



Mental Health Systems, Inc (MHS)

Doctoral Internship in Health Service Psychology

Brochure

Minneapolis, Minnesota

Revised July 2026

Aims and Training Philosophy

The aims of the program are to train and teach Interns to become effective professionals in the practice of clinical psychology in a community mental health setting, with intentional mindfulness to diversity, ethics, evidence-based practice, and the acceptance of each unique client story. While MHS specializes in Dialectical Behavior Therapy (DBT) and DBT-informed group programming, another goal of the program is to train Interns to develop into exceptional generalist professionals with specialty training in group therapy, chronic mental health diagnoses, diversity, supervision, and consultation. MHS engages with its clients, staff, and communities with respect and openness while actively working against the stigma of mental health, counseling, mental health disorders, and other ways in which marginalization occurs related to mental health.

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 professional self-awareness and professional identity development. Included in this is connecting to one's self as an individual and to one's self as a provider in the context of the therapeutic relationship. Included in this are the phenomena of transference and counter transference, and how they impacts clinical observations.

MHS Mission Statement

MHS is dedicated to the health and well-being of our clients, our community, and our staff. Our work is guided by our values of acceptance, inclusivity, and curiosity.

We provide evidence-based therapy services in supportive, respectful, and safe environments. MHS promotes personal and community responsibility and growth for our clients, therapists, and staff.

MHS holds that individual and community health, well-being, and change are based in active respect for, and the promotion of, diversity in culture, race, spirituality, age, sex, sexual orientation, gender identification, and personal potential.

History

MHS opened its doors in March of 2002. Our CEO realized that there were no DBT services in the metro area at an intensive outpatient level; the local providers were focused on Marsha Linehan's original once weekly group model. And thus began a central value of MHS: identify the underserved populations and create programming for them. We were one small clinic just south of Minneapolis. Our furniture was all used and the few employees we had shared offices. We occupied one small suite in an unassuming and underwhelming office building.

As MHS grew, its clinic locations expanded. Our first expansion was east of St. Paul (2003)

followed by a site north of Minneapolis (2014). After that we opened a location north of St. Paul (2016). Most recently we developed our virtual clinic in response to COVID-19 (2020) and now in 2021 we opened a sixth clinic south of St. Paul. Our first practicum student – now our Director of Clinical Services – came on board in 2002. We became APPIC members in 2011, and received APA accreditation for the first time in 2019. The program was re-accredited for ten years following our site visit in December, 2023.

Programmatically, MHS has primarily focused on DBT and DBT-informed programs over the years and we remain a group-focused provider. 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 management, and clients creating the long-term life that they want to live.

Diversity and Non-Discrimination Policy

MHS strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by MHS to create a climate in which all staff and Interns feel respected, comfortable, and in which success is possible and obtainable. MHS strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. We believe that a diverse training environment contributes to the overall quality of the program.

MHS provides equal opportunity to all prospective interns and does not discriminate in selection, training, retention or evaluation because of a person's race, color, religion, sex, age, disability, or any other factor that is irrelevant to success as a psychology intern or is a legally protected class. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship. MHS's goal in diversity training is to ensure that interns develop the knowledge, skills and awareness necessary to provide competent psychological services to all members of the public. To this end, the MHS's training program requires an expected competency in diversity training.

Diversity Initiatives

MHS and the internship program within it work to regularly identify, and engage in, diversity initiatives. In 2020-2021, MHS hired an external consultant to meet with our teams and provide feedback on how we could improve as an organization in areas of diversity. As a result, MHS updated its mission statement, case consultation meetings were refined to focus on diversity in case presentations, adaptations were made to team meetings to identify and focus on issues of diversity either by increasing direct focus on diverse topics or by keeping diversity in mind for general training topics. Increased attention was paid to diversity in updating our website. Our efforts to recruit diverse staff and students are regularly reviewed for efficacy. In 2023, MHS developed a diversity and inclusion committee and Interns are encouraged to participate and provide feedback/ideas. There is also an Anti-Oppressive Work Group with ongoing meetings

and discussions as part of the team at MHS, which interns can join if they choose. MHS also joins in community events, such as PRIDE, which interns can join as well.

DBT Programs

Adult: Intensive outpatient level of care; 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.

Waypoint: 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.

Adolescent Waypoint: for co-occurring mental illness and chemical dependency (MI/CD) within the adolescent population. This model addresses targets mental and chemical health concurrently.

Horizons: a modified DBT skills training program for clients with intellectual or developmental disability/mentally illness (DD/MI). 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.

RISE DBT Program: an intensive outpatient treatment program emphasizing adapted DBT to include an emphasis on psychoeducation and trauma-informed coping strategies. This group is for adults and meets twice weekly.

ROOTS DBT Program: an intensive outpatient treatment program emphasizing DBT strategies

for clients who are pregnant or have added a child to their life within the previous two years.

BOOST DBT Program: an intensive outpatient treatment program emphasizing DBT strategies for clients who are employed as healthcare professionals.

In addition to our above group programs, MHS provides individual therapy with adults and adolescents.

Assessment

MHS provides psychological testing services for adults and adolescents to assess functioning including executive functioning, attention, achievement, memory, and cognition. Additionally our assessments can examine both personality and psychopathology. Typical assessment referral questions include, but are not limited to, Attention Deficit/Hyperactivity Disorder, cognitive functioning, or diagnostic clarification. The primary training foci in Assessment center around client conceptualization, differential diagnoses and diagnostic philosophy, coordination with other providers, report-writing, and treatment recommendations.

Accreditation Status

Effective November 15th, 2019, the MHS Doctoral Internship in Clinical Psychology is accredited by the American Psychological Association. Accreditation was re-affirmed after the most recent site visit in December 2023, for a period of ten years. The next site visit will take place in 2033.

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

As noted above, MHS has five physical clinic locations in the Minneapolis/St. Paul metro area: Edina, Woodbury, Plymouth, Roseville, and Apple Valley. MHS also has a virtual clinic that

provides services via telehealth. 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 clinic location has a clinical team Site Supervisor. Multidisciplinary staff degrees include both Doctorates and Masters in psychology and Masters in clinical social work; 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. There are typically 6 students in Edina.

MHS seeks to accept 2 interns this upcoming year. Interns receive a stipend of \$40,000, as well as medical insurance and 2 weeks of paid time off to be used at the Intern's discretion. In addition, MHS observes major, national holidays, e.g. 4th of July, Christmas, Thanksgiving, and New Years Day. MHS will also support holidays that Interns identify carry cultural or religious significance, and recognizes those holidays with paid time off as well. Dissertation release time is available during the Internship. Each Intern is allocated her/his/their 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.

It is important to note that MHS values professional self-care and management of burnout, and as such includes that management in its training goals. Balancing a robust professional life and a meaningful personal life requires intention and discipline. MHS will only require Interns to work 40 hours per week, unless other circumstances are discussed. Unless Interns choose to work in evening programming, there are no standard evening hours and there are no weekend hours. Interns are encouraged to use their time and supervision to accomplish all Internship activities within the established work week.

Training Staff:

Morgan Schwartz, PsyD, LP – Director of Training and Supervision, Assessment Coordinator & Clinical Supervisor

Steve Girardeau, PsyD, LP – Director of Clinical Services & Clinical Supervisor

Chris Malone, PsyD, LP – Didactic Coordinator, Clinical Supervisor

Alyssa West, PhD, LP- Clinical Supervisor

Natalia Montero Vazquez, PsyD, LP- Mentor

Profession Wide Competencies

The goals of the internship are in alignment with the Profession Wide Competencies established by the APA's Commission on Accreditation. The aims of the internship program are to train and

teach Interns to become effective professionals in the practice of clinical psychology in a community mental health setting, with intentional mindfulness to diversity, ethics, evidence-based practice, and the acceptance of each unique client story.

Competencies:

1. Research
 - a. Demonstrate independent ability to critically evaluate research or other scholarly activities
 - b. Disseminate research or other scholarly activities at the local (including host institution), regional, or national level
 - c. Apply scientific knowledge to practice
 - d. Utilize outcome measures to inform treatment planning and goal-setting
 - e. Identify and locate needed research related to presenting clinical problems
2. Ethics and Legal Standards
 - a. Knowledge of and action in accordance of APA Ethical Principles of Psychologists and Code of Conduct
 - b. Knowledge of and action in accordance of relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state (MN), regional, and federal levels
 - c. Knowledge of action in accordance of relevant professional standards and guidelines
 - d. Recognition of ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve dilemmas
 - e. Ethical conduct in all professional activities
3. Individual and Cultural Diversity
 - a. An understanding of how one's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
 - b. 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
 - c. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles
 - d. The ability to apply a framework for working effectively with areas of individual and cultural diversity
 - e. The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
4. Professional values, attitudes, and behaviors
 - a. The ability to 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
 - b. Engage in self-reflection regarding one's personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness

- c. The ability to actively seek and demonstrate openness and responsiveness to feedback and supervision
 - d. Respond professionally in increasingly complex situations with a greater degree of independence while progressing across levels of training
 - e. Engagement in self-care
- 5. Communication and Interpersonal Skill
 - a. The development and maintenance of effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional resources
 - b. Demonstration of a thorough grasp of professional language and concepts while producing, comprehending, and engaging in communications that are informative and well-integrated
 - c. Demonstration of effective interpersonal skills and the ability to manage difficult communication well
 - d. Effective engagement within the team milieu
- 6. Assessment
 - a. Demonstration of current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, and the consideration/inclusion of client strengths and psychopathology
 - b. Demonstration of the understanding of human behavior within its context
 - c. Demonstration of the ability to apply knowledge of functional and dysfunctional behaviors including the context to the assessment/diagnostic processes
 - d. Select and apply instrument methods that draw from empirical literature and that reflect the science of measurement and psychometrics
 - e. 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
 - f. Interpretation of assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases
 - g. Distinguishing the aspects of assessment that are subjective from those that are objective
 - h. Effective communication of the findings and implications of the assessment sensitive to a range of audiences
- 7. Intervention
 - a. The development and maintenance of effective relationships with the recipients of psychological services
 - b. The development of evidence-based intervention plans specific to the service delivery goals
 - c. Implementation of interventions that are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables
 - d. Demonstration of the ability to apply the relevant research literature to clinical decision making
 - e. The ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking
 - f. Evaluation of intervention effectiveness and the ability to adapt intervention goals

and methods consistent with ongoing evaluation

8. Supervision
 - a. Application of supervision knowledge in direct or simulated practice with psychology trainees or other health professionals
 - b. Application of the supervisory skill of observing in direct or simulated practice
 - c. Application of the supervisory skill of evaluating in direct or simulated practice
 - d. Application of the supervisory skill of giving guidance and feedback in direct or simulated practice
9. Consultation and Interprofessional/Interdisciplinary Skills
 - a. Demonstration of the knowledge and respect for roles and perspectives of other professionals
 - b. Application of the knowledge of consultation models and practices in direct or simulated consultations with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior

Intern Expectations and Assignments

Interns are expected to engage in all clinical activities with openness 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 first Monday of August. Interns spend a substantial amount of their time direct face-to-face service delivery, with hours varying depending on group training rotations and internship developmental progression over the training year. Interns begin their year co-facilitating an existing adult DBT group program with a current staff member. This staff member serves in the role of the Intern's Mentor for training in the DBT group. Over time, it is expected that the Intern will acquire skills to function independently with the provision of group therapy. Individual therapy, diagnostic assessments (intakes), and intakes caseloads progress through the internship year.

Around the mid-point of the training year, MHS offers an individualized training experience for each Intern. Interns select from the specialty programs noted above to receive specialized training, informed by their clinical goals and interests. 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 training hour. There are also opportunities for Interns to

provide supervision to practica students and/or unlicensed staff at MHS. As noted above, Interns are expected to complete 2000 hours in 12 months. In the instance that an Intern experiences a life event that necessitates a personal leave, MHS will work closely with Intern and their program to work towards Internship completion within 24 months to follow APA guidelines.

Supervision

Interns have two hours of 1:1 supervision each week with two different clinical supervisors. The Primary Supervisor will assume clinical responsibility and liability for the clinical work; the Secondary Supervisor serves as a consultant and someone with whom the Intern can engage in more in-depth client exploration, case conceptualization, professional identity development, etc. The Primary 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. Interns have two hours of group supervision each week.

Interns provide supervision to practicum students weekly for the duration of the practicum students' time on site. These sessions are audio and video recorded for review in 1:1 supervision. Interns are trained on the provision of supervision and the skills of observing a supervisee, evaluating a supervisee, and providing feedback and direction to a supervisee.

Supervision records are kept secure and confidential by the Training Director indefinitely. These records include formal evaluations, any performance plans, communication with the home academic program, and a copy of their certificate of completion.

Telesupervision Policy

MHS recognizes the importance of supervisory relationships and prioritizes consistency of supervision provided. When possible, supervision will be conducted in-person for both individual and group supervision. Telesupervision may be implemented at the discretion of the Training Program in the event that in-person supervision is not possible. On this occasion, telesupervision is provided via videoconferencing. MHS will provide all students with their personal, HIPAA compliant Zoom account. When telesupervision occurs, it will maintain the same priority and consistency as meetings that occur in-person. Intern supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All Interns are provided with instruction regarding the videoconferencing platform at the outset of the year. Interns will be provided with technology assistance as needed should technical difficulties arise.

Didactic Training

Doctoral Interns at MHS receive a minimum of two hours of didactic training each week. The training topics vary each week, e.g. supervision; ethics and law; differential diagnosing and

diagnostic philosophy; research roundtables; population-specific didactics; diversity topics including LGBTQIA+, gender, ethnic/cultural diversity; dual disorders; and treatment approaches other than DBT, e.g. behavioral activation, psychodynamic, gestalt.

Requirements for Application & Admission:

Prospective Interns will:

1. Be in good standing within their current academic program
2. Accumulate a minimum of 500 intervention and 100 assessment hours prior to starting internship
3. Pass qualifying exams
4. Demonstrate an active interest in the training opportunities offered by MHS and articulate the nature of those interests
5. Be willing to take risks, explore their therapeutic process
6. 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
7. 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 knowledgeably 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
8. A minimum level of achievement indicated by rating of no less than 3 (on a 5-point Likert scale) for any competency

Application Procedures:

If you would like to apply for the Doctoral Internship in Clinical Psychology 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 in Health Service Psychology materials and questions should be directed to:

Morgan Schwartz, PsyD, LP
Mental Health Systems, Inc.
6600 France Ave. Suite 230
Edina, MN 55435
952-460-9018
mschwartz@mhs-dbt.com

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