

# ***Minnesota Consortium for Advanced Rural Psychology Training (MCARPT)***

## ***A post-doctoral training program in rural clinical psychology***

***If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.***

--Antoine De Saint-Exupery  
**1900-1944**

### **I. Introduction**

The unique cultural of rural America presents challenges to the effective delivery of healthcare in frontier areas and its impact on delivery and maintenance of mental health services to rural Americans. Rural Americans are disproportionately underserved by mental health services of all disciplines. Part of this challenge is that psychologists and other mental health professionals are inadequately prepared to practice in rural communities across the country. Rural psychologists, by necessity, must be generalists and understand the unique ethical and professional challenges of practicing in small communities where the day to day delivery of mental health services may be vastly different than in urban settings. As most graduate schools of professional psychology have a distinctly urban bias, many graduates are ill prepared to function as independent rural mental health practitioners in small towns and frontier communities. This leads to a cycle of recruitment, retention, and attrition activity for rural communities which extracts an enormous price both in the economic losses, and in the fracturing of services that rural communities desperately need.

### **II. A snapshot of rural mental health concerns**

1. Over the past 20 years, rural suicide rates for adolescents and adults have surpassed urban suicide rates in large part due to dispersed populations, large geographic areas, and shortages of trained professionals and resources.(Fingerhut & Gunderson, 1995; National Center for Health Statistics, 1995, Marshfield Clinic, 2000).
2. Rural residents are more likely to be victims of violence than their urban counterparts (SAMHSA, 1995).
3. Alcohol and drug use is higher in rural residents than in urban or suburban residents, especially among rural youth (Columbia University, 2000).
4. Depression threatens the health of rural residents (APA Public Policy Office, n.d.).

5. An estimated 2/3 of rural residents with mental illness receive no care at all. Less than 10% of the 2200 rural hospitals across the nation offer mental health services. Further, 75% of federally designated Mental Health Shortage Areas are rural (APA Public Policy Office). *The entire catchment area for the MCARPT program is federally designated as a mental health shortage area.*
6. Lack of transportation is a serious obstacle to obtaining and maintaining mental health services in rural areas (Bierman, 1997).
7. Rural areas lack all forms of healthcare providers. But, the shortage of mental health professionals outstrips that for medical or dental health. In the 3075 counties in the United States, 55% (all rural) have no practicing psychologist, psychiatrist, or social worker (Bureau of Primary Health Care, 1999).

### **III. Admissions Requirements**

- ✓ An earned doctorate degree in clinical or counseling psychology from a university or professional school accredited by the American Psychological Association (APA).
- ✓ A strong interest in rural practice and serving the needs of traditionally underserved rural populations.
- ✓ Completion of a 12-month full time internship accredited by the American Psychological Association (APA) or listed by the Association of Psychology Post-doctoral and internship centers (APPIC).
- ✓ 3 letters of recommendation from professionals who are familiar with the applicant's clinical, professional, and academic abilities.
- ✓ Official copies of all graduate transcripts.

### **IV. Key Information**

- \$40,000 Annual Stipend
- Medical and dental benefit package partially paid by MCARPT
- 23 total days of paid time off (PTO) for vacation, sick leave, holidays, and continuing education.
- Up to \$1000 paid moving assistance.
- Annual continuing education stipend of up to \$1000
- \$75 monthly mileage stipend.
- Use of cell phone and laptop computer for the duration of the training.

### **V. Goals and Training Philosophy**

The primary goal of MCARPT is to recruit and prepare doctoral level psychology graduates to assume positions of healthcare leadership in rural and frontier communities. In accomplishing this goal, MCARPT will address the significant shortage of doctorally trained psychological practitioners across our rural communities.

The MCARPT program subscribes to a practitioner-scientist training model. It is our belief that professional psychologists are uniquely trained to assume clinical, teaching

and leadership roles in rural communities. We value the combination of scholarship, academics, familiarity with research in psychology, and the ability of these to directly inform applied practice. MCARPT envisions the one-year postdoctoral training experience as the minimum necessary preparation for trainees to assume positions of psychology leadership in rural areas. As rural psychologists are by nature and by need, generalists, the MCARPT program strives to provide supervised training in a diverse spectrum of ages, patient populations, patient problems, psychopathology, and treatment modalities. Further, MCARPT emphasizes the understanding and appreciation of the unique needs, culture, and customs of rural America.

## **VI. MCARPT Core Competencies**

The MCARPT program is based on the acquisition and mastery of 11 core competencies that MCARPT believes are necessary to function as a psychologist clinician, consultant, teacher and community leader. The selection and design of the rotational sites and curriculum is heavily dependent on their relationship to the core competencies of rural practice. All clinical activities of the fellowship are based on their relationship to these competencies and it is these values that drive the continuous quality assurance and ongoing evolution of the training program. Individual clinical tracks will emphasize some competencies over others in keeping with the particular specialty track (primary care vs. clinical community)

1. Outpatient mental health practice in both traditional and primary care settings.
2. Psychological practice and service delivery in primary care hospitals.
3. Innovative and non-traditional delivery of mental health services: in home treatment and day treatment programs.
4. Outpatient substance abuse assessment, diagnosis, education and treatment.
5. Domestic violence assessment, intervention, education, and treatment.
6. Delivery of psychological and consultation services to governmental agencies: County Social Services, Law Enforcement, Tribal Government, and the Courts.
7. Delivery of psychological services (assessment, diagnosis, consultation, education, and treatment) to local school districts and educational institutions.
8. Delivery of geropsychological services to nursing homes, supervised residential facilities and extended care facilities.
9. Multicultural competency, sensitivity to diversity, and recognition of the role of background, ethnicity, and environment in the successful delivery of effective psychological services.
10. Research, community leadership, and program evaluation.
11. Awareness, understanding, and sensitivity to unique ethical, professional, and personal challenges of rural practice.

## **Consortium Partners**

### **A. Becker County Human Services**

*This partner includes Becker County Social Services, Becker County Public Health, and Becker County Juvenile Probation Services.*

Rural psychologists are charged with developing and maintaining working relationships with a number of service agencies, community representatives, and governmental offices. Successful collaboration with other professionals is one of the keys of effective utilization of limited healthcare resources. These 2 rotations will offer the resident the opportunity to develop a working knowledge of the roles, responsibilities, and realities of various human service agencies and care providers in the consortium's main catchment area of Becker County. Activities will include participation in interagency supervisory and staffing meetings with area mental health providers through the Becker County Social Service office in Detroit Lakes and the Public Health Department, which is currently subsumed under Social services administratively. Under supervision, residents will participate in assessment, evaluation and brief counseling, both on site and off site, of clients served by these agencies.

Additionally, residents will be exposed to twice monthly staffing of clients jointly served by county social service case managers, White Earth Tribal Mental Health, Lakeland Mental Health Center, Stellher Human Services, and others. These meetings will give the resident an overview of both successful collaboration between agencies and an understanding of obstacles to interagency cooperation and facilitation of service delivery. Also, the resident may participate as part of a multidisciplinary child/adolescent treatment evaluation/treatment team for at-risk youth and/or working collaboratively with public health nurses serving clients with chronic medical conditions.

Clinical Supervisor: *Don Janes M.S., L.P*  
*Licensed Psychologist*  
Director, Children's Mental Health Program  
Becker County Human Services

### **B. White Earth Indian Health Services**

This rotation provides the resident the opportunity to recognize the role of culture and world view and how they affect clinical practice, expectations and attitudes that mental health professionals and American Indian clients (and other ethnic minorities) have toward one another. This rotation will permit the psychology resident to begin to develop an understanding of the American Indian client, specifically Anishinaabe culture, ethnicity, spirituality and historical trauma in the delivery to and reception of mental health services, by the American Indian client, in a rural setting. Rural psychologists must be aware of the variables of acculturation, communication, interpretation of

behaviors, beliefs, intergenerational and historical perspectives, and evaluation of clients from ethnically diverse cultures in order to effectively serve rural communities. This also includes becoming sensitive to the culture of poverty, both on and off the reservation, and its impact on provision of effective psychological services. Rotational experiences with this partner will include exposure to both tribal based mental health services, as well as participation in more traditional Western mental health concepts via the federal Indian Health Service clinic. Activities may include providing mental health diagnostic and treatment services to ambulatory Indian clients through the Indian Health Service (IHS), participation in alternative mental health treatment delivery approaches through local tribal agencies (in home and school based psychological consultation, collaboration, and education to both IHS and tribal professional and para-professional staff, direct instruction from tribal historian, attendance at tribal cultural and governmental events, and exposure to the integration of spiritual and psychological concepts in the understanding of American Indian clients.

Clinical supervisor: *Darryl Zitzow Ph.D., L.P.*  
*Licensed Psychologist*

### **C. Pine Point Public School (on the White Earth Reservation)**

This rotation provides the resident the opportunity to provide psychological services directly within a school setting. Residents will assist with direct mental health evaluation and treatment of students, consultation with staff and teachers, program development, in-service education of stakeholders regarding mental health concerns, and serve as a resource for all school personnel regarding mental health concerns.

Clinical Supervisor: *Brian Gatheridge Ph.D., L.P.*  
*Licensed Psychologist*

### **D. Lakeland Mental Health Center**

In rural communities, innovative and creative delivery service models are utilized to compensate and overcome shortages of treatment settings and qualified mental health providers. Due to the disproportionate level of poverty in rural and frontier communities, the concept of day treatment and other group formats are used as a low cost alternative to inpatient mental health care, usually not available in rural communities. The goal of day treatment for rural citizens is to reduce patients' symptoms and enhance their overall functioning and quality of life. This rotation offers the resident the opportunity to participate in the execution of day treatment programming for both children and adults, perform diagnostic evaluations of program participants, collaborate with mental health center staff in client interviews and record reviews, and understand the Adult Rehabilitative Mental Health Services (ARMHS) program in relation to rural service delivery. Further, residents will have exposure to the Community Support Program (CSP) which serves rural citizens with serious and persistent mental illness (SPMI) and understand the role of such services in the context of rural mental health programming.

Clinical Supervisor: *Jim Torkildson, Ed.D., L.P.*  
*Gary Bowman Ph.D., L.P.*  
*Licensed Psychologists*

### **E. Lakes Crisis and Resource Center**

This rotation provides the resident an opportunity for understanding of the current practice concepts of rural domestic violence, domestic crimes, spousal abuse, sibling abuse, and the continuum of conflict in rural families and relationships. Rural communities experience violence in both traditional and non-traditional families at a rate that exceeds that of urban communities. Psychologists must be aware of current literature and practice standards in the area of battering and violence in order to adequately serve the community at large. This rotation will also include exposure to conceptual understanding of power and control in the cycle of violence, the relationship of rural culture (agricultural issues, spiritual/religious issues, cultural diversity) to domestic violence, and an understanding of forensic issues pertaining to domestic violence including awareness of the legal processes pertaining to restraining orders, witnessing children, court room policies, and interagency cooperation with police and attorneys. Rotational experiences may include working on call with domestic abuse advocates, educating staff and volunteers about mental health issues pertaining to violence and abuse, provide short term psychological services to selected clients seeking services for difficulties related to witnessing or experiencing violence, designing and/or co-facilitating support groups for adults and children who are affected by violence, participate in providing mental health services to adults and children participating in the Positive Connections visitation center.

Clinical Supervisor: *Brian Gatheridge Ph.D., L.P.*  
*Licensed Psychologist*

### **F. MeritCare Clinic: Detroit Lakes and Perham**

During these rotations, residents will be exposed to the role of the psychologist in primary care ambulatory rural medical clinics. Emphasis will be on collaboration and consultation with primary care medical doctors, medical specialists, and other healthcare professionals. Activities will include individual psychotherapy, diagnostic assessment, and consultation of patients normally encountered in a rural medical facility.

Clinical Supervisors: *Jeff Leichter Ph.D., L.P.;*  
*Gail Pickett, Ph.D., L.P.;*  
*Donald Preussler Ph.D., L.P.*  
*Licensed Psychologists*  
*(Depending on site)*

### **G. Perham Memorial Home/Golden Living Center (Ottertail)**

Rural psychologists, as community healthcare leaders, are frequently consulted to provide psychological services to small hospitals and nursing homes. The professional psychologist practicing in a rural community must understand the central role of the local hospital in the fabric and history of the community. It is a resource which touches the lives of rural citizens from birth through the lifespan to death. The practice and privilege of rural hospital based psychological services can be extremely confusing and fraught with cultural rules and regulations that are unfamiliar to the newly graduated psychology resident. In rural settings, the need for cross-discipline understanding and cooperation is particularly accentuated given the paucity of healthcare providers. As primary care physicians are the central healthcare gatekeeper in rural hospitals and clinics, this training experience will emphasize effective communication and collaboration and development of alliances with primary care physicians in assessment and treatment of both traditional mental health disorders as well as being contributors to the management of healthcare problems encountered in hospitals and nursing homes. As part of this experience, residents will begin to understand the theory, practice, language, and culture of primary care medicine and compare and contrast cultural differences and similarities of rural psychology and rural medicine and identify barriers and catalysts to successful collaboration. Residents will have the opportunity to complete psychological assessments of patients hospitalized in rural community medical facilities and extended care facilities to include evaluations of both traditional psychological disorders and concerns as well as psychosocial, family, and cultural issues which impact the course of hospitalization, discharge, and long term planning

Clinical Supervisors: *Sue Sailer LSW,*

*Director of Social Services, Perham Hospital and Home.*

*Becky Robertson LSW*

*Director of Social Services, Golden Living Center*

## **H. Detroit Lakes Public Schools**

This rotation will expose the psychology resident to mental health issues normally encountered in rural school districts and will provide opportunities for interaction and consultation with teachers, parents, and school personnel. The rural psychologist needs to be proficient in providing necessary assessment and diagnosis as well as appropriate therapy interventions for common student mental health issues. This may include, but is not limited, to the categories of mood disorders, anxiety disorders, adjustment disorders, behavioral disorders, learning disabilities, classroom performance issues, and parent-child conflict areas. Rotational experiences may include supervised diagnostic assessments of district students, training in use of school related psychometric instruments, individual and group therapy with selected students, collaboration with educators and parents, co-facilitation of student therapy groups, and inservice training of school staff.

Clinical Supervisor: *Sarah Jensen Fritz, M.A., L.P.*

*Licensed Psychologist*

## **MCARPT Clinical Faculty**

### **Jeffrey Leichter Ph.D., L.P., Training & Clinical Director**

Dr. Leichter was born and raised in Long Beach, California. He graduated from the University of California with a bachelor's degree in biological sciences in 1982. He enrolled in the graduate program at the California School of Professional Psychology (now Alliant University) in Los Angeles and obtained a master's degree in 1985 and a Ph.D. in 1987 in clinical psychology. From 1987-1989 he was a postdoctoral fellow and instructor in primary care health psychology at St. Joseph's Hospital/Michigan State University State Department of Family Medicine. From 1989-1990 he was a staff psychologist and the director of behavioral medicine at National Rehabilitation Hospital in Washington, D. C. In 1990 he joined the staff of MeritCare Clinic in Detroit Lakes, Minnesota as a clinical psychologist and served in that capacity until 2000. From 2000-2001 he was Director of Clinical Training for the Harold Abel School of Psychology at Capella University in Minneapolis, Minnesota, where he served as a core faculty member until 2007. In 2001, Dr. Leichter returned to MeritCare Health System and continues to work as a clinical psychologist in a rural primary health care clinic. He has served as an adjunct faculty with St. Mary's University in Minneapolis He is a member of the American Psychological Association, Minnesota Psychological Association, and Arizona Psychological Association and is licensed to practice psychology in Michigan, Minnesota, and Arizona. He is also listed in the National Register of Health Service Providers in Psychology, holds the Certificate of Professional Qualification (CPQ) from the Association of State and Provincial Psychology Boards, and was a consulting editor for the journal *Professional Psychology: Research and Practice* from 2001 to 2006.

### **Donald Preussler Ph.D, L.P., Assistant Clinical Director**

Dr. Preussler received his Ph.D. in clinical psychology in 1989 from the University of North Dakota and did his residency training at the University of Texas Medical School in Houston, TX. He did his post-doctoral work in clinical child psychology and holds a master's degree in human development. He is a licensed psychologist in the states of Minnesota and Illinois and is a member of the National Association for Rural Mental Health as well as other professional organizations in the fields of psychology, medicine and religion. His professional background includes over fifteen years of academic employment and various clinical positions including administrative and supervisory responsibilities for all levels of training in clinical psychology. His research interests have been in the areas of psychometric assessment, the integration of psychology with health and religion, psychopharmacology and most recently rural psychology. He is currently employed by MeritCare Clinic in Detroit Lakes, MN.

### **Gary L. Bowman, PhD, LP**

Dr. Bowman completed his PhD in Counseling Psychology at the University of Minnesota in 1996. Research interest focused on the impact of parental interpersonal dynamics on female adolescent development in alcoholic families. Clinical internship emphasized delivery of psychological services in rural areas of South Dakota with particular attention to Native Americans. Currently Dr. Bowman provides clinical services at Lakeland Mental Health Center in Detroit Lakes, Minnesota. He provides individual, marital, and family therapy for clients ranging from young adolescents to older adults. Prior experience includes psychological service in an emergency room setting, oncology unit, and a crisis shelter for runaway adolescents. Additionally, Dr. Bowman has taught graduate and under-graduate courses related to clinical services, and worked as a teacher in the Minneapolis Public Schools for seven years.

### **Brian Gatheridge Ph.D., L.P.**

Dr. Gatheridge was born and raised in the rural NW Minnesota town of Kennedy. He earned his bachelor's degrees in psychology and sociology from North Dakota State University (NDSU) in 2001. Subsequent to graduation he enrolled in the clinical psychology graduate program at NDSU, earning his master's degree in 2003. From there he enrolled in the doctoral program in clinical psychology (child and adolescent emphasis) at Washington State University, earning his Ph.D. in 2007. Through the academic year of 2006-2007 he worked to complete his predoctoral internship training in pediatric psychology through the University of Minnesota Medical School. His postdoctoral fellowship was completed through the MCARPT program in 2007-2008. It was through the MCARPT program that his fondness for rural practice was enhanced and subsequent to the end of his fellowship he accepted a position with MeritCare Health System. It is in this position that he will work as a licensed psychologist in and around the Detroit Lakes community, while also remaining involved in the MCARPT program as a clinical supervisor.

### **Don Janes, M.S., L.P.**

Mr. Janes is licensed psychologist. He has worked several years in community mental health. He currently supervises children's mental health and developmental services and chemical dependency services at Becker County Human Services. Mr. Janes obtained his bachelors degree in 1976 in sociology and psychology from Northern State College in Aberdeen, South Dakota. He went on to earn his master's degree in community counseling psychology from St. Cloud State University. He then went on to do additional training in marriage and family therapy at St. Mary's University in Minneapolis. Before taking on his job with Becker County Social Services, he worked for Lakeland Mental Health Center for 10 years, both as a psychologist and later as the adult services director.

### **SARA JENSEN-FRITZ M.S., L.P.**

Sara is a graduate of the University of North Dakota (BA, Psychology), North Dakota

State University (MS, Psychology-Clinical Behavior Analysis), and Moorhead State University (PsyS, Specialist Degree, School Psychology). The first part of Sara's career was spent in a clinical setting at Southeast Human Service Center in Fargo, ND, where she completed psychological evaluations, behavioral consultations and was involved with individual and group therapy. Sara became a Licensed Psychologist in 1998. Currently, Sara is a School Psychologist for Detroit Lakes School District. She conducts special education evaluations and is an active participant on student assistance teams and child study meetings. As a member of these teams Sara consults with teachers and parents to develop individual and classroom interventions.

**Gail Pickett, Ph.D., L.P.**

I consider a small community in Northeast Missouri to be my hometown. Growing up in a community of 2,000 people and graduating from a high school class of 74 provides me with front row knowledge of what "rural" means. Working with a consortium dedicated to providing post-doctoral training to psychologists desiring to work in rural communities is exciting and a "good fit" for me. I earned my undergraduate degree in secondary social studies education from the University of Missouri - Columbia in 1983. Master's degree (1993) and doctorate (1998) in clinical psychology were earned at the University of Missouri - St. Louis. Pre-doctoral internship was with the VA Medical Center, Jefferson Barracks campus in St. Louis. My research focus centered around PTSD and trauma issues, including the effects of trauma work on the therapist. I have worked for the state of North Dakota in a regional outpatient "human service center" for almost seven years before coming to Minnesota. This opportunity has allowed me to appreciate the need for good collaboration between and among treatment providers when working with clients of all ages and needs within a rural setting. I will bring an attitude of cooperation and partnering to my clinical practice and supervisory involvement.

**Sue Sailer, LSW**

Director of Social Services, Perham Memorial Hospital & Home. Sue graduated with a Bachelor's Degree in Social Work, with minors in Psychology & Sociology from Bemidji State University, May 1977. She has maintained social work licensure through the State of Minnesota since licensing began with the Minnesota Board of Social Work. She started working on her Master's degree in Social Work with an emphasis on Indian Child Welfare through the University of MN-Duluth. She has had a wide range of social work experiences in the past 25+ years, including: child protection, chemical dependency, mental health, geriatrics, medical social work, hospice and end-of-life care. The majority of her experiences have involved social work in the medical delivery system. Advocacy for patients and assisting them to navigate health challenges is the most rewarding portion of her work. Sue advises: Maintaining a sense of humor is crucial.

**James Torkildson Ed.D., L.P.**

Dr. Torkildson earned his B.A. Degree in Psychology from Moorhead State University

(1979), his M.A. Degree in Counseling Psychology from Ball State University (1984) and his Ed.D. Degree in Educational Psychology and Counseling from the University of South Dakota in 1986. He has worked in community mental health for approximately 15 years and served as Chief Psychologist for a long term placement children's home. He has also worked as a professor of psychology while residing in Indiana. Dr. Torkildson returned to Minnesota in 2002 at which time he accepted the position to serve as the Director of the School Based Mental Health project for the Otter-tail County Family Services Collaborative. In July of 2007 he left this position to assume the clinical director role for the Lakeland Mental Health Center in Detroit Lakes. He is a Licensed Psychologist in the State of Minnesota and is providing mental health services in addition to his site director responsibilities.

**Darryl Zitzow, Ph.D., L.P.**

Dr. Zitzow earned his master's degree in clinical psychology from the University of North Dakota in 1975 and completed his Ph.D. in psychology from Walden University in 1980. He is licensed as a psychologist in both Minnesota and South Dakota and also holds licensure as a social worker in Minnesota. He completed his doctoral internship at Aberdeen State University in South Dakota. He worked as a professor of psychology at Northern State University in South Dakota for 10 years where he directed the campus counseling center. He has worked for Indian Health Services on the White Earth Reservation since 1985 where he directs the mental health service. His clinical interests and specializations include Native American emotional/behavioral adjustment issues, suicide among Indian youth, gambling addiction, and family development issues among Native peoples.

## **Current Psychology Residents**

*Jonathan Aligada Psy.D.*

*Jon earned his doctorate in clinical psychology at Argosy University in Minneapolis, MN in 2008. Jon completed his predoctoral internship at the Arrowhead Psychological Clinic in Duluth, MN and also completed doctoral training practicums at the Argosy University Student Counseling Center, Guadalupe Alternative Program in St. Paul, MN., and the Loring Family Clinic, Center for Attention and Learning, in Minneapolis, MN. He earned his Bachelor's of Arts degree in philosophy from St. John's University in Collegeville, MN. Jon is a member of the American Psychological Association and also has worked as a psychiatric nursing assistant at Regions Hospital in St. Paul, MN.*

*Abby Stanislaw Psy.D.*

*Abby earned her doctorate in clinical psychology at Argosy University in Minneapolis, MN in 2006. She completed her predoctoral internship at the Neighborhood Involvement Program in Minneapolis as well as doctoral practicums at Allina Behavioral Health Services, Chrysalis Center for Women, and Greenleaf Elementary School, all in the Twin Cities. She earned her Bachelor's of Arts degree at the University of Minnesota, Morris.*

## **Recent MCARPT Graduates**

*Brian Gatheridge Ph.D., L.P. (2008 MCARPT graduate)*

*Brian is employed by MeritCare Clinic, Detroit Lakes, MN., where he maintains a clinical practice in child/adolescent psychology. He became licensed in December 2008 following his graduation from the MCARPT program. He does outreach to the Pine Point School on the White Earth Reservation and is a consultant to the Lakes Crisis and Resource Center.*

*Kimberly Haala Ph.D., L.P. (2008 MCARPT graduate)*

*Kim is employed by the Mankato Clinic in Mankato, MN. where she is a clinical health psychologist working in a primary care medical clinic. She became licensed in December 2008 following her graduation from the MCARPT program.*

*Susan Welnel Psy.D., L.P. (2007 MCARPT graduate)*

*Susan is employed by Mayo Clinic in Albert Lea, MN. following employment with Northwest Medical Center in Thief River Falls, MN. She became licensed in December 2008.*

## **We are proud ...**

- ❖ to have been named a “**promising practice**” by the Minnesota Department of Health, Office of Rural Health and Primary Care, in MDH’s 2005 report on Mental Health and Primary Care. That report is available at <http://www.health.state.mn.us/divs/chs/mentalhealth.pdf>
- ❖ to be only the 5<sup>th</sup> post-doctoral training site in the state of Minnesota to be accepted into the APPIC program.
- ❖ to have been featured in the November 2008 edition of the *Minnesota Physician*, in their annual rural health focus ([www.mppub.com](http://www.mppub.com))
- ❖ to have been highlighted by the National Association for Rural Mental Health (NARMH) at their 2008 annual convention in Burlington, VT. and to be a member of NARMH.
- ❖ to have been funded by the Medica Foundation, Bremer Foundation, Bush Foundation, SJE Electro Systems Foundation, Detroit Lakes Area Community Foundation, and the United Way of Becker County.
- ❖ to have served 230 rural clients with mental health problems in the 2007-08 training year at no cost to the consumer. These services were valued at nearly \$483,000 in direct contribution to Becker, Mahnomen and Ottertail Counties and the White Earth Indian Reservation.





