Internship Training Manual
Overview of History of Meier Clinic® of Wheaton

The Meier Clinic® of Wheaton was established in September of 1986. We were the first out-of-state branch of the Minirth-Meier Clinic® of Richardson, Texas. Because of our national radio program through Moody Broadcasting and the many books by the clinical staff of our headquarters in Texas, we experienced incredible growth, which increased our Wheaton professional staff to 36 by the time the Clinic was about three years old. We began with outpatient care only in the Wheaton location, but soon developed an inpatient program for adults and then adolescents, and then also developed a free-standing Day Program for Adults in 1988. We currently provide Outpatient, Adult and Adolescent Intensive Outpatient, and Adult Day Program.

We began to develop outpatient satellite clinics in Illinois, utilizing the support staff in Wheaton as the administrative team for each clinic with regard to appointment scheduling, secretarial support and so forth. We now have four outpatient clinic locations in Illinois--Wheaton, Geneva, Northbrook, and downtown Chicago.

In 1995 we sought and attained Joint Commission Accreditation of all of our Illinois clinics and programs. When we completed our first full survey in September of 1996, we were awarded Joint Commission Accreditation with Commendation. In 1999 we were accredited by CARF, the Commission for Accreditation of Rehabilitation Facilities, and retain this accreditation to date.

Minirth-Meier Clinics® merged with New Life Treatment Centers in 1994, and officially became “New Life Clinics” in name in January of 1998. In 2001, the management of the clinics was returned to Paul Meier and his sister Nancy Brown, and we changed the name to Meier Clinics®. There are Meier Clinics® coast-to-coast, and the headquarters have been moved from Richardson, Texas to Wheaton, Illinois.

Our Clinics are known for their philosophy of treatment of the whole person--emotionally, physically and spiritually. We are a non-denominational, Christian counseling organization, offering a full continuum of care appropriate for the level of need of each individual.

Meier Clinic® Services

The Meier Clinic® of Wheaton is a large private practice that provides a full range of psychological and psychiatric services for clients of all ages. The Meier staff is comprised of over 30 professionals and students representing a variety of disciplines including clinical psychology, psychiatry, marriage and family therapy, social work, psychiatric nursing, pastoral counseling, and addictions counseling. (See Appendix A for a list of staff members.)

Services span a continuum of care including Outpatient, Adult and Adolescent Intensive Outpatient, and Adult Day Program.
Counseling is provided to individuals, couples, and families across a broad spectrum of DSM-V diagnostic categories. Psychiatric services are provided for clients’ medication needs. Psychological testing is provided across the continuum of services and is a significant part of the assessment process provided at the Meier Day Program. In addition, Meier provides a Speakers’ Bureau as a community service to churches, schools, and other interested groups. Periodic professional workshops are offered on various topics (see Appendix B for a list of recent seminar topics). The Meier Clinic® is licensed by the State of Illinois to provide CEU’s to social workers.

**Internship Program**

**Basic Description:**

The Meier Clinics® of Wheaton offers a pre-doctoral internship in clinical psychology and neuropsychology. This training program provides an opportunity to learn clinical applications with a Christian emphasis.

Each year, two students will be selected to participate in the clinical psychology track and one student in the neuropsychology track. This is a 12-month internship that requires 2,000 hours with at least 25% of this time in direct client contact. These hours will be distributed between the various programs of the Meier Clinics® of Wheaton.

Interns are trained in individual, marital and group therapy, and mental health programming. Caseloads include families as well as individual adults, adolescents, and children. Psychodiagnostic testing for several patient populations will also be a significant part of the training experience. The neuropsychology intern will have a focused experience centered in neuropsychological assessment, diagnosis and intervention.

**Supervision:**

Each intern receives two hours per week of individual supervision with a licensed clinical psychologist. In addition to this, each student receives two hours of group supervision involving didactic and individual therapy activities as well as case presentations. Supportive encouragement and critical feedback are utilized to help interns develop professional abilities that fit their own interactive style to enhance therapeutic effectiveness. Some additional time is provided for special research and learning activities.

**Training and Didactic Activities:**

Didactic activities occur throughout the intern’s training experience. We provide training seminars as a part of our two weekly one hour group supervision meetings, both meeting on Thursdays. The Psychological Testing Group Supervision meeting is focused specifically on assessment and set up in a monthly rotation format as follows:

**Week 1:** Review of current testing cases from the Day Program. I believe this to be one of the greatest strengths of the internship. In this meeting, we review the testing batteries for day hospital patients that the interns have had clinical experience with daily since the patient was
admitted. The combination of assessment data and clinical experience truly "fleshes out" the test data, giving an experiential understanding of diagnostic and assessment issues working out in clinical practice.

Week 2: Review of current literature on testing issues. In this meeting, we review articles from the current literature on testing issues.

Week 3: Review of current testing cases from the day program.

Week 4: Presentation of various psychometric instruments. In this meeting, the interns or the staff make presentations reviewing and/or teaching the use of whatever psychometric instruments they are interested in or need more training about.

Week 5: (if applicable) Review of current testing cases from the day program.

The Outpatient Group Supervision meetings are case presentations three weeks of the month and a training seminar one Thursday of each month. These seminars are done by our clinical staff and range in topic based upon their expertise. A list of recent topics is provided in Appendix B. In addition during the year, there are a variety of educational seminars and inservices for the interns.

There are two weekly case conferences. The Day Program case conference meets on Fridays, and the Adolescent IOP case conference meets on Thursdays. These meeting consist of a multidisciplinary team for each program. During these meetings the program staff including the interns presents each current case and discusses case conceptualization, diagnostic considerations, and treatment recommendations.

In addition to these training activities is a weekly Journal Club that also meets on Thursdays. This one hour meeting involves the presentation and discussion of current journal articles on any topics relevant to the practice of psychology. Topics typically include empirically based treatment interventions, testing validity and use, ethical considerations in practice, cultural and religious diversity to name a few.

Internship Structure:

The primary activities for the internship consist of Outpatient counseling, Intensive Programs, and psychological assessments. The Outpatient counseling, psychological assessments are consistent throughout the internship. The Intensive Program portion of the internship consists of two rotations: process group therapy and expressive group therapy in both the adult and adolescent programs.

In the Outpatient Department, interns will see between 8 and 12 outpatients per week in individual, marital, and family therapy under the supervision of a licensed psychologist. As part of the outpatient team, interns are required to attend the weekly outpatient group supervision.

In the Intensive programs, the intern will rotate between providing group therapy and providing expressive therapy for the Day Program (PHP) and the Adolescent IOP. They will also attend once-per-week staffing for each program as well. Interns will provide individual counseling to Day Program/Adolescent IOP patients two to three times per week when they have individual cases, which are assigned as needed for these programs. Interns typically have a caseload of one or two PHP or IOP patients. The interns are responsible for the therapeutic interventions and case management of each patient. Interns will periodically also participate in other program activities, including multi-family group, didactic groups, and marital/family interventions.
Psychological assessment is a significant part of the Meier Internship. Interns will be performing approximately one psychological test battery every month. These batteries typically include a clinical interview, administration of objective and projective tests, evaluation of test data, and a psychological report. The instruments include, but are not limited to: MMPI, MCMI, Rorschach, Rotter incomplete sentences, TAT, K-BIT, Wechsler scales, TOVA, Achenbach scales, and Brown scales. The intern is responsible for the direct administration of the assessment activities with the patients. The assessments are performed under the supervision of a licensed psychologist. The testing is done with Day Program patients, Adolescent IOP patients and outpatients to assess a wide variety of diagnostic concerns and to clarify treatment recommendations.

The neuropsychology track will have a specialized focus on learning neuropsychological assessments for patients’ school age through elderly adults, with diagnostic issues ranging from assessment of learning disabilities through dementias. Through supervised clinical experience and formal individual and group training in psychological and neuropsychological assessment, the intern will learn the fundamentals of neuropsychological assessment, including: an overview of clinical neuropsychology; description of the procedures in a neuropsychological examination; interpretation of neuropsychological examination data; diagnostic issues; assessment of orientation and attention; memory; executive functions; verbal functions and language; visual, auditory and tactile perception; concept formation and reasoning; motor and sensory functions and the apraxia’s. In addition to training in neuropsychological assessment, the group assessment seminar provides training in standardized measures of personality assessment and projective measures. For more specific information regarding this track see the neuropsychology program manual.

In addition to the aforementioned activities, other optional rotations may be considered. The approximate breakdown of hours and activities during a typical week is listed in Appendix C.

Our accrediting body requires we inform our interns of the potential risks of working at our facility. We work with a psychiatric population and, as such, our patients are potentially impulsive and somewhat unpredictable. We have never had an incident of dangerous behavior in all the years our Wheaton clinic has been in operation. Nevertheless, the risk does exist.

Research:

Although the primary emphasis of the internship is placed on clinical experience, the Meier Clinic is committed to the scientist-practitioner model of professional psychology. Based on this commitment, two hours of the weekly schedule are set aside for dissertation work or research projects initiated by the interns, or projects that are being conducted by the agency staff.

Intern Evaluation:

The interns get written evaluations twice a year. These are internal evaluations in addition to any evaluations required by the intern’s doctoral program. Interns are evaluated on clinical skills,
assessment skills and professional development. The Intern Evaluation Form is located in Appendix F.

Qualifications of Candidates:

Candidates must have completed all formal requirements towards a doctoral degree in counseling or clinical psychology (course work and supervised practicum), and have made progress on their doctoral project/dissertation to participate in this internship program.

Stipend:

The internship is for the calendar year August 1 to July 31, and carries a stipend of $20,000.00.

Training Objectives

The mission of the Meier Clinic® Pre-Doctoral Internship Program is to facilitate the development of interns in the following ways.

1. Apply the intern’s foundation of academic knowledge to the realities of clinical practice.

2. Equip interns with assessment, intervention, consultation, and therapy skills so as to function professionally, ethically, and competently.

3. Provide interns with training experiences that highlight the range of problems presented by clients in a suburban, multi-service, private practice and a changing healthcare environment.

4. Contribute to the intern’s continuous development of a professional identity.

5. Promote the intern’s theoretical integration of Christianity and clinical psychology, and its clinical application.

The Application Procedure

The Meier Clinics® is an equal opportunity employer and training site. An intern manual and current informational brochure will be sent to applicants upon request. Our program adheres to APPIC Match policies, participates in APPIC Match, and the AAPI Online application service must be used by all applicants to apply to our internship program.

Each applicant will be asked to:

1. Complete the AAPI Online application.
2. Obtain three letters of reference from persons with first-hand knowledge of the applicant’s capabilities.
3. Obtain “Verification of Internship Eligibility and Readiness” from the director of the academic program.
4. Submit curriculum vitae, a transcript of graduate academic work, and a work sample (see application form).
5. Respond to the additional questions requested.

Application materials should be received by December 1 for an applicant to be considered. All candidates will be informed of their interview status by December 15. Interviews will be conducted in late December and early January. The interview is in a group format and lasts a full day. Telephone interviews can be arranged for an applicant who cannot visit in person.

Address all inquiries to:

Bradley Kahle, Psy.D.
Director of Clinical Training
Meier Clinics®
2100 Manchester Road, Suite 1510
Wheaton, IL 60187-4561
bkahle@meierclinics.com

The Selection Process

After the interviews have been completed, all applications will be reviewed by the Director of Clinical Training and other supervising psychologists. E-mails will be sent to those applicants who are no longer being considered for an internship placement at Meier. Prior to the notification date for acceptance established by the Association of Psychology Postdoctoral and Internship Centers (APPIC), the psychology staff, including current interns, will convene to arrive at rankings for selection of three interns.

Meier Clinics® will follow the APPIC matching process. If any positions remain unfilled after the match day, inquiries may be made using the National Matching Service clearinghouse.
APPENDIX A

Licensed Clinical Psychologists

Andrea Boyd, Ph.D. University of North Carolina, 2003. Individual, marital and family therapy; treats adults and adolescents; specializes in Attention Deficit Hyperactivity Disorder.


Kristi Graham, Ph.D. Vanderbilt University, 2000. Clinical Director of Chicago office. Individual, marital, and family therapy; children, adolescents, and adults; psychological testing; specializing in mood disorders and multicultural concerns.


Jeena Jacob, Psy.D. Illinois School of Professional Psychology, 2000. Individual, marital and family therapy; treats children, adolescents, and adults; psychological testing; special training in neurofeedback.

Jane Jung, Psy.D. Wheaton College, 2010. Individual, martial and family therapy; treats mainly adults; specializes in family therapy and marital and premarital therapy.


Psychiatrists

Gary Casaccio, M.D. Psychiatry, Chicago Medical School, 1992. Medical Director for Illinois Clinics. Adults; assessments and medication management; specializes in general and postpartum depression, seasonal affective disorders, social anxiety disorder, and nutrition.


Steve Lee, M.D. Psychiatry, University of IL, 2002, Residency at Rush 2002-2006. Adults; assessment, medication management, specializes in anxiety, and depression, chemical dependency, Obsessive Compulsive Disorders, delusional, and health related issues.


Counselors


Jane Cairo, L.C.S.W. University of Illinois at Chicago, 1983.


Ryan Daniels, L.P.C. Concordia University, 2006.

Carol Davis-Serpa, L.C.P.C. Roosevelt University, 1991.


Kate Waddilove, L.C.S.W. Dominican University, 2006.


APPENDIX B

Recent Inservice/Workshop Topics

2010

Seasonal Affective Disorder
Inner Child Work/Partswork
Neurofeedback II
Project Nathan
Effective DBT Skills
Illusions/Disillusionment in Marriage
Mother-Daughter Forgiveness
Sozo
Addictive Control Strategies
Issues in Working w/ Teens/Parents

2011

Eating Disorders.
Ericksonian Therapy and Experiential Techniques
Collegiate Athlete Body Image Discrepancy and Coping
Narcissistic Rage
How to Conduct Threat Assessments
Depression in Pregnancy: A Program Evaluation
Adolescents and Substance Abuse
Sculpting: An Expressive Therapy Technique
Dialectical Behavior Therapy from a Christian Perspective
Child and Adolescent Mood and Behavior Disorder

2012

Co-therapy as a Training Model: Identifying Client Perceptions and Input on the Therapeutic Alliance
How to Talk to Kids about Sex
Adolescent Suicide in the Faith Community
Vicarious Trauma and Resilience
Transforming Community: A Resource
Cutting
Dreams and Psychodrama
Mild Traumatic Brain Injury
Neurofeedback
ADHD Assessment
Depression, Bipolar and Anxiety Disorders in Children and Teens
Reflections on Trauma Attachment and Neuroscience
2013

Obsessive-Compulsive Disorder
Enneagram
Cross Cultural Views of Self
DSM V Preview
Life Scripts: Transactional Analysis of Dr. Eric Berne
Dialectical Behavioral Treatment
Biopsychosocial Factors that Influence Compliance in Youth with Type I Diabetes
Christianizing EMDR
Immanuel Prayer
Bodywork
Brain Cooling in Treatment of TBI & PTSD

2014

Mindsight and Parenting: An Introduction to Daniel Siegel, MD
Treating Self Injury
Sozo
Visual Processing Disorders
Major Depression- “Suicide Escape” with author Mike Bushman
Possession Phenomena
Trauma / Sex Addiction
Neurofeedback
Cultural Diversity in the Therapeutic Alliance
Disability Evaluation for Social Security
APPENDIX C

Internship Structure

Clinical Psychology

<table>
<thead>
<tr>
<th>Activities</th>
<th>Hours</th>
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<tbody>
<tr>
<td>1. Outpatient (individual, couple and family therapy)</td>
<td>10/week</td>
</tr>
<tr>
<td>2. Day program/Adolescent IOP (individual, group therapy and didactic)</td>
<td>10/week</td>
</tr>
<tr>
<td>3. Psychological Testing (test administration and report writing)</td>
<td>7/week</td>
</tr>
<tr>
<td>4. Individual Supervision</td>
<td>2/week</td>
</tr>
<tr>
<td>5. Group Supervision</td>
<td>2/week</td>
</tr>
<tr>
<td>6. Staffing Clients</td>
<td>3/week</td>
</tr>
<tr>
<td>7. Professional Development (testing, seminar, research/dissertation and</td>
<td>3/week</td>
</tr>
<tr>
<td></td>
<td>inservice training)</td>
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<tr>
<td>8. Case Management</td>
<td>3/week</td>
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</table>

TOTAL 40/week

Neuropsychology

<table>
<thead>
<tr>
<th>Activities</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outpatient (individual, couple and family therapy)</td>
<td>4/week</td>
</tr>
<tr>
<td>2. Neuropsychological Testing</td>
<td>15/week</td>
</tr>
<tr>
<td>3. Data Integration and Report Writing</td>
<td>10/week</td>
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<tr>
<td>4. Individual Supervision</td>
<td>2/week</td>
</tr>
<tr>
<td>5. Group Supervision</td>
<td>2/week</td>
</tr>
<tr>
<td>6. Supervision of Externs</td>
<td>4/week</td>
</tr>
<tr>
<td>7. Professional Development (testing, seminar, research/dissertation and</td>
<td>3/week</td>
</tr>
<tr>
<td></td>
<td>inservice training)</td>
</tr>
</tbody>
</table>

TOTAL 40/week
APPENDIX D

Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, inerrant, authoritative Word of God.

2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.

3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, His sinless life, His miracles, and in His vicarious and atoning death through His shed blood. We also believe in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and in glory.

4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. We believe that salvation is by grace through faith in Christ as one's Savior.

5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

8. We believe in the sanctity of life, and do not believe in abortion.

9. We believe in the importance of marriage, and although the Bible states that divorce is permissible in two unusual circumstances (adultery as described in Matthew 5:31, and abandonment of a Christian by a non-Christian as described in Corinthians 7:15), we will do all we can to preserve marriage.

10. We believe that all psychological principles should be thoroughly evaluated through the grid of Scripture, and that Scripture always holds the final authority.
APPENDIX E

MEIER CLINICS DUE PROCESS PROCEDURES: THE IDENTIFICATION AND MANAGEMENT OF INTERN PROBLEMS/CONCERNS AND INTERNSHIP PROBLEMS/CONCERNS

This document provides interns and staff a definition of problematic behavior, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems.

I. Definition of Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the intern is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group, the training staff, and other agency personnel.

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. Written Acknowledgment to the intern formally acknowledges:
   a) That the TD is aware of and concerned with the performance rating,
   b) That the concern has been brought to the attention of the intern,
   c) That the TD will work with the intern to rectify the problem or skill deficits, and
d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

3. **Written Warning** to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
   a) A description of the intern's unsatisfactory performance;
   b) Actions needed by the intern to correct the unsatisfactory behavior;
   c) The time line for correcting the problem;
   d) What action will be taken if the problem is not corrected; and
   e) Notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the TD in consultation with the Director of the Day program and the President. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
   a) Increasing the amount of supervision, either with the same or other supervisors;
   b) Change in the format, emphasis, and/or focus of supervision;
   c) Recommending personal therapy (a list of community practitioners and other options will be made available to the intern).
   d) Reducing the intern's clinical or other workload;
   e) Requiring specific academic coursework.

The length of a schedule modification period will be determined by the TD in consultation with the primary supervisor and the Director. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the primary supervisor and the Director.

5. **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the TD systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes:
   a) The specific behaviors associated with the unacceptable rating;
   b) The recommendations for rectifying the problem;
c) The time frame for the probation during which the problem is expected to be ameliorated, and
d) The procedures to ascertain whether the problem has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the TD will discuss with the Director of the Day program and the President possible courses of action to be taken. The TD will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the TD will communicate to the Director of the Day program and the President that if the intern's behavior does not change, the intern will not successfully complete the internship.

6. Suspension of Direct Service Activities requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TD in consultation with the Director of the Day program and the President. At the end of the suspension period, the intern's supervisor in consultation with the TD will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The TD will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. When an intern has been dismissed, the TD will communicate to the intern's academic department that the intern has not successfully completed the internship.

III. Procedures for Responding to Inadequate Performance by an Intern

If an intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff member will consult with the Training Director (TD) to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the TD is not the intern's primary supervisor, the TD will discuss the concern with the intern's primary supervisor.
3. If the TD and the Director of the Day program determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought the complaint.
4. The TD will meet with the Director of the Day program to discuss the performance rating or the concern.
5. The TD will meet with the Director of the Day program and, when necessary, the President to discuss the concerns and possible courses of action to be taken to address the issues.
6. The TD, the Director of the Day program and the President may meet to discuss possible courses of action.
7. Whenever a decision has been made by the Director of the Day program, the President or TD about an intern's training program or status in the agency, the TD will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's primary supervisor. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
8. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

IV. Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern handbook. The Intern Training Manual is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the TD and intern or staff, the steps to be taken are listed below.

A. Grievance Procedure

a. Intern Grievance

In the event an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, an intern can:

a. Discuss the issue with the staff member(s) involved;

b. If the issue cannot be resolved informally, the intern should discuss the concern with the TD or member of the management team;

c. If the TD or member of the management team cannot resolve the issue, the intern can formally challenge any action or decision taken by the TD, the supervisor or any member of the training staff by following this procedure:

   1) The intern should file a formal complaint, in writing and all supporting documents, with the TD. If the intern is challenging a formal evaluation, the intern must do so within 5 days of receipt of the evaluation.

   2) Within three days of a formal complaint, the TD must consult with the Director of the Day program and the President and implement Review Panel procedures as described below.

b. Program Grievance

If a training staff member has a specific concern about an intern, the staff member should:

a. Discuss the issue with the intern(s) involved.

b. Consult with the TD.

c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the TD for a review of the situation. When this occurs, the TD will:

   1) Within three days of a formal complaint, the TD must consult with the Director of the Day program and the President and implement Review Panel procedures as described below.

B. Review Panel and Process

1. When needed, a review panel will be convened by the TD. The panel will consist of three staff members selected by the TD with recommendations from the Director of the Day program, the President and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the TD, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the TD will either accept or reject the Review Panel’s recommendations. If the TD rejects the panel’s recommendations, due to
an incomplete or inadequate evaluation of the dispute, the TD may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will report back to the TD within five (5) work days of the receipt of the TD’s request of further deliberation. The TD then makes a final decision regarding what action is to be taken.

5. The TD informs the intern, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the TD’s final decision, the intern has the right to contact the Department of Human Resources to discuss this situation.
Due Process In Action:
Flow Chart

Problem Identification

Notification of Training Director

TD Meeting(s) with Relevant Staff
(intern(s), clinical supervisor, Director of the Day program, President)

Decision made by TD whether to pursue the matter

course of action/sanctions recommended
decision that intern has rectified the situation

meeting with intern to implement plan*@ 

sufficient positive change        insufficient positive change

end of sanctions@

continue sanctions or            Dismissal from internship*@ 
generate new plan*@ 

Sufficient positive change       Dismissal from internship*@ 

End of sanctions@

*intern may challenge at this time.
@as appropriate, inform graduate program
APPENDIX F

INTERN EVALUATION FORM

Name of Intern: ____________________________________________________________

Evaluation Period: Period ___________ Year ______________

Supervisor: ___________________________________ Date: ______________________

Please circle the appropriate number comparing this student with other intern level students and comment for any rating of 1.

1-does not meet expectations 2-meets expectations 3-above expectation  X-no basis for judgment

<table>
<thead>
<tr>
<th>1. CLINICAL SKILLS</th>
<th>&lt;exp</th>
<th>exp</th>
<th>&gt;exp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Genuineness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Respectful stance</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Diagnostic skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Knowledge of DSM IV</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Interviewing skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rapport building</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Case conceptualization skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confrontation skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Termination skills</td>
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<td>3</td>
</tr>
<tr>
<td>Theoretical base</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Understanding of treatment techniques</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Understanding of inter/intrapersonal dynamics</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Understanding of severe pathology</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrates interpersonal skill fully across multicultural populations</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrates awareness of empirical/research basis for clinical work</td>
<td>1</td>
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Comments: ________________________________________________________________

<table>
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<tr>
<th>2. Assessment Skills</th>
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<tbody>
<tr>
<td>Knowledge of tests</td>
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<td>3</td>
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<tr>
<td>Interpretations skills</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Report writing skills</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Timeliness</td>
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<td>2</td>
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Comments: ________________________________________________________________

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<tr>
<th>3. Professional Development</th>
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<tbody>
<tr>
<td>Case communication skills</td>
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<tr>
<td>Openness to constructive criticism</td>
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<td>3</td>
</tr>
<tr>
<td>Utilization of supervision</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Professional judgment</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Professional attitude and demeanor</td>
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Comments: ________________________________________________________________
### 3. Professional Development (continued)

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<tbody>
<tr>
<td>Reliability</td>
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</tr>
<tr>
<td>Initiative</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ethical knowledge and behavior</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Handling of values in therapy</td>
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<td>3</td>
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<tr>
<td>Awareness of own issues</td>
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<td>3</td>
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Comments:

### 4. Interpersonal Factors

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<tbody>
<tr>
<td>Assertiveness</td>
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<tr>
<td>Ability to relate with peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ability to relate with faculty/supervisor</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Respect toward others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Leadership abilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Ability to work as a team member</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Ability to work independently</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrates personal integrity</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

Comments:

Please comment on any of the previous issues or any other perceptions on you assessment of this intern’s current or future capabilities as a mental health professional. Please include areas of strength, weakness, and improvement. An overall assessment of the intern’s present and future capabilities as a mental health professional would also be helpful.

___________________________________________     _______________________________
Primary Supervisor’s Signature                      Date

__________________________________________       ________________________________
Clinical Supervisor’s Signature (if not same as primary supv.)                      Date

**STUDENT’S COMMENTS**

_______________________________________________
Student’s Signature                      Date