Introduction & Programs:

Since 2002, Mental Health Systems, PC (MHS) has provided intensive Dialectical Behavior Therapy (DBT) group and individual services for individuals with significant difficulties in daily functioning. Since that time, MHS has expanded services to provide additional specialty programming for identified underserved populations (see below). Our programs can be an alternative to prolonged or frequent hospitalizations by providing skills training and support designed to manage emotions, thoughts, behaviors, and crises while remaining safe in the community. Our goals include client safety, symptom reduction, and clients creating the long-term life that they want to live.

DBT Programs:

**Adult:** meets 3 hours per day, 3 days per week; an evidence-based program adapted from Marsha Linehan’s original model. The program includes a teaching hour, diary card review hour, and process hour. Group members must be in individual therapy, but do not have to be in DBT individual therapy.

**Adherent:** meets 2 hours, once per week with 1 hour of individual DBT individual therapy provided by one of the two facilitators; Marsha Linehan’s original model.

Specialty Programs:

**Thrive for Pain:** an intensive outpatient treatment program that helps people with co-occurring mental health disorders and chronic pain to effectively manage symptoms, improve functioning, and create fuller and more satisfying lives. Each day incorporates one session of cognitive-behavioral skills training, one session of self-monitoring and behavioral activation, and one session of therapy and problem-solving to generalize skills and improve functioning.

**Integrated Dual Disorder-DBT (IDD):** for co-occurring mental illness and chemical dependency (MI/CD) and follows a model that addresses mental and chemical health concurrently. The program has three phases that focus on developing skills to improve mental health and decrease chemical use to help clients build more satisfying relationships and lives.

**Horizons:** a modified DBT skills training program for developmentally disabled/mentally ill (DD/MI) clients and for clients in the borderline range of intelligence. The DBT skills are presented in a more concrete fashion and the program utilizes a program book that is shared with all providers.

**Adolescent DBT:** adapted DBT group programming for adolescents aged 14-18. This program meets twice per week and includes a psychoeducational parent component.
Early Adolescent DBT Program (EAP): adapted DBT group programming for early adolescents aged 12-14. This program meets twice per week and includes a mandatory parent component that includes psychoeducation and DBT skills training.

In addition to our above group programs, MHS provides individual therapy with adults, adolescents, and children with possible opportunities to family and couples counselling.

Assessment:

MHS provides neuropsychological screenings of adults and adolescents to assess functioning of executive ability, attention, achievement, memory, cognition, psychological pathology, and disorders of the personality. The assessments typically address referral questions including, but not limited to, Attention Deficit/Hyperactivity Disorder, Bariatric Evaluations, learning disabilities, early onset of Alzheimer’s Disease, potential of Traumatic Brain Injuries, or diagnostic clarification.

Accreditation Status:

Effective November 15th, 2019, the MHS Doctoral Internship is accredited by the American Psychological Association.

Questions regarding our accreditation status can be directed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Tel: 202-336-5979 | Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPIC Membership Status:

MHS is a participating member of APPIC.

Facilities, Staff, Students, & Resources:

MHS has four clinic locations in the Minneapolis/St. Paul metro area: Edina, Woodbury, Plymouth, and Roseville. Interns train together at the Edina clinic, which is our largest clinic and the clinic wherein the business and billing office is located. Interns traveling to MHS for their internship year will have easy access to the many amenities of the Twin Cities metropolitan area.
Oversight of MHS is provided by our Management Team, which is comprised of the two Owners, the Director of Clinical Services, and the Administrative Director. Each of our four clinic locations has a Clinic Supervisor and each clinic is comprised of multidisciplinary staff and, at possibly at times, students in training. Multidisciplinary staff degrees include both Doctorates and Masters; licenses included LP, LICSW, LGSW, LADC, LPC, and LPCC. Interns will train with a cohort of graduate students that contains, on average, twelve students pursuing Doctorate and Master’s degrees in clinical psychology, counseling psychology, and clinical social work.

MHS seeks to accept 3 interns each year. Interns receive a stipend of $28,000, which includes medical insurance and 2 weeks of paid time off. MHS observes major, national holidays, e.g. 4th of July, Christmas, Thanksgiving. Dissertation release time is available during the Internship. Each Intern is allocated her/his own office while on Internship and each office will be furnished with a couch, chair, desk, desk chair, computer, and bookshelf. Interns are encouraged to personalize their office with $200 stipend provided to assist with cost. Interns have full access to all resources that other staff and students do, e.g. printer/copier, administrative support staff, and IT assistance.

Training Staff:
Heather Trangsrud, PhD, LP – Training Director
Steve Girardeau, PsyD, LP – Director of Clinical Services
Amy Gimbel, PsyD, LP – Clinical Supervisor
Chris Malone, PsyD, LP – Didactic Coordinator & Clinical Supervisor
Chris Wachholz, PsyD, LP – Edina Clinic Lead
Lexi Schmidt, PhD, LP – Assessment Coordinator

Mission and Training Philosophy:

The mission of the Doctoral Psychology Internship Program at MHS is to train and teach Interns to become effective professionals in the practice of clinical psychology in a community mental health setting. The majority of service provided by MHS is DBT group programming. The goals of training include assisting Interns in developing their own therapeutic style backed by theory while acquiring the skills of an effective clinician and provider of DBT services. Additionally, MHS emphasizes the development of Interns as the part of a therapeutic team. Interns will be trained in consultation within the MHS team, as well as in consultation with individual therapists, case managers, ARMHS workers, psychiatrists, and other professionals at other agencies.

MHS subscribes to the Local Clinical Scientist model of training. As such, Interns are trained to provide evidence-based services and apply information gained by science and research to each unique client. Interns are trained to identify how social, biological, and psychological factors impact a client’s mental health symptoms as well as to use this information in the application of effective therapeutic interventions. An important part of training is identifying transference and counter transference issues, and how this
impacts clinical observations.

**Goals of the Internship:**

1. **Achieve competence in evidence-based practice - Intervention**
   a. Case conceptualization
   b. Implementation of interventions
   c. Crisis intervention
   d. Theoretical orientation

2. **Achieve competence in evidence-based practice - Assessment**
   a. Complete diagnostic assessments
   b. Identification of instruments, administration, and scoring
   c. Test interpretation and report-writing
   d. Provision of feedback to clients assessed

3. **Achieve competence in evidence-based practice - Ethics and law**
   a. Knowledge of APA ethical standards
   b. Knowledge of Minnesota state ethical standards
   c. Knowledge of federal laws related to the practice of mental health
   d. Knowledge of Minnesota state laws related to the practice of mental health

4. **Achieve competence in evidence-based practice - Individual and cultural diversity**
   a. Awareness of own biases
   b. Research related to becoming culturally educated
   c. Consideration of cultural consideration in case conceptualization

5. **Achieve competence in evidence-based practice - Accessing and utilization of research in practice**
   a. Apply scientific knowledge to practice
   b. Utilize outcome measures to inform treatment planning and goal-setting
   c. Identify and locate needed research related to presenting clinical problems

6. **Achieve competence in evidence-based practice - Awareness and mindfulness of professional attitudes and beliefs**
   a. Awareness of self as a professional
   b. Attention to relationships and communication style
   c. Clinical documentation
   d. Engagement in self-care

7. **Achieve competence in evidence-based practice - Consultation and coordination of care**
   a. Present regularly in team case consultation
   b. Regular coordination of care with internal and external providers
   c. Documentation

8. **Achieve competence in evidence-based practice - Reception and provision of**
clinical supervision
   a. Theories and methods of supervision
   b. Effective use of supervision
   c. Effective provision of supervision
   d. Record and review provision of supervision
9. Achieve competence in evidence-based practice – Communication and interpersonal skill
   a. Effective, clear, and professional communication skills, both written and verbal
   b. Appropriately assertive with all team members
   c. Appropriate interpersonal boundaries
   d. Engages effectively within the team milieu

Intern Expectations and Assignments:

Interns are expected to engage in all clinical activities with positivity and respect. Interns are expected to engage in a team approach by attending and actively participating in case consultation, weekly staff meetings, and didactic trainings. Because of a challenging client population and demanding work responsibilities, Interns are expected to regularly engage in, and discuss in supervision, self-care. It is expected that Interns make regular team contacts to best coordinate care for clients. It is also expected that Interns are active and engaged in supervision, and that Interns use supervision to increase professional growth. It is expected that Interns complete all paperwork in a timely fashion.

Each year, the full-time Internship will begin the week before Labor Day. Interns spend a minimum of 20 hours (50%) in direct face-to-face service delivery. Interns begin their year co-facilitating an existing adult DBT group program with a current staff member. This staff member will become the Intern’s Mentor for training in the DBT group. Over time, it is expected that the Intern will acquire skills to function independently in a group setting. About a quarter of an Intern’s service time is spent in individual therapy. An individual therapy caseload builds throughout the year.

In addition to training in adult DBT and individual therapy, MHS offers an individualized training experience for each Intern. Interns will be able to receive training in one or more of our specialty programs discussed on pages 1 & 2. Additional opportunities may also be available, e.g. assisting with program development, attending PESI-sponsored trainings hosted by MHS. Interns attend all external seminars hosted or provided by MHS at no cost.

In addition to their clinical work, Interns participate in one hour of formal team case consultation, two hours of didactic training, two hours of one-on-one clinical supervision each week, one hour of assessment supervision, one hour of group supervision, one hour of assessment didactics, and a weekly staff hour. Interns are expected to complete
2000 hours in 12 months.

**Supervision:**

Interns are assigned two doctoral-level, licensed supervisors during the Internship year. The Intern’s primary clinical supervisor assumes full clinical, professional responsibility and liability for the clinical services provided by each Intern and for the actions and decisions related to clinical treatment made by that Intern. The designated clinical supervisor shall be available and on the premises at least 50% of the time in a five-day work period while each Intern under supervision is providing mental health services. The secondary individual supervisor works in a consultative role with the Intern. Interns also receive one hour of assessment supervision with the Assessment Supervisor. Interns also receive one hour of group supervision, which is facilitated by the Training Director.

**Didactic Training:**

Doctoral Interns at MHS receive two hours of didactic training each week. The training topics vary each week.

**Requirements for Application & Admission:**

Prospective Interns will:
1. Be in good standing within their current academic program
2. Demonstrate an active interest in the training opportunities offered by MHS and articulate the nature of those interests
3. Be willing to take risks, explore their therapeutic process
4. Have an accepting attitude toward those who present with Borderline Personality Disorder and other symptoms and disorders that continue to receive stigma within the field
5. Demonstrate a willingness to become an active member of our team

**Requirements for Successful Completion:**

Successful Interns will:
1. Be able to independently facilitate a DBT group
2. Be able to effectively conduct individual therapy and speak knowledgably on their theoretical orientation and rationale for decisions and interventions made
3. Be knowledgeable of, and consistently act in accordance with, relevant ethics and law
4. Demonstrate consistent cultural/diversity mindfulness in working with clients, staff, and other students
5. Reliably and effectively complete paperwork in a timely fashion
6. Be in good standing with the training program, i.e. is not engaged in any
remediation process within the training program
7. Demonstrate consistent professionalism

Application Procedures:

If you would like to apply for the Doctoral Internship at MHS, please send:
1. Completed APPIC Application for Psychology Internship (APPI)
2. A cover letter
3. A minimum of 3 letters of recommendation
4. Your graduate program transcript
5. A current curriculum vitae

All Doctoral Internship materials and questions should be directed to:

Heather Trangsrud, PhD, LP
Mental Health Systems, PC
6600 France Ave. Suite 230
Edina, MN 55435
952-460-9045
HTrangsrud@mhs-dbt.com

Admissions, Support, and Initial Placement Data

See tables below.
**Internship Program Admissions**

*Date Program Tables are updated: February 6th, 2018*

<table>
<thead>
<tr>
<th>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Systems’ (MHS) Doctoral Internship Program aims to prepare doctoral interns to become competent in offered evidence-based intensive outpatient services including group, individual therapy, and assessment. Most of MHS’ programming is based in Dialectical Behavior Therapy and is applied with individuals with severe and persistent mental illness (SPMI). After developing a foundation of group DBT skills, doctoral interns are given opportunities to choose from elective training options for the second half of the training year. These electives include: DBT with adolescents, DBT for individuals with intellectual disabilities, programming for individuals with thought disorders, or our integrated health programming for individuals with chronic pain or cancer. See website and internship brochure for more detailed information about training opportunities.</td>
</tr>
</tbody>
</table>

**Required Qualifications:**

1. At least 500 direct intervention hours completed.
2. At least 100 direct assessment hours completed.

**Other Desired Qualifications:**

1. Be in good standing within their current academic program.
2. Demonstrate an active interest in the training opportunities offered by MHS and articulate the nature of those interests.
3. Be willing to take risks and explore their therapeutic process.
4. Have an accepting attitude toward individuals who present with Borderline Personality Disorder or other symptoms and disorders that continue to receive negative stigma within the field and society.
5. Demonstrate a willingness to become an active member of our team.
6. Are interested in working in a setting that embraces continued growth in cultural competence and evidence-based practices.

<table>
<thead>
<tr>
<th>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:
Applicants are required to have passed comprehensive exams and proposed their dissertation prior to start of internship.
### Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Stipend/Salary for Full-time Interns</strong></td>
<td>28,000</td>
</tr>
<tr>
<td><strong>Annual Stipend/Salary for Half-time Interns</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes  No</td>
</tr>
<tr>
<td><strong>If access to medical insurance is provided:</strong></td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</strong></td>
<td>Ten days of vacation and six paid holidays. See below for more information.</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>PTO only.</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Other Benefits (please describe):</td>
<td></td>
</tr>
<tr>
<td>Doctoral interns are allotted 2 weeks of vacation (10 days) and 6 paid holidays, including:</td>
<td>Labor Day, Thanksgiving, Christmas, New Year's, Memorial Day, July 4th.</td>
</tr>
</tbody>
</table>

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.
**Initial Post-Internship Positions**  
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Total # of interns who were in the 3 cohorts</th>
<th>2014-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>University counseling center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Military health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Academic health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>School district/system</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>2</td>
<td>NA</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Unknown</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.