

If You Build It, They Will Come: Creating Psychology Internships in Rural Communities

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Abstract: Opportunities for accredited doctoral level internship training in rural areas are limited in comparison to more urban settings. This imbalance is especially noted for those students who specialize in school psychology. This article describes the creation of a rural professional psychology internship consortium that emphasizes the recruitment and retention of interns who are dedicated to delivering mental health services to child/adolescent populations in rural settings. The rewards and challenges of supervision and sustainability are discussed.

Keywords: psychology internships, rural, supervision, technology

The capstone experience for doctoral students in school psychology involves an internship in which a future school psychologist works independently under the supervision of an appropriately credentialed psychologist. Historically, many school psychology students from APA- and non-APA-accredited programs completed their internships in school settings under the supervision of doctoral level, credentialed school psychologists who may not be licensed for independent practice. In fact, there continues to be some variability in the internship expectations among doctoral level school psychology programs depending on their accreditation status and the availability of dually licensed supervisors (i.e., licensed psychologist/credentialed school psychologist). Alternatively, clinical and counseling doctoral programs have required supervision by licensed psychologists and most of these students participate in the Association of Professional Psychology Internship Centers (APPIC) system (“the Match”) to find an appropriate internship. In this way, the preparation of doctoral level school psychologists has differed from that of other students in health service psychology.

In 2013, the APA-Council of Representatives formally adopted a resolution indicating that all programs designed to train health service psychologists should be APA-accredited and all

internships should have recognized accreditation. Programs were given five years to work towards this goal and internship programs were given seven years (American Psychological Association [APA], 2013). For APA-accredited school psychology programs this resolution presented a challenge. There were few accredited school-based positions in the Match and a long-standing imbalance between the number of applicants and available positions across all areas of health service psychology training (Hatcher, 2013).

School Psychology Interns and APPIC

School psychology students have not always fared well in comparison to other psychology specializations in the Match. In 2019, the placement rates in accredited internships for clinical and counseling students (from PhD and PsyD programs combined) was 94.4% and 93.4%, respectively. In contrast, school psychology doctoral students from accredited programs matched at an overall rate of 78.8%; those students in PsyD programs had an especially low match rate of 63.6% (Association of Professional Psychology Internship Centers [APPIC], 2019). This discrepancy has led some to suggest that school psychology students may not be as competitive in this process.

Because school sites make up only about 2% of available APPIC member sites, school psychology students frequently apply to sites directed by training directors from non-school specialties (e.g., clinical or counseling). Training directors from non-school backgrounds may be unaware that the new Standards of Accreditation (SOAs) ensure that students in all APA-accredited programs, regardless of specialization, have experienced a similar general and foundational preparation and are expected to meet the competencies outlined for health service

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psychologists. In their comparison of APPIs (applications to APPIC internship sites) completed by clinical and school psychology students, Mahoney et al., (2015) found that even though there were only minor differences in the recorded training hours between students from these different specializations, 100% of clinical applicants had matched compared to 53.9% of school psychology applicants.

School psychology doctoral intern applicants appear to face a dual challenge when applying for internships. There are relatively few accredited internship positions that adequately match school psychology students' skills (e.g., child/adolescent focus, school-based setting or rotation), and if there are, they may be viewed as less competitive by training directors with non-school specializations. For school psychology students seeking accredited internships, finding a placement in a hospital or clinic setting may represent their preferred sites, but for others, it may be their only option given the limited number of school sites (APPIC, 2019). As noted, if a school psychology student is interested in a rural setting, the options for placement become especially limited. A recent search of the APPIC directory (APPIC, 2019) revealed 25 sites that had "rural" in their descriptor, and of these, only 12 accepted school psychology students.

Health Service Psychologist Shortages

At the same time, there are serious shortages of health service psychologists in many areas of the United States, with most of these shortages concentrated in rural areas (Health Resources & Services Administration, 2019). Although rural living may offer many advantages, community members often lack access to services, especially as related to mental or behavioral health providers. For example, in the Mountain region of the United States (i.e., ID, MT, WY, NV, UT, CO, AZ, NM), an area which encompasses large rural areas, there are approximately 16.6 psychologists per 100,000 residents and 46% of counties did not have a psychologist-level provider (Andrilla et al., 2018). Those practitioners who do reside in rural areas may find themselves facing unique practice challenges such as distrust from community members and complex social networks that increase the potential for dual or multiple relationships. Furthermore, service providers in rural

areas are likely to experience greater skepticism towards mental health treatments and differing cultural values (Riding-Malon & Werth, 2014). The shortage of providers and lower rates of insurance coverage means that the mental health needs of rural children are often unmet (Robinson et al., 2017). Yet, it is well-established that early intervention is critical to supporting better outcomes for youth with behavioral health challenges.

Unfortunately, these shortages extend to school psychologists as well (National Association of School Psychologists [NASP], 2017), with a similar trend of fewer providers in rural areas (Clopton & Knesting, 2006). These shortages are especially notable in the Northwest and Rocky Mountain regions. In fact, Castillo et al. (2014), projected that by 2025, the Rocky Mountain region would experience a nearly 5% loss in school psychologists each year due to retirement, attrition, and decreasing incoming workforce. For many youths, especially those who are from low-income backgrounds or who represent racial and/or ethnic minority groups, their only access to mental health services occurs in educational settings (Ali et al., 2019), making it even more important to have well-trained school psychology practitioners.

Given the limited number of behavioral health providers across clinic and school contexts in rural areas, expanding the training opportunities in these underserved areas may result in a greater number of placements for school psychology doctoral students. According to the most recent report from the Centers for Disease Control (Center for Disease Control [CDC], 2017) on children's mental health in rural areas, the three strategies that hold the most promise for increasing access to care include telemedicine, integrating behavioral health with primary care, and developing school-based health centers. Psychologists with a specialization in school psychology would be well-suited to provide these types of services given their experience with child and adolescent populations, broad training in interventions and assessment, knowledge of working across systems and in multidisciplinary contexts, and program evaluation skills.

Creating Training Opportunities

Psychology tends to be more of an urban profession with only about 1% of training programs located in

rural areas (Domino et al., 2019). Training programs located in or adjacent to rural areas have a great opportunity to develop programming that introduces their students to rural practice. In their survey of advanced graduate students in clinical psychology ($n=884$), Jameson et al., (2009) found that most of their respondents were from non-rural settings and attending universities in urban or suburban settings. When asked about their perceptions of rural practice, their attitudes were generally in the average range. Most notably, respondents who were from rural areas or who had completed some of their training in these settings, tended to hold more positive perceptions of rural practice (Jameson et al., 2009). Similar findings have been reported for physicians and social workers (e.g., Hancock et al., 2009; Mackie, 2012). Therefore, creating internship opportunities in rural and frontier areas may expand opportunities for students from rural backgrounds and allow them to seek placements in and remain in these communities once their training is complete (Domino et al., 2019). Additionally, interns from more urban or suburban settings may want to experience what it is like to practice behavioral health in a small community.

Creating quality internship placements that provide unique training opportunities represents one avenue for enhancing the capacity of rural communities to meet the mental health needs of child and adolescent populations. The current article describes the process used to create one psychology internship consortium, High Plains Psychology Internship Consortium (High Plains PIC), which has a mission of preparing and retaining psychologists to provide behavioral health care to children, adolescents, and adults in rural schools and clinics.

Context of the Program

School psychology programs that are APA-accredited have a clear incentive for developing an affiliated internship program. This affiliated training experience may help to attract qualified students to the program with the knowledge that there is an accredited internship opportunity in the area, it helps to increase the number of licensed practitioners who can later act as supervisors, and it builds the capacity of the surrounding school districts to address the mental health needs of children and their families. Because program training directors have cultivated quality field placements for their students and

have likely formed strong networks among local supervisors and school districts, they are in a unique position to develop a consortium. These professional relationships can form the foundation of a psychology internship program.

In more rural areas, building an internship consortium can be a bit more complicated because of the distances between sites. The term “rural” has different definitions and is generally considered to be any area that does not fit into an urban area or urban cluster. The U.S. Census Bureau defines urban clusters as 2,500 to 50,000 and urban areas as 50,000 or more. However, factors such as distance to an urban cluster are considered in some definitions and a preferred determination of rural is to identify the population density within a county. For example, counties can be ranked by the percentage of their population considered to be rural (U.S. Census Bureau, 2019). More recently, the term frontier has been used to identify extremely remote areas that might have a population density of six people per square mile and require a significant commute (e.g., 15 minutes to a small town and 60 minutes to an urban area) (Rural Health Information Hub, 2019). The 2010 Census indicated that approximately 60 million people or 19.3% of the population were considered to be living in rural areas (U.S. Census Bureau, 2019).

In keeping with the promising practices outlined by the CDC (2017), integrated services designed to address children’s mental health requires building partnerships with schools, medical clinics, and community mental health agencies. Since educational personnel are often among the first to recognize emotional and behavioral concerns in children (Girio-Herrera et al., 2013), it is important to include school psychologists in these collaborative efforts. Partnering with university training programs represents another avenue for expanding capacity in rural communities. These types of training opportunities introduce new practitioners to rural areas, expand the number of available service providers, and may ultimately help these communities recruit and retain a future workforce.

Building a Psychology Internship Training Consortium

Choosing Locations

As the imbalance between interns and internship sites has narrowed, the importance of creating

programming that fills a special niche or gap in opportunity has increased in order to attract a robust intern applicant pool. In the specific case of HP-PIC, we made the decision to reach out to school psychology practitioners in neighboring states, (i.e., Wyoming and Nebraska) so that our consortium could reach the large rural and frontier areas of northeastern Colorado, southwestern Wyoming, and western Nebraska. Unfortunately, at the time, Wyoming was facing a financial downturn just as we began planning for the consortium and needed to withdraw, leaving rural areas of Colorado and Nebraska as the primary location for the nascent psychology internship consortium. At the time, there were few existing opportunities for APA-accredited psychology internships in this broad area and one of these sites was specific to school settings or focused on child and adolescent populations. Therefore, we believed that our consortium would fill a significant void in terms of expanding services to youth and creating opportunities for individuals who wanted to live and work in a rural community.

Building Partnerships

One of the first steps in building a consortium was to identify potential partners. In contrast to more urban settings, there are fewer possibilities in more rural communities. The number of potential licensed psychologist supervisors are limited, and when one considers the need for dually licensed school psychologist/licensed psychologist, that number dwindles. On the other hand, because of the longstanding position as a training program, the University of Northern Colorado has had many school psychology graduates stay in the area. These individuals are employed in different types of setting (e.g., school, private practice, day treatment) and have dual licensure. For HP-PIC, this meant we were able to identify possible partners who would serve as the core training faculty group. They, in turn, invited their community partners who could provide opportunities for mini-rotations.

In order to create sustainability, one of the most important elements was to recruit a core team who would constitute the internship's training faculty. These supervisors needed to commit to attending regular meetings, performing certain administrative tasks related to the ongoing structure of the consortium,

and most of all, maintaining a focus on the training aspect of the internship year (e.g., regular supervision, release time for the intern to research and additional training, providing unique opportunities to advance the intern's development). Their respective agencies were asked to make a three-year commitment to the consortium. Together, our group committed to the overarching goal of preparing and retaining future cohorts of behavioral health professionals who were committed to addressing the mental health needs of child, adolescent, and adult populations in rural areas.

Obtaining Necessary Resources

Another important step for moving forward was to identify and secure resources that would create a sustainable program. Although funding is key, other valuable resources include in-kind support such as release time for the training director, and access to administrative support, website developer, graphic artist, videoconferencing platform, knowledgeable professionals able to deliver didactics, and any number of other resources that make the work of an internship consortium possible. Because universities and school districts have limited funds, and start up fees can be costly, access to external funding is a critical element in getting a consortium started. The grants offered through Division 16 and APA have provided a substantial incentive for individuals to develop internship programs by providing funding as well as consultation about the process.

In the case of HP-PIC, as we were exploring the possibility of applying for this funding, we were referred to a consulting company (Clover Educational Consulting). This company was developed specifically to provide guidance to training programs and psychology internship training programs seeking to become accredited. Our rural location made us well suited to apply for a large Health Resources & Services Administration (HRSA) development grant. Our consultant at Clover wrote the grant, submitted it through one of our training sites (a non-profit), and four months later, we were using these funds to build HP-PIC. In our situation, having a knowledgeable consultant was key as we could develop policies and practices that aligned with the APA training competencies. Because our consultant had experience developing other rural training consortia, she could offer strategies that other programs had used to address

various aspects of training that were made more difficult by training sites housed two and a half hours apart. For example, we incorporated telesupervision from the start to address the need for two hours of group supervision per week.

Managing the Details

Starting a new program required several decisions—internship name, mission statement, number of interns, pay, insurance, didactic topics and speakers, group supervision schedule, budgets, evaluation processes and forms, website design and logo, and advertising strategy to name a few. Furthermore, when forming any new working group, one of early steps is to decide issues such as leadership and decision making. A shared leadership style allows for two or more members to guide the project team and results has been found to increase consensus, decrease conflict, and generally contribute to group cohesiveness (e.g., Bergman, et al., 2012).

The training faculty for HP-PIC opted for this type of shared leadership with our consultant acting as both facilitator and leader, our training director acting as leader and deferring to agencies for expertise related to funding, insurance, and logistics of onboarding interns. We obtained broad consensus which allowed us to quickly move forward on policies, forms, and processes. We believed these could be modified in subsequent years, if needed, once we had completed our first cohort of interns. These initial months of building the foundation were critical. Even though there is the flexibility to make minor changes for elements that are not working, we believed it was best that we had the basics of a sound internship training experience in place.

One of our biggest decisions was deciding when to enter the APPIC match; should we begin immediately or wait a year? We decided to maximize our support from the consultant and moved forward with recruiting for two of our sites that had assured funding. Because we were not yet an APPIC member, we carried out our own advertising. My graduate assistants were invaluable in helping to send an email to every training director. We made postcards for distribution at the APA internship networking event and the annual state internship meeting; we sent email blasts across various listservs (e.g., Trainers, Division 16, and CDSPP), and reached out to local

school psychology programs to notify them of this new opportunity. Our first year, we had four applicants and matched with our two top choices. The next year, with the addition of two new internship sites, we had three applicants and matched two interns in Match I. However, we ultimately filled all positions with four highly skilled interns. For the 2019-2020 training, our application pool grew to 15 applicants in Match I (filling our three intern slots) and to 42 during this past year (filling four of our five intern slots). These numbers may seem small, but it confirmed our belief that many students from all over the United States resonated with what we had to offer. Table 1 outlines the steps taken in building an internship consortium.

Table 1

Steps in Developing an Internship Training Consortium (with estimated timeframe)

Step 1: Planning Stage (~5 months, January – June):

- Meet with potential partners who have the capacity to support an intern.
- Share expectations for participating in consortium and secure informal agreements.
- Apply for grants to support your work.
- Develop a working committee that will outline all aspects of the program: aim of program; sites; potential rotations; supervisors; pay and benefits (including insurance, release days, reimbursement for travel); policies (e.g., due process); decision-making process for training faculty, expectations for training faculty and interns; development of all evaluation procedures and forms.
- Formalize your decisions and commitment through an affiliation agreement.
- Develop a website, handbook, and brochure.

Step 2: Recruiting Interns (~8 months, July – March):

- Register sites with National Matching Service (need at least two filled positions to become APPIC member).
- Ensure that the consortium's website, handbook, and brochure are correct and accessible.
- Advertise as broadly as possible (e.g., listservs, reach out to local training programs, direct emails to Training Directors).
- Create a welcoming internship orientation to review policies and practices.
- Participate in Match I, Match II, and the Post Vacancy Match Service to fill sites.

Step 3: Training Cycle (~12 months; July/August – July/August)

- Once your first interns have started, begin to gather data throughout this internship year and continually seek feedback from these first interns.
- Ensure all evaluation forms are complete before interns leave.
- Celebrate the success of the Year 1 with your interns and supervisors
- Reflect on the year and make appropriate changes in the training experience for supervisors and incoming interns.

Step 4: APPIC Membership (~3-4 months; September – January, during Step 3):

- Review all APPIC policies and adhere to these closely (e.g., communication with the training program, timelines, supervision requirements).
- Submit APPIC application as soon as possible in order to have membership prior to the next recruiting cycle.
- Make minor adjustments as needed based on formal and informal feedback from APPIC, interns, and supervisors to improve processes.

Step 5: APA Accreditation (~8-13 months; February – October/ March)

- Write comprehensive self-study and work with training faculty to gather all needed documentation and incorporate preliminary data.
- Submit self-study and respond to preliminary feedback in a timely manner
- Prepare for site visit.
- Minimize changes during this time and update all materials to reflect current status in the APA accreditation process.
- Celebrate successful site visit and wait for the COA decision (depending on when materials are submitted, time to decision can vary).

Step 6: Plan for Sustainability (continuous):

- Formalize a process for adding new sites to grow the internship and reduce the burden on the current training faculty.
- Align membership dues with actual program costs.
- Delegate responsibility among training faculty and plan for rotating the Training Director position as appropriate.
- Develop a Training Director and Training Faculty Handbook that outlines responsibilities, timelines, policies, and other expectations to facilitate training of new supervisors and potential rotation of the Training Director position.
- Negotiate for appropriate time release to dedicate to program development and maintenance.
- Become involved with APPIC and seek support and consultation as needed.
- Write grants to support your work and provide extra funds for special projects.

Facilitating Growth through Supervised Experience

After the initial planning and recruiting steps have been finalized, the focus of the Training Faculty began to change from administrative processes to training and supervision of interns. Although many aspects of the training cycle are similar regardless of location of the training site, there are continued challenges that are unique to rural areas that are important to consider. Specifically, there is a greater reliance on technology for supervision, training, intern cohesion, and rotations with community partners.

Individual and Group Supervision

One of the most fundamental aspects of the internship year is to provide quality supervision. Through effective supervision, interns grow into

competent professionals thereby improving the quality of services delivered to their clients and the broader community (Simon & Swerdlik, 2017). Therefore, great emphasis was placed on supervision and helping interns to expand their skills sets by creating opportunities for enhanced training and development. Health care providers in rural areas are often expected to work collaboratively and quickly develop professional independence given the unique challenges of their context. If these experiences are provided with appropriate supports, interns are able to work closely with others in multidisciplinary contexts, to practice with clients from diverse backgrounds, and to integrate into their communities. Through these opportunities, interns learn the importance of professional networking especially within the context of rural healthcare settings, an experience helps them develop depth and breadth in their skills (Fatima et al., 2018). These benefits and challenges, when offered with appropriate support and supervision, have the potential to provide a greatly enriched experience for psychology interns.

In our consortium, as in many rural internships, distance, travel time, and weather present hurdles when planning for necessary support and supervision. To meet the weekly requirement for supervision (two hours individual and two hours of group), our focus was on appropriately and reasonably supporting interns in their development and overcoming geographical barriers to in-person meetings. At the beginning of the year, interns engage in self-evaluation of their current skills with their supervisors. Together, they develop personal goals and an action plan so that supervisors are aware of and guide skill development as necessary for each intern's individual needs. This action plan serves as a guide for supervision and is revised as goals are met and new needs identified. This method allows interns to voice their priorities within supervision and increase their self-reflection. As the year progresses and the initial self-assessment and action plan are reviewed, interns can identify the progress they have made, often leading to enhanced confidence and an emergence of clinician independence and professional identity. Additionally, we prepare interns in advance for the possibility that they will be asked by others to complete professional tasks that are beyond their skill

set, a practice that is all too common in rural settings. More intensive supervision is offered initially, but as the year progresses there is a gradual tapering of intensity and guidance based on the individual intern's progress and confidence.

Each site supervisor integrates technology into their supervision using a variety of platforms for electronically mediated exchanges. For instance, one of our supervisors provides direct skill instruction and then, during subsequent supervision sessions, reviews these recorded sessions to provide feedback on the implementation of targeted strategies. The use of shared calendars and report writing programs allows supervisors to monitor interns' activities, progress on assigned tasks, and the number and types of activities they have had the opportunity to complete. Different technology applications include a variety of telecommunication applications such as text messaging, phone calls, e-mail, facsimile, online instructional formats/information access, digital video clips, video observations, and live stream observations to further supplement weekly face-to-face supervision. This variety of approaches allows for consistent supervisor-supervisee interactions, even when the supervisor is at a different site than the intern. This arrangement (separate locations and geographic distance) is a common challenge for rural supervisors (Wood et al., 2005).

Although individual supervision is almost exclusively in person (pre-COVID), group supervision is delivered using videoconferencing on a HIPAA-compliant platform. There are several programs that offer videoconferencing and it is important to select one that is compliant with the regulations of the Health Insurance Portability and Accountability Act (HIPAA) and has entered into a Business Associate Agreement (BAA) that confirms their recognition of responsibility to protect patient information. Zoom for healthcare is one such platform, but there are many popular videoconferencing platforms that also conform to HIPAA, such as *thera-LINK*, *TheraNest*, *Doxy.me*, *VSEE* (Davidson, 2020). At our site, we add a layer of extra protection by asking interns not to share any identifying information during case discussion.

By providing group supervision via video-

conferencing we can reduce travel barriers. This supervision structure, most often facilitated by the training director, permits each site supervisor (all practicing in different practice venues) to periodically lead group supervision. This format provides interns access to the perspectives of other supervisors and enriches their experience. To maintain cohesion among group supervisors, we have a shared file where group supervision notes are stored so that the group supervisor for each week can follow up on any discussion items from the previous week. Across the year, we incorporate a variety of different topics that align with the experiences of interns. The general format is a brief check-in, a topic for the day, and then case discussion as time allows. The topic for the day tends to align with where interns are at in their development. For example, our early group supervision topics address system entry, practicing in rural contexts, and building professional relationships. As the year progresses, we provide discussion prompts related to finding a post-doctoral experience, complex case conceptualization, navigating different systems (e.g., health, juvenile justice, Child Protective Services) with clients, and other topics that emerge as interns move through their training year. Some group supervision topics may be more reflective or process oriented where interns are encouraged to engage in introspection – “How have they changed since the beginning of their experience?”, “What are their greatest challenges?”, “What are their remaining goals?” We have aligned our individual and group supervision with the practices outlined in the *Guidelines for Clinical Supervision in Health Service Psychology* (APA, 2014).

Supervision is a critical component of the internship and in order to be effective, supervisors need support as well. Supervisors guide the practice of their interns by helping them build knowledge and skill as well as monitoring the quality of their services (e.g., Bernard & Goodyear, 2014). In order to perform this important function, supervisors must understand the factors that contribute to successful outcomes, specifically, the development of a strong supervisory working alliance (e.g., Enlow, et al., 2019). If a trusting relationship has been established, feedback is more readily accepted by the intern (Karpenko & Gidycz,

2012). The internship training committee can provide consultation by supporting supervisors who may need to give difficult feedback to a supervisee (e.g., Jacobs et al., 2011) or to explore their own reactions to supervisees.

Facilitating Growth through Training Opportunities

An internship is more than simply providing interns a chance to practice direct service with supervision, it must also be a training year where additional information is provided to enhance their knowledge through didactics, specialized rotations, and site-based research. These expectations are similar across settings, regardless of their location, but as noted, may be somewhat more challenging in rural communities. In this section, we have summarized the efforts of HP-PIC in delivering these various elements.

Orientation and Didactics

To lay the groundwork for the supervisory relationship and to build intern cohesion, we offer a two-day orientation that is hosted across the different sites. We want interns to have the chance to learn about each site, meet the key staff, and have a chance to see the community in which the sites are located. This site exposure is then repeated throughout the year as each monthly didactic day is based on a rotating cycle at each of the intern's home site facilities. This structure allows the other interns an opportunity to experience the unique aspects of each internship site, ultimately broadening their exposure to a variety of rural service models and communities/cultures.

Another approach for enhancing intern competency occurs through the delivery of didactics, which are defined as “planned sessions of instruction that are included within the internship training curriculum” (APA, 2015). These are considered core to helping interns develop an advanced knowledge base in specific skills or to gain exposure to more specialized topics. These didactic sessions can also be used to review the core competencies as applied to the specific settings of interns (Zuckerman et al., 2020). In keeping with our specific mission as well as the health service professional competencies, we offer didactics that focus on legal and ethical issues, rural practice, diversity, trauma, issues specific to child and adolescent practice (e.g., specific assessment approaches, advanced intervention), and professional

issues (e.g., studying for EPPP, starting a private practice). Incorporating this aspect into the program was challenging. Initially, we offered the didactics every week after individual and group supervision. This approach was difficult for interns as it did not provide enough opportunities for the interns to interact (as both group and didactics were offered via videoconferencing). During the subsequent internship year, we offered a day-long didactic series at different training sites with a focus on different specific competencies. Although many of our colleagues have generously volunteered their time to provide two hour sessions for these didactic days, we are wary of “burning out” these individuals by repeatedly asking them to donate their time. Therefore, we partnered with the HRSA-funded Group for Rural Internship Training (GRIT) project, which supports rural psychology internship training programs by expanding access to a broader range of didactic speakers (both live and recorded).

Specialized Rotations

Although much of our planning went towards building the program itself, some of our most important discussions included a consideration of the types of experiences we wanted to offer to interns. Our original sites offered a primary placement in a school setting, a private practice, or a day treatment program. However, we also wanted our interns to have supplementary or specialized experiences that could occur through a rotation (e.g., working with a different supervisor with specialized knowledge, time spent at a partnering agency). Our goal was to help our interns develop a broad set of skills, to increase the complexity of their case conceptualization, and provide different opportunities aligned with their interests to help them develop into competent professionals. These rotations have included providing mental health services in a school setting (for the intern at the day treatment program), counseling in a trauma-specific clinic, and a rotation in an integrated health care setting. Each year, we revisit the possibilities for partnership and then match these to the interests of the incoming interns.

Site-Based Research

An additional element of a quality internship experience is to integrate science and research into the practice of health service psychologists (e.g., Melchert et al. 2019). At HP-PIC, we have done this

through bimonthly research meetings that focus on different aspects of evidence-based practice and the incorporation of a site-based research project. During the first half of the internship year, interns complete a comprehensive case conceptualization and in the second half of their internship, a single case design project that focuses on the behavioral change of one of their clients. Additionally, interns are guided in a participatory action project (e.g., Wood, 2020) that is designed in collaboration with their site supervisors as a means to address a problem of practice or as a legacy project that “gives back” to the training site. Our goal is to teach interns about practitioner research that is designed to enhance the practice of the individual and their agency.

Sustainability or Rolling with the Punches

Up to this point, our story has focused on the positive experiences of building this internship and there are many. Our training team is a collegial group that is dedicated to the internship and to providing the best experiences for our interns. They have different areas of expertise and reach out to one another to consult about aspects of supervision or about troubleshooting difficult situations. With the help of our consultant, our program was registered through APPIC and received accreditation, on contingency, from APA. Funding from Division 16 and APA were critical for offsetting the initial program costs and for obtaining more consulting time, which was used to prepare for the APA site visit. We have finalized our third internship cohort and nine interns have graduated from our program, with four more entering. All interns have been strong candidates and have assisted us in learning how to offer a better internship experience. Over the last two years, we have had two interns stay another year at two different sites to complete their post-doctoral hours.

However, any large-scale endeavor is bound to face unexpected challenges that require creativity, perseverance, and belief in the greater mission. Sometimes the hurdles we faced were minor (e.g., finding adequate housing for interns in small rural communities, helping an intern struggling with the isolation of living in a small town), and sometimes the challenges were more substantial (e.g., adapting to a partner closing its doors due to financial restraints, preparing for the APA site visit). To address the loss

of a founding partner site, we decided to expand the consortium. There is a natural ebb and flow in the availability and motivation of various partners and planning for sustainability is always key when developing a new program. As a group, we decided how to add new partners, how many, and from which organizations. Our new sites offer different types of experiences, bring energy to the training committee, and work well with our more established partners. In the future, we will need to identify a new Training Director from among our training faculty to allow for a fresh perspective and shared responsibility.

Those supervisors who take on interns find themselves having a substantial increase in workload. Site supervisors spend between 2-3 hours per week in individual supervision with their intern and spend an additional 5-6 hours across the course of a year leading group supervision. Additionally, they spend an hour a month in a Trainer’s meeting and ensure that the various mid-term and final evaluation forms are completed. Supervisors are available throughout the work week to respond to intern questions, concerns, and crises, as well as to review intern case notes and evaluation reports. The day-to-day time demands that are inherent in being a Training Director and a Site-based Intern Supervisor are time consuming and challenging, yet the privilege of watching interns grow and develop into professionals is immeasurable.

The work is never ending and there is so much more to do. We would like to add a formal post-doctoral opportunity to our sites to extend the training opportunities in these rural sites. Relatedly, we want to apply for the National Health Services Corps program so that interns who stay on for post-doctoral positions could waive some of their student loan debt. Finally, we are open to consulting with others who are interested in developing their own sites in order to expand capacity.

Conclusion

Developing a professional psychology internship is not an endeavor to be taken lightly, especially when located in a rural area. In addition to surpassing the benchmarks that are common for developers of all professional psychology internships (e.g., becoming an APPIC member, attaining APA accreditation, recruiting interns), creating a school psychology internship in a rural region presents unique challenges.

Most notably, these developers must create partnerships with licensed school psychologists in regions where they are both scarce and over-burdened by caseload sizes. Furthermore, these developers must implement creative communication systems—usually by utilizing teleconferencing and other technologies—that can overcome the geographical distances that often divide interns and their directors of clinical training (DCTs), site supervisors, and didactic speakers. Lastly, decisions must be made on how to effectively manage and sustain program development and evaluation efforts across several dispersed sites.

The time demand and day-to-day challenges of developing such an internship program can be overwhelming, but the opportunity to build something from the ground up is fulfilling. Our training team has come together to offer an excellent training opportunity for professional psychology interns who are interested in advancing children’s mental health in rural areas. As professionals, we have challenged ourselves and developed our own capacity for leadership. The members now view themselves as trainers as well as practitioners. They diligently mentor and supervise their interns to help them become the promising practitioners of the future. They have found a way to give back to their profession and to advocate for the future of the field.

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