geriatric Program is surveyed annually by the State Health Department to insure compliance with Centers for Medicare and Medicaid Services (CMS) Standards for Long-Term-Care Facilities and to certify the Program as a Nursing Facility for Individuals with a Mental Disease. Being licensed as a Nursing Facility for Individuals with a Mental Disease qualifies the Geriatric Program to receive Medicaid monies for patients 65 years of age or older who require long-term psychiatric and medical care and who are unable to pay for the services.

*Adolescent Program:*

The Human Services Center provides inpatient treatment for adolescents with mental illness or severe emotional disturbance.

The Adolescent Psychiatric Program provides adolescents, ages 12 through 17, with inpatient psychiatric treatment. All HSC adolescent psychiatric units are Medicaid certified. The goal of the adolescent program is to develop and initiate individualized treatment and discharge plans, provide effective treatment, and to support the patient in transition to home or another appropriate placement setting. Length of hospitalization is based on the needs of the individual patient.

#### *Adult Chemical Dependency Program:*

The Human Services Center provides inpatient chemical dependency treatment for adults.

Gateway Adult Chemical Dependency is designed to meet the physical, mental and social needs of each individual within a safe and therapeutic environment. As such this program accepts and will treat patients who have co-occurring disorders. Treatment for chemical dependency is based on the principles of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Additionally, this program utilizes Motivational Interviewing, Dialectical Behavioral Therapy and Contingency Management to assist with recovery. The treatment program is individualized thus length of stay is not determined by number of days but by progress made towards recovery. Patients must be residents of the State of South Dakota, must be 18 years of age or older, and must have a Substance Use Disorder diagnosis. Anyone seeking admission to HSC must be medically stable upon admission. HSC may request additional information on referrals prior to granting medical clearance for admission. All admissions are prearranged with approval by the Division of Behavioral Health.

#### **Intern Experience at HSC**

Interns will have the opportunity to work with individuals from all of the identified areas of programming including adolescence, adults, and geriatric populations. Clinical experiences will include psychological/neuropsychological /forensic testing, individual therapy, family therapy, case consultation, interdisciplinary treatment team meetings, and discharge planning. Throughout their time on internship our interns will be able to work closely with a multitude of disciplines in the Human Services Center including Psychiatrists, Nurses, Medical Providers, frontline staff, and support staff. Through their collaboration with various interdisciplinary opportunities our interns will become well-rounded professionals and able to understand the importance of different specialists in inpatient psychiatric treatment. In addition, while working with patients on different levels of programming interns will have the opportunity to experience and appreciate important facets of inpatient treatment including acute, intermediate length hospitalization, chemical dependency, as well as psych rehab.

#### **Contact Information**

Site Director: Joel Merkwan, Ph.D.

Email Address: Joel.Merkwan@state.sd.us

Phone Number: 605-710-3176

Mailing Address: 3515 Broadway PO BOX 7600 Yankton, SD 57078

## **Lewis and Clark Behavioral Health Services, Inc. (LCBHS)**

Lewis & Clark Behavioral Health Services (LCBHS) is an integrated behavioral healthcare agency offering a variety of different programs in southeastern South Dakota. LCBHS provides residential, outpatient, and inpatient programs as well as patient-centered medical homes, medication-assisted treatment, and crisis services to individuals experiencing substance use disorders or mental illness. LCBHS is considered by many to be the premiere, fully integrated non-profit provider of substance use and mental health services in Southeastern South Dakota.

### *Staff and Facilities*

LCBHS provides services with a staff of 170 individuals from offices locations in Yankton, Vermillion, and Lake Andes South Dakota. Plans are well underway for the consolidation of the Yankton locations into one state-of-the-art facility. We are proud to adhere to a “no wrong door” treatment approach that allows ready access to an integrated array of services regardless of the access point.

## **Training Opportunities at LCBHS**

### *Urgent/Emergency Care Services*

The Urgent/Emergency Care Services are available to individuals who are dealing with a mental health or substance use crisis or to family members who are assisting a loved one. This service includes a 24/7 behavioral health screening with available consultation by a mental health professional via phone, telehealth, or in person as well as urgent outpatient care that is clinically monitored detoxification and residential crisis stabilization. This service also provides support to law-enforcement, county boards of mental illness and other community-based emergency services providers or responders. Placement in residential crisis care, the detoxification service and other higher levels of care may be accessed through this service. The LCBHS residential crisis care service is designated by the Department of Social Services and Office of Licensure and Accreditation as an Appropriate Regional Facility.

### *Substance Use Disorder Detoxification Service*

This service is designed for individuals who are at risk of health or behavioral health complications secondary to the withdrawal from the use of alcohol or other drugs, but who do not need in-hospital care. The service has dual goals of providing safe withdrawal and to engage the individual in the initial steps needed to begin recovery. The individual’s withdrawal related symptoms, health and mental health is monitored throughout the detoxification period. Medications are used to manage withdrawal as needed. Services are provided by an interdisciplinary team of professionals that include psychiatrists, advanced practice nurses, substance use and mental health counselors and direct care staff. LCBHS specializes in

managing detoxification in individuals with opioid use disorders utilizing Medication Assisted Treatment (MAT).

#### *Inpatient Substance use Treatment Service*

This is a 28 day medically monitored inpatient treatment program that serves individuals who have severe, complicated substance use disorders. The program is focused on treating individuals with dual psychiatric and substance use disorders. Consistent with best practice in co-occurring substance use and mental health treatment, staff employ appropriately stage interventions and provide assertive outreach, motivational interventions, case management / social support interventions in addition to traditional psychiatric, mental health and substance use counseling.

#### *Outpatient Mental Health Treatment*

The Outpatient Mental Health Treatment at LCBHS provides psychiatric and psychological services, comprehensive assessment and treatment planning, and counseling to individuals, adults, children, and families. LCBHS provides evidence-based and trauma informed treatment for depression, post-traumatic stress disorder, schizophrenia, and bi-polar disorder. The appropriate individual, group, and family treatment modalities are utilized as appropriate. Services are provided by an interdisciplinary team of professionals that include psychiatrists, psychologists, advanced practice nursing, addiction and mental health counselors, psychiatric social workers, and others.

#### *Outpatient Substance Use Treatment*

Individual and group outpatient services include evidence based and trauma informed treatment for alcohol, methamphetamine, opioid, cannabis, and other substance use disorders. Specialized evidence-based services include cognitive behavioral therapy, AA assisted and family-based treatment. The Matrix Model for treatment of methamphetamine use disorder and specialized medication assisted treatment for opioid use disorders is also available. This service at LCBHS also includes comprehensive assessment, treatment planning, and placement in services, such as medical managed inpatient, residential, individual, group, or detoxification.

#### *Children Youth and Family Services*

LCBHS provides evidence based and trauma informed treatment for problems related to life changes, stress, attention, hyperactivity, acting out, depression, anxiety, and other behavioral health problems for children and families. These services are available to be delivered in the clinic, at home, or in school depending on need and family preference. Treatment is based on a comprehensive assessment with full family participation in treatment planning. LCBHS utilizes

family and group-based interventions including Functional Family Therapy, cognitive behavioral group therapies, and family focused wrap-around services.

### *The CARE Program*

The CARE Program provides services to individuals experiencing serious mental illness with functional impairment who need community-based recovery supports. Services are delivered in the clinic, home, or other community-based location depending on the need and client preference. CARE services may include symptom monitoring, medication management, individual or group counseling and education, direct assistance in obtaining necessities and other supports. Additionally, these services are provided by an interdisciplinary team of professionals that include psychiatrists, psychologists, advanced practice nursing, mental health counselors, psychiatric social workers, and case managers.

### *The IMPACT Program*

This program is designed for individuals with severe mental illness who need intensive supports in the community. Services are highly mobile and delivered in the clinic, home or other community-based location depending on need and client preference. Treatment is based on a comprehensive assessment and the individual is involved in each step of treatment planning. IMPACT services may include symptom monitoring, medication management, individual or group counseling and education, direct assistance in obtaining necessities and other supports. Additionally, these services are provided by an interdisciplinary team of professionals that include psychiatrists, psychologists, advanced practice nursing, mental health counselors, psychiatric social workers, and case managers.

### *Cedar Village and Sir Charles Housing*

These housing projects are developed for individuals who experience severe mental illness.

## **Intern Experience at LCBHS**

Interns will have to opportunity to work as part of an interdisciplinary team in the identified service lines across populations to include children, youth and families, adults, and geriatric populations. The intern will have the opportunity to gain experience in specialized evidence-based services including “Function Family Therapy” “Systems of Care”, “Assertive Community Treatment”, “Matrix” model of addiction treatment, Cognitive Behavioral Intervention for Substance Abuse, among others. Exposure to individual evidence-based services include but are not limited to Cognitive Behavioral Therapy for anxiety disorders, Cognitive Behavioral Therapy for Depression, Acceptance and Commitment Therapy, Parent Child Interaction Therapy, Dialectical Behavioral Therapy, Internal Family Systems Therapy, Motivational Interviewing,



Trauma focused Cognitive Behavioral Therapy, Eye Movement Desensitization-Reprocessing. The intern will have the opportunity to complete diagnostic and differential diagnostic assessments for treatment teams and for outside entities. The intern may also have an opportunity to be involved in forensic evaluations to include experience testifying at hearing.

**Contact Information**

Site Director: David Dracy, Ph.D.

Email Address: David.dracy@lcbhs.net

Phone Number: 605-665-4606

Mailing Address: 1028 Walnut Street Yankton, SD 57078

## Application Process and Selection Criteria

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The South Dakota Psychology Internship Consortium (SD-PIC) currently offers three full-time intern positions.

A complete application consists of the following materials:

- 1) A completed online AAPI (APPIC's standard application)
- 2) Cover letter stating your preferred training site(s) and why you are interested in those sites specifically. Applicants may indicate their interest in more than one site within the consortium without providing additional cover letters.
- 3) A current Curriculum Vitae
- 4) Three standardized reference forms, two of which must come from individuals who have directly supervised the applicant's work (*please do not submit more than three letters*)
- 5) Official transcripts of all graduate coursework
- 6) Supplementary Materials (*please ensure that materials are redacted appropriately*):
  - a. One full integrated assessment report
  - b. A one-page clinical case conceptualization

SD-PIC will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. APA accredited doctoral program in clinical or counseling psychology
2. A minimum of 400 intervention hours
3. A minimum of 50 assessment hours
4. Dissertation proposal defended and IRB approval granted
5. Experience or special interest in working with diverse populations and/or in rural or underserved areas

SD-PIC firmly believes that all forms of diversity serve to enhance the training environment and professional growth of interns and faculty alike, as well as allow the diverse range of patients served to see themselves in their providers. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship, as well as considered for the diversity that they may bring to the program. In addition to the preferences noted above, SD-PIC takes into consideration the potential commitment or interest of any prospective intern to remain in the South Dakota region following internship and work in behavioral health. Developing a strong behavioral health workforce is an important consideration for the state, and an interest in remaining in the Midwest to join the workforce is to be considered a benefit in a potential intern.

All interns must undergo comprehensive background checks and screening per the agency's Human Resources procedures. Requirements include background check, fingerprinting, Tuberculosis test, drug screen, and up-to-date vaccinations.

Finally, interns will be required to purchase student liability insurance through the APA Trust for the period of the internship training year.

**Students interested in applying for the internship program for the 2023-2024 training year should submit their AAPI and accompanying materials via email directly to Dr. Joel Merkwan ([Joel.Merkwan@state.sd.us](mailto:Joel.Merkwan@state.sd.us)) and Dr. David Dracy ([David.Dracy@lcbhs.net](mailto:David.Dracy@lcbhs.net)).**

Applicants are encouraged to apply to as many or as few training sites within SD-PIC as they choose and should specify the site(s) they wish to be considered for in a cover letter/email, as noted above. Only one complete application is required for consideration to either of the sites in the Consortium.

Questions regarding the application or interview process may be directed to either of SD-PIC's Program Director(s), Dr. Joel Merkwan ([Joel.Merkwan@state.sd.us](mailto:Joel.Merkwan@state.sd.us)) and Dr. David Dracy ([David.Dracy@lcbhs.net](mailto:David.Dracy@lcbhs.net)), or to the program's WICHE consultant, Dr. Karly Dickinson ([kdickinson@wiche.edu](mailto:kdickinson@wiche.edu)).

# SD-PIC Due Process & Grievance Procedure

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## GENERAL DUE PROCESS GUIDELINES

SD-PIC has developed a Due Process Policy and Resolution Procedure, which focuses on the prevention of and timely response to identified problematic behavior within the consortium. Due Process, as described within, applies to actions that are taken as a result of underdeveloped competencies, unmet training expectations, and/or intern misconduct, that may impact the intended career development of the pre-doctoral intern. Our Due Process Policy ensures that decisions made by the consortium are not arbitrarily or personally based and outlines specific steps that are applied to all interns. These procedures are a protection of intern rights and are implemented to afford the intern with every reasonable opportunity to remediate problems and to receive reasonable support and assistance. These procedures are not intended to be punitive.

Doctoral-level psychology interns are expected to maintain the highest standards of personal conduct, integrity, and professionalism. They are expected to support and comply with APA Ethical Guidelines and to utilize supervision effectively to grow professionally throughout the training year. It also is the responsibility of the intern's clinical supervisor and the SD-PIC faculty to assure that high standards of professionalism are attained by the interns under their supervision. Maintenance of these standards will promote effectiveness of both the professional training provided by the internship and the quality of psychological work provided by the interns to the clients and communities of the consortium sites.

During their orientation, interns will be introduced to the Due Process procedures as a group, each will be given a copy of the policy, and they will be required to confirm receipt of receiving these written procedures. Similarly, the SD-PIC training committee will review the Due Process procedures during a consortia-wide training committee prior to beginning the training year, which will be documented in the meeting minutes. The SD-PIC training committee faculty and clinical supervisors will also be required to confirm receipt of the written Due Process procedures.

### Definition of Problematic Behavior

For purposes of this document, a problem behavior is defined broadly as **an interference in professional functioning which is reflected in one or more of the following ways:**

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. an inability to acquire professional skills to reach an acceptable level of competency; and/or
3. an inability to control psychological dysfunctions and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes problematic rather than a behavior of concern. Intern trainees may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Problems typically become identified as incidents that require Due Process remediation when they include one or more of the following characteristics:

- the intern does not acknowledge, understand, or address the problem
- when it is identified;
- the problem is not merely a reflection of a skill deficit which can

- be rectified by the scheduled sequence of clinical or didactic training;
- the quality of services delivered by the intern is sufficiently negatively affected;
- the problem is not restricted to one area of professional functioning;
- a disproportionate amount of attention by training personnel is required;
- the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time;
- the problematic behavior has potential for ethical or legal ramifications if not addressed;
- the intern's behavior negatively impacts the public view of the agency;
- the problematic behavior negatively impacts the intern cohort;
- the problematic behavior potentially causes harm to a patient; and/or,
- the problematic behavior violates appropriate interpersonal communication with staff.

### Due Process Procedure

SD-PIC's Due Process procedure occurs in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Due process includes steps that assure fair evaluation of intern performance, intern awareness of options for resolution of performance issues and clearly defined steps for notice, hearing, and appeal. The procedure for dissemination and implementation of Due Process at SD-PIC includes the following:

- A. The Training Faculty will present SD-PIC's program expectations to interns in writing, at the start of the training period. This is discussed in a group format during orientation and may be followed up individually during supervision. Interns sign an acknowledgment indicating receipt and understanding of, and agreement to abide by, these guidelines and other SD-PIC policies.
- B. The process for evaluation of interns is clearly described during orientation. Interns will be formally evaluated three times annually by their primary supervisor. The written evaluation is based on APA criteria and includes the nine (9) profession-wide competencies as outlined by the APA's Standards of Accreditation (SoA).  
<https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>
- C. The various procedures and actions involved in decisions regarding inadequate skills or problematic behaviors are described to interns.
- D. The Training Directors (TDs) and/or Primary Site Supervisor will communicate early and often with academic programs about any suspected difficulties with interns.

### Informal Review

When a supervisor or SD-PIC faculty member believes that an intern's behavior is becoming problematic, the first step will be to address the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, additional didactic training, and/or structured readings. Informal remediation efforts will be discussed with

the Training Directors and Training Committee. This process will be documented in writing in supervision notes; however, it will not become part of the intern's professional file. Additionally, the Training Directors and Training Committee will be notified of informal reviews and/or remediation plans.

### Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, i.e. if an intern receives below a "2" on the 3-month or 7-month evaluations or if any elements are rated below a "3" on the final evaluation, the following process is initiated:

- A. The supervisor will meet with the TDs and intern within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the TDs are the intern's direct supervisor, an additional supervisor and member of the Training Committee will be included in the meeting.
- B. The intern will have the opportunity to provide a written statement related to his/her/their response to the problem. The intern must submit the response to his/her/their primary supervisor and the TDs within 5 working days of the meeting described in Step 1.
- C. After discussing the problem and the intern's response, the supervisor and TDs **may**:
  - i. Issue an "*Acknowledgement Notice*," which is a written warning, formally acknowledging the following:
    1. The faculty is aware of and concerned with the problem;
    2. The problem has been brought to the attention of the intern;
    3. The faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating;
    4. The problem is not significant enough to warrant serious actions; and
    5. A written notice will be submitted to the intern and the Co-Directors of Clinical Training at the intern's graduate institution.
  - ii. Issue a "*Remediation Plan*," which is a time-limited, remediation-oriented, closely supervised period of training indicating the need to immediately work on improving the behavior resulting in the ratings received or to discontinue the concerning/problematic behavior. A remediation plan is an accommodation made to assist the intern, with the full expectation that the intern will complete the internship. This period will include more closely overseen supervision conducted by the intern's supervisor(s) in consultation with the TDs. The TDs, in consultation with the primary supervisor and the Training Committee will determine the length of a remediation plan. The termination of the remediation plan will be determined, after discussions with the intern, by the TDs in consultation with the primary supervisor. Several possible and perhaps concurrent courses of action may be included in the remediation plan. These include:
    1. increasing the amount of supervision, either with the same or additional supervisors;
    2. changing the format, emphasis, and/or focus of supervision;

3. recommending personal therapy and providing community referrals;
4. adjusting the intern's clinical or other workload;
5. requiring specific readings and assignments, and/or academic coursework.

The TDs will write a letter within 10 working days of informing the intern of this due process decision. A copy of this letter will be kept in the intern's file and emailed to the intern, primary supervisor, and Director of Clinical Training within 10 working days of completion of the letter.

The letter shall contain:

1. a description of the intern's unsatisfactory performance;
2. actions needed by the intern to correct the behavior;
3. the timeline for correcting the problem; and
4. what action will be taken if the problem is not corrected.

At the end of this probation period, the TDs will provide a second written statement indicating whether or not the problem has been remediated. Both statements will become part of the intern's permanent file and will also be shared with the intern and sent to the Co-Directors of Clinical Training at the intern's graduate institution.

iii. Issue a decision of "*No Cause*," which indicates the determination that the intern's actions may not constitute a formal problem, but rather a concern as defined above in the "Definition of Problematic Behavior." The awareness of the concern may be sufficient to rectify the issue and may not warrant further formal remediation.

In this case, the TDs will complete a written statement identifying that a formal review was held and that the claim was dismissed due to "No Cause." The TDs will issue this statement within 10 working days of the meeting. The statement will be placed in the intern's professional file, emailed to the intern and primary supervisor and based on the TD's discretion, may be sent to the Co-Directors of Clinical Training at the intern's doctoral institution within 10 working days of writing the statement.

- D. If the problem is not rectified through the above processes, the intern's placement within SD-PIC may be terminated.
- E. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within SD-PIC may be terminated.
- F. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within SD-PIC may be terminated.
- G. The final decision to terminate an intern's placement will be made by the entire Training Committee and will represent a discontinuation of participation by the intern within every aspect of the consortium. The Training Committee will make this determination during a meeting convened within a reasonable timeframe following the conclusion of step A or

during the regularly scheduled monthly Training Committee meeting, whichever occurs first.

- G. The TDs may decide to temporarily suspend an intern's clinical activities or place an intern on paid administrative leave during this period prior to a final decision being made, if warranted.
- H. SD-PIC will adhere to the APPIC's Policies on intern dismissal and secure a release from the Match contract.
- I. If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the Training Director(s). The intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

#### Due Process Appeal and Review Panel

In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions, or dismissal, an Appeal may be submitted by the intern to the Training Committee.

- A. The intern will file a formal appeal in writing with all supporting documents - an email will suffice- to the TDs. The intern must submit this appeal within 5 working days from their notification of any of the above (notification, remediation, or dismissal).
- B. If requested, the Appeal review will be conducted by a panel convened by the TDs and consisting of themselves, the intern's primary supervisor, and at least two other members of the Training Committee. The intern may request a specific member of the Training Committee to serve on the review panel.
- C. The Appeal review will be held over a two-week period. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may appeal or modify them. The review panel has final discretion regarding outcome.
- D. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Training Committee and supported by the TDs, then that appeal is reviewed by the TDs in consultation with the Training Committee. The



Directors will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original review panel is upheld.

- E. If the review panel determines that a grievance against an individual cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to HSC and/or LCBHS Human Resources of to initiate the due process procedures outlined in his/her/their employment contract.

Please sign this acknowledgement page and return to the Training Director(s).

Acknowledgment

I acknowledge that I have received and reviewed the Due Process Policy of the South Dakota Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

I have been provided with a copy of this document to keep in my files of the South Dakota Psychology Internship Consortium.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## **INTERN GRIEVANCE PROCEDURES**

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program, the following procedures will be followed:

### **Informal Review**

First, the intern will raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Training Directors to informally resolve the problem.

### **Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Directors. If the Training Directors are the object of the grievance, the grievance will be submitted to a Site Director. The individual being grieved will be asked to submit a response in writing within 5 working days of receiving the formal grievance.

The Training Director(s) (or Site Director, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the Training Director(s) or Site Director may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter.

The plan of action will include:

- a. the behavior associated with the grievance;
- b. the specific steps to rectify the problem; and,
- c. procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director(s) or Site Director will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Training Director(s) or Site Director in writing within 10 working days regarding whether the issue has been adequately resolved.

In situations where the nature of the grievance constitutes a potential violation of the subject of the grievance's contract with HSC and LCBHS, HSC and LCBHS will be notified in accordance with the policies and procedures of the agency.

If the plan of action fails, the Training Director(s) or Site Director will convene a review panel consisting of him/her/themselves and at least two other members of the Training Committee within 10 working days. The intern may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against an individual cannot be resolved internally or is not appropriate to be resolved internally, then the issue will

be turned over to HSC and/or LCBHS Human Resources of to initiate the due process procedures outlined in his/her/their employment contract.

If the review panel determines that the grievance against the individual does not constitute a violation of his or her employment contract and can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the TDs or Site Director. The intern and the individual being grieved will be asked to report in writing to the TDs or Site Director regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days of receiving the intern's and individual's report to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to HSC and/or LCBHS to initiate the due process procedures outlined in the employment contract.

**USE OF VIDEOCONFERENCE**

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of South Dakota, if needed.

Please sign this acknowledgement page and return to the Training Director(s).

Acknowledgment

I acknowledge that I have received and reviewed the Grievance Procedures of the South Dakota Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

I have been provided with a copy of this document to keep in my files of the South Dakota Psychology Internship Consortium.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



Western Interstate Commission for Higher Education  
Behavioral Health Program

3035 Center Green Drive Suite 200  
Boulder, CO 80301-2204  
PH: 303.541.0200 FX: 303.541.0230  
[www.wiche.edu](http://www.wiche.edu); [www.SD-PIC.org](http://www.SD-PIC.org)