

Illinois  
Psychological  
Association  
Predoctoral  
Internship  
Consortium  
Handbook

2011-2012 Edition

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## **INTRODUCTION**

### **About the Consortium**

The Illinois Psychological Association Predoctoral Internship Consortium (IPAPIC) was founded to join together training organizations in Illinois to create training opportunities for Illinois psychology interns. IPAPIC endeavors to grow each and every year by joining with new organizations to offer new training prospects. An important mission of IPAPIC is to offer services to underserved communities. By linking agencies, IPAPIC is able to offer such services, since training and supervision responsibilities are shared by the consortium. IPAPIC is a multi-site training program that provides organized, sequential learning experiences for predoctoral interns. The Consortium ensures an integrated training experience through shared standards, common procedures, and joint didactic learning programs. The Consortium brings together urban and rural training sites to provide broad exposure to differing models of training and service delivery. There is a particularly strong emphasis on advanced training in cultural competence.

### **IPAPIC Vision**

The IPA Consortium model will be a leading training paradigm within the psychological community.

### **Mission Statement**

The mission of the IPA Consortium is to offer quality psychology training in diverse settings to predoctoral interns in the state of Illinois while also creating networks between trainees, agencies, IPA, and IPA members.

### **Values**

|                   |   |
|-------------------|---|
| <i>Respect</i>    | We respect all customers without regard to race, sex, age, disability, health status, sexual orientation, socioeconomic status or faith.  |
| <i>Compassion</i> | We strive for sensitive, humane, and respectful relationships with everyone we care for and with whom we work.  |
| <i>Assessment</i> | We continually strive to assess and reassess all processes within our organization to improve our performance.  |
| <i>Leadership</i> | We believe in effective leadership by promoting an organizational culture that focuses on continually improving performance for all client needs in a collaborative effort to fulfill the mission statements of Associates in Behavioral Science and Psychological Consultations. |
| <i>Unity</i>      | We believe in a team-integrated service that promotes trust and safety, as well as clear and open communication.  |
| <i>Excellence</i> | We strive for excellence by committing resources to ongoing education and training that will result in qualified competent care providers.  |

## **Our Pledge to Clients**

We believe with the right skills and methods to implement them, our clients can take charge of the problems that disrupt their lives. To that end, the quality of care and services we render to our clients are the highest priorities. We pledge our efforts to achieve these goals and fulfill our mission.

## **About This Handbook**

This handbook is intended to address questions you may have as an intern with the Illinois Psychological Association Predoctoral Internship Consortium (IPAPIC). Information contained in this handbook is designed to assist you as you in your time as part of our clinical team. The policies set forth in this manual have been designed to assist in creating a spirit of cooperation and harmony within the consortium. The consortium has teamed together to provide the best possible care to the patients we serve.

The training experience at IPAPIC is an organized educational and experiential program designed to provide each intern with a planned, programmed sequence of various experiences in mental health care. We seek to provide a learning environment that:

1. encourages teamwork and respect among behavioral health service providers;
2. develops each trainee's clinical skills through closely supervised delivery of clinical services to clients;
3. encourages investigation and understanding of each client's cultural issues that can influence treatment results;
4. provides an understanding of the professional, legal and ethical issues that challenge behavioral healthcare;
5. develops each trainee's clinical style to reflect their individual talents and personality, while promoting responsibility and compassion for their clients.

Interns will receive the title of "Intern" during their time as part of IPAPIC and with ABS and/or PC. Interns may not misrepresent themselves or their qualifications in any way to clients, staff or other agencies. Throughout the rest of this handbook, the term "intern" will be used to refer to those trainees who will be selected by IPAPIC to train at their sites for a predoctoral internship training year. The term "trainee" may also be used interchangeably in this handbook.

All students must have completed adequate course work and be authorized by their academic training programs to participate in practicum as demonstrated by a letter from the institution. Additionally, students must have successfully completed courses in group therapy, abnormal psychology and a cultural diversity class.

All interns must have completed adequate and appropriate practicum training of 1,200 or more hours prior to beginning the internship. In addition, interns must be authorized by the academic program they are attending to be eligible for internship as demonstrated by a letter from the institution.

## **IPAPIC TRAINING EXPERIENCE**

The IPAPIC internship experience provides training in a range of psychological assessment and intervention activities conducted directly with clients. Training is primarily based on experiential learning. Trainees provide services directly to clients in the form of assessment, psychotherapy, consultation and psychoeducation. Trainees will be exposed to a variety of psychological services and clients that are determined by their level of education and experience. All experiences are guided by regular individual and group supervision, which forms the basis for personal and professional growth throughout the internship year.

- Each intern is expected to complete a minimum of 2200 hours to complete the internship. The IPAPIC internship runs a full 12 month year, typically beginning July 1. Should the required hours be accumulated before the 12 months elapse, interns are still required to complete the full training year.
- Guidelines for direct service hours will be outlined in the sections describing each individual consortium site. In addition, specific expectations may be discussed with individual supervisors.
- Individual and group supervision are provided at each site. Didactic training and peer supervision with other consortium interns are also requirements of IPAPIC. At least two hours of individual supervision by a Licensed Psychologist will be provided at each internship site.
- Regardless of which site at which you are matched, all services must be appropriately documented. A supervisor will regularly discuss with you the quantity and quality of your performance in relation to the program's goals and expectations.
- At least twice annually, (at the 6-month period and at the end of the training experience) interns are officially evaluated by their supervisor on various competencies. In addition, the supervisor will regularly evaluate interns on their performance and identify strengths and challenges. The 6-month and final evaluation covers the following core areas that IPAPIC has determined are indicators of quality performance:

1. Overall Therapy Knowledge:
  - a. Interns will obtain overall therapy knowledge via direct work with clients, didactic seminars, individual supervision, group supervision, and peer consultation.
2. Assessment Competency:
  - a. Interns will develop assessment competency by utilizing individual and group supervision to discuss data gathered through diagnostic assessments administered by themselves and their peers.
3. Intervention Competency:
  - a. Interns will engage in didactic seminars teaching evidenced-based interventions from various theoretical outlooks (i.e. cognitive-behavioral, psychodynamic, family systems, couples, multi-cultural, and existential/humanistic).
  - b. Interns will be expected to present specific interventions used in their clinical work during individual, group, and peer supervision.
4. Research/Evaluation Competency:

- a. Interns will be presented with research articles throughout the first half of the training year. Interns will critique these articles during group supervision and peer consultation.
- b. During the second half of the training year, interns will be required to compile research articles to present, critique, and discuss during group supervision.

5. Consultation/Education Competency:

- a. Interns from both consortium sites will meet bi-weekly for peer consultation.
- b. Interns will receive didactic training of the knowledge and skills necessary for successful consultation with outside agencies.
- c. Interns will have the opportunity to engage in consultation with outside agencies contracted through their internship site.

6. Management/Supervision Competency:

- a. Interns will be directly involved in activities related to operating a private practice and community-based agency.
- b. Interns will participate in individual, group, and peer supervision.
- c. Interns will provide supplementary individual supervision to practicum students at their site.

7. Diversity Competency:

- a. Interns will participate in various multi-cultural didactic trainings throughout the internship year.
- b. Interns will work with clients from diverse populations and be expected to utilize individual and group supervision process their personal reactions to diverse clientele.

8. Communication Competency:

- a. Interns will be educated in effective verbal and written communication with clients, colleagues, outside agencies, and medical professionals.
- b. Interns will receive constructive feedback on their report writing and professional documentation through individual supervision and peer-editing.

9. Professional Conduct:

- a. Interns will be provided with professional conduct guidelines with which they will be expected to adhere. Professional behavior will be modeled by training directors and site supervisors.
- b. Interns will have the opportunity to attend professional conferences of their choosing. Attending conferences will provide interns with both personal experiences in regard to conducting themselves as a professional while simultaneously observing the behavior of seasoned professionals.

10. Leadership and Initiative:

- a. Interns will have the opportunity to actively engage in professional organizations, such as the Illinois Psychological Association, American Psychological Association, or an association of their interest.
- b. Interns will utilize individual, group, and peer supervision to discuss their activity in a professional organization and receive constructive feedback.

- c. Interns will be expected to develop a personal area of growth at the beginning of the internship year. They will evaluate their progress towards this goal with their Clinical Director once each quarter of the internship year.

11. Priority Management:

- a. Interns will participate in a didactic seminar informing them of the importance of time management and how to prioritize their various responsibilities.
- b. Interns will be actively responsible for prioritizing the responsibilities given them throughout the internship year.

12. Documentation:

- a. Interns will attend a didactic seminar discussing various examples of professional documentation.
- b. Interns will be provided with examples of professional documentation and progress notes.
- c. Interns will be responsible for the professional documentation and progress notes of their clients.

13. Ethics and Confidentiality:

- a. Interns will receive didactic trainings on professional ethics, including confidentiality.
- b. Interns will be required to follow the professional ethics standards discussed in didactic trainings.

## **ASSOCIATES IN BEHAVIORAL SCIENCE**

At ABS, Dr. Anthony DeJoseph maintains overall responsibility for interns' training experiences. Dr. DeJoseph is an actively licensed clinical psychologist in Illinois. As the Director of the ABS team, Dr. DeJoseph oversees the organization of the training program and its resources, the selection of trainees, the monitoring and evaluation of the training program's goals and activities, and the documentation and maintenance of all training records. Dr. Gary Howell is the Clinical Director of ABS and provides supervision and oversight of clinical activities.

At ABS, intern supervision is provided by staff members or qualified affiliates who carry clinical responsibility for the cases being supervised. At least two hours per week of regularly scheduled individual supervision is provided by one or more doctoral-level Licensed Psychologists regardless of whether the training experience is completed in one or two years. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the trainee.

### **Training at ABS**

ABS is an interdisciplinary practice comprised of board certified psychiatrists, Licensed Clinical Psychologists, Licensed Clinical Social Workers and Licensed Clinical Professional Counselors, Registered Nurses, and addictions counselors providing all levels of inpatient and outpatient treatment of psychiatric disorders and substance abuse problems. The client population primarily reflects the culturally and financially diverse community in which ABS is located. A core mission of ABS is to remain sensitive to the needs of the indigent, and attempt to provide low-cost mental health care services, particularly for the severely mentally ill. ABS accepts Medicaid, Medicare and self-pay clients, as well as those clients who are privately insured. All clients are welcomed, regardless of their race, ethnicity, religious affiliation or sexual orientation. The ideal internship candidate should have some experience or basic knowledge about working with the chronically mentally ill and be open to providing supervision to practicum students. Interns must be clinically astute, able to work independently, and multi-task. A Master's Degree is required. Interns are expected to provide at least 21 hours of direct service weekly. Part-time interns are expected to provide at least ten hours of direct service weekly.

Interns will have the opportunity to work with chronically mentally ill adults from primarily urban, low income, ethnic minority populations. Treatment modalities include diagnostic testing, individual and group therapy, as well as long-term psychotherapy. Community and crisis intervention experience will be gained through consultations performed in a hospital emergency room. Interns also staff and coordinate outpatient psychiatry appointments with our staff psychiatrist. Additional experiences will include psychiatry consults on medical units, staff supervision and clinical administration.

## **ABS Trainee Benefits**

- **Stipend**

- \$14,00 per year

\* stipends are not based on client's ability to pay

- **Vacation**

- Interns are eligible for five (5) paid vacation days during their internship. Vacation time off must be scheduled at least one (1) month in advance and approved by the Clinical Director. Vacation days may also be used one at a time. Interns are required to make up any additional time off. Paid days off are effective after 3 months of employment.

- **Comp-time**

- Interns earn .5 hours of comp-time for every overnight on-call shift and visit to SRO home (maximum 1.5/week) and can be taken at intern's discretion but must be used before the last month of the intern's training year.

- **Family Leave**

- Interns may take up to 3 days off for a Death in the Family. These days are not deducted from vacation days. Adjustments made on a case-by-case basis.

- **Holidays**

- Trainees will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. Due to patients being especially vulnerable during the holidays, and needing additional support, we do not encourage students to schedule extended time off during these periods.

- **Sick Time**

- Interns are eligible for three (3) paid sick days during their internship. Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence. Should an Intern be off more than two (2) consecutive days due to illness, ABS may request a return to work from your physician.

## **PSYCHOLOGICAL CONSULTATIONS**

At PC, Dr. Gregory Sarlo maintains overall responsibility for interns' training experiences. Dr. Sarlo is an actively Licensed Clinical Psychologist in Illinois. He is the clinical director of PC and oversees all functions of the clinical practice, including referrals, assignment of cases, evaluation of students, assessment, and treatment.

PC staff consists of a Licensed Psychologists, Doctoral Licensed Consulting psychotherapists, three Postdoctoral fellows and several assessment and therapy externs. Supervision is provided by staff members or qualified affiliates who carry clinical responsibility for the cases being supervised. At least two hours per week of regularly scheduled individual supervision are provided by Dr. Sarlo and Dr. Karl Schmitt. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the trainee.

## **Training at PC**

Psychological Consultations is a private group practice located in the Lakeview area of Chicago, Illinois. Interns at PC provide psychological services to diverse populations, most especially the Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) clients. Other areas of practice at PC include individual, families, couples, and group therapy, as well as cooperative treatment of HIV/AIDS impacted persons. Services conducted at PC include therapy, assessment, groups, and consulting. PC also offers neuropsychological assessment and rehabilitation assessment for the state of Illinois.

At PC, interns not only gain experience with a diverse array of presenting concerns, but trainees are also involved in learning the nature of running a group private practice. The typical diagnostic presentations may vary, from acute to chronic difficulties. Some clients may not have insurance, while others may utilize private insurance. Interns typically spend at least 15-20 hours of direct service weekly. The remaining clinical hours during the week are spent in supervision, research, administration of assessments, scoring, and report writing.

## **PC Trainee Benefits**

- **Stipend**
  - \$18,200 per year
  - \* stipends are not based on client's ability to pay
- **Vacation**
  - Interns are eligible for five (5) paid vacation days during their internship. Vacation time off must be scheduled at least one (1) month in advance and approved by the Clinical Director.
- **Family Leave**
  - Interns may take up to 3 days off for a Death in the Family. These days are not deducted from vacation days. Adjustments made on a case-by-case basis.
- **Holidays**
  - Trainees will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. Due to patients being especially vulnerable during the holidays, and needing additional support, we do not encourage students to schedule extended time off during these periods.
- **Sick Time**
  - Interns are eligible for three (3) paid sick days during their internship. Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence.
- **Dissertation Work Time**
  - Interns may incorporate up to five hours per week into the week to work on their dissertations.
- **Conference Time**
  - Interns may request up to two days off to attend a non-IPAPIC sponsored training. Interns are required to schedule the time off at least a month in advance with supervisors.

## **TRAINING SCHEDULE**

Didactic trainings are offered regularly to all IPAPIC interns. Many training opportunities are offered over the course of the training experience; some are mandatory and many more are optional depending on your interest area. Approval must be received from your supervisor prior to attending any outside or non-mandatory training when it conflicts with your training or clinical schedule. Trainings include seminars, monthly case presentations, group supervision, and grand rounds. The following schedule represents the scheduled didactic trainings offered routinely during the training year at all consortium sites. Regardless of which site an intern is matched, interns may attend trainings at other consortium sites. ABS routinely offers additional seminars, which are available at no cost to all IPAPIC interns.

Listed on the following pages are the trainings offered by each site. Intern training is comingled between sites to offer a breadth of training. Interns attend the didactic/seminar at the site at which he or she matched, as well as *one assigned or chosen presentation per month* at the other consortium site. Thus, if Intern A works at ABS, she will attend all ABS seminars. Then, once per month, Intern A will also attend a seminar at PC. Additional intern meetings and peer supervisions are also scheduled at the discretion of the interns and supervisors at PC and ABS. Such meetings will be announced to interns.

## ABS Training Schedule

|   |         |                              |   |
|---|---------|------------------------------|---|
| Confidentiality/HIPAA & APA Ethics Code                           | 3 hours | Seminar                      | July 5 <sup>th</sup>                                |
| Mental Health Code  | 2 hours | Seminar                      | July 12 <sup>th</sup>                               |
| Documenting and Record Keeping                                    | 2 hours | Seminar & Case Presentation  | July 19 <sup>th</sup>                               |
| Mental Status   | 2 hours | Seminar                      | July 26 <sup>th</sup>                               |
| Chronically Mentally Ill  | 2 hours | Seminar                      | August 2 <sup>nd</sup>                              |
| Assessing Suicidality   | 2 hours | Seminar                      | August 9 <sup>th</sup>                              |
| Pharmacology  | 4 hours | Seminar                      | August 16 <sup>th</sup>                             |
| Theory and Practice of Group Psychotherapy                        | 2 hours | Seminar                      | August 23 <sup>rd</sup>                             |
| Therapeutic Theories & Interventions                              | 6 hours | Seminar                      | August 30 <sup>th</sup> & September 6 <sup>th</sup> |
| Axis I Disorders  | 4 hours | Seminar                      | September 13 <sup>th</sup>                          |
| Axis I Disorders  | 2 hours | Seminar & Case Presentation  | September 20 <sup>th</sup>                          |
| Difficult Patients  | 2 hours | Seminar                      | September 27 <sup>th</sup>                          |
| Emergency Room Evaluation and Referrals                           | 2 hours | Seminar                      | October 4 <sup>th</sup>                             |
| Legal Issues (Petitions, Certificates, & Involuntary Medications) | 2 hour  | Seminar & Case Presentations | October 11 <sup>th</sup>                            |
| Rapid Assessment Techniques for Mental Health Professionals       | 2 hours | Seminar & Case Presentation  | October 18 <sup>th</sup>                            |
| Clinical Management of Psychiatric Emergencies                    | 2 hours | Seminar                      | October 25 <sup>th</sup>                            |
| Overview of Psych Funding Sources                                 | 2 hours | Seminar                      | November 1 <sup>st</sup>                            |
| Diversity   | 4 hours | Seminar & Case Presentation  | November 8 <sup>th</sup> & 15 <sup>th</sup>         |
| Substance Abuse & Mental Illness                                  | 2 hours | Seminar & Case Presentation  | November 22 <sup>nd</sup>                           |
| The Psychological Report  | 4 hours | Seminar & Case Presentation  | Nov. 29 <sup>th</sup> & Dec. 6 <sup>th</sup>        |
| Case Conceptualization  | 2 hours | Seminar                      | December 13 <sup>th</sup>                           |
| Axis II Disorders   | 2 hours | Seminar                      | December 20 <sup>th</sup>                           |
| Axis II Disorders   | 2 hours | Seminar                      | December 27 <sup>th</sup>                           |
| Axis II Disorders   | 2 hours | Seminar & Case Presentation  | January 3 <sup>rd</sup>                             |
| Axis III & Mental Illness   | 2 hours | Seminar & Case Presentation  | January 10 <sup>th</sup>                            |
| Axis IV & V   | 3 hours | Seminar & Case Presentation  | January 17 <sup>th</sup>                            |
| Geriatric Patients  | 2 hours | Seminar & Case Presentation  | January 24 <sup>th</sup>                            |
| Case Management   | 3 hours | Seminar                      | January 31 <sup>st</sup>                            |

|  |         |                             |                           |
|--|---------|-----------------------------|---------------------------|
| Trauma Formation & Critical Incident Stress Debriefing | 2 hours | Seminar                     | February 7 <sup>th</sup>  |
| Working with Children                                  | 2 hours | Seminar & Case Presentation | February 14 <sup>th</sup> |
| Working with Adolescents                               | 2 hours | Seminar & Case Presentation | February 21 <sup>st</sup> |
| Stress Inoculation                                     | 2 hours | Seminar                     | February 28 <sup>th</sup> |
| Screening Techniques                                   | 2 hours | Seminar                     | March 6 <sup>th</sup>     |
| Family Therapy   | 2 hours | Seminar                     | March 13 <sup>th</sup>    |
| Relaxation Training                                    | 2 hours | Seminar                     | March 20 <sup>th</sup>    |
| Couples Therapy  | 2 hours | Seminar                     | March 27 <sup>th</sup>    |
| Pain Management  | 2 hours | Seminar                     | April 3 <sup>rd</sup>     |
| Discharge Planning & Termination Issues                | 4 hours | Seminar & Case Presentation | April 10 <sup>th</sup>    |
| Career Development                                     | 2 hours | Seminar                     | April 17 <sup>th</sup>    |
| Customer Service                                       | 2 hours | Seminar                     | April 24 <sup>th</sup>    |
| Placement Alternatives for the Psychiatric Patient     | 2 hours | Seminar                     | May 1 <sup>st</sup>       |
| Teambuilding   | 2 hours | Seminar                     | May 8 <sup>th</sup>       |

All seminars are on Tuesdays are typically 2-3 hours in length. Students have one week/month at a CEU workshop hosted by ABS and organized by practicum students. Training days are every Tuesday from 1-5pm, which allows for 4-hour seminars when needed.

NOTE: There are 7 additional, monthly workshops each year that are organized as CE Workshops and our students are required to attend these, thus providing 52 weeks of didactic training each year.

## PC Training Schedule

|                       |  |
|-----------------------|--|
| JULY 1 <sup>ST</sup>  | ORIENTATION OF PROCEDURES  |
| JULY 8 <sup>TH</sup>  | DOCUMENTATION AND PROGRESS NOTES   |
| JULY 15 <sup>TH</sup> | CASE TRANSITION AND PRESENTATIONS  |
| JULY 22 <sup>ND</sup> | CASE TRANSITION AND PRESENTATIONS  |
| JULY 29 <sup>TH</sup> | GENERAL CLINICAL ISSUES AND TREATMENT PLANNING                               |
| AUG 5 <sup>TH</sup>   | GAY AND LESBIAN SPECIFIC TREATMENT ISSUES                                    |
| AUG 12 <sup>TH</sup>  | HIV IMPACTED TREATMENT ISSUES  |
| AUG 19 <sup>TH</sup>  | ETHICAL ISSUES   |
| AUG 26 <sup>TH</sup>  | STUDENT CASE PRESENTATION  |
| SEPT 2 <sup>ND</sup>  | ETHICAL ISSUES: REVIEW OF GENERAL STANDARDS                                  |
| SEPT 9 <sup>TH</sup>  | GENERAL CLINICAL ISSUES: DEPRESSION  |
| SEPT 16 <sup>TH</sup> | GAY AND LESBIAN SPECIFIC TREATMENT ISSUES: DEPRESSION                        |
| SEPT 23 <sup>RD</sup> | HIV SPECIFIC ISSUE: DEPRESSION AND HIV                                       |
| SEPT 30 <sup>TH</sup> | ETHICAL ISSUES: EVALUATION ASSESSMENT AND INTERVENTION                       |
| OCT 7 <sup>TH</sup>   | GENERAL CLINICAL ISSUES: ANXIETY   |
| OCT 14 <sup>TH</sup>  | GAY AND LESBIAN SPECIFIC ANXIETIES   |
| OCT 21 <sup>ST</sup>  | HIV RELATED ANXIETIES  |
| OCT 28 <sup>TH</sup>  | ETHICAL ISSUES: ADVERTISING AND OTHER PUBLIC STMTS.                          |
| NOV 4 <sup>TH</sup>   | GENERAL CLINICAL ISSUES: PTSD  |
| NOV 11 <sup>TH</sup>  | IPA CONVENTION   |
| NOV 18 <sup>TH</sup>  | GAY AND LESBIAN SPECIFIC: SURVIVORS OF ABUSE                                 |
| NOV 25 <sup>TH</sup>  | HIV SPECIFIC PTSD/ MULTIPLE LOSS ISSUES                                      |
| DEC 2 <sup>ND</sup>   | ETHICAL ISSUES: THERAPY  |
| DEC 9 <sup>TH</sup>   | GENERAL CLINICAL ISSUES: FAMILY SYSTEMS                                      |
| DEC 16 <sup>TH</sup>  | GAY AND LESBIAN SPECIFIC ISSUES: COMING OUT ISSUES                           |
| DEC 23 <sup>RD</sup>  | CLOSED/BREAK   |
| DEC 30 <sup>TH</sup>  | ETHICAL ISSUES: PRIVACY AND CONFIDENTIALITY                                  |
| JAN 6 <sup>TH</sup>   | GENERAL CLINICAL ISSUES: SUBSTANCE ABUSE                                     |
| JAN 13 <sup>TH</sup>  | GAY AND LESBIAN SPECIFIC DRUG AND SEXUAL ADDICTION ISSUES                    |
| JAN 20 <sup>TH</sup>  | HIV SPECIFIC DRUG ABUSE  |
| JAN 27 <sup>TH</sup>  | ALTERNATIVE THERAPIES AND HOLISTIC APPROACHES                                |
| FEB 3 <sup>RD</sup>   | ETHICAL ISSUES: TEACHING TRAINING, SUPERVISION, RESEARCH AND PUBLISHING      |
| FEB 10 <sup>TH</sup>  | GENERAL CLINICAL ISSUES: NEUROLOGICAL DISORDERS                              |
| FEB 17 <sup>TH</sup>  | NEUROLOGICAL TESTING AND ADMINISTRATION                                      |
| FEB 24 <sup>TH</sup>  | HIV SPECIFIC NEUROLOGICAL DIFFICULTIES                                       |
| MAR 2 <sup>ND</sup>   | ETHICAL ISSUES: FORENSIC ACTIVITIES  |
| MAR 9 <sup>TH</sup>   | GAY AND LESBIAN DOMESTIC VIOLENCE  |
| MAR 16 <sup>TH</sup>  | HIV LEGAL ISSUES AND AIDS LEGAL COUNCIL BY AIDS LEGAL COUNCIL REPRESENTATIVE |
| MAR 23 <sup>RD</sup>  | PROJECT HOPE PRESENTATION  |
| MAR 30 <sup>TH</sup>  | ETHICAL ISSUES: RESOLVING ETHICAL ISSUES                                     |
| APR 6 <sup>TH</sup>   | GAY AND LESBIAN SPECIFIC: NEGOTIATING BOUNDARIES                             |

|                       |  |
|-----------------------|--|
| APR 13 <sup>TH</sup>  | HIV SUICIDE AND RIGHT TO DIE ISSUES          |
| APR 20 <sup>TH</sup>  | PRESENTATION ON EMDR                         |
| APR 27 <sup>TH</sup>  | PRESENTATION ON PRIORITY MANAGEMENT          |
| MAY 4 <sup>TH</sup>   | PRESENTATION ON CONSULTATION                 |
| MAY 11 <sup>TH</sup>  | ACT: ACCEPTANCE AND COMMITMENT THERAPY       |
| MAY 18 <sup>TH</sup>  | THE USE OF RESEARCH IN CLINICAL PRACTICE     |
| MAY 25 <sup>TH</sup>  | ADDING SELF-CARE                             |
| JUNE 1 <sup>ST</sup>  | TERMINATION ISSUES                           |
| JUNE 8 <sup>TH</sup>  | TERMINATION ISSUES                           |
| JUNE 15 <sup>TH</sup> | CASE TRANSITIONS                             |
| JUNE 22 <sup>ND</sup> | PROFESSIONAL DEVELOPMENT: BILLING            |
| JUNE 29 <sup>TH</sup> | PROFESSIONAL DEVELOPMENT: SUPERVISORY ISSUES |

- All seminars are two hours in length.
- All seminars occur on Fridays.

## **DISCIPLINARY & GRIEVANCE PROCEDURES**

### **Due Process Guidelines**

Due process ensures that disciplinary decisions about interns are not arbitrary or personally based. Due process guidelines include:

1. During the orientation period, trainees are presented in writing the IPAPIC expectations related to professional functioning. These expectations are discussed in both group and individual settings.
2. During the orientation period, the Trainee Handbook is provided to all trainees and reviewed.
3. Trainees meet at regularly scheduled intervals with their supervisor and with the Director.
4. IPAPIC will use input from multiple professional sources when making decisions or recommendations regarding the trainee's performance.

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved informally, the grievance procedure is used.

### **Due Process in Action**

IPAPIC follows the APPIC-compliant Due Process Procedures. A document entitled The procedure, briefly stated, is:

1. Trainees will first receive a verbal warning when a supervisor identifies problematic behavior.
2. If the behavior is not corrected, the Consortium Training Director is notified and a Written Acknowledgement is given;
3. If the behavior continues to be problematic, a Written Warning is given, which may also include a Schedule Modification, Probation, Suspension of Direct Service Activities, Administrative Leave, or Dismissal;
4. If after a reasonable time period, problematic behaviors remain uncorrected, the Director may terminate the trainee through a Dismissal from the Training Program.

In cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the full required training experience due to physical, mental or emotional illness, either administrative leave or dismissal will be invoked immediately.

#### ***See Attachment A—RECORD OF PROBLEMATIC BEHAVIOR***

Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning.

Professional standards and behaviors include but are not limited to the following:

1. Reporting to work on time;
2. Completing all work assignments in a timely and satisfactory manner;
3. Establishing an acceptable attendance pattern;
4. Being courteous and respectful to clients, families, physicians, visitors and each other;
5. Adhering to dress code;
6. Being alert and functioning at peak efficiency;
7. Not removing IPAPIC, ABS, PC, client, or employee property;
8. Not being under the influence of alcohol or drugs while on duty;
9. Not being insubordinate;

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

1. The trainee 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 trainee is sufficiently and negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts and/or time.

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

*See Attachment B--**DEFINITIONS***

#### **Procedures for Responding to Inadequate Performance by a Trainee**

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

1. The staff member will consult with the Consortium Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified;
2. If the staff member who brings the concern to the Director is not the trainee's primary supervisor, the Director will discuss the concern with the trainee's primary supervisor;
3. If the Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Director will inform the staff member who initially brought the complaint;

4. Whenever a decision has been made by the Director about a trainee's training program or status within IPAPIC, the Director will inform the trainee in writing and will meet with the trainee to review the decision. This meeting may include the trainee's primary supervisor. If the trainee accepts the decision, any formal action taken by the Director may be communicated in writing to the trainee's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern;
5. The trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in the grievance procedure.

### **Grievance Procedure**

There are two situations in which grievance procedures can be initiated.

1. In the event that the trainee encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, he/she can:
  - a. Discuss the issue with the staff member(s) involved;
  - b. If the issue cannot be resolved informally, the student should discuss the concern with the Consortium Training Director or another member of the management team;
  - c. If the Director or member of the management team cannot resolve the issue, the trainee can formally challenge any action or decision taken by management, the supervisor or any member of the training staff by following the below procedure:
    - i. The trainee should file a formal complaint, in writing with all supporting documents to the Director. If the trainee is challenging a formal evaluation, he/she must do so within 5 days of receipt of the evaluation.
    - ii. Within three days of a formal complaint, the Director will consult and implement the Review Panel procedures described below.
2. If a training staff member has a special concern about a trainee, the staff members should:
  - a. Discuss the issue with the trainee(s) involved;
  - b. Consult with the Director;
  - c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents to the Director who will then review the situation. When this occurs, the Director will:
    - i. Within three days of a formal complaint, implement the Review Panel Procedure described below.

### **Review Panel Procedure and Process**

1. When needed, the Director will convene a review panel. The panel will consist of three staff members selected by the Director with recommendations from the trainee involved in the dispute. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five workdays, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three workdays of the completion of the reviews, the Review Panel submits a written report to the Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

Within three workdays of receipt of the recommendations, the Director will either accept or reject the Review Panel's recommendations. If the recommendations are rejected due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

3. If referred back to the panel, they will report back to the Director within five workdays of the receipt of the request for further deliberation. The Director will make a final decision regarding what action is to be taken.
4. The Director then informs the trainee, staff members involved and if necessary members of the training staff of the decision and any action to be taken.
5. If the trainee disputes the Director's final decision, the student has the right to contact the Department of Human Resources to discuss the situation.

## **CODE OF CONDUCT**

All trainees are required to conduct themselves in accordance with the APA Code of Ethics, Illinois Mental Health Code, Illinois Confidentiality Act, and HIPAA.

Trainees may not engage in non-professional relationships with clients during treatment or for a period of two years following discharge. Non-professional behavior consists of any of the following:

- Dating clients or members of their immediate family;
- Physical intimacy;
- Gambling;
- Obtaining alcohol, drugs, or other contraband for the benefit of the client;
- Accepting gratuities or soliciting;
- Assuming responsibilities for client on a pass;
- Entertaining a client in one's home;
- Visiting a client in their home for anything other than facility business/treatment;
- Sharing privileged information about the client.

ABS has affiliations with Glen Oaks Hospital, Hartgrove Hospital, Riveredge Hospital, MacNeal Hospital, Weiss Memorial Hospital and Jackson Park Hospital (and other affiliations that may not be included above). PC has relationships with Chicago Lakeshore Hospital, Cook County Employee Assistance Program, North Star Medical Center, and the Illinois Department of Human Services. It is vital that all trainee relationships and interactions with personnel of IPAPIC affiliates be strictly professional in nature when interns interact in these settings. With regard to interactions with affiliate personnel or members of their immediate family, trainees are prohibited from:

- Engaging in a personal relationship or physical intimacy;
- Participating in gambling or any illegal activity;
- Obtaining or consuming alcohol, drugs, or other contraband;
- Accepting gratuities;
- Soliciting or conducting other business during training hours;
- Entertaining affiliate staff members in one's home.

## **DRESS CODE**

It is the expectation and requirement of IPAPIC that all students dress in a professional, business-like manner. Students not in proper attire will be counseled and may be asked to return home and change clothing. The following is not considered appropriate work attire:

- Clinging slacks**
- Clinging skirts or dresses**
- Skirts or dresses higher than two inches above knee**
- Low cut tops**
- Sleeveless tops**
- T-shirts**
- Transparent clothing**
- Visible underwear**
- Jeans with holes (only allowed on Fridays unless otherwise designated)**
- Athletic wear (i.e., jogging pants, sports T-shirts)**
- Stiletto heels (1" is the maximum height allowed for heels)**
- Open-toed sandals or shoes**
- Unclean sneakers**
- Visible Tattoos**

## **EQUAL OPPORTUNITY EMPLOYER**

IPAPIC is an Equal Opportunity Employer. IPAPIC supports recruitment selection, training, promotion, benefits, transfer, layoff, return to employment, tuition reimbursement, social and recreational programs and compensation to all qualified persons without regard to age, race, color, sex, sexual orientation, religion, national origin, physical or mental handicap unrelated to ability to perform required job duties with reasonable accommodation.

IPAPIC employs individuals who are qualified and capable by experience and/or education to care for clients with a mental illness.

*Attachment A*  
**RECORD OF PROBLEMATIC BEHAVIOR**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Site Address: \_\_\_\_\_

Date: \_\_\_\_\_

Action:

- Written Acknowledgement of Performance Concerns
- Written Warning
- Schedule Modification
- Probation
- Suspension of Direct Service Activities
- Administrative Leave
- Dismissal from Training Program

Description of Incident *(Describe the problem with relevant dates and details; identify the policy, rule or standard violated)*

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Identify consequences of repeat violations or continued poor performance.

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List previous disciplinary actions and dates.

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Trainee's Comments

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Trainee's signature below indicates the above disciplinary action was discussed with the trainee and copy of the same was given to the trainee.

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Trainee Signature

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Date

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Administrator Signature

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Date

*Attachment B*  
**DEFINITIONS**

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

**Written Acknowledgement** formally acknowledges:

1. That the Director is aware of and concerned with the performance rating;
2. That the concern has been brought to the attention of the trainee;
3. That the Director will work with the trainee to rectify the problem or skill deficits; and
4. That the behaviors associated with the rating are not significant enough to warrant more serious action.

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

**Written Warnings** to the trainee indicate the need to discontinue an inappropriate action or behavior. This letter will contain:

1. A description of the unsatisfactory performance;
2. Actions needed to correct the unsatisfactory behavior;
3. The time line for correcting the problem;
4. What action will be taken if the problem is not corrected; and
5. Notification that the trainee has the right to request a review of this action.

A copy of the above letter will be retained in the trainee's file. The Director in consultation with the trainee's supervisor may give consideration to removing this letter at the successful completion of the training experience. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

**Schedule Modification** is a time-limited, remediation-oriented, closely supervised period of intensive training designed to return the trainee to a more fully functioning state. Modifying a schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the training experience. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

1. Increasing the amount of supervision, either with the same or other supervisors;
2. Change in the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy;
4. Reducing the clinical or other workload;
5. Requiring specific academic coursework.

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

**Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the trainee to complete the training experience and to return to a more fully functional state. Probation defines a relationship that the Director systematically monitors for a specific length of time—the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement which includes:

1. The specific behaviors associated with the unacceptable rating;
2. The recommendations for rectifying the problem;

3. The time frame for the probation during which the problem is expected to be ameliorated;
4. The procedures to ascertain whether the problem has been appropriately rectified.

If the Director determines that there has not been sufficient improvement in behavior to remove the Probation or modified schedule, then the Director will discuss with the primary supervisor possible courses of action to be taken. The Director will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Director has decided to implement. These may include continuation of the remedial efforts for a specified time period or implementation of another alternative.

**Suspension of Direct Service Activities** requires a determination that the welfare of the trainee's clients may be jeopardized. Therefore, direct service activities will be suspended for a specific period as determined by the Director. At the end of the suspension period, the supervisor, in consultation with the Director, will assess the trainee's capacity for effective functioning and determine when direct service can be resumed.

**Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Services Activities, or Administrative Leave interferes with the successful completion of the training hours need for the completion of the training experience, this will be noted in the trainee's file and the trainee's academic program will be informed. The Director will inform the trainee of the effects that the administrative leave will have on their stipend and accrual benefits.

**Dismissal from the Training Program** 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 his/her behavior, the Director will review the possibility of termination of the training program or dismissal from IPAPIC. Either administrative leave or dismissal will be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the full required training experience due to physical, mental or emotional illness. When a trainee has been dismissed, the Director will communicate to the academic department that the trainee has not successfully completed the training experience.

## **ACKNOWLEDGEMENT & AGREEMENT**

*By my signature, I acknowledge I have received this document and fully understand the content and agree to abide by the procedure set forth herein:*

I am aware of and agree to abide by the American Psychological Association's Code of Ethics, Illinois' Mental Health Code, Illinois' Confidentiality Act, and HIPAA in all my interactions with Clients and staff. Furthermore, I will abide by the rules governing interactions with affiliates of the Illinois Psychological Association Predoctoral Internship Consortium, Associates in Behavioral Science and Psychological Consultations. We agree to abide by APPIC guidelines, including at least 25% of the trainee's time is face to face psychological services.

*I agree that IPAPIC will not be responsible for any failure by a student to strictly abide by these policies and rules. I further agree that IPAPIC will have no liability for any consequences of a trainee's failure to abide by said rules.*

Name (Print): \_\_\_\_\_

Name of Academic Program/School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IPAPIC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This page will be retained in the intern's file. The intern may request a copy of this page.*