

**Desert Sage Resource Center**  
**2022 – 2023 Doctoral Psychology Internship Program**  
**Intern Handbook and Training Manual**

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**About Desert Sage Resource Center**

Desert Sage Resource Center was developed in 2021 to address the therapeutic needs of the rural and underserved areas of Northern Nevada. Desert Sage Resource Center (DSRC) facilitates access to evidence based behavioral health services, psychological and forensic assessment, and psychoeducation in order to reduce the effects of poverty and violence on adults and families throughout the Sierras and beyond. DSRC strives to meet the behavioral health needs of the most vulnerable of our community by providing equitable access to programs that serve to restore emotional wellbeing, mitigate the psychological impact violence on children and families, and assist families out of poverty stemming from mental health challenges. DSRC believes that all people, especially children and families, have a right to easy access to quality mental health care and it is our goal to keep families intact, healthy, and thriving.

**About the Population We Serve**

Desert Sage Resource Center Internship Program seeks to prepare Interns in the theories and concepts of cultural and individual diversity and the sensitive application to the practice of professional psychology. The mental health services provided by DSRC primarily targets the rural and underserved areas of Northern Nevada. Many of our rural communities have few to no mental health services available forcing many in the community to travel long distances to access care. Unfortunately, poverty, lack of transportation and a lack of other resources often make this option another life stressor at best and impossible at worst. Many in these close-knit communities have never been able to access services until DSRC and Sapience Practice partnered with Family Support Center and Juvenile Justice in Winnemucca starting in 2021.

Most of the individuals seeking behavioral health services are insured by Medicare and Medicaid; however, there is a group with commercial insurance who work in the mines, the casino hospitality industry, or the hospital itself. The mining industry is probably the largest employer in the Winnemucca, Lovelock, Elko, and Battle Mountain towns. The mines hire both highly skilled and trained professionals like engineers as well as unskilled workers. Many people in these rural communities often go work in the mines right after high school as this is the highest paying work available. The mining community is like a family, not unlike the military, they work in close groups and depend on each other for their own safety. When there is a serious mining accident, especially when people have been hurt or killed, the mines are in need of critical incident counseling.

Another group of people that make up a unique cultural segment of the population are the members of the Church of Jesus Christ of Latter-Day Saints. This is a very close-knit population that performs their own kind of social services of giving for the community. Their values, beliefs about gender roles, and religious beliefs will sometimes interact with how a therapist proceeds with a case. At times, teens coming into therapy with LGBTQ related issues find themselves at

odds with their family and community's religious and conservative beliefs and this can be a delicate issue to navigate for a therapist.

While Winnemucca and surrounding rural towns are represented by all racial and ethnic categories of people, it is predominately white/Caucasian, Hispanic/Mexican American, and to a lesser degree, Native/Indigenous American individuals who come through the clinic doors. There is also a large Basque community who have held on to their cultural identity through traditional practices, language, and food and dance traditions. Other unique groups served are adolescents from Juvenile Justice and the Family Court Clinic requests for services related to psychological testing evaluations.

Patients present with a wide array of diagnoses and psychological challenges including: Depression, Bipolar Disorders, Anxiety Disorders, OCD, Schizophrenia Spectrum and other Psychotic Disorders, Trauma and Stress-Related Disorders, ADHD, Behavioral Dysregulation Disorders, Impulse Control and Conduct Disorders, Neurocognitive Disorders, Substance Use Disorders, Gender Dysphoria, Sleep Disorders, Autistic Spectrum Disorder, Personality Disorders, self-harming behaviors. Interns will be exposed to a wide scope of diagnoses and intervention approaches with our population.

### **About the Training Program**

DSRC's Doctoral Internship Program strives to develop health service psychologists committed to enhancing access to healthcare, valuing cultural differences, and advocating on behalf of the patients, families, and communities they serve. The aim of the Desert Sage Resource Center Internship program is to prepare Interns for general practice in clinical psychology as informed individuals by scholarly inquiry with a thorough grounding in psychological theory, assessment, diagnosis, intervention, supervision, consultation, professional values & attitudes, communication and interpersonal skills, and research. The Internship program seeks to prepare Interns in the theories and concepts of cultural and individual diversity and in their application to the practice of professional psychology.

Desert Sage Resource Center's Doctoral Internship Program is grounded in a practitioner-scholar model of training and has submitted an application for APPIC membership and is awaiting a decision. Our program is designed to provide Interns with clinical opportunities that allow for a comprehensive training experience so that Interns can confidently assume the role of a professional health service psychologist and feel prepared for their post-doctoral placements. Each clinical rotation, didactic, and other training requirements are designed to expand the Interns' existing clinical knowledge and experiences. The Internship program utilizes multiple sites and services to accomplish this goal and Interns will be provided exposure to diverse clinical cases, ages and cultural issues. Interns will be prepared to work from an integrated theoretical approach. It is expected that each Intern will achieve increasing levels of skill mastery, responsibility, and autonomy as the year progresses. The Internship year is seen as the culmination of the student's opportunities to practice the art of psychology, based on a sound scientific knowledge base. All Interns are encouraged to embrace the clinical training year and to take on as many challenges and unique training experiences as their time allows. It is expected that upon completion of the program, Interns will have satisfied all of the Internship requirements for state licensure as a psychologist and will be prepared to enter post-doctoral fellowship program in clinical psychology.

## **Goals and Objectives of the Doctoral Internship Training Program**

Desert Sage Resource Center's Internship Program is a doctoral training program that is designed to provide a variety of educational and clinical experiences to prepare Interns as generalist practitioners in the field of professional psychology.

Clinical supervision is the primary training modality for development of professional expertise. An integrative treatment approach that utilizes psychodynamic, cognitive behavioral, interpersonal, family systems, ethno-cultural, developmental, medical model, and other perspectives is emphasized. Intensive clinical supervision is provided in the training program to help broaden Interns' understanding of psychopathology and treatment and psychological assessment.

Training emphasizes the practitioner-scholar approach to the practice of professional psychology. Didactic seminars and supervision sessions elucidates the relationship between science and practice. Interns are asked to consider evidence for diagnoses and the interventions they provide in psychotherapy, with a focus on drawing from a scientific knowledge-base that is reflective of the unique population they are serving.

This Internship provides Interns with the opportunity to take increasing levels of responsibility for carrying out his or her major professional functions within the context of appropriate supervisory support. It is designed around a fundamental curriculum, which focuses on Intern competencies in assessment, diagnostic interviewing, intervention, case management and triage, consultation, and critical thinking about clinical case material. Interns are exposed to training in empirically supported treatments for a range of treatment conditions, settings, and complexities. Each Intern's schedule is individualized according to his/her special interests and training needs.

### **Internship Training Goals**

1. To produce Internship graduates who demonstrate competence with respect to individual and cultural diversity.
2. To produce Internship graduates who demonstrate competence with respect to comprehensive clinical skills and professional attitudes represented within the field of psychology.
3. To produce Internship graduates who demonstrate competence in assessment, diagnosis, and case conceptualization.
4. To produce Internship graduates who demonstrate competence in applied ethical decision making strategies.
5. To produce Internship graduates who demonstrate competence in evidence-based interventions, scientific knowledge, and clinical application.

### **Profession-Wide Competencies**

The goal of the Internship program at Desert Sage Resource Center is to train and prepare doctoral Interns for post-doctoral training and the ability to work at an entry level capacity in a variety of clinical settings. The program is designed to encourage the development of clinical competence with adults, children and families, with sensitivity to cultural differences, ethical issues, interdisciplinary relationships, and the changing management of health care, including

working with insurances and funding/budgetary issues. The Internship goals for training are consistent with competency benchmarks provided by the American Psychological Association. These Profession-Wide Competencies include:

1. Ethical and Legal Standards: Interns are expected to know and understand the APA Ethical Principles and Code of Conduct, Nevada's Board of Psychological Examiners ethical principles, and other relevant standards and guidelines, laws, statutes, and regulations. Interns are expected to use professional and appropriate interactions in didactics, seminars, and treatment team meetings, with peers and supervisors. Interns are expected to seek consultation or supervision as needed and use it productively when presented with ethical dilemmas. Interns will demonstrate positive coping strategies with personal and professional stressors and challenges and maintains professional functioning and quality patient care. Interns will be responsible for key patient care tasks (i.e., phone calls, letters, psychological reports), and complete tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records will include crucial information. Interns will be efficient and use effective time management. They will keep scheduled appointments and meetings on time. Keep supervisors aware of whereabouts as needed. They will minimize unplanned leave, whenever possible. Interns will demonstrate good knowledge of ethical principles and state law. They will consistently apply these appropriately, seeking consultation as needed.

2. Professional Values, Attitudes, and Behaviors: Interns will demonstrate values and behaviors commensurate with a psychologist's standards of practice, which include integrity and accountability for one's own actions. Interns will demonstrate their identity as a psychologist, which will include self-awareness of both their personal and professional functioning. Interns are expected to be open and responsive to constructive feedback and supervision in order to maintain and improve their personal well-being and professional effectiveness. Interns will demonstrate positive coping strategies with personal and professional stressors and challenges and maintain professional functioning and quality patient care. Interns will demonstrate a concern for and the importance of the welfare of others. Interns will use previously learned information (from supervision, training, and consultation) and apply this knowledge with an increasing degree of independence.

3. Research and Application of Current Scientific Knowledge to Practice: Interns are expected to display necessary self-direction in gathering clinical and research information practice independently and competently. Intern will seek out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas. Interns are expected to develop and implement a plan for researched presentations. Interns will seek out and understand scientific literature regarding their cases and have knowledge of the implications of research for practice. Interns will apply evidenced-based research for interventions and assessments with individuals, families, and groups. Cultural characteristics and environmental variables will be taken into account.

4. Individual and Cultural Diversity: Interns are expected to consistently achieve a good rapport with patients. Interns are expected to be aware of their own background and its impact on clients. They will be committed to continue to explore own cultural identity issues and relationship to clinical work. Interns are expected to be sensitive to the cultural and individual diversity of patients and be committed to providing culturally competent services. Interns are

expected to integrate and apply theory, research, and professional guidelines when working with diverse individuals, families, groups, and members of community-based organizations.

5. Communication and Interpersonal Skills: Interns will demonstrate ability to develop working relationships with clients, colleagues, staff, supervisors, supervisees, and other professionals in the community. Interns will demonstrate appropriate professional boundaries throughout the training year with clients, peers, supervisees, supervisors, and staff. Interns will demonstrate collaboration abilities with their peers and staff and show conflict management skills when challenges arise. Interns are expected to be respectful towards supervisors, supervisees, peers, support staff, and other professionals in the community. Interns are expected to be active participants in supervision and work in a collaborative manner. Interns will demonstrate their ability to listen to supervisory recommendations and provide feedback. Interns will demonstrate an effective ability to produce and comprehend oral, nonverbal, and written communication.

6. Assessment: Interns are expected to apply empirical literature and utilize best practices approach in assessment by collecting relevant data (i.e., family, social, societal, and cultural) from multiple sources and a variety of methods that include a thorough clinical interview and collateral information. Interns are expected to promptly administer commonly used tests in his/her area of practice. They will appropriately choose the tests to be administered and demonstrate competence in administering a variety of assessment measures including but not limited to intelligence and achievement tests, as well as personality/social and behavioral measures. Interns will accurately interpret test results and integrate these results with background history, collateral information and behavioral observations into a well-written and meaningful psychological/psychoeducational report in a manner that is timely. Interns will interpret results after considering current research, and professional standards and guidelines in order to accurately classify and conceptualize the case. They will demonstrate this by considering diversity characteristics and avoiding any decision-making biases. Interns will plan and carry out a feedback interview. They will explain the test results in terms that patient and/or caregiver can understand, provide suitable recommendations and respond sensitively to issues raised by patient or caregiver.

7. Intervention: Interns are expected to effectively evaluate, manage, and document patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. They will collaborate with patients in crisis to make appropriate short-term safety plans and intensify treatment as needed. They will discuss all applicable confidentiality issues openly with patients. Interns are expected to develop evidence-based intervention plans that are specific to the client's needs, the referral question, and diversity characteristics that draws on theoretical and scientific literature. They will collaborate with patients to form appropriate treatment goals. Interns are expected to use interventions that are well-timed, effective and consistent with empirically supported treatments. Interns will demonstrate an ability to establish and maintain rapport with their clients. Interns will show an ability to evaluate the effectiveness of their intervention and adapt intervention goals on a timely basis.

8. Supervision: Interns will learn evidence-based theories and models of supervision.

9. Consultation and interprofessional/interdisciplinary skills: Interns are expected to perform an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question. Interns are expected to give the appropriate level of guidance when providing consultation to



other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

Interns develop these competencies through the well-rounded didactic training, supervision, and experiential practice and observation.

### **Objectives of Training**

1. Interns will develop competency with a range of diagnostic skills, including: interviews, history taking, risk assessment, child/adult protective issues, diagnostic formulation, treatment planning, triage, disposition, and referral.
2. Interns will develop skills in psychological intervention, including: environmental interventions, crisis intervention, short-term and long-term individual psychotherapy, group and family psychotherapy, and behavioral medicine techniques.
3. Interns will develop skill with a range of assessment techniques, including: screening assessment, cognitive testing, achievement testing, assessment of behavior/emotional functioning, assessment of parent-child relationships and family systems, and neuropsychological evaluation.
4. Interns will develop a capacity to engage in psychological consultation, through individual cases and participation in multidisciplinary teams, including consultation to: parents, mental health staff (e.g., psychiatrists, social workers, psychiatric nurse practitioners) medical staff (e.g., physicians, nurses, PT, OT, etc.), school systems, and the legal system. Consultation training can occur in both the inpatient and outpatient setting in both urban and rural areas.
5. Interns will learn the clinical, legal, and ethical issues involved in documentation of mental health services within a medical and community clinic setting.
6. Interns will integrate science and practice in assessment, intervention, and consultation. Interns are trained in empirically supported treatments, behavioral medicine protocols, and empirically supported assessment techniques.
7. Interns will develop assessment batteries, treatment goals, and consultative relationships based on the clinical issues at hand, while also considering potential limitations imposed by managed care and health policy and other issues of third party or family payment for mental health services. Interns will appreciate the range of vehicles for service delivery (e.g., primary care versus specialty clinics), which allow access to a variety of populations with social, financial and other obstacles to mental health.

### **Training Approaches**

**Orientation:** Interns will participate in a three-day orientation in Winnemucca, NV and two-days in Reno, NV getting acquainted, reviewing Internship expectations and self-care during the first week of the Internship year. The first two weeks of the Internship will incorporate an extensive full-time orientation which introduces the Interns to the DSRC organization and training program. This includes an overview of services offered by DSRC and introduction to the various treatment locations in which the Interns will work (the urban Reno located Desert Sage Resource Center outpatient clinic and the DSRC office and the Family Support Center located in the rural city of Winnemucca). The first few weeks will utilize modeling and observation of provided clinical services before cases will be assigned. Interns will complete a self-assessment

of strengths, training needs, and clinical interests to individualize each Intern's training experience.

**Professional Development Activities:** Interns have the opportunity to participate in any continuing education activities designed for our staff.

**Staff Meetings:** DSRC will meet monthly to discuss administrative and professional issues relevant to the functioning of DSRC. Through observation of administrative functioning and participation in discussion of current administrative issues, Interns will have the opportunity to develop a sense of how they interact with organizational structure.

**Supervision, Group Case Presentation, and Direct Service Experiences:** Supervision is based on a developmental model. Interns participate in developmentally targeted experiences with supervision that is designed to facilitate Interns' functioning at increasingly higher levels of competence, sophistication, autonomy, responsibility, and complexity over the course of the training year. Learning will be generated from direct service experiences, modeling, and video taping. Each Intern will have two primary supervisors that work full-time in the organization providing the majority of the supervision training (two hours of individual and two hours of group weekly) with adjunct psychologists possessing a particular specialization (i.e., forensic, child/adolescent, psychological testing) providing some of the Intern's individual and/or group supervision hours or being available for consultation.

**Didactic Seminar:** Didactic Seminar: Didactic presentations offered every week for 2 hours to provide background conceptual and /or practical skills for an array of relevant topics. The presentations are educational training in the theory and practice of psychology. The following is a list of topics to be presented by week. The order of topics may change depending on immediate training needs and other topics may be presented as needed.

Week of	Topic	Presenter
7/4/2022	Orientation, learning EMR system, Ethics/Best Practice in Conducting Telehealth Therapy, APA Ethical Principle of Psychologists and Code of Conduct	Dr. McNaul
7/11	HIPPA: Federal and State Law and limits to confidentiality, Child and Adult Protective Services reporting, Involuntary Commitment Protocol	Dr. McNaul
7/18	Risk assessment – suicidal ideation, homicidal ideation, self-harming, violence, substance abuse, and using screening instruments	Dr. Coard
7/25	Informed Consent and Release of Information, Record Keeping, Case Management, Referrals, Community Resources	Dr. McNaul
8/1	Emergency/Crisis Intervention-Adult	Dr. Swanson
8/8	Emergency/Crisis Intervention-Children	Dr. Nielsen
8/15	Adult/Child/Adolescent Initial Evaluation and Case Management	Dr. Nielsen
8/22	Child Abuse-Child Protective Services	Dr. Nielsen
8/29	Child Abuse-Physical and Emotional Abuse	Dr. Laskey
9/5	Child Abuse-Sexual Abuse	Dr. Coard

Week of	Topic	Presenter
9/12	Psychological Testing, Part 1 (adult cognitive, neuropsychological screening/testing, interpretation)	Dr. Swanson
9/19	Psychological Testing and Forensic Evaluations, Part 2 (diagnostic clarification, personality disorders, forensic)	Dr. Coard
9/26	Child Psychological Assessment, Part 3 (cognitive, developmental, adolescent, parent/child, interpretation)	Dr. Nielsen
10/3	Educational Assessment & Special Education Law	Dr. Swanson
10/11	Play Therapy, Part 1	Dr. McNaul
10/17	Play Therapy, Part 2	Dr. McNaul
10/24	Parenting Assessment Part 1	Dr. Swanson
10/31	Parenting Assessment Part 2	Dr. Coard
11/7	Working with Parents – Parent Coaching – Parenting Skills Training – Reunification Therapy	Dr. Coard
11/14	APA guidelines for serving the LGBTQ+ Population	Dr. McNaul
11/21	Functional Behavioral Assessment/Applied Behavioral Analysis Treatment	Dr. McGrew
11/28	Managing Self Harming Behaviors	Dr. McGrew
12/5	ADHD Evaluation and Treatment - Children	Dr. Nielsen
12/12	ADHD Evaluation and Treatment - Adults	Dr. McNaul
12/19	Consultation and Community Outreach	Dr. Coard
12/26	Cultural Competency and Needs of the Rural Community – part 1	Dr. McNaul
1/2/2023	Cultural Competency and Needs of the Rural Community – part 2	Dr. McNaul
1/9	Veteran Cultural Awareness Training	Dr. Coard
1/16	Advanced Psychotherapy Concepts- Cognitive Processing Therapy Part 1	Dr. Coard
1/23	Advanced Psychotherapy Concepts- Cognitive Processing Therapy Part 2	Dr. Coard
1/30	Advanced Psychotherapy Concepts- Prolonged Exposure	Dr. Swanson
2/6	Trauma Informed Therapy, Polyvagal Theory	Dr. McNaul
2/13	Check-in, identify problems/concerns in keeping up – professional self-care	Dr. McNaul
2/20	Motivational Interview	Dr. McNaul
2/27	Biological Bases of Substance Use Disorders	Dr. Berger
3/6	Recovery, Relapse Prevention, and Harm Reduction	Dr. Swanson
3/13	Utilizing Mindfulness Practices in Therapy	Dr. McNaul
3/20	Dialectical Behavioral Therapy & Personality Disorders	Dr. Coard
3/27	Dialectical Behavioral Therapy – Skill Development Part 1	Dr. Swanson
4/3	Dialectical Behavioral Therapy – Skill Development Part 2	Dr. McNaul
4/10	Family/Couples Therapy Part 1	Dr. Coard
4/17	Family/Couples Therapy Part 2 (Domestic Violence)	Dr. Coard
4/24	Combined Therapy and Psychopharmacology	Dr. Berger
5/1	Geriatric Behavioral Health-Assessment	Dr. Coard
8/8	Geriatric Behavioral Health-Treatment	Dr. Coard

Week of	Topic	Presenter
5/15	Chronic Pain and Behavioral Health	Dr. McNaul
5/22	Hypnosis & Memory Recovery	Dr. Fredricks
5/29	Intern Research Presentation (Dissertation or Topic of Choice)	Dr. McNaul
6/5	Supervision	Dr. McNaul
6/12	Jail and Prison Psychological Services – 4-hour Field Trip	Dr. Coard
6/19	Treatment of Severe & Persistent Mental Health Illness	Dr. Coard
6/26	Civil Commitment	Dr. Swanson

## Rotations

**Primary Outpatient Therapy** (12 months) – select an adolescent/child or adult focus.

Choice of two of the following in-depth training specialty rotations:

**Juvenile Justice/Detention and Family Court Clinic** (5 months)

**Family Support Center: Substance Abuse Treatment** (5 months)

**Forensic Evaluations/Generalist Psychological Testing** (5 months)

**Note:** The specialty rotations serve to deepen an Intern’s knowledge and skills in a given area of interest. All Interns will be exposed to a basic level of training and competency in the three specialty rotation areas throughout the Internship year.

Primary outpatient rotation provides a range of experiences upon which Interns can build their theoretical and applied clinical skills. These include opportunities to work with patients representing a broad spectrum of psychopathology, conduct diagnostic evaluations and learn a variety of treatment approaches. Interns will learn to work on a multidisciplinary team, provide consultations and evaluations as needed to other community members and providers, and have opportunities to do rural community outreach. Primary rotations and the unique specialty rotations support Desert Sage Resource Center’s mission to meet the behavioral health needs of the most vulnerable of our rural and urban communities by providing equitable access to services that serve to restore emotional wellbeing, combat psychological effects of violence, and assist families out of poverty stemming from mental health challenges. The primary supervising psychologists of each rotation, in consultation with the Internship Training Director, tailor these training experiences to each Intern's educational needs.

## Primary and Specialty Rotations

### **Primary Outpatient Rotation: Desert Sage Resource Center Clinic, Juvenile Justice Center, and Family Support Center Clinic**

Clinical psychology Interns can focus on providing services to adults and couples or children/adolescents and families; they will establish a primary track for which they will receive most of their hours of supervision. All Interns will have the opportunity to see patients in the Family Court Clinic as part of their Primary Outpatient Therapy Rotation.

The Primary Outpatient Rotation (adult and child) will provide Interns the opportunity to work with patients who are experiencing significant psychological or psychosocial crisis. During the Primary rotation, Interns will have the opportunity to provide telehealth, crisis evaluations to residents of Humboldt County and other surrounding rural areas in the effort to support the patient's ability to avoid unnecessary psychiatric inpatient admission and to remain in the community and have better access to mental health services for follow-up care.

**Adult Outpatient Clinical Services:** The Intern assumes responsibility for a combination of assessment, consultation, and direct clinical care duties. The Intern is responsible for providing 18 hours on average of therapy a week with fewer hours at the beginning of the Internship year and direct service increasing as the Intern gains greater mastery. The modality of therapy can include individual, couples, or family intervention. Psychological assessment and outpatient group therapy are also integral components of the training in our clinics. The Intern is responsible for completing a minimum of 10 psychological testing batteries during the Internship year, including pre-bariatric surgery evaluations. Furthermore, Interns may participate in the formation of new therapy groups based on patient need and Intern's interests.

**Child and Adolescent Outpatient Clinical Services:** The Intern assumes responsibility for a combination of assessment, consultation, and direct clinical care duties. The Intern is responsible for providing 18 hours on average of therapy a week with fewer hours at the beginning of the Internship year and direct service increasing as the Intern gains greater mastery. The Intern is responsible for providing treatment to children and adolescents with a wide range of childhood disorders, including: mood and anxiety disorders, ADHD, disruptive behavior disorders, PTSD, obsessive-compulsive disorder, phobias, adjustment disorders, conduct disorder, autism spectrum disorders, intellectual disability and parent-child conflicts. Children range in age from birth and all the way to 21 years in some cases and come from diverse cultural and socioeconomic backgrounds. The Intern is responsible for completing a minimum of 10 psychological testing batteries during the Internship year. Working with parents is an integral part of therapy in the Child and Adolescent Outpatient Clinical Services therefore the Intern works individually or co-jointly with their patient's caretakers. The Internship experience in Child and Adolescent Outpatient Clinical Services includes the following:

Providing individual and family therapy. Modalities of therapy include cognitive behavioral therapy, play therapy, psychodynamic therapy, and interpersonal therapy. When needed, Interns will work closely with psychiatry to improve their patient's adherence with their medication.

Parenting skills with parents/caretakers.

Psychological testing utilizing a variety of testing measures with emphasis on learning to select appropriate tests and interpretation/integration of data for comprehensive reports.

**Family Court Psychological Clinic:** All Interns will assume some responsibility for providing clinical forensic evaluations of children and families to aid the Family Court as part of the training experience in the primary outpatient rotation. Interns will gain experience in making informed disposition decisions related to family court matters.

Types of evaluations:

Standard Psychological  
Parental fitness

Parental Risk  
Adoption Readiness  
Substance Abuse  
Personality / Mood Disorder  
Domestic Violence  
Abuse / Neglect

The staff includes full-time and part-time licensed psychologists, contractual consultants, and doctoral level clinical psychology Interns who conduct testing and prepare reports for the Court. A psychiatric consultant is available on a case-by-case basis. There are opportunities for Interns to conduct or observe consultations with attorneys, hearing officers, caseworkers, and guardians as well as observe how to present expert testimony if required.

An evaluation will be assigned to a licensed psychologist or clinical psychology Intern who will be supervised by a licensed psychologist. All staff employed either directly by the clinic or who are consultants with the clinic are licensed with the State of Nevada and have expertise preparing evaluations in a Court setting.

The main purpose of the evaluation is to provide the Family Court with information and to make recommendations regarding the person(s) evaluated. The report usually covers areas such as: what is going on mentally, emotionally, and in regard to addictions with the person(s) evaluated; what are the special needs of the person(s), if any, which should be addressed; and what would be an appropriate treatment/placement plan decision.

In line with Desert Sage Resource Center's mission to provide equitable services for all, the cost of the evaluation will be assessed using a sliding scale based on ability to pay or as ordered by the judge.

### **Specialty Rotations**

**Juvenile Justice Detention and Family Court Clinic:** This rotation affords a more in-depth and intensive training experience providing therapeutic and psychological assessment services for individuals referred through the court system (see above information on Family Court Clinic). Interns will get the opportunity to work closely with Juvenile Detention officers and provide therapeutic services for adolescents and children in the Juvenile Justice and Social Services/Foster Care Systems. Interns will gain experience providing trauma sensitive CBT/DBT based Intensive Outpatient Program (IOP) services for adolescents referred by rural Juvenile Justice. This IOP service takes place over a course of one month and includes a hybrid approach of one week of in-person CBT/DBT skill building and psychoeducational group therapy, family therapy, and telehealth follow-up individual therapy sessions.

**Family Support Center / Substance Abuse Treatment:** The Substance Abuse Track offers opportunities for working with adult and adolescent patients in outpatient settings using a variety of evidence-based treatment modalities and models. The multidisciplinary focus provides excellent opportunities for consultation with, and learning from, other professions focused on the management of addictions.

Psychology Interns who rotate at the Family Support Center clinic will receive experience in diagnostic interviewing and assessment as well as the application of evidence-based treatments in outpatient clinical programs. Active Intern participation is encouraged in the clinical treatment programs including:

- motivational Enhancement Therapy Program
- Goal-Based Individual Counseling
- Intensive Outpatient Counseling
- Opioid Outpatient Program
- Sober Living Program
- Relapse Prevention alumni Group

During the Family Support Center rotation, Interns will gain experience in:  
Diagnostic interviewing, assessment, triage, and treatment engagement as part of daily Walk-In Clinic  
Working with the Winnemucca Drug Court  
Applying evidence-based treatment approaches as part of individual and group counseling for patients with substance use and a range of co-occurring disorders

**Forensic Assessment:** For the Forensic Evaluation Track, the Intern begins her or his experience working with our Forensic Evaluation Team, completing court ordered evaluations of criminal defendants and family law disputes. Assignments will be based on Intern's needs, interests, and career goals. Evaluations frequently include assessments related to competency to stand trial, mental state at the time of the offense (sanity), and sexual violence risk. Forensic evaluations to assist the court in determining how dangerous patients are and their future institutional placement. In addition, Interns are exposed to the latest in psychological and neuropsychological testing with particular focus on violence risk assessment, malingering, personality assessment, and neuropsychological issues. Supervising psychologist will provide didactics about forensic topics as they pertain to forensic practice within the federal and state legal system, special offender populations, and family law.

### **Unique Therapeutic Service Interventions Provided**

#### Reunification Therapy

The Intern assumes responsibility for providing reunification therapy. The main goal of reunification therapy is to reintroduce a parent (or parents) back into a child's life in a safe, controlled, and therapeutic manner. The process of reunification therapy can be a very long one, but it designed to ensure a safe environment for the children and parents involved to create a new and secure bond with one another under the close supervision of a clinician. The most important idea of reunification therapy is the long-term goal of reconnecting the parent and child for a long-lasting bond.

The process begins with choosing a clinician who is qualified and knowledgeable in the family law and mental health field. Once a clinician is chosen any court orders, parenting plans, settlements, court motions, DCF or child welfare documentations, any police reports, prior psychological evaluations or mental health records, as well as common information for all individuals and children involved must be reviewed by the clinician. This will ensure that the clinician is aware of the entire situation to better create a safe and unique treatment plan for the family.

The next step in the process is to meet with each parent and child separately. After meeting with both parents, the clinician must then work with the custodial parent to guide them towards allowing the participation and involvement of the alienated parent in the reunification process. This stage typically involves multiple sessions to gather information and therapeutic sessions as well as parenting education for the alienating parent to become aware of the benefits of having both parents involved in the children's lives.

### Therapeutic Supervised Visitations

The Intern assumes responsibility for providing therapeutic supervised visitation. The purpose of supervised visitations is to enable an ongoing relationship between the non-custodial parent and child by impartially observing their contact in a safe and structure environment. Another purpose of supervised visitations is to allow a safe and educational learning experience for the non-custodial parent. Therapeutic supervised visitation programs, can intervene and correct the behavior, therefore teaching the parent appropriate parenting skills by using a mental health professional. Although therapeutic supervised visitations can be a part of Reunification Therapy, they should not be used in place of it. Therapeutic supervised visitations, unlike reunification therapy, does not assist in the long-term goal of achieving a healthy relationship between the non-custodial parent and the child. Supervised visitation is normally a short-term practice.

Normally high-conflict families who are at risk for domestic violence, physical or verbal abuse, and parents with a history of very poor parenting skills require the use of therapeutic supervised visitation programs. Those who have previous allegations of sexual abuse, who have threatened to abscond with the child, or who have a history of severe parental alienation or restrictive gatekeeping are also generally good candidates for therapeutically supervised visitation.

By having mental health professionals supervise visitations, they will be able to assist in identifying and attempting to correct any issues that may prevent the parent from having a healthy and productive relationship with their child.

### **Activity Hours Per Week**

Schedules will be approximately 40 – 45 hours each week.

Outpatient Psychotherapy and Assessment (in-person direct client contact): 18 on average

Psychological Testing/Assessment: Completion of a minimum of 10 during the Internship (this will be counted as part of direct client contact during the Primary Outpatient Rotation). Interns selecting the Forensic/Testing rotation will complete more reports during the Internship.

Individual Supervision: 2

Group: 2

Didactic Training: 2

Case Management or Indirect Care, Community Outreach, Presentation Research: 16

Interns will have fewer direct clinical service hours in the first two months of their Internship because of the greater need for orientation and training, but will have increased direct service hours after the first two months to reflect the Intern's greater capability to manage more clinical responsibilities. DSRC Internship Program supervisors along with the Intern's own record will monitor the amount of direct service hours accumulated over the year to ensure that Interns do not fall short of or go over the 900 hours of direct service hours.



## **Communication of Trainee Status**

Ethical standards require that clients be informed of an Intern's trainee status. The agency documents that patients are informed through the Notification of Therapist Trainee Status form. Doctoral Interns will present all patients with the form, explaining the nature of the predoctoral Internship, identifying their supervisor and how to contact that supervisor if the client desires to. This documentation must be kept in each patient's chart.

## **Intern Selection Procedures**

### **General Criteria**

The DSRC Intern selection process is designed to choose Interns who are well suited to the training opportunities we offer.

In our selection procedures we are attempting to seek out those applicants who evidence the following characteristics:

Show particular interest through their past experience and/or future career goals in working in a forensic setting,

Are well-trained in the field of psychology and able to expand their knowledge,

Value diversity and have sought experiences that evidence a commitment to becoming multiculturally competent,

Are committed to understanding the ethical guidelines of our field and applying them to ethical practice, and have sufficiently good judgment to behave in an ethical and professional manner,

Demonstrate ability for self-reflection and openness to feedback to learn and grow,

Have the interpersonal skills to successfully relate to clients and other staff ,

Have demonstrated a past history of success in their academic and practicum experiences -

Possess clinical skills indicating readiness for Internship - Can actively engage in, and take initiative in their own training,

### **Practicum and Academic Preparation Requirements**

Candidates must be enrolled in an APA-Accredited clinical, school, or counseling doctoral program (PhD, Ed.D. or PsyD). All formal coursework, practicum training and comprehensive examinations must be completed by the start of the Internship. The candidates should have demonstrated interests and prior academic practicum experiences that are appropriate for the Internship, such as prior experience conducting individual psychotherapy, having administered, scored, interpreted, and written psychological assessment reports, and interest in working in an interdisciplinary setting. Interns should have had practicum training and coursework in the treatment of children and adolescents. Careful attention is given to the goodness-of-fit between candidates and the program. Candidates' cover letters and essays are reviewed for specific reference to interest in the training that we offer.

There is no absolute minimum "hours" requirement. Rather, applicants are considered based on the quality and quantity of their experience, its diversity and appropriateness to the Internship experience, their skill sets, and their apparent standing relative to the applicant pool.

## **Non-Discrimination Policy**

We embrace diversity in our training program, and thus, we welcome qualified applicants regardless of age, race, ethnicity, color, disability, religion, gender, gender identity, sexual orientation, language, national origin, culture or socioeconomic status. DSRC Internship seeks out feedback from current and past Interns in order to make any necessary modifications regarding restricting program access.

### **The Intern Application Should Include the Following:**

1. The AAPI (APPIC's standard application) completed application, which can be found online at <https://appic.org/Internships/AAPI#APP>
2. A curriculum vita (as part of AAPI)
3. Three letters of reference using the APPIC Standardized Reference form from teachers or supervisors who are familiar with your graduate work and/or your clinical skills
4. Official transcripts of all graduate work
5. A comprehensive adult and child psychological test battery (de-identified for confidentiality)
6. A cover letter (as part of AAPI) describing your interest in working at the Desert Sage Resource Center Doctoral Training Program

Please direct inquiries to the Director of Training:

Nancy McNaul, Ph.D.

[nmcnaul@sapiencepractice.com](mailto:nmcnaul@sapiencepractice.com)

## **Internship and Intern Responsibilities**

The Training Director assumes overall responsibility for the design, implementation, and administration of the Internship Program. Responsibilities include, but are not limited to:

- Establishing and ensuring the Internship Program adheres to the goals, objectives and competencies addressed by the Internship.
- Internship Program design, development, quality assurance and program improvement.
- Internship Program implementation and evaluation.
- Assigning supervisors and overseeing supervision.
- Intern selection, evaluation and feedback, and ensuring interns' readiness for internship completion.
- Ensure Interns receive the required hours of supervision, didactic training, and direct clinical hours.
- Ensure that supervisors maintain clinical responsibility for cases under supervision and uphold all responsibilities assigned to supervisors as delineated in the Intern Training Manual.
- Setting and executing policies to address conflict and grievances, remedial procedures, and due process guidelines.
- Ensure the Internship Program follows its commitment to cultural sensitivity, diversity, and health equity.

## **Supervisor Responsibilities**

Interns are supervised weekly by at least 2 staff, one hour each, for different functions. Each supervisor has the following general responsibilities:

- Maintain clinical responsibility for cases under supervision.
- Clearly establish parameters of your own role and style as supervisor.
- Assess level of competence and modify supervision to the appropriate level, given a developmental model of training.
- Establish with supervisee, training goals for supervision within the time frame allotted.
- Delineate expectations for supervision.
- Provide ongoing feedback on the supervisee's skills, style, dynamics, etc. in a manner that is constructive and facilitates professional growth.
- Integrate ethical and multicultural considerations into supervision.
- Provide early feedback to the supervisee and the lead licensed psychologist in the case of a concern about the trainee's progress, professionalism, or competence.
- Complete the six month and twelve-month evaluations of the supervisee and process the evaluations within supervision framework.
- Modify the nature of input and process of supervision in response to supervisee needs and developmental level.
- Receive and process evaluations by the supervisee during supervision.
- Participate in organizational supervisor meetings.
- Serve as a professional role model for supervisees in accordance with ethical and professional guidelines as noted by APA.
- Demonstrate respect for the Interns as one would other colleagues, acknowledging diversity in values, culture, and experience.
- Protect the supervisee's supervision session from unnecessary interruptions.
- Take primary responsibility for the supervisory relationship and when there are difficulties, take responsibility to address or resolve those difficulties either directly or through consultation.
- Arrange adequate supervisory coverage if absent.
- Keep records of supervision sessions in accordance with APA requirements.
- Integrate relevant research, clinical literature and a scholarly approach into input about clinical practice.
- Provide supervision that involves both the training of the supervisee and monitoring the welfare of the client.
- Monitor the supervisee's other record keeping including intake assessments and progress notes.
- Monitor the appropriateness and diversity of the client case load according to the supervisee's ability level, time commitments, and training needs.
- Facilitate the professional growth of the supervisee by attending to professional issues, career issues, and transition issues concerning development from trainee to professional staff.

### **Clinical supervision will provide opportunities for the following:**

- To strengthen the understanding of empirical and theoretical knowledge and clinical experience.

- Increase awareness of issues of difference and of how to integrate multicultural models and interventions into practice.
- Strengthen clinical skills.
- Promote the growth, self-awareness and development of the Intern into a competent psychologist with all the competencies noted in this manual.

### **Supervisee Responsibilities**

In order to develop the skills and professionalism necessary to becoming an effective psychotherapist, the Intern needs to be an active and responsible participant in the learning process. This means the Intern needs to be open to learning about herself/himself that often happens at an intense pace and involves personal vulnerability. The following guidelines to this process.

- Be on time and prepared for client and supervision sessions.
- Establish with your supervisor training goals for supervision within the time frame allotted.
- Actively work on processing and conceptualizing what has occurred in therapy sessions.
- Accurately and appropriately document clinical services.
- Provide progress notes for weekly review and are to be completed to the specifications of training.
- Participate actively in supervision by being prepared and organized with progress notes and questions and concerns about case management.
- Take responsibility for your own development by being forthcoming about needs and challenges in your work.
- Be aware of your own level of competence and follow ethical guidelines by consulting appropriately and asking for assistance, even if this means exposing mistakes and areas of inadequacy.
- Be aware of and follow ethical guidelines.
- Strive to be aware of your own biases and prejudices in approaching clinical work.
- Provide evaluations and feedback within the supervision session. Complete self-evaluations as scheduled and process in supervision.
- In the event of any concern about the supervisory relationship, follow the guidelines delineated in the "Professional Standards and Guidelines" section.

### **Requirements for Completion of Internship Year**

The Internship year is a 12-month (minimum 2,000 hour) program. Exceeding APPIC standards requiring at least 25% of direct face-to-face psychological services, each Intern will have the potential to complete 900 hours of direct service (i.e., 45% of the Internship). Interns will have fewer direct clinical service hours in the first two months of their internship because of the greater need for orientation and training but will have increased direct service hours after the first two months of the Internship to reflect the Intern's greater capability to manage more clinical responsibilities.

Because of the nature of the Internship, it cannot be completed on an accelerated basis. Each Intern will submit, monthly, a tracking of his/her hours within their rotation and their outpatient work, following a format approved by the Internship program. If direct service hours are not being accrued at a rate that will allow for a timely completion of the program, corrective action

may be taken so that the required hours can be achieved. If the accuracy of direct service hours as presented by the Intern is questioned, verification of hours will be conducted against the agency's computerized database. If discrepancies exist, the database will prevail unless the Intern is able to sufficiently explain the discrepancy. All clinical documentation related to services performed during the year must be completed before the Intern is considered having completed the Internship.

In order to meet the 2,000 hours for the overall program, Interns cannot miss more time than allotted through their paid time off/holiday time. If an Intern needs to use more than the allocated entitlement time (e.g., serious medical illness), the Intern must notify the Training Director immediately. Time and experiential opportunities missed beyond the standard entitlement time must be made up within the Internship year. Under this circumstance, the Intern will be assigned additional responsibilities (i.e., experiential and/or scholarly inquiry work) to be completed on extended days or weekends. If missed time is excessive but justifiable due to illness, the Intern may have to arrange for an extended Internship year. Missed time in excess of the allocated entitlement time that is not due to serious medical illness will be considered unexcused and may jeopardize the Intern's completion of the program.

An Intern's graduate program will be notified of the Intern's completion of the program as of July 1st after the completion of their training year. If a graduate program allows for a July graduation or conferring of degree, the Internship Training Director can notify a graduate program of only the following: (a) whether or not the Intern has met the required direct service hours as of the date of notification, (b) whether it is anticipated that the Intern will be able to readily complete the required 2,000 hours by June 30st and (c) whether the Intern's current status in the program is within good standing.

States vary in their requirements for licensure in terms of hours, credentials of supervisors and required paperwork. Interns are responsible to learn about licensure requirements of states in which they are interested in obtaining licensure and providing required forms to the Training Director.

### **Intern Evaluations**

Interns are provided with written formal feedback regarding their competencies and performance in the Internship program every 6 months (mid-January & mid-June) by the Training Director which includes feedback from supervisors and rotation supervisors, if different. Supervisors will conduct an informal "check-in" with the Intern regarding the Intern's progress, needs, training goals on a quarterly basis using the Intern Self-Assessment Form the Intern filled out at the beginning of the year in order to gauge progress and clinical confidence (October 1, January 2, March 1, and June 1). Interns will be given every opportunity to know how to improve their competency goals. Desert Sage Resource Center wants every Intern to feel confident in their ability to practice as a professional psychologist and feel like a success by the end of the Internship.

At the time of formal evaluation (mid-January and mid-June), the Doctoral Intern Evaluation Form is completed by supervisors for each Intern and each Intern completes the form for a comparable self-evaluation. On this form, Interns are rated on the Profession-Wide Competencies and associated Learning Elements that they are expected to develop over the course of the training year. Each Intern meets with each of their supervisors to review and discuss the form. The Intern also has the option to respond in writing to a supervisor's

evaluation. Copies of completed forms are given to the Training Director. The Training Director then compiles the feedback and ratings made by the Intern's supervisors and completes the Intern Evaluation Summary Form, which includes written comments. The Training Director then meets individually with each Intern for a summary review meeting that concludes the review period. During this meeting, the Training Director discusses the evaluations provided by the supervisors regarding the Intern's performance, the Intern's comments in response to the reviews, reviews the collective feedback, and makes suggestions for continued training and growth. This process is an opportunity for the Training Director to provide integrative feedback regarding the collective experience of others who have had significant interactions with the Intern. Once The Training Director has met with the Intern and provided feedback about their formal evaluation and the Intern has had opportunity to respond to the evaluation they have received, The Training Director will submit a copy of the Intern's Doctoral Intern Evaluation and Summary Form to the Intern's graduate program. If, for any reason, the Intern's evaluation is changed in any way after it has already been submitted, a corrected Evaluation Form will be provided to the Intern's graduate program.

As a result of the formal Intern Evaluation, any score below a "3" on a broad domain will trigger Due Process Procedures for remediation intervention. Additionally, any score below a 3 on any individual competency item will result in close monitoring of the competency by the supervisor and additional support to the intern as deemed appropriate by the Training Director.

Both the Director of Training and Intern discuss how the Internship experience is progressing and the Intern is provided with an opportunity to provide reactions, critiques, and comments about supervision and other aspects of the training program on the Doctoral Internship Training Outcome Evaluation Form. This is an opportunity for the Training Director to understand the Interns' experience of the Internship and ongoing learning needs. If it is deemed necessary, modifications to the training program for a particular Intern may be arranged at this time or at any time that the Intern or a clinical staff member deems it necessary. The Intern is invited to write comments on the Psychology Internship Evaluation Form. The Psychology Intern Competency Evaluation Form and the Psychology Intern Competency Evaluation Summary Form can be found in the Appendix of Forms section of the Handbook. The evaluation form explicates the rubric used to assess an Intern's attainment of competencies, including the minimum level of competency attainment required for successful completion of the Internship program – a minimum score of 3.

### **Program Evaluation**

Desert Sage Resource Center is committed to developing and improving our internship program. Interns are always encouraged to give regular feedback in their supervision sessions regarding their training experience throughout the year so that we may make modifications and evolve as an Internship training program that provides the highest level of learning and supervision possible. DSRC aims to be sensitive to Interns' concerns and utilize constructive feedback to make changes in the content, structure, and processes of the program. Interns will be asked to complete a more formal evaluation of the Desert Sage Resource Center at the six month period and end of Internship to aid in program improvements.

### **Professional Standards and Guidelines**

Interns are expected to comply with the APA Ethics Code of Conduct ( [APA Ethical Principles of Psychologists and Code of Conduct \(2017\)](#) ). Policies include but are not limited to: non-

discrimination and non-harassment, confidentiality, HR policies, requirements for on-line training and testing required by the Environment of Health and Safety, and Joint Commission specific regulations. Interns are expected to conduct themselves ethically, responsibly and professionally and to follow the same standards of behavior required of all DSRC professional staff. Interns are aware of and maintain behavior within the scope of APA ethical guidelines and HIPPA standards, especially around issues of practicing within one's competence level, confidentiality, disclosure of information, maintaining appropriate boundaries and multicultural competence. Interns are to behave in a manner that promotes professional interaction with staff within all training treatment environments. This includes treating all staff, fellow trainees and clients in a considerate, respectful and professional manner at all times, including when working out disagreements or conflicts.

Interns will complete all requisite child abuse and criminal clearances, as well as all relevant human resource paperwork. A drug screening will also be conducted as part of the onboarding process. Each resident must comply with requirements regarding completion and submission of mandatory HR documents. Failure to complete or return material in a timely manner may result in a temporary suspension of your privileges to work with clients, which could either delay or risk the completion of your Internship year. If there are additional questions related to clearances and drug screening please contact the Training Director. If, upon the completion of clearances and drug screen, it is determined that a resident does not meet the criteria for work at any of the treatment service sites or is disqualified from interactions with clients, the resident will be formally notified and neither Desert Sage Resource Center Internship program or Family Support Center is liable for the resident's failure to meet mandatory standards.

### **Due Process and Process for Remediation**

This portion of the handbook outlines Intern rights; the identification and management of Intern problem behaviors or concerns, including insufficient competency attainment; an explanation of how Intern problems/concerns are managed; an explicit discussion of due process procedures.

The training program will provide appropriate mechanisms by which inappropriate Intern behavior affecting professional functioning is brought to the attention of the Intern. The training program will also maintain Intern procedures, including grievance, appeals, and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency and/or professional functioning. As a result of the formal Intern Evaluation, any score below a "3" on a broad domain will trigger Due Process Procedures for remediation intervention. Additionally, any score below a 3 on any individual competency item will result in close monitoring of the competency by the supervisor and additional support to the intern as deemed appropriate by the Training Director.

#### **Definition of a problem:**

Problems typically become identified as in need of corrective action 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,
6. The Intern's behavior does not change as a function of feedback, remediation efforts, and/or time,
7. The problematic behavior has potential for ethical or legal ramifications if not addressed,
8. The Intern's behavior negatively impacts the public view of Desert Sage Resource Center Internship Program or participating clinics and other services.

### **Due Process**

Due process ensures that decisions made by programs about Interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the Intern so he/she/they may challenge the program's action. General due process guidelines include:

1. Presenting Interns in writing, with the program's expectations related to professional functioning,
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 problems,
4. Communication, early and often, with graduate programs about any suspected difficulties with Interns, seeking input from these academic programs about how to address such difficulties,
5. Instituting, with the input and knowledge of the graduate program, 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,
7. Ensuring that Interns have sufficient time to respond to any action taken by the program or initiate an appeal process,
8. Using input from multiple professional sources when making decisions or recommendations regarding the Intern's performance, and
9. Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

### **Remediation Procedures and Sanctions:**

In implementing remediation procedures for problems identified using the above guidelines, the training staff must be cognizant of balancing the needs of the Intern, the service consumers, and colleagues, staff, and agency personnel. The first step is to identify the appropriate level of notification that a performance concern exists. The following are a set of alternatives for addressing problematic behavior or if an Intern falls below the "minimum level of achievement" necessary to demonstrate adequate progress through the training program.

Informal Intervention: This step involves communication between an Intern and supervisor that a problem behavior appears to be developing. These concerns will also be brought to the attention of the Training Director. The concerns as well as what changes need to be seen, with the Intern playing a greater role in identifying self-correction, will be documented as part of supervision for the Intern so progress can be determined later. This allows an Intern to make a proactive attempt to curb the problematic behavior or improve his/her/their performance and gain greater self-awareness into own behaviors. This corrective step does not need to be



reported to the Intern's graduate program. A review of the Intern's progress should be conducted three weeks after notifying the Intern of the concerns. If it is determined by the supervisor that an inadequate level of progress or change has occurred, the Intern will be notified no later than 5 days after the review meeting in writing that a Remediation Hearing will take place to determine if Remediation Action needs to be implemented and what level of Remediation is required. If the Intern's problem behavior is serious enough (i.e., serious ethical conduct or patient safety concerns) the Training Director may decide that the Informal Intervention should be bypassed, and a Remediation Action Hearing should be conducted.

A Hearing regarding the need for Remediation Action will take place 5 days after the Intern has been notified and will include the Intern, the Training Director, the supervising psychologist who initiated the Hearing (if the initiating psychologist is the Training Director another of the Intern's supervisors will attend), and a faculty psychologist who does not directly supervise the intern. The Intern will be notified in writing of the Hearing decision no later than five days after the Hearing. If it is determined that Remediation is needed the level of Remediation will be determined.

**Level 1 Remediation Action- Corrective Plan** : A Level 1 Remediation plan occurs when an Informal Intervention has not brought about the needed changes in behavior or performance and the problem continues to persist. This level of remediation involves providing the Intern a written document (Remediation Action Plan) explaining the problematic behavior and its negative impacts. The corrective course of action will be primarily driven by the Remediation Hearing members. A copy of this document will be placed in the Intern's file, given to the Intern, and sent to the Intern's doctoral program. This document will contain:

- a. a description of the Intern's unsatisfactory behavior/performance,
- b. actions needed by the Intern to correct the unsatisfactory behavior/performance,
- c. the timeline 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.

The Intern has the option of appealing the decision/action in writing, and/or initiating a grievance procedure.

**Level 2 Remediation Action- Increased Supervision & Other Modifications** : This Action Level uses the same Remediation Action Plan created by the Hearing members and includes increased Supervision and Oversight of Intern. This step is a time-limited, remediation-oriented period designed to address more serious or persistent problematic behavior and return the Intern to a more satisfactory state in performance. This period involves increased supervision and regular consultation between supervisors and the Training Director. Several possible and perhaps concurrent courses of action may be included in developing a Remediation Action Plan. The suggested courses of action with a timeline will be documented in writing, which will be given to the Intern, placed in the Intern's file, and sent to the Intern's doctoral program. Options for remediation include, but not limited to:

- 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. suggesting outside consultation or treatment for specific mental health or medical intervention that might be contributing to Intern's difficulties (i.e., substance abuse problem),
- d. modifying the Intern's clinical or other workload in scope or frequency,
- e. requiring specific academic coursework or additional training.

The Intern will be cautioned regarding possible impact in being able to complete all requirements of the 12 month Internship program depending on the course of remediation action taken. The Intern has the option of appealing the decision/action in writing, and/or initiating a grievance procedure.

**Level 3 Remediation Action- Probation:** Probation can be used along with the Level 2 Remediation Action or become the next action step in remediation should Level 2 fail to bring about required changes. Its purpose is to assess the ability of the Intern to complete the Internship and to return the Intern to a more satisfactory level of performance. During probation, the Training Director 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 probation period. Probation is an intervention that precedes more serious sanctions such as the decision to suspend, put on administrative leave or terminate an Intern from the Internships Program. This level of intervention is accompanied with very close supervision and possible other interventions. This is the last attempt to support the Intern in making the necessary changes to address problematic behavior and return the Intern to a more satisfactory state in performance. The Intern is informed of the probation in a written document which includes:

- a. The description of the problem,
- b. A response by the Intern,
- c. A plan of corrective action within a specified and reasonable course of time to demonstrate resolution of problematic behaviors,
- 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.

The Training Director will meet with the Intern and review a plan of corrective action, using The Probation Tracking Form. If Probation occurs, the Training Director will inform the Intern's doctoral program, indicating the nature of the problem, the rationale for the probation, and the action taken by the faculty. The Intern shall receive a copy of the document notification to the doctoral program. Once the probation is issued by the Training Director, it is expected that the status of the probation will be reviewed weekly orally and in writing using The Probation Tracking Form until such a time as the problem has been expected to be resolved. The Intern has the option of appealing the decision/action, in writing, and/or initiating a grievance procedure.

### **Procedural Hearings for Suspension, Administrative Leave, or Dismissal from the Internship Program:**

The DSRC Internship Program strives to foster learning among Interns, and to graduate Interns who are competent to enter a post-doctoral position or take an entry-level position as a professional psychologist. To this end, the Training Director and supervisors strive to support Interns during the training year. However, under unusual circumstances it may become necessary for the training staff to suspend or dismiss an Intern from the program. If this occurs, Interns are entitled to due process in contesting these decisions. In order to continue in the Internship, the following minimum criteria must be met: The Intern must be making progress toward achieving clinical competence as a professional psychologist. There must be no evidence of ethical violations, violations of the Desert Sage Resource Center Discrimination or

Harassment Policies, or any other behavior grossly unbecoming to a trainee/professional psychologist.

If the Intern has failed to improve the problem behavior addressed following the probation period, the below courses of action may be taken. The Intern will be informed by writing that there will be a Hearing to decide the next course of action following a failed probation period 5 days after the final Probation review meeting. The plan of corrective action and Probation Tracking Form will be reviewed by a Hearing Committee consisting of the Intern, the Training Director, one other supervisor, and a representative from the Intern's graduate program to determine the next step of action. At this Hearing a discussion of how the Intern has not achieved the identified level of progress and improvement is reviewed.

Failure to pass the Probation Period may result in the following and will be determined by the Hearing committee:

Reduction in or Suspension of Direct Service Activities. This may occur when it has been determined that the welfare of the Interns' clients has been negatively impacted. Direct service activities will be reduced or suspended for a specified period of time as determined by a hearing by the Training Director, the Psychology Chief (or equivalent), other training supervisors, and the Intern's graduate program representative. A document summarizing this decision will be given to the Intern and the Intern's doctoral program. At the end of the specified period of time of reduction or suspension of service activity, the Training Director, other supervisors and Chief of Psychology will meet to assess the Intern's capacity for returning to full direct care status. If a reduction or suspension of direct service activities interferes with the Intern's ability to complete the required hours outlined by the internship program, the options for completing his/her/their internship requirements will be reviewed. The Intern has the option of appealing the decision/action, in writing, and/or initiating a grievance procedure.

Administrative Leave. This involves the temporary withdrawal of all responsibilities and privileges in the agency. The Intern has the option of appealing the decision/action in writing, and/or initiating a grievance procedure. If the Probation Period, Reduction in or 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 doctoral program will be informed in writing. After a hearing decision for sanction, the Intern's options for completing his/her/their internship requirements will be reviewed. The Training Director will inform the Intern of the effects the administrative leave will have on the Intern's stipend and benefits.

Dismissal from the Internship. This involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his/their behavior, there will be a Hearing decision for dismissal from the training program and/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. Dismissal can also occur when an Intern fails to progress toward competency after intensive remediation strategies outlined above. When an Intern has been dismissed, the Training Director will communicate to the Intern's doctoral program in writing, that the Intern has not successfully completed the Internship. Upon dismissal from the program, the

Intern is no longer considered an employee of the DSRC organization and is no longer entitled to financial compensation or benefits. The Intern has the option of appealing the decision/action in writing and/or initiating a grievance procedure.

Once the Hearing Committee has made their decision, the Intern will be informed in writing within 5 days of the Hearing and review the Hearing decision with the Training Director. A copy of this decision will be shared with the Intern's graduate program.

### **Appeal Procedures:**

The intern can appeal any decision of the Due Process Procedures. To initiate the appeal process, the intern must submit a written letter of appeal to the Training Director within 10 working days of the unsatisfactory outcome. Within 5 working days of submission of the appeal, a hearing will occur which would involve the Training Director, the intern's secondary supervisor and an adjunct faculty psychologist who provides supervision or didactic training. If the Training Director is part of the appeal complaint or grievance, another senior supervisor/psychologist will participate in the appeal hearing. An Appeal Hearing decision will be given to the Intern and the Intern's graduate program 5 working days after the Hearing.

If the Intern requests to appeal the Appeal Hearing decision, he/she/they may do so in writing within 5 business days to the Appeals Panel, whose decision will be rendered final. The three individuals on the Appeals Panel is made up of one or two psychologists on the DSRC Board of Directors and at least one or two psychologists outside of the organization who are familiar with with internship due process procedures. The final decision will be delivered in writing to the Intern within 15 business days of the final appeal and will be entered into the intern's personnel file and submitted to the Intern's graduate program.

### **Conflict Resolution and Grievance Policy**

Because conflict can be a natural part of working together as teams, it is important to maintain responsible and professional behavior in attempting to resolve interpersonal conflicts, differences, and disagreements. Positive steps toward resolving a conflict could include any of the following:

Attempt to discuss the situation directly with the person involved first.

Seek consultation regarding a disagreement from one's supervisor.

If the conflict involves these supervisor(s), turn to other resources for consultation might be another supervisor, the Training Director, or Clinical Director.

After discussing the desired outcome with one's supervisor, give direct feedback after receiving appropriate consultation rather than talking about the person in question to others.

It is expected that staff would initiate and model conflict resolution by taking the steps outlines above.

Defining and initiating resolution of a conflict should never lead to punitive or retaliatory behavior.

Should a conflict not be able to be resolved through this consultation process, Interns may file a grievance with respect to any work environment (discrimination; sexual harassment) or Internship-related (supervision, case assignment) issue. Consistent with the agency policy, grievances should be submitted to Human Resources. Grievance issues that are specific to the

Internship program will be addressed directly with the Training Director, unless the grievance directly involves that person. In the latter case, the issue will be discussed with the Psychology Chief or other identified faculty psychologist equivalent. General grievances that are not Internship related will be addressed exclusively within the HR Department (i.e., offensive behaviors from support staff or other Intern, uncomfortable or hostile work environment, sexual harassment, dispute over time off, etc.). These types of grievances will be investigated by the H.R. Department and may include assistance of one or two other agency administrators or faculty depending on the seriousness or complexity of the grievance. A written determination and course of action will be provided to the Intern and Training Director once the investigation is complete. Should the Intern be dissatisfied with the decision, the Intern may appeal the conclusion following the appeal procedure.

### **Grievance Procedures:**

The grievance procedure involves an attempt to resolve a dispute or complaint between an Intern and a member of the staff, other trainee or the program itself.

1. The Intern is encouraged to first address the problem directly with the staff member/person involved.

2. If a resolution is not achieved, the Intern should submit a written Grievance Form within 15 days of the event and discuss the problem with the H.R Director, who will decide if the grievance is to be investigated by the HR Department or if it is Internship Program related and should be handled within the program. If the grievance is Internship Program related, it will be submitted to the Training Director. If the Training Director is subject of the grievance, the Psychology Chief (or equivalent) will step in instead. If the Psychology Chief is also subject of the grievance, another faculty psychologist will step in to make a deciding ruling.

3. The Intern will receive a written response from the Training Director/Psychology Chief or other deciding psychologist within 10 working days of submitting his/her/their grievance.

In most circumstances, the Training Director or other deciding psychologist may schedule a joint meeting with the Intern and supervisor or other subject of the grievance prior to submitting his/her/their written response in order to clarify issues and address the Intern's concern. If a resolution is achieved during this meeting, it can be documented using the Grievance Form.

4. If a resolution is not achieved or the Intern wishes to challenge the resolution of the deciding psychologist, the Intern may present their grievance, in writing, to the Psychology Chief (or other identified equivalent) within five working days of receiving the written response from the deciding psychologist. The Intern shall receive a written response from the Psychology Chief (or identified equivalent) within five working days.

5. If the Intern feels that a resolution is not adequately achieved, the Intern may present the grievance in writing to the Appeals Panel and their decision will be final. The Appeals Panel may consult with a representative from the Intern's graduate program in making their decision. The Intern will receive a written response within 10 working days from the date of the grievance Appeals Panel hearing and a copy will be sent to the Intern's graduate program.

As a non-union employee, the Intern may have other non-union agency employees represent them at any of the grievance procedure steps. Attorneys are not permitted.

Should the grievance resolution still remain unsatisfactory to the Intern, it may be referred by DSRC, in its sole discretion, to an outside arbitrator for an impartial and binding decision.

\*\*For cases in which a grievance is initiated as an Intern's wish to appeal Probation, Reduction in or Suspension of Direct Service Activities, Administrative Leave or Termination the Intern should make their grievance, in writing and with supporting documentation, directly to the Appeals Panel.

Specified time limits are exclusive of Saturdays, Sundays, and holidays.

### **Compensation / Benefits**

The amount of the resident stipend is reviewed for each Internship year and is competitive with surrounding local Internship programs. Interns receiving a stipend are paid on a bi-weekly basis, consistent with the agency's payroll schedule. Stipends are based on a 40-hour work week, which is consistent with the agency's definition of a salaried employee. Each Intern must complete their timecard on a weekly basis to ensure that they will be paid in a timely manner. Each Intern is responsible for documenting their worked days versus days of paid time off. Stipends are taxable based on applicable tax laws.

For the 2022-2023 year: \$ 28,000 stipend

Working 40 to 45 hours a week, 8AM – 5PM Monday through Friday

All Interns are provided with an organization contribution towards health insurance, at a rate comparable to organization employees as determined by the Board of Directors. Any resident not electing to enroll in the healthcare plan will not be provided additional compensation in lieu of the health plan.

Each Intern is provided with 10 days of paid time off (PTO) during the Internship year. Interns should obtain prior written approval from the Internship Training Director of all time off unless within the context of an emergency or illness. It is agency policy that all employees submit leave requests at least two months in advance. It is the responsibility of the Intern to provide a copy of the approved request form to the training location(s) that are impacted on the dates they will not be in the office. The Training Director will routinely discuss requests for time off with respective programs through which clinical services are provided. In the case of illness or emergency, the Training Director should be notified at the beginning of the business day. It is the Intern's responsibility to make the rotation site supervisor and clinical supervisor aware of absences from rotational work, whether these are planned absences or absences due to illness. Interns also have time off for the agency's seven recognized holidays.

Interns are expected to monitor their use of paid time off. Time in excess of the 10 days referenced above can only be taken within the context of significant medical considerations, which must be discussed with the Training Director in a timely fashion. Under that circumstance, the Intern will be expected to amend the missed time and learning experiences in order to officially complete their internship year. Interns are not permitted to make changes to their scheduled workdays (i.e., working a Saturday instead of a weekday) in order to take additional time off. If an Intern is going to be late for work he/she/they must contact the Training Director as well as the site supervisor. Excessive absences and/or tardiness are not permitted and can be subject for grounds for dismissal from the Internship program.

All Interns are expected to adhere to the schedules that are provided for them. Schedules have been carefully developed to meet the needs of the programs with continuity across changes in

staffing by a particular Intern, as well as to provide opportunities to be involved in different aspects of the departments in which they work. Any requests for changes in schedules must be approved by the Training Director who will notify the appropriate supervisors of the change.

Due to the intensity of the Internship Program, Interns may not accept work outside the Internship position unless there is an unavoidable financial hardship, in which case, the Intern may work part-time with permission from the Training Director. Work on dissertation research must be completed outside of Internship work scheduled time.

Each Intern is assigned an office space, which may be shared by other staff members or Interns, for their use throughout the year. Wireless Internet is also available throughout the Desert Sage Resource Center, Juvenile Justice, and Family Support Center training locations. Interns receive a Desert Sage Resource Center email account. Interns should understand that e-mail or fax is not a secure form of communication. Interns have access to same clerical, administrative, and IT support as all employees at the various training locations. Interns are not responsible for billing procedures, as a separate staff within the agency handles billing. Interns are encouraged to create a welcoming and professional office space and be aware of what their office decorations may communicate to others. Interns will be given access to computer equipment and must utilize the equipment in the manner in which they were trained and are expected to be thoughtful about their computer use, including what is downloaded and what is sent or forwarded to staff.

### **Commitment to Diversity and Health Equity**

Desert Sage Resource Center is committed to attracting and retaining Interns, clinical staff, and support staff services from a diverse range of ethnic, racial, and personal backgrounds. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of diverse individuals and the provision of training opportunities for a wide spectrum of individuals. In addition, the DSRC is committed to providing opportunities for Interns to learn about cultural and individual diversity and the promotion of health equity as they pertain to the practice of professional psychology. To this end, DSRC and its Board Members, carries out its mission to promote awareness and inclusion across all areas of diversity including, but not limited to, race and ethnicity, religion, socioeconomic status, age, sexual orientation, gender identity or expression, language, disability, and illness. Interns benefit from this mission of diversity and inclusion via the didactic series, clinical experiences, and supervision and are invited to participate more actively by producing their own researched didactic training on issues of diversity. Desert Sage Resource Center is committed to a culture of diversity, equity, and inclusion.

The current physical facilities of all training locations fully comply with the American with Disabilities Act (ADA), which prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications. The Desert Sage Resource Center, Family Support Center and Juvenile Justice's main entrance complies with ADA. The training facilities, which includes bathrooms, hallways, therapy rooms, supervisor rooms, record room, computer room, and Interns' office are ADA compliant. There is also ample parking for all clients, staff and Interns, and handicapped parking are available throughout.

## **Appendix**



# Desert Sage Resource Center Internship

## Intern Self-Assessment and Quarterly Informal Evaluation of Progress

Circle one: July 2022    Oct 1    Jan 2    April 1    June 1

Below are the training objectives for the year. Please review and rank yourself in terms of comfort in knowledge and competency in each area (1 not confident at all, 5 highly confident). Also, write some comments on how your supervisors might assist you in feeling more confident in these skill domains.

### Objectives of Training

1. Interns will develop competency with a range of diagnostic skills, including: interviews, history taking, risk assessment, child/adult protective issues, diagnostic formulation, treatment planning, triage, disposition, and referral. 1 2 3 4 5

2. Interns will develop skills in psychological intervention, including: environmental interventions, crisis intervention, short-term and long-term individual psychotherapy, group and family psychotherapy, and behavioral medicine techniques. 1 2 3 4 5

3. Interns will develop skill with a range of assessment techniques, including: screening assessment, cognitive testing, achievement testing, assessment of behavior/emotional functioning, assessment of parent-child relationships and family systems, and neuropsychological evaluation. 1 2 3 4 5

4. Interns will develop a capacity to engage in psychological consultation, through individual cases and participation in multidisciplinary teams, including consultation to: parents, mental health staff (e.g., psychiatrists, social workers, psychiatric nurse practitioners) medical staff (e.g., physicians, nurses, PT, OT, etc.), school systems, and the legal system. Consultation training can occur in both the inpatient and outpatient setting in both urban and rural areas.

1 2 3 4 5

5. Interns will learn the clinical, legal, and ethical issues involved in documentation of mental health services within a medical and community clinic setting. 1 2 3 4 5

6. Interns will integrate science and practice in assessment, intervention, and consultation. Interns are trained in empirically supported treatments, behavioral medicine protocols, and empirically-supported assessment techniques. 1 2 3 4 5

7. Interns will develop assessment batteries, treatment goals, and consultative relationships based on the clinical issues at hand, while also considering potential limitations imposed by managed care and health policy and other issues of third party or family payment for mental health services. Interns will appreciate the range of vehicles for service delivery (e.g., primary care versus specialty clinics), which allow access to a variety of populations with social, financial and other obstacles to mental health. 1 2 3 4 5

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This is the beginning of an exciting professional journey for all of you! The more you put into your training experiences and take advantage of the exciting clinical opportunities afforded you in our Internship, the more you will gain by the end of this training year. Be honest about what you are not sure of and ask for help always. Sometimes our moments of vulnerability are our greatest learning opportunities. Be brave! Be curious! Be compassionate!

**Understanding of Supervisor/Supervisee Relationship Agreement**

July 2022

Supervisor: \_\_\_\_\_ Intern: \_\_\_\_\_

Please discuss and have both supervisors and supervisee initial a mutual understanding of the following.

1. The Intern's Self-Evaluation Form and identified training needs. \_\_\_\_\_
2. The Supervisor/Supervisee Responsibilities section of the Intern Handbook. \_\_\_\_\_
3. The Intern and Program Evaluation section of the Intern Handbook. \_\_\_\_\_
4. Review the Conflict Resolution and Processing of General Grievances section with the Training Director \_\_\_\_\_
5. I have read and agree to the guidelines for conduct as a psychologist. \_\_\_\_\_

[APA Ethical Principles of Psychologists and Code of Conduct \(2017\)](#)

Discussion of the parameters and boundaries of the Supervisor and Intern relationship will help to establish a cooperative and mutually satisfying relationship that will enhance the Internship experience, support and individualize the Intern's training needs, and aid in the Intern's overall success. Please complete within the first two weeks of July and return to the Training Director.

Thank you, and off we go!

# Remediation Hearing

Intern: \_\_\_\_\_ Date of Remediation Hearing: \_\_\_\_\_

Training Director: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Non-supervising psychologist: \_\_\_\_\_

**Description of concerning behaviors/performance:**

**Competency Domain(s) affected:**

**Determination of level of remediation action and justification:**

**Actions needed by the Intern to correct the unsatisfactory behavior/performance:**

**Actions needed by the Supervisor(s) to support the Intern in correcting the unsatisfactory behavior/performance:**

**Timeline for correcting the problem:**

**What action will be taken if the problem is not corrected by timeline:**

A copy of this document will be sent to the Intern's graduate program.

\*Intern has the right to request a review of this action following the Appeals/Grievance Procedure in the Intern Handbook.

I, \_\_\_\_\_, have reviewed the above remediation plan with my Training Director and Supervisor. My signature below indicates that I fully understand the above remediation plan. I agree/disagree with the above remediation plan (please circle one). My comments, if any, are below (PLEASE NOTE: Comments are REQUIRED if the intern disagrees with the plan).

\_\_\_\_\_  
Training Director Sign & Date      Supervisor Sign & Date      non-supervising Psychologist

\_\_\_\_\_  
Intern Sign and Date

**Intern's Comments (use additional pages as needed):**

# Remediation Action Plan

Intern: \_\_\_\_\_ Date of Remediation Plan: \_\_\_\_\_

Training Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Competency Domain(s) affected:**

**Description of the Intern's unsatisfactory behavior/performance:**

**Actions needed by the Intern to correct the unsatisfactory behavior/performance:**

**Actions needed by the Supervisor(s) to support the Intern in correcting the unsatisfactory behavior/performance:**

**Timeline for correcting each target behavior/problem and weekly follow-up review dates:**

**What action will be taken if the problem is not corrected within the allotted time:**

**Final review date of progress achieved/not achieved and resolution determination:**

\*Intern has the right to request a review of this action following the Appeals/Grievance Procedure in Intern Handbook.

I, \_\_\_\_\_, have reviewed the above remediation plan with my Training Director and Primary Supervisor. My signature below indicates that I fully understand the above remediation plan. I agree/disagree with the above remediation plan (please circle one). My comments, if any, are below (PLEASE NOTE: Comments are REQUIRED if the intern disagrees with the plan).

\_\_\_\_\_  
Intern Sign & Date                      Training Director Sign & Date                      Supervisor Sign & Date

**Intern's Comments (use additional pages as needed):**

# Probation Tracking Form

Intern: \_\_\_\_\_ Date of Probation Review: \_\_\_\_\_

Training Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**The Probation Tracking Form has been initiated because the Intern has not made the required improvements during the Remedial phase of corrective action.**

**Competency domain(s) affected:**

**Description of problem (attach additional sheet if needed):**

**Date problem(s) were first addressed with the intern:**

**Steps or measures already taken by Intern to rectify these problems:**

**Steps or measures already taken by the supervisor(s) to rectify these problems:**

**(Fill out below table for each Target Behavior addressed)**

<b>Competency Domain(s)</b>	
<b>Target Behaviors</b>	
<b>Expectations for Acceptable Performance Change</b>	
<b>Recommendations and Steps for Corrective Plan</b>	
<b>Supervisor's Responsibilities</b>	
<b>Timeframe for Acceptable Performance Resolution</b>	
<b>Weekly Review Meeting Date and Progress Made Toward Resolution</b>	

\*Intern has the right to request a review of this action following the Appeals/Grievance Procedure in Intern Handbook.

I, \_\_\_\_\_, have reviewed the above remediation plan with my Training Director and Primary Supervisor. My signature below indicates that I fully understand the above remediation plan. I agree/disagree with the above remediation plan (please circle one). My comments, if any, are below (PLEASE NOTE: Comments are REQUIRED if the intern disagrees with the plan).

\_\_\_\_\_  
Intern Sign & Date

\_\_\_\_\_  
Training Director Sign & Date

\_\_\_\_\_  
Supervisor Sign & Date

**Intern's Comments** (use additional pages as needed):

