



## **Clinical Doctoral Internship Training Handbook**

Academic Training Year

2026-2027

Illinois Behavioral Health Group

5550 W. Touhy Ave.

Suite 404

Skokie, IL 60077

847-329-9210

[www.illinoisbhg.com](http://www.illinoisbhg.com)

### **COVID19 Information Note**

Please note that at the time of this writing therapy services are being conducted both in-person and via Telehealth. Psychological/Neuropsychological testing cases are being conducted primarily in-person, with intake and some testing measures able to be conducted virtually. When services are conducted in-person, Illinois Behavioral Health Group is following all guidelines and procedures recommended to maintain staff and client safety.

### **Our Mission**

“To be a leader in behavioral health by providing exceptional services that empower our clients to build more meaningful lives, while advancing the field through ongoing research, education, and training.”

### **Locations**

<b>Touhy Plaza</b>	<b>Northfield Office</b>	<b>Ravenswood</b>	<b>Oak Brook</b>
5550 W. Touhy Ave.	<b>Plaza</b>	1801 W. Warner	1100 Jorie Blvd
Suite 404	191 Waukegan Road	Avenue	Suite 220
Skokie, IL 60077	Suite 208	Suite 204	Oak Brook, IL 60523
	Northfield, IL 60093	Chicago IL, 60613	

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## **Introduction**

Illinois Behavioral Health Group (IBHG) is a thriving outpatient group practice in the Chicagoland area, with four locations in Chicago, Skokie, Northfield, and Oak Brook. IBHG offers individual, family, and couples therapy, as well as psychological and neuropsychological assessment, to clients across the lifespan. The client population is diverse ethnically, racially, and culturally; and across sexual orientation, religion, socioeconomic status, gender identity, age, and presenting concerns. As generalists, IBHG clinicians treat a wide range of clinical needs, such as anxiety, depression, relational concerns, life transitions, phobias, behavioral management, anger, and the resolution of grief and trauma. Clinicians at IBHG specialize in various treatment approaches, including but not limited to Cognitive-Behavioral Therapy (CBT), Dialectical-Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), Psychodynamic Psychotherapy, Parent Management Training (PMT), Play Therapy, and multicultural approaches. The depth and breadth of client diversity, clinical presentations, and treatment modalities provide the unique and necessary training for developing superior generalist clinicians.

## **Training Program**

To further its values in serving the Chicagoland community and training new clinicians, IBHG is proud to offer a clinical doctoral Internship program to begin in 2024. The program is a 2000-hour training experience to be completed over one year. It provides thoughtful, planned, and sequential training experiences aimed at promoting the growth and skills needed for Interns to be successful clinical psychologists. Training is based on fostering competence, confidence, and professional growth and awareness, and seeks to offer tailored experiences to meet the developmental needs of all trainees. Training at IBHG provides a unique opportunity in a private practice setting to not only be trained as a generalist, but also specialize in various treatment approaches and modalities. Supervisory staff operate from a developmental approach of supervision, are thoughtfully matched with Interns, and continually monitor the progress of each Intern throughout the training year. IBHG's doctoral internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our Member Number is 2558. The program also submitted an accreditation self-study to APA and was authorized a site visit for Spring of 2026. *Please be advised there is no assurance we will be able to successfully achieve accreditation.*

## **Training Aims and Competencies**

IBHG training aims and elements directly coincide with the APA Commission on Accreditation's Profession-Wide Competencies (PWCs). IBHG evaluates Interns on these various competencies throughout the training year. Interns are evaluated at the beginning, middle, and end of the year to assess progress. With the primary goal of training competent, generalist clinicians, IBHG Interns should demonstrate improvement in their knowledge and

understanding of each competence, and an ability to integrate their complexities. Throughout the training year, Interns should increasingly develop independence to adequately prepare them for mastery at the entry level. The Minimum Level of Achievement (MLA) is a 3 on all evaluative items at the midpoint and a minimum of 4 at the end of year on all learning elements listed. All Interns are given a copy of the Intern evaluation form at orientation [[Appendix A](#)]. The following are the Internship aims and elements in accordance with APA's Profession-Wide Competencies:

- **Competency 1: Research**

- **Aim:** Critical evaluation and application of scientific knowledge

- **Elements:**

- Interns demonstrate a substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level.

- **Competency 2: Ethical and Legal Standards**

- **Aim:** Patient risk management, crisis management, patient confidentiality, ethics and Illinois law

- **Elements:**

- Interns demonstrate knowledge of and ability to act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct.
- Interns demonstrate knowledge of and act in accordance with relevant laws, regulations, rules, and policies governing Clinical Psychology at the organizational, local, state, regional, and federal levels.
- Interns demonstrate knowledge of and act in accordance with relevant professional standards and guidelines.
- Interns recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Interns conduct self in an ethical manner in all professional activities.

- **Competency 3: Individual and Cultural Diversity**

- **Aim:** Awareness of one's own background and sensitivity to patient diversity

- **Elements:**

- Interns demonstrate understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Interns demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all

professional activities including research, training, supervision/consultation, and service.

- Interns demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
  - Interns demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.
  - Interns demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
  - Interns demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during Internship.
- **Competency 4: Professional Values and Attitudes**
    - **Aim:** Professional interpersonal behavior, responsibility and accountability, self-reflection, administrative competency, time management, and use of self-care
      - **Elements:**
        - Interns behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
        - Interns engage in self-reflection regarding one's personal and professional functioning, engage in activities to maintain and improve performance, well-being, and professional effectiveness.
        - Interns actively seek and demonstrate openness and responsiveness to feedback and supervision.
        - Interns respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
  - **Competency 5: Communication and Interpersonal Skills**
    - **Aim:** Effective and appropriate interpersonal communication, appropriate management of conflict, and appropriate use of supervision
      - **Elements:**
        - Interns develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- Interns produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
  - Interns demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- **Competency 6: Assessment**
  - **Aim:** Diagnostic skills, assessment and interviews skills, and competency in administering, scoring, interpretation, write-up and feedback of psychological and neuropsychological assessment
    - **Elements:**
      - Interns demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
      - Interns demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).
      - Interns demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
      - Interns select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified aims and questions of the assessment as well as relevant diversity characteristics of the service recipient.
      - Interns interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
      - Interns communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- **Competency 7: Intervention**
  - **Aim:** Patient rapport, case conceptualization and treatment planning; case management, evidenced-based interventions, and flexibility with interventions
    - **Elements:**

- Interns establish and maintain effective relationships with the recipients of psychological services.
- Interns develop evidence-based intervention plans specific to the service delivery aims. Interns implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Interns demonstrate the ability to apply the relevant research literature to clinical decision making.
- Interns modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Interns evaluate intervention effectiveness, and adapt intervention aims and methods consistent with ongoing evaluation.
- **Competency 8: Supervision**
  - **Aim:** Effective and appropriate consultation with other Interns/clinicians
    - **Elements:**
      - Interns apply knowledge base in direct or simulated practice with psychology Interns, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other Interns.
- **Competency 9: Consultation and interprofessional/interdisciplinary skills**
  - **Aim:** Appropriate and effective coordination of care with other professionals
    - **Elements:**
      - Interns demonstrate knowledge and respect for the roles and perspectives of other professionals.
      - Interns apply knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

### **Training Structure**

The Internship requires 2000 hours completed within one year. Approximately 20 hours of the Intern's time each week is spent in direct service to Illinois Behavioral Health Group clients. Direct service includes individual, family, or couples therapy; as well as psychological/neuropsychological assessment. Interns receive training in working with clients across the lifespan, including young children, adolescents, and adults. Interns are assigned to 1-2 outpatient offices and carry a therapy caseload at that center for the full 12 months. In addition to their therapy caseload, Interns also complete a minimum of 4 and up to 6 psychological/neuropsychological testing batteries, which are tailored to the training needs and

interests of the Intern. Time for diagnostic testing is factored into direct service requirements and the 40-hour work week to ensure Interns average 20 direct service hours per week.

Interns participate in 4-5 hours of learning activities each week. They attend weekly training days on Fridays to support rich training experiences that are cumulative and sequential, build colleague cohesion, and to minimize travel between sites. Weekly didactic trainings focus on various seminars in psychotherapy, assessment, ethics, and diversity/multicultural issues in accordance with the profession wide competencies. In addition to a weekly professional development seminar, Interns also participate in a weekly wellness seminar, which specifically focuses on self-care, mindfulness practice, and connecting with fellow Interns. Interns participate in at least 4 hours of supervision each week, including individual supervision with primary and secondary supervisors, therapy group supervision, and diagnostic group supervision.

### **Training Commitment**

Interns' work schedules are organized around regularly scheduled supervisory meetings, trainings, diagnostic testing blocks, and some evening hours. Evening hours usually span from 6-8pm over a 3-day period. This schedule allows the Intern to experience the flexibility of the private practice experience, while also providing the opportunity for a greater variety of cases, such as accommodating school for children and work schedules for working adults. The following time breakdown may be helpful in achieving a sense of time commitment:

40 hours/week; 2000 Total Hours

- *Direct Service (Approximately 20 direct service hours per week)*
  - *Therapy*
    - Interns are expected to have 18-20 open therapy time slots per week on their schedule for individual, couples, families, and/or child cases to accommodate an expected 75% show rate typical of a private practice setting.
  - *Psychological Assessment*
    - In addition to therapy cases, Interns are expected to complete 4-6 assessment batteries during their training year. Time needed for psychological assessment varies based on when cases are assigned, though this averages about 2 hours a week for intakes, administration/scoring, write-up, and feedback of assessment cases. Each Intern is given a testing block on one testing day.
- *Training*
  - There is a total of at least 8 hours of training each week. This includes 4 hours formal supervision and 4-5 hours of didactics/learning activities.
- *Case Management/Documentation/Authorizations*
  - Interns are given 4 hours a week to work on different administrative tasks.

- *Dissertation Time*
  - Interns are allowed to schedule up to 4 hours per month to work on their dissertations.

### Example Training Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>9am</b>	Diagnostic Assessment Block (Either used for direct service or diagnostic training)	<b>BLOCK</b>	<b>BLOCK</b>	<b>BLOCK</b>	Didactics
<b>10am</b>					
<b>11am</b>					
<b>12pm</b>	<b>Lunch/ Socialization with other Interns</b>	Client	Client	Client	Lunch/Prof. Development Seminar with DT
<b>1pm</b>	Case Management (Alternatively, Afternoon Diagnostic Assessment Block)	<b>Lunch/ Socialization with other Interns</b>	Client	<b>Lunch/ Socialization with other Interns</b>	Diagnostic Group Supervision
<b>2pm</b>		Primary Supervision	Secondary Supervision	Case Management	Intern Wellness Seminar
<b>3pm</b>	Client	Client	<b>Lunch/ Socialization with other Interns</b>	Client	Case Management
<b>4pm</b>	Client	Client	Client	Client	<b>BLOCK</b>
<b>5pm</b>	Client	Client	Client	Client	<b>BLOCK</b>
<b>6pm</b>	<b>BLOCK</b>	Client	Client	Client	<b>BLOCK</b>

### Components of the Training Program

#### Direct Clinical Service

##### *Psychotherapy*

Interns are expected to provide psychotherapy to individuals, families, and couples throughout the course of the training year. Interns are expected to carry a caseload of 18-20 child,

adolescent, and adult cases. Supervisors assess Interns' prior clinical experiences and provide focused training in working with different age groups and modalities in order to provide adequate generalist training by the end of the Internship year. Interns thus start the year with a smaller caseload (i.e., 5 on week 1 to be increased by 2-5 each week) and are full within the first three months.

### ***Diagnostic Assessment***

In addition to therapy cases, Interns are expected to complete 4-6 assessment batteries during their training year. Diagnostic cases consist of psychological and neuropsychological assessment with children, adolescents, and/or adults. Interns can expect training in areas such as child and adult ADHD assessment and differential diagnosis, emotional functioning, learning concerns, and assessment of neurocognitive functioning. To provide adequate training and preparation for their first testing case, Interns initially focus on diagnostic training in group supervision and during their scheduled blocked times and do not receive their first assigned case until 2-3 months after start date. Although Interns are expected to complete a minimum of 4 testing batteries, they have the option of completing up to 6 depending on their clinical interests. Therapy direct service hours may thus need to be adjusted accordingly to ensure Interns do not exceed an average of 20 direct service hours per week.

### **Training Opportunities**

Interns participate in a variety of learning activities throughout the Internship year. Trainings specifically focus on building clinical skills within all competency areas, with an emphasis on strengthening knowledge and application of psychotherapy approaches and diagnostic assessment.

### ***Didactics***

Interns participate in 2 hours of didactics each week. Didactics overall seek to sharpen intake assessment, explore and apply ethical considerations and guidelines, and strengthen foundational skills in theoretical approaches. They include trainings by IBHG and outside presenters who are licensed clinical psychologists and specialize in specific areas and utilize case presentations, experiential activities, and development of case conceptualizations to illustrate concepts. Didactics follow a sequential, cumulative, and increasingly complex training process beginning with more foundational areas such as ethical considerations, treatment planning, and clinical documentation. Didactics presented later in the training year that are more specialized, include play therapy, exposure and response prevention, trauma-focused treatments, ADHD assessment and interventions, and many more. In order to build group cohesion across sites and provide a more in-depth discussion of didactics for Interns, these more specialized trainings are open to other clinicians in the practice no more than once per month.

**Multicultural Seminar.** While multicultural and diversity considerations are interwoven into all aspects of training, at least three didactics per year are focused specifically on multicultural issues pertaining to diversity in practice. IBHG values that its clinicians are competent in and open to working with individuals from various backgrounds and belief systems. This multicultural seminar thus aims to foster a view of individuals and diversity issues as complex: Mutual respect, genuine curiosity, and an appreciation of diversity of viewpoint is emphasized and valued within all seminar, supervisory, and training discussions.

### ***Professional Development Seminar***

Interns participate in a 1-hour professional development seminar with the Training Director each week to focus on Internship training, postdoctoral training and licensure, administrative issues, research and practice, clinical issues of the Interns' choosing, and to provide a time to discuss feedback from the Interns on their training experiences at IBHG.

### ***Intern Wellness Seminar***

Interns participate in 1-hour wellness seminar every two weeks with a licensed clinical psychologist. This seminar focuses on combining research and practice, such as incorporating empirically supported articles that promote self-care, and engaging in various experiential exercises that improve overall wellness and decrease burnout during the Internship year.

### ***Intern Couples Seminar***

Interns additionally participate in a 1-couples seminar every two weeks, alternating with the Wellness Seminar, which is led by a licensed clinical psychologist. This seminar focuses on theory and application of couples therapy from Emotionally Focused and Gottman Approaches.

### ***Team Meeting***

Interns participate in a 1-hour location staff meeting led by a licensed clinical psychologist once every 2 weeks to focus on connecting with IBHG staff, clinical/administrative issues, practice in providing consultation to other clinicians, and engaging in case consultation.

### ***Formal Case Presentations***

Interns each present formal cases on two occasions during the year. These presentations take place during the didactic trainings on Friday morning. This hour conference requires Interns to present on a case they have focused on in supervision from their active client caseload. The focus of this training includes practice with case conceptualization, diagnosis, case management, clinical intervention and in building confidence with professional presentations. Case presentations are aimed to highlight the Intern's development over the course of the year, while also allowing for other clinical team members to give feedback and engage the Intern in thoughtful discussion. The Intern is required to incorporate relevant empirical research directly

associated with aspects of the case. Each Intern presents two different cases during the year: at 6 months and at the end of the Internship. All training team members are present either virtually or in-person for each presentation and Interns receive formal feedback on their presentation [[Appendix G](#)]

### **Case Management**

Interns are given 4 hours a week to work on clinical documentation/treatment planning; to coordinate care with other providers, fellow clinicians, and school professionals; and to complete authorizations for treatment. This time can also be used for preparation for mid-year and final case presentations.

### **Supervision**

#### ***Individual supervision***

Interns receive at least 2 hours of individual supervision either face-to-face or virtually via Zoom each week with a licensed clinical psychologist. The option of virtual supervision will be offered in accordance with guidelines by the APA. Interns are assigned to a primary and secondary supervisor, both licensed clinical psychologists at IBHG, who meet with the Intern for one hour each per week. Though the primary supervisor is typically responsible for the Intern's caseload and signing off on clinical documentation, as many as half of the Intern's caseload may be specifically assigned to the secondary supervisor, who is clinically responsible for those cases. Supervisors review audio and video recordings of therapy sessions during the meetings. They also join therapy sessions either virtually or in-person for Live Supervision [[Appendix F](#)] and offer formal feedback [[Appendix L](#)].

#### ***Therapy Group Supervision***

Interns receive 1 hour of group supervision of therapy cases each week, which primarily focuses on case consultation and professional development within a group setting, with a licensed clinical psychologist. This meeting occurs with the Chief Clinical Officer to help strengthen clinical skills and facilitate connection with the practice as a whole.

#### ***Diagnostic Group Supervision***

Interns additionally receive 1 hour of group supervision of diagnostic cases each week with a licensed clinical psychologist to specifically focus on psychological/neuropsychological testing intakes, administration, scoring, and feedback. Testing cases are assigned only when the Intern is ready to take on their first case, which usually occurs about 2-3 months into the start of the Internship. Diagnostic supervision during the first 2-3 months focuses on assessing each Intern's diagnostic needs, strengthening competence and ease with testing intakes, and learning various testing instruments.

### ***Supplemental Supervision***

Interns receive additional supervision as needed by a licensed clinical psychologist. This supervision can be sought out informally, or it can be scheduled formally with one of their individual or group supervisors. Interns may specifically schedule additional diagnostic supervision with the group diagnostic supervisor when working on a particular testing case.

### **Dissertation Time**

Interns are allowed to schedule up to 4 hours per month of dissertation time. This time is to be arranged in advance with the Training Director.

### **Prerequisite Requirements**

Interns are expected to have completed all academic work in clinical/counseling psychology at the doctoral level, as well as all practice or externships and qualifying examinations, as required in their particular doctoral program. Illinois Behavioral Health Group has two Intern positions for the 2026-2027 Internship year. Academic training in an APA-accredited doctoral program is preferred. Applicants with at least 400 direct service hours are preferred. Applicants with previous experience treating children and adolescents and/or interest in working with individuals across the lifespan are preferred.

### **Compensation and Benefits**

Intern Stipend: \$37,000

The salaried Internship includes eligibility to enroll in the company's health, dental, and vision insurance plans; 7 holidays, 14 Paid Leave days; and sick pay consistent with IBHG policies. IBHG provides maternity/paternity leave in accordance with IBHG policies (see Employee Handbook for additional information). A pre-employment background check may be required.

### **Miscellaneous Information**

#### **Office Space**

Illinois Behavioral Health Group is a large practice with four locations. Many IBHG clinicians divide their time between 1-2 locations and share offices on alternating days to strengthen practice cohesion and meet community needs. Interns will be given a designated office depending on their designated location(s) for the training year. Additionally, each Intern will have access to a HIPPA compliant virtual platform to conduct telehealth services when appropriate. Each location has access to high-speed Wi-Fi, printers, and fax machines. Additionally, each office location has numerous games and other supplies for use with clients.

## **Support Services**

Each location of IBHG has a designated office administrator who is available between the hours of 9am and 5pm. IBHG prides itself on offering a supportive environment that values collaboration and the connections with team members. Interns are encouraged to both use their supervisors for support and utilize other staff and available clinicians for consultation when needed.

### **Training Committee**

- Stacey Lipson, PsyD, *Chief Clinical Officer, Training Director*
- Kristina Sorensen, PsyD, *Training Coordinator, Lead Supervising Psychologist*
- Adrija Chatterjee, PsyD, *Diagnostic Supervising Psychologist*
- Yonatan Rosenblum, PsyD, *Supervising Psychologist*

### **Program Development and Evaluation**

#### **Intern Feedback**

In order to facilitate ongoing professional and personal growth, Interns are given formal feedback throughout the course of the Internship year. While informal feedback occurs throughout the training year, this formal feedback occurs three times a year. The Intern evaluations are completed by the Intern's primary supervisor; secondary individual and group supervisors collaborate with the primary supervisor to provide input into the evaluations. Evaluations are based on indirect and direct observation through audio/video recordings of the interns' sessions and in-person observation. Additionally, verbal reports of cases in supervision and documentation are also reviewed in the evaluation. Interns are given a copy of the evaluation form during orientation at the beginning of the year. The evaluations are discussed verbally with each Intern to identify areas of strength and growth, as well as to incorporate Interns' feedback in program improvement.

In order to provide ongoing feedback concerning Interns' progress in the Internship program, Intern evaluations are also provided to Interns' graduate training directors. While Interns' graduate training directors often provide their own evaluations to be completed by the Internship training program, IBHG's Intern evaluation is provided to the Interns' graduate training director in the absence of their own evaluation.

Interns' materials will be kept indefinitely in a HIPAA-compliant cloud. These materials include the interns' evaluations, any due process documentation, and certificate of completion. Materials can be requested by the interns at futures times if needed.

**Supervisory Feedback**

In order to continually improve the quality of supervision, supervisors receive formal feedback from their Interns. Supervisors strive to create an open and supportive space for informal feedback on an ongoing basis. Primary, secondary, and group supervisors ask for formal feedback to be given during the same evaluation periods as Intern feedback. This feedback is given only after the primary supervisor's feedback to the Intern has been submitted. Interns are also given a copy of the supervisor feedback form as a part of the orientation at the beginning of the year.

**Internship Feedback**

Interns provide feedback about the Internship training program twice per year. This evaluation aims to gather valuable feedback on the Interns' training experiences in order to improve the overall training experience. Internship feedback is completed at 6 months and at the end of the training year. These feedback forms are filled out anonymously. This feedback form is provided during orientation.

**Didactic Feedback**

In order to continually improve the quality of didactics offered, Interns are asked to evaluate each didactic training. These evaluations are anonymous and provide valuable feedback to the presenter and for the improvement of the training program.

**Equal Employment Policy and Non-Discrimination Policy**

It is the policy of Illinois Behavioral Health Group to provide equal employment opportunities (EEO) to all qualified individuals and to administer all aspects and conditions of employment without regard to race, color, age, sex, sexual orientation, gender or gender identity, religion, national origin, pregnancy, military or veteran status, citizenship or immigration status, genetic information, mental or physical disability, marital status, arrest record, housing status, credit report or credit information, domestic violence, or any other class protected by federal, state, or local law.

Discriminatory behavior is prohibited from coworkers, supervisors, managers, owners, and third parties, including clients. Any employee who believes they are being subject to discrimination must immediately report such conduct to a supervisor or through a formal grievance when necessary. Illinois Behavioral Health Group takes allegations of discrimination very seriously and will promptly conduct an investigation when warranted. During the investigation, confidentiality will be preserved to the fullest extent possible without compromising the Illinois Behavioral Health Group's ability to conduct a good faith and thorough investigation. Employees found to have engaged in such conduct may face disciplinary action, up to and including termination.

### **Background Checks**

As part of the onboarding process, IBHG may conduct a job-related background check. The background check may consist of prior employment verification, professional reference checks, education confirmation, criminal background, and/or credit checks, as permitted by law. Third-party services may be hired to perform these checks. Offers of employment and continued employment are contingent upon a satisfactory background check.

### **Additional Employment During Internship Year**

Interns are considered full-time employees of Illinois Behavioral Health Group during their Internship training year. Interns shall not engage in any additional employment outside of IBHG that will impact their ability to function as a full-time Intern. If Interns engage in any outside employment on a minimal part-time basis, it must not interfere with their weekly schedules. Interns should discuss all additional potential outside employment with the Training Director. Please be advised that any outside employment found to interfere with the Intern's performance while on Internship may result in disciplinary action.

### **Electronic Devices**

Illinois Behavioral Health Group recognizes that Interns may have their personal preferences for certain electronic devices and accordingly requires Interns to use their own personal electronic devices for work purposes (i.e. laptop, tablet, smartphone, etc.). Employees are expected to maintain professional use of their personal devices during work hours. All IBHG policies in effect pertaining to harassment, discrimination, retaliation, proprietary information, trade secrets, confidential information, and ethics apply to the use of personal devices for and during work-related activities.

### **Application Process and Intern Selection**

Students wishing to apply for Illinois Behavioral Health Group's Doctoral Internship Program should submit through the APPI online an APPIC application form, three letters of reference, a sample de-identified psychological evaluation, transcripts of all graduate course work, and a curriculum vita. All information must be received by midnight Central Time on **December 7, 2025**. This can be accessed at [www.appic.org](http://www.appic.org), then clicking on the "AAPI Online." If you have any questions regarding the application process, please contact Dr. Stacey Lipson at [slipson@illinoisbhg.com](mailto:slipson@illinoisbhg.com). The Intern Selection Committee will review application packets, and selected applicants will be contacted by email by December 12 to schedule an interview. Interviews will be conducted in **January 2025**, in person and by video conferencing, with in-person interviews preferred if health and safety needs are managed at that time. Virtual interviews will be available if needed. Interviews will include meetings with the training team, meeting with current postdocs/new hires, as well as a case study. Selection process will proceed

in accordance with APPIC's published guidelines. This Internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Intern applicant. The Internship will begin after Labor Day, on **September 8, 2026.**

### **Due Process and Grievance Policies**

In accordance with the APA Commission on Accreditation, Interns are given information about the expectations and responsibilities around their own actions and the actions of the training program, as outlined below. These expectations and responsibilities of both Interns and supervisors form the foundation for both Due Process and Grievance Policies.

The purpose of the Due Process Policy is to give information and guidelines about expectations for the procedures, disputes, or responses to decisions when expectations are not met. Specifically, the Due Process Policy outlines the procedures for notifying Interns of concerns, possible sanctions, and due process. This information is outlined to deter from any personal bias in decision making and to help the Interns know what to expect and when. The purpose of the Grievance Policy is to ensure Interns understand the appropriate steps to express or file a grievance, informally or formally, about any and all situations that may arise during Internship (e.g., complaints about evaluations, supervision, staff, stipend, harassment, etc.), irrespective of their performance or evaluation. Interns may file a grievance if they have witnessed or personally experienced any behavior that does not fall within the APA Code of Ethics or does not align with the mission of IBHG. Notice, Appeal, and Review Panel/Hearing processes are distinctly outlined throughout each level of both Due Process and Grievance Policies.

### **IBHG Expectations and Responsibilities**

The following are IBHG supervisors' expectations and responsibilities, consistent with the supervision contract signed by both supervisors and supervisees:

- Both supervisors and Interns are to uphold ethical guidelines, as outlined by the American Psychological Association and statutes of the State of Illinois.
- To collaboratively develop and monitor training goals for Interns.
- To encourage Interns' self-awareness and self-reflection.
- To provide constructive feedback on Interns' work performance and professional comportment.
- To monitor Interns' clinical caseload.
- To serve as a consultant in crisis, hospitalizations, and other emergency situations.
- To observe the Interns' practice and provide support to initiate early intervention and corrective action if needed. This approach may also include the supervisor preemptively addressing concerns with the training director to assist in the Interns' development.
- Both supervisors and Interns are to ensure supervision sessions occur weekly as agreed and to keep record of all supervision sessions.
- To review evaluations with Interns during supervision sessions.
- To demonstrate respect for Interns, calling attention to diversity of values, viewpoint, culture, and experience.
- To 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.

- To assist Interns in balancing their caseload, clinical documentation, and authorization requests.
- To create, maintain, and store a supervision file containing supervision records and other documents relating to development and training.
- To review Interns' written case notes, audio/video recordings, intake forms, treatment plans, raw data, and psychological evaluations and provide feedback.

The training program will maintain Internship training procedures, including grievance guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency and/or professional functioning. IBHG will always seek to first resolve any concerns through an informal, notification process; and provide the Intern an opportunity to respond and formally appeal as outlined in the grievance policy.

### **Intern Expectations and Responsibilities**

The following are Interns' expectations and responsibilities, as outlined by the supervision contract signed by both the supervisors and supervisees:

- To meet with their supervisor during scheduled times.
- To reschedule the supervision hour whenever possible in case of illness or vacation.
- To openly receive feedback with the goal of improving clinical skills and professional comportment and identity.
- To actively participate in the construction of the weekly supervision.
- To develop and collaborate on training needs and goals.
- To inform each client of Intern status and name of supervisor.
- To constructively and respectfully question ideas and guidance offered by supervisors.
- To approach differences in values, viewpoint, culture, and/or experience with respect and curiosity.
- To keep supervisors informed of all client cases assigned to that supervisor.
- To consult with the assigned supervisor of the case prior to changing treatment plans.
- To complete all documentation according to IBHG policy and to complete authorizations when required for review by their supervisor.
- To be prepared for supervision with questions, assessments, appropriate notes, and recordings to present on different client cases.
- To examine personal and professional issues that may impact client and supervisory relationships with boundaried guidance from the supervisor. This includes reflection on client diagnosis, diversity/cultural points, interventions, and techniques.
- To demonstrate reflective awareness.
- To be open and responsive to feedback and supervisory suggestions.

- To be prepared, flexible, and willing to enact supervisor directives and consider alternative interventions, as needed.
- To conduct themselves professionally within the ethical standards of their professional governing body and in adherence to professional and legal standards.
- To consult the supervisor in cases of emergency as outlined in IBHG's Policy and Procedures.
- To participate actively in supervision, and to take increasing responsibility for the working relationship as the year proceeds.
- To demonstrate respect for clients, supervisors, and other staff members with regard to differences in values, culture, and experiences.

### **Due Process Policy**

The purpose of the Due Process Policy is to give information and guidelines about expectations for the procedures, disputes, or responses to decisions when expectations are not met. This information is outlined to deter from any personal bias in decision making. The general due process policy is as follows:

- A. During the orientation period, Interns will receive in writing the IBHG expectations related to professional functioning and requirements, which are also clearly described in the supervision contract and formal evaluations. These expectations will be discussed by the Training Director, Lead Supervising Psychologist, and other individual and group supervisors.
- B. The procedures and actions involved in decision making regarding problematic behavior or concerns, will be described clearly to Interns during the orientation period.
- C. The procedures for formal evaluation, including when and how evaluations are conducted, will be described. These evaluations occur as meaningful intervals, two times per year.
- D. IBHG will communicate early and often by notifying the Intern if any suspected difficulties that are significantly interfering with performance are identified.
- E. The Training Director will institute, when appropriate, a remediation plan for identified problematic areas including a specified time frame for expected remediation and consequences of not rectifying the problematic areas.
- F. After the Intern is notified of a problematic behavior or concern, and if an Intern wishes to institute an appeal process, this document describes the steps of how an Intern may officially appeal this program's action and when a review panel/hearing may be convened.
- G. IBHG's due process procedures will ensure that Interns have sufficient time (as described in this document) to respond to any action taken by the program before the plan is implemented.

- H. When evaluating or making decisions about a Intern's performance, IBHG will use input from multiple professional sources to make the process as unbiased as possible.
- I. The Training Director will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

### ***Definition of Problematic Behavior***

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

While it is a professional judgment as to when an Intern's behavior becomes more serious (i.e., problematic) rather than just of concern, the supervisory team acknowledges that Interns may exhibit behaviors, attitudes, or characteristics that may be of concern and require remediation, but are perceived to be not unexpected or excessive for professionals in training. Problematic behaviors are addressed by primary supervisors and other training committee members. If a problematic behavior is called to the attention of an Intern, they are responsible for assisting with developing a plan to address the behavior. Problems typically are identified when they include one or more of the following characteristics:

- A. The Intern does not acknowledge, understand, or address the problem when it is identified.
- B. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
- C. The quality of services delivered by the Intern is sufficiently negatively affected.
- D. The problematic behavior has potential for ethical or legal ramifications if not addressed.
- E. The problematic behavior is not restricted to one area of professional functioning.
- F. A disproportionate amount of attention by training personnel is required; and/or
- G. The Intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
- H. The Intern's behavior negatively impacts the public view of the agency.
- I. The problematic behavior negatively impacts other trainees.
- J. The problematic behavior potentially causes harm to a patient; and/or,
- K. The problematic behavior violates appropriate interpersonal communication with agency staff.

### ***Procedures for Managing Inadequate Intern Performance***

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training committee must be mindful and balance the needs of the Intern, the clients involved, members of the Intern cohort, and IBHG clinicians/staff.

The options for remediation and sanctions range from informal notification to a rare, formal dismissal from the program. While Interns are first notified of a concern, a remediation plan may be put into place due to inadequate clinical or professional skills or inappropriate behaviors (i.e., problematic behavior). This attention to inadequacy or inappropriate behaviors may be addressed at different times of the year if they occur but mainly during Intern evaluations. Interns will be addressed in different ways depending on the severity of the problem, though the process should follow the procedures listed below.

Additionally, if Interns receive a score of two or lower on any of the competency areas, a specification of remediate during evaluation, or if a supervisory staff member has concerns about a Intern's behavior (e.g., ethical or legal violations, professional incompetence), the following options will be initiated:

#### Informal Review

When a supervisor or other staff member believes that an Intern's behavior is becoming problematic or that an Intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the Intern directly and as soon as feasible in an attempt to informally resolve the problem through a Verbal Warning:

- A. Verbal Warning: This is a verbal conversation with the Intern to notify them of the need to address problematic behavior. There is no written documentation at this time.
  - a. This may include increased supervision, didactic training, and/or structured readings.
- B. The Training Director and primary supervisor will be notified of any concerns.

#### Formal Review

If it is determined that the Intern's alleged problem behavior or performance deficit persists following an attempt to resolve the issue informally, or if an Intern receives a rating two or below on any competency on a supervisory evaluation, the following process is initiated:

- A. **Notice**: the Intern will be notified in writing that the issue has been raised to a formal level of review and that a **Hearing** will occur.

- B. **Hearing:** The supervisor or staff member will hold a Hearing with the Training Director and Intern within 7 working days of issuing a Notice to discuss the problem and determine what action needs to be taken to address the issue.
1. The Intern's supervisor must always be present at the Hearing.
  2. If the Training Director is the supervisor who is raising the issue, an additional training/staff member who works directly with the Intern will be included at the Hearing.
  3. The Intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.
    - a) The Intern will also have the opportunity to propose in their statement an initial remediation plan to resolve the concern.
- C. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other training/staff members who were present at the Hearing. This outcome will be communicated to the Intern in writing within 7 working days of the Hearing:
1. Written Acknowledgement: This is a written statement acknowledging the problematic behavior by the Intern. The written acknowledgment also outlines the following information and next steps:
    - a) This written formal action will describe the specific plan developed to address the concern and any timeline for actions required to resolve the concern.
    - b) The Lead Supervising Psychologist and the primary supervisor are made aware of the problem.
    - c) The Intern's supervisor will arrange a meeting with the Intern to review the written outcome. This meeting may include the Training Director (or the Lead Supervising Psychologist if the Training Director is the primary supervisor).
    - d) Support will be given to the Intern by their primary supervisor and the Training Director to help ameliorate the problematic behavior.
    - e) The behaviors associated with the evaluation rating are not significant enough to warrant more serious action.

This acknowledgment is kept in the Intern's record until they are able to fix the problematic behavior, at which time it will be removed [Appendix H].

2. Written Warning: This is a written warning given to the Intern acknowledging the need to end the specific problematic behavior. This written warning also indicates the following:

- a) A description of the Intern's problematic behavior.
- b) Acknowledgement that the Training Director (or Chief Clinical Officer and/or Lead Supervising Psychologist in the case the Training Director is primary supervisor) and primary supervisor have discussed the problematic behavior.
- c) A timeline of how and when the corrective actions need to occur.
- d) The actions taken if the problem is not corrected.
- e) Notification that the trainee has the right to request an appeal and formal review of this action.

The written warnings will be added to the Intern's file; however, if the problematic behavior is ameliorated by the end of the training year, the Intern can make a request to the Training Director to have the warning removed from their file [[Appendix I](#)].

3. Schedule Modification: This is a time-limited, remediation-oriented closely supervised period of training designed to return the Intern to a more fully functioning state. The Intern's schedule may be modified to assist with the correction of behaviors depending on the needs of the Intern to help them complete their training year on time. During this time, the primary supervisor, in contact with the Training Director (or Chief Clinical Officer and/or Lead Supervising Psychologist in the case the Training Director is the primary supervisor), will more closely monitor and critique the Intern, aiding in corrective action, and helping the Intern complete their training needed to resolve the problem. Possible courses of action to help the Intern succeed may include:
  - a) Reducing the Intern's caseload.
  - b) Increasing the amount of supervision, either with the same or other supervisors.
  - c) Change in format, emphasis, and/or focus of supervision.
  - d) Increasing engagement in any additional responsibilities, such as engaging in relevant academic reading and training to bolster their performance.

During this time, a *Formal Remediation Plan* will be created in writing to address the needs of the Intern. The plan will be added to the Intern's file and the Intern's home doctoral program will be notified. This plan will be agreed upon by the Training Director (or Chief Clinical Officer and/or Lead Supervising Psychologist in the case the Training Director is the primary supervisor), primary supervisor,

and Intern [[Appendix J](#)]. This modification is not intended to be long term and will be reviewed after a specified period of time and discussed based on the Intern's progress. The primary supervisor in consultation with the Training Director (or Chief Clinical Officer and/or Lead Supervising Psychologist if the Training Director is the primary supervisor) will determine the length of the schedule modification and readiness for its termination which will both be clearly communicated to the Intern.

4. Probation: This is a time-limited, remediation-oriented, more closely supervised training period. The purpose of this intervention is to assess the ability of the Intern to complete the Internship training program and to return them to a more fully functioning state. If the Intern has not successfully ameliorated the problem with the aforementioned schedule modification, they may be subject to a more intensive, time-limited probation period to get the Intern back on track. This probationary period will be outlined in writing by the Training Director, Chief Clinical Officer, Lead Supervising Psychologist, and the primary supervisor and given to the Intern. This written outline will also be added to the Intern's file. The written outline will include the specific problematic behaviors, the timeline for probation during which the problem is expected to be ameliorated, and the procedures to determine whether the problem has been appropriately rectified. As with the schedule modification, the following actions may be included:
  - a) The Intern's caseload will be further reduced.
  - b) The Intern will be required to engage in more rigorous academic reading and training to improve their performance.
  - c) The Intern will engage in more intensive supervision to address the problematic behavior, increase Intern competencies, and track progress.

If the Intern's behavior does not change and they do not show successful progress within a clearly defined and communicated timeline, then the Training Director will communicate in writing to the Intern that the conditions for terminating the probation or schedule modification have not been met. This notice will include the course of action the Training Director has decided to implement. These actions may include the continuation of remediation for a specified period, or another alternative. Additionally, the Training Director will communicate to the Chief Clinical Officer and Human Resources that if the Intern's behavior does not

change, the Intern will likely not successfully complete the Internship training program.

5. Dismissal from Program: This involves the permanent withdrawal of all IBHG responsibilities and privileges. If the Intern is unable or unwilling to engage in corrective actions to change problematic behaviors, or the specific interventions do not resolve the problematic behaviors, the primary supervisor will communicate with the Training Director, Chief Clinical Officer, and Human Resources to discuss next actions and revoke the Intern's privileges from all IBHG resources. Either administrative leave or dismissal are used in cases where the Intern engages in a severe violation of the APA Code of Ethics, when imminent physical or psychological harm has been done on the client, or the Intern indicates they are unable to complete the Internship training program due to physical, mental, or emotional illness. If the Intern is dismissed from the program, the Internship program will notify APPIC and the Intern's home doctoral program of the decision.

D. **Appeal**: Notably, if an Intern feels that *any notification, plan for remediation, or dismissal* does not reflect their current functioning and they do not accept the conditions, they have the right to file an **Appeal**. A Review Panel will be convened to review the appeal and/or make a recommendation to the Training Director (or Lead Supervising Psychologist if applicable) or Chief Clinical Officer of IBHG about the appropriateness of a remediation plan/sanction for an Intern's problematic behavior. Procedures are as follows:

1. Within 5 work days of the notification, remediation, or sanctions; Interns who wish to file an Appeal must submit a written document with any supporting documents to the Training Director.
  - a) If requested, the Training Director will meet with the supervisory committee within to review the appeal.
2. A **Review Panel** will be convened within 7 work days of the receipt of the Intern's response to provide a recommendation to the Training Director.
  - a) In the event that the Intern is filing a formal appeal in writing to disagree with a decision already made by a **Review Panel** and supported by the Training Director, then that appeal is submitted to and reviewed by the Chief Clinical Officer (or Lead Supervising Psychologist if appropriate) in consultation with Human Resources. This review will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the

original Review Panel is upheld. The Intern will be notified of the decision at this time. The Internship program will notify the Intern's home doctoral program of the decision.

- b) At this time if it is determined a new Review Panel is necessary, the new Review Panel will be convened to hear the Appeal and make a recommendation to the Chief Clinical Officer of IBHG and Human Resources, dependent on the nature of the problematic behaviors, about the appropriateness of a remediation plan/sanction for an Intern's problematic behavior.
3. The Review Panel will consist of three staff members selected by the Training Director or the Lead Supervising Psychologist (*whoever is not directly involved*), with recommendations from the Intern who filed the appeal. The Training Director or the Lead Supervising Psychologist will appoint a Chair of the Review Panel.
4. Within 7 work days, the Review Panel will meet to review the appeal to examine the relevant material presented.
  - a) In cases of an appeal, the Intern has the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern.
5. Within 15 work days after the completion of the review, the Review Panel will submit a written report to the Training Director, the Lead Supervising Psychologist, and Human Resources, including any recommendations for further action. Recommendations made by the Review Panel will be made by a majority vote if a consensus cannot be reached. The Internship program will notify the Intern's home doctoral program of the decision.
6. If the Intern is dissatisfied with the decision of the Review Panel, they have the right to appeal the decision, in writing, to the Chief Clinical Officer within 5 work days. This will restart the Review Panel process starting at step 2a.
  - a) The appeal is reviewed by the Chief Clinical Officer (or Lead Supervising Psychologist if appropriate) in consultation with the Human Resources within 7 work days. This review will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld. The Intern will be notified of the decision at this time. The Chief Clinical Officer has final discretion regarding outcome. Decisions made during these appeal processes will be shared with the Intern. The Internship program will notify the Intern's home doctoral program of the decision. *After this appeal, the decision will be final.*

## Grievance Policy and Procedures

In compliance with the APA Commission of Accreditation, IBHG is responsible for keeping information and records of all formal complaints and grievances against the program and its Interns indefinitely. A Grievance is defined as any situation that arises during the Internship training year that is believed to be unfair or wrong. Interns have the right to express a grievance informally or formally about any and all situations that may arise during the Internship training year (e.g., complaints about evaluations, supervision, staff, stipend, harassment, etc.), irrespective of their performance or evaluation. Interns may file a grievance if they have witnessed or personally experienced any behavior that does not fall within the APA Code of Ethics or does not align with the mission of IBHG. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a Intern raises a grievance about a supervisor, staff member, trainee, or the Internship program:

- A. Informal: The Intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Training Director in an effort to resolve the problem informally. The Intern may ask the Training Director, Chief Clinical Officer, Lead Supervising Psychologist, or another supervisor to mediate a conversation between the Intern and the alternate party. Conversations can include a full resolution to the problem, plans for further discussions to aid in resolving the problem, or alternative actions that can be taken to improve the learning environment for the Intern. This grievance will be informally documented by the Training Director, Chief Clinical Officer, Lead Supervising Psychologist, or alternative supervisor who facilitated this action. The purpose of documenting grievances at this stage is to assist with tracking concerns and making needed program improvements over time.
- B. Formal: If the informal procedures do not result in a satisfactory outcome, the Intern may initiate a formal grievance process by sending a written request for intervention to the Training Director (or Chief Clinical Officer and/or Lead Supervising Psychologist if the grievance is against the Training Director). All actions in this time will be focused on the best interest of the Intern to create a successful learning environment (Appendix K).
  1. Within 5 work days after receiving the formal grievance The Training Director (or Lead Supervising Psychologist, if appropriate) will meet with the Intern and the individual being grieved. In some cases, the Training Director or Lead Supervising Psychologist may wish to meet with the Intern and the individual being grieved separately first.

- a) If the grievance is about the training program rather than an individual (e.g. issues with policies, curriculum, etc.), the Training Director, the Chief Clinical Officer, and the Lead Supervising Psychologist will jointly meet with the Intern to develop a plan of action to resolve the matter.
2. The Training Committee has 5 work days to then review the information provided by the Intern and/or staff member in question in writing.
  - a) Based on the review, the Training Committee will determine the best course of action to help the Intern succeed at IBHG. This may include recommended changes within the placement itself, plan of action for the behavior/issue associated with the grievance, specific steps to rectify the problem, a change in supervisory assignment, and/or procedures designed to ascertain whether the problem has been appropriately rectified.
  - b) The Training Committee's final decision will be documented and provided in writing.
3. The Intern and the individual being grieved, if applicable, will be asked to report back to the Training Director in writing within 10 working days regarding whether the issue has been adequately resolved.
  - a) If the Intern feels the plan did not appropriately address the problem or fails to rectify the problem, the Intern must notify the Training Director or Chief Clinical Officer in writing within 5 work days.
    - (1) A Review Panel will then be convened, to hear the challenge and review the evidence, and to make a recommendation to the Training Director or Chief Clinical Officer of IBHG about the reported grievance. The Intern may request a certain member of the Training Committee to serve on the Review Panel.
    - (2) Within 15 work days the Review Panel will review all written materials, have an opportunity to interview the parties involved or any other individuals with relevant information and submit a written report to the Chief Clinical Officer and Human Resources. The Intern is informed of the recommendations. The review panel has final discretion regarding the outcome.
4. Any unethical, unlawful, or inappropriate staff behaviors found will be handled by the Chief Clinical Officer and Human Resources for appropriate personnel action.

### **Internship Program Handbook Acknowledgment**

I have received the current Illinois Behavioral Health Group Internship Program Handbook and I have read and I understand the material covered. I have had the opportunity to ask questions about the policies in this handbook, and I understand that any future questions that I may have about the Handbook or its contents will be answered by the Illinois Behavioral Health Group upon request. I agree to and will comply with the policies, procedures, and other guidelines set forth in the handbook.

I understand that it is my responsibility to seek out answers to any questions I may have or seek clarification for the information contained in this manual. Violations of policies contained in this handbook because of any misinterpretation or misunderstanding will not serve as a defense for the violation or lessen the disciplinary action associated with the violation. I have read and I understand the Due Process and Grievance Procedures, Evaluation, and Intern/Training Program Responsibilities. I have also been given a copy of these documents to keep for ongoing reference.

Intern's Name: \_\_\_\_\_

Intern's Signature: \_\_\_\_\_

Training Director's Signature: \_\_\_\_\_

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

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

## APPENDIX A: Intern Evaluation Form

Evaluation guidelines are based on the Profession Wide Competencies in accordance with APA's Commission on Accreditation. Interns will be evaluated in each section by their primary supervisor in collaboration with other supervisors and staff. Evaluations are based on indirect and direct observation through audio/video recordings of sessions and in-person observation, as well as verbal reports of cases in supervision and documentation.

### Rating scale:

5 = Intern's performance demonstrates an *advanced level of competency* necessary for autonomous practice.

4 = Intern's performance demonstrates an *intermediate-advanced level* of competency and demonstrates functioning at a professional grade typical of Intern performance at the end of the training year. Intern is able to function at a level necessary for mastery at the entry-level practice.

3 = Intern's performance demonstrates an *intermediate level of competency* relative to mid-year level of training and Intern is able to function at a professional level with regular supervision.

2 = Intern's performance is *below expectations* relative to level of training and requires continuous supervision and remediation.

1 = Intern's performance is *grossly underdeveloped* and displays significant problems in the basic level skill set. Performance is at a level beyond remediation.

N/A = *Not applicable*; Not observed at this time

*If the student receives a rating of 2 or below on any item, written feedback is required in the 'Needs for Personal and Professional Growth' section. A training team member may follow up with the Intern to discuss best ways to provide support and to discuss goals for growth.*

### 1. Research

1.1. \_\_\_\_\_ Intern demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level

### 2. Ethical and legal standards

2.1. \_\_\_\_\_ Intern demonstrates knowledge of and ability to act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct

- 2.2. \_\_\_ Intern demonstrates knowledge of and act in accordance with relevant laws, regulations, rules, and policies governing Clinical Psychology at the organizational, local, state, regional, and federal levels
- 2.3. \_\_\_ Intern demonstrates knowledge of and act in accordance with relevant professional standards and guidelines
- 2.4. \_\_\_ Intern recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas
- 2.5. \_\_\_ Intern conducts self in an ethical manner in all professional activities

### 3. **Individual and cultural diversity**

- 3.1. \_\_\_ Intern demonstrates understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- 3.2. \_\_\_ Intern demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- 3.3. \_\_\_ Intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities)
- 3.4. \_\_\_ Intern demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers
- 3.5. \_\_\_ Intern demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
- 3.6. \_\_\_ Intern demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during Internship

### 4. **Professional Values and Attitudes**

- 4.1. \_\_\_ Intern behaves in ways that reflect the values and attitudes of psychology; including, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- 4.2. \_\_\_ Intern engages in self-reflection regarding one's personal and professional functioning, engages in activities to maintain and improve performance, well-being, and professional effectiveness
- 4.3. \_\_\_ Intern actively seeks and demonstrates openness and responsiveness to feedback and supervision

4.4. \_\_\_ Intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training

**5. Communication and Interpersonal Skills**

5.1. \_\_\_ Intern develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

5.2. \_\_\_ Intern produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts

5.3. \_\_\_ Intern demonstrates effective interpersonal skills and the ability to manage difficult communication well

**6. Assessment**

6.1. \_\_\_ Intern demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology

6.2. \_\_\_ Intern demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural)

6.3. \_\_\_ Intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process

6.4. \_\_\_ Intern selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

6.5. \_\_\_ Intern interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective

6.6. \_\_\_ Intern communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

**7. Intervention**

7.1. \_\_\_ Intern establishes and maintain effective relationships with the recipients of psychological services

- 7.2. \_\_\_\_ Intern develops evidence-based intervention plans specific to the service delivery goals. Interns implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- 7.3. \_\_\_\_ Intern demonstrates the ability to apply the relevant research literature to clinical decision making
- 7.4. \_\_\_\_ Intern modifies and adapt evidence-based approaches effectively when a clear evidence-base is lacking
- 7.5. \_\_\_\_ Intern evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation
8. **Supervision**
- 8.1. \_\_\_\_ Intern applies knowledge base in direct or simulated practice with psychology Interns, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other Interns
9. **Consultation and interprofessional / interdisciplinary skills**
- 9.1. \_\_\_\_ Intern demonstrates knowledge and respect for the roles and perspectives of other professionals
- 9.2. \_\_\_\_ Intern applies knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior
10. **What are the Intern’s current professional and personal strengths? \***  
*Written Feedback*
11. **What are the Intern’s current needs for professional and personal growth? \***  
*Written Feedback*
12. **Overall Evaluation Rating: \***  
High Pass  
Pass  
Remediate  
Fail

## APPENDIX B: Supervisor Evaluation

**Please rate your experience with your clinical supervisor on the following rating scale:**

- 4= Extremely Satisfied  
 3= Satisfied  
 2= Dissatisfied  
 1=Extremely Dissatisfied  
 N/A= Not Applicable

**1. Availability of Supervision**

- 1.1. \_\_\_\_\_ Provided supervision on a regular, scheduled basis  
 1.2. \_\_\_\_\_ Accessible for support as needed between scheduled supervision sessions

**2. Effectiveness of Supervision**

- 2.1. \_\_\_\_\_ Adapted supervisory methods to meet my individual needs/style  
 2.2. \_\_\_\_\_ Provided guidance and mentoring regarding my overall professional development

**3. Provided guidance in regard to the following:**

- 3.1. \_\_\_\_\_ Case conceptualization  
 3.2. \_\_\_\_\_ Intervention and/or assessment techniques  
 3.3. \_\_\_\_\_ Theory developmental  
 3.4. \_\_\_\_\_ Individual and cultural differences

**4. Supervisory Climate and Relationship**

- 4.1. \_\_\_\_\_ Allowed for ease of communication  
 4.2. \_\_\_\_\_ Sustained an empathic, supportive, and respectful supervisor relationship  
 4.3. \_\_\_\_\_ Provided a supervisory climate of tolerance and sensitivity  
 4.4. \_\_\_\_\_ Displayed an attitude of genuine sensitivity to and respect for all human differences

**5. Knowledge/Expertise of Supervisor**

- 5.1. \_\_\_\_\_ Possessed clinical expertise in working with clients  
 5.2. \_\_\_\_\_ Demonstrated familiarity with research and techniques in the field  
 5.3. \_\_\_\_\_ Exhibited insight into human behavior

**6. Supervisory Feedback**

- 6.1. \_\_\_\_\_ Provided effective and constructive feedback

6.2. \_\_\_\_\_ Encouraged self-evaluation and self-awareness

7. **Ethical Behavior of Supervisor**

7.1. \_\_\_\_\_ Consistently modeled exemplary ethical practice

7.2. \_\_\_\_\_ Gave feedback regarding APA ethical standards as appropriate

7.3. \_\_\_\_\_ Conveyed an awareness of one's own limitations of expertise

7.4. \_\_\_\_\_ Defined and maintained the boundaries between supervisor and supervisee

8. **What did you appreciate most about supervision?**

9. **Do you have any suggestions for improvements?**

## APPENDIX C: Internship Training Program Evaluation

**Evaluation guidelines are based on the Profession Wide Competencies outlined by APA's Commission on Accreditation. Please evaluate the program in each section using the following rating scale:**

1: ***Strongly Disagree***: IBHG did not provide me with the training that allowed me to develop any of the skills necessary for mastery at the entry-level.

2: ***Disagree***: IBHG offered some skills in this area, but did not provide me with enough training to allow me to develop the skills necessary for mastery at the entry-level.

3: ***Agree***: IBHG offered sufficient training in this area to allow me to develop the knowledge and skill necessary for mastery at the entry-level.

4: ***Strongly Agree***: IBHG exceeded the minimal level of training in this area to allow me to develop the knowledge and skills necessary for mastery at the entry level.

**The training I received at IBHG allowed me the ability to gain mastery in the following areas sufficient for mastery at the entry-level, post-doctoral practice in Clinical Psychology:**

### **1. Research**

1.1. \_\_\_\_\_ Demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level (when appropriate).

### **2. Ethical and legal standards**

2.1. \_\_\_\_\_ Demonstrate knowledge of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.

2.2. \_\_\_\_\_ Demonstrate knowledge of and act in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.

2.3. \_\_\_\_\_ Demonstrate knowledge of and act in accordance with relevant professional standards and guidelines.

- 2.4. \_\_\_\_\_ Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- 2.5. \_\_\_\_\_ Conduct self in an ethical manner in all professional activities.
3. **Individual and cultural diversity**
- 3.1. \_\_\_\_\_ Demonstrate understanding of how my own personal/cultural history, attitudes, and biases may affect how I understand and interact with people different from myself.
- 3.2. \_\_\_\_\_ Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- 3.3. \_\_\_\_\_ Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- 3.4. \_\_\_\_\_ Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of my career.
- 3.5. \_\_\_\_\_ Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with my own.
- 3.6. \_\_\_\_\_ Demonstrate the ability to independently apply my knowledge and demonstrate effectiveness in working with a range of diverse individuals and groups encountered during Internship, tailored to the learning needs and opportunities consistent with the program's aim.
4. **Professional Values and Attitudes**
- 4.1. \_\_\_\_\_ Behave in ways that reflect the values and attitudes of psychology; including, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- 4.2. \_\_\_\_\_ Engage in self-reflection regarding my personal and professional functioning, engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- 4.3. \_\_\_\_\_ Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- 4.4. \_\_\_\_\_ Respond professionally in increasingly complex situations with a greater degree of independence as I progress across levels of training.
- 5. Communication and Interpersonal Skills**
- 5.1. \_\_\_\_\_ Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.
- 5.2. \_\_\_\_\_ Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- 5.3. \_\_\_\_\_ Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- 6. Assessment**
- 6.1. \_\_\_\_\_ Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- 6.2. \_\_\_\_\_ Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- 6.3. \_\_\_\_\_ Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- 6.4. \_\_\_\_\_ Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- 6.5. \_\_\_\_\_ Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- 6.6. \_\_\_\_\_ Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- 7. Intervention**
- 7.1. \_\_\_\_\_ Establish and maintain effective relationships with the recipients of psychological services.
- 7.2. \_\_\_\_\_ Develop evidence-based intervention plans specific to the service delivery goals.
- 7.3. \_\_\_\_\_ Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- 7.4. \_\_\_\_\_ Demonstrate the ability to apply the relevant research literature to clinical decision making.
- 7.5. \_\_\_\_\_ Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- 7.6. \_\_\_\_\_ Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- 8. Supervision**
- 8.1. \_\_\_\_\_ Apply knowledge in direct or simulated practice with psychology Interns, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other Interns.
- 9. Consultation and interprofessional / interdisciplinary skills**
- 9.1. \_\_\_\_\_ Apply knowledge and respect for the roles and perspectives of other professions in direct or simulated consultation with individuals and their families,

other health care professionals, interprofessional groups, or systems related to health and behavior.

- 9.2. \_\_\_\_\_ Engage in direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills such as role-played consultation with others during peer consultation and provision of consultation to other Interns

**Please rate your experience with IBHG's program on the following rating scale:**

4 = Extremely Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Extremely Dissatisfied

N/A = Not Applicable

#### **10. General Clinical Work**

10.1. \_\_\_\_\_ Clarity of Program's Expectations of You

10.2. \_\_\_\_\_ Caseload expectations

10.3. \_\_\_\_\_ Diversity of Caseload

10.4. \_\_\_\_\_ Opportunities to consult about cases

10.5. \_\_\_\_\_ Feeling included and appreciated as a valued member of IBHG's team

10.6. \_\_\_\_\_ Support surrounding licensure

***Please rate your experience with IBHG's didactics/trainings, supervision, and work environment on the following rating scale:***

4= Extremely Satisfied

3= Satisfied

2= Dissatisfied

1= Extremely Dissatisfied

N/A= Not Applicable

11. \_\_\_\_\_ Didactics

12. \_\_\_\_\_ Professional Development Seminar
13. \_\_\_\_\_ Location/Team Meeting
14. \_\_\_\_\_ Intern Wellness Seminar
15. \_\_\_\_\_ Individual Supervision (Therapy)
16. \_\_\_\_\_ Group Supervision (Therapy)
17. \_\_\_\_\_ Group/Individual Supervision (Assessment)
18. \_\_\_\_\_ Live (or Virtual) Supervision
19. \_\_\_\_\_ Availability of Supervisor(s)
20. \_\_\_\_\_ Orientation/Onboarding process
21. \_\_\_\_\_ Office Space
22. \_\_\_\_\_ Availability and knowledge of Support Staff
23. \_\_\_\_\_ Office Equipment
24. \_\_\_\_\_ Work Environment/Atmosphere
25. \_\_\_\_\_ Consultation/Teamwork with other colleagues

### **Overall Evaluation**

*Please reflect on your experience and answer the questions below:*

26. What are the strengths of the IBHG's Internship training program?
27. What are the weaknesses of the program?

28. What did you enjoy about your experience here?
29. What did you dislike about your experience here?
30. Were the expectations of the Internship program reasonable? Why?
31. Would you recommend this Internship program? Why?
32. Any additional comments you think would be useful for us to know?

### APPENDIX D: Didactic Evaluation

**Please evaluate the components of the didactic presentation based on your experiences with other presenters (e.g., Interns, postdocs, supervisors, faculty) with a similar level of education and training.**

Please use the following scale in your evaluation:

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

N/A = Not Applicable

Presenter(s): \_\_\_\_\_

Topic: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Item		Rating
1.	The presenter was organized and prepared for the didactic.	
2.	The presenter demonstrated enthusiasm about the subject matter.	
3.	The presenter explained the theoretical material clearly.	
4.	The presenter was effective in relating didactic material to clinical situations.	
5.	The presenter used time efficiently and appropriately.	
6.	The presenter was effective in promoting meaningful discussion.	
7.	The presenter provided integration of diversity issues.	
8.	I learned new and valuable information in this seminar	
9.	This training seminar met my needs in terms of my professional growth and development.	
10.	Overall Presentation Rating	

**11.** The most meaningful or useful aspect(s) of this seminar:

**12.** Ideas for improving this seminar in the future:

**13.** Additional Comments:

## APPENDIX E: Informed Consent to Audio-record, Video-record, and/or for Live Supervision

Illinois Behavioral Health Group Interns provide a variety of mental health services to individuals and their families. IBHG provides a teaching-training function, and therefore IBHG requests permission from clients/patients to audio-record, video-record, and/or have live supervision of the services that are conducted by the clinicians-in-training.

Live supervision is a helpful training tool in which the clinician's licensed supervisor attends the live therapy session either in person or via videoconferencing in order to observe the clinician in real time. Audiotaping, video-recording, and live supervision of the sessions are all significant components of training. No recording, however, is ever done unless you have given us permission to do so. Therefore, we use this consent form to obtain your permission to audio record, video-record, or have your clinicians' supervisor join a session. Feel free to ask any questions about the purpose and use of the recordings.

Your signature below indicates that you give \_\_\_\_\_ (name of your clinician-in-training) permission to (please initial):

\_\_\_\_\_ Audio-record  
 \_\_\_\_\_ Video-record  
 \_\_\_\_\_ Live Supervision

By agreeing, you understand the following (please initial each):

\_\_\_\_\_ I am not required and I am not obligated to have my counseling sessions recorded or observed.

\_\_\_\_\_ I can request that the audio- or video-recorder be turned off, or that the supervisor leave the session, at any time during the session and I may request that the full recording or any portion thereof be erased.

\_\_\_\_\_ I may terminate this permission at any time, and my care will not change by my decision to not to be recorded.

\_\_\_\_\_ The purpose of recording is for use in training, supervision, and evaluation of my clinician in-training skills and competencies. In order to assess these skills, the recordings may be presented to my assigned supervisor(s) and/or academic faculty for consultation and evaluation. This may be in an individual or group format, who may listen to the recording alone or in the presence of other clinicians-in-training.

\_\_\_\_\_ The contents of these recorded sessions are confidential and the information will not be shared outside the context of individual and group supervision.

\_\_\_\_\_ I understand that my client will make every attempt to de-identify any information when appropriate.

\_\_\_\_\_ The recordings will be stored in a secure location and will not be used for any other purpose without my explicit written permission.

\_\_\_\_\_ The recordings will be erased after no more than one year from the date of recording.

Client/Patient's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Witness/Clinician-In-Training \_\_\_\_\_ Today's Date \_\_\_\_\_

Supervising Clinician \_\_\_\_\_ Today's Date \_\_\_\_\_



- To monitor Intern's clinical caseload.
- To serve as a consultant in crisis, hospitalizations, and other emergency situations.
- To observe the supervisee's practice and provide support to initiate early support and corrective action if needed. This approach may also include the supervisor addressing concerns with the training director to assist in the Intern's development.
- To ensure supervision sessions occur as agreed and to keep record of all supervision sessions.
- To review evaluations with the Intern during supervision sessions.
- Supervisors demonstrate respect for Interns, calling attention to diversity of values, viewpoint, culture, and experience.
- To 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.
- To assist the Intern in balancing their caseload, clinical documentation, and re-authorization requests.
- To create, maintain, and store a supervision file containing supervision records and other documents relating to development and training.
- To review written case notes, audio/video recordings, intake forms, treatment plans, raw data, and psychological evaluations and provide feedback.

### **Supervisee's Responsibilities:**

- To meet with their supervisor during scheduled times.
- To reschedule the supervision hour whenever possible in case of illness or vacation.
- To openly receive feedback with the goal of improving clinical skills and professional comportment and identity.
- To actively participate in the construction of the weekly supervision.
- To develop and collaborate on training needs and goals.
- To inform each client of Intern status and name of supervisor.
- To constructively question ideas and guidance offered by the supervisor.
- To approach differences in values, viewpoint, culture, and/or experience with respect and curiosity.
- To keep the supervisor informed of all client cases assigned to that supervisor.
- To consult with the assigned supervisor of the case prior to changing treatment plans.
- To complete all documentation within 48 hours of the session and to complete authorizations when required for review by the primary supervisor.
- To be prepared for supervision with questions, assessments, appropriate notes, and recordings to present on different client cases.

- To examine personal and professional issues that may impact client and supervisory relationships with boundaried guidance from the supervisor. This includes reflection on client diagnosis, diversity/cultural points, interventions, and techniques.
- To demonstrate reflective awareness.
- To be open and responsive to feedback and supervisory suggestions.
- To be prepared, flexible, and willing to enact supervisor directives and consider alternative interventions, as needed.
- To conduct themselves professionally within the ethical standards of their professional governing body and in adherence to professional and legal standards.
- To consult the supervisor in cases of emergency as outlined in Policies and Procedures.
- To participate actively in supervision, and take increasing responsibility for the working relationship as the year proceeds.
- To demonstrate respect for clients, the supervisor, and other staff members with regard to differences in values, culture, and experience.

**Intern must notify supervisor (or another licensed staff member) IMMEDIATELY if any of the following should occur:**

- Intern is sick and will be out of the office.
- Imminent-risk situations, i.e., client is reporting active suicidal thoughts, Intern is considering inpatient hospitalization, or Intern is considering referral to a higher level of care.
- High-risk situations, i.e., cases in which clients evidence suicidal thoughts, gestures, or attempts or a significant history of attempts; cases in which clients present with a history of, propensity for, or threats of violence; cases where clients appear to be significantly decompensating emotionally, cognitively or physically.
- Deviations from standards of practice or exceptions to general rules, standards, policies, or practices.
- Legal issues, such as possible reporting to DCFS of suspected abuse/neglect of a child or vulnerable adult, or ethical violations by other professionals.
- Suspected or known ethical errors, such as breach of confidentiality.
- Threats of a complaint or lawsuit.
- In the event of an emergency, supervisee is to contact their primary supervisor. If not available, then the supervisee is directed to contact: \_\_\_\_\_.

**Trainees should notify the supervisor of the following issues at their earliest convenience, and no later than the next supervision session:**

- Contact from others requesting information about a client
- Unexpected terminations, late cancellations, or no-shows
- Conflicts with clients or impasses in the therapy process

- Suspected or known clinical errors and related countertransference issues
- Contact with clients outside the context of treatment
- Client presents with auditory or visual hallucinations/delusions

### **Confidentiality and Multiple Role Relationships**

The nature of our training site means that some aspects of supervision sessions will not be confidential. For instance, the supervisor will regularly discuss the supervisee's work and progress with other training team members as needed for training and evaluation purposes. The supervisor will make every effort to keep confidential any material that is not relevant to those purposes. Any notes, recordings, or other client information will be treated as sensitively as possible and will only be discussed in a confidential context and not outside IBHG. Additionally, the supervisor will avoid any dual or multiple role relationships with the supervisee to avoid loss of objectivity.

Intern materials will be kept indefinitely in a HIPAA-compliant cloud. These materials include the interns' evaluations, any due process documentation, and certificate of completion. Materials can be requested by the interns at future times if needed.

### **Evaluation Procedures**

Supervisors are responsible for providing ongoing feedback to the Intern regarding progress, including strengths and areas in need of improvement. In addition to ongoing feedback, Interns are provided written evaluations of their clinical work regularly as outlined in the Intern handbook. These evaluations are discussed with the Intern and are forwarded to the Training Director to become part of the Interns' record. Trainees also provide their supervisors with written and verbal feedback of the supervision process at the evaluation periods. Evaluations will also be provided to the Interns' learning institution.

### **Trainee Competency Problems/Deficiencies and/or Supervisory Complaints**

Any concerns will be attempted to be resolved immediately, directly, and informally. When this has been exhausted or the concern is significant and requires disciplinary action, the supervisor and supervisee will adhere to policies outlined in the grievance and due process policies and procedures. In the event that there are concerns about the Intern's progress, ethics, professionalism or competence, the supervisor will consult with the Director for Training who will follow the appropriate Due Process procedures. Interns are asked to refer to the appropriate section in the Intern Handbook for more information.

*We have discussed the expectations above and agree to perform the duties described and operate within the outlined parameters.*

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*Supervisee*

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*Date*

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*Supervisor*

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*Date*

### APPENDIX G: Case Presentation Evaluation

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

Name of Intern Presenter: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

**Please evaluate the Intern's case presentation using the rating scale below. Your evaluation should be based on the skill level typical of Interns at a comparable stage of training.**

1 = Below Expected level of Competency

2 = Needs Improvement

3 = At Expected Level of Competency

4 = Above Expected Level of Competency

Item		Rating
1	Clarity and theoretical soundness of case conceptualization	
2	Thoroughness and accuracy of assessment and diagnosis	
3	Appropriateness of treatment goals	
4	Integration of relevant multicultural/diversity issues in case conceptualization, treatment planning, and intervention	
5	Appropriateness of theoretical approach and interventions	
6	Awareness of and use of self with regard to therapeutic relationship and interventions	
7	Attention to relevant ethical principles and legal standards	
8	Willingness and ability to take risks	

9. What were the Intern's strengths in their presentation?

10. What are some suggested areas for growth?

11. What was your overall impression?

**APPENDIX H: Written Acknowledgment**

Trainee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Description in detail of the problematic behavior(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreed upon plan for support to help ameliorate the problematic behavior(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once the problematic behavior(s) has been ameliorated, written acknowledgment will be removed.

I understand the problematic behavior(s) and agree to engage in the plan moving forward.

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Training Director's Signature

### APPENDIX I: Written Warning

Trainee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Description in detail of inappropriate or inadequate behavior(s).

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Detailed timeline, laid out by the Training Director and primary supervisor, of how and when the corrective actions need to occur (include dates).

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Remember, you have the option to appeal the warning if you do not feel it is appropriate. If the behaviors are ameliorated by the end of the training year, you can make a request to the Training Director to have the warning removed from your file

I understand the problematic behavior and agree to engage in the plan moving forward.

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Training Director's Signature

### APPENDIX J: Formal Remediation Plan

Date of Competency Remediation Plan Meeting: \_\_\_\_\_

Name of Trainee: \_\_\_\_\_

Primary Supervisor/Advisor: \_\_\_\_\_

Names of All Persons Present at the Meeting: \_\_\_\_\_

All Additional Pertinent Supervisors/Faculty: \_\_\_\_\_

Date for Follow-up Meeting(s): \_\_\_\_\_

**Circle/Highlight** all competency domains in which the Intern's performance does not meet the benchmark:

<i>Assessment</i>	<i>Communication &amp; Interpersonal Skills</i>	<i>Consultation &amp; Interprofessional/Interdisciplinary Skills</i>
<i>Intervention</i>	<i>Professional Values, Attitudes, &amp; Behaviors</i>	<i>Ethical and Legal Standards</i>
<i>Supervision</i>	<i>Research</i>	<i>Individual &amp; Cultural Diversity</i>

Description of the problematic behavior(s) in each competency domain circled above:

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Date(s) the problematic behavior(s) was brought to the Intern's attention and by whom:

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Steps already taken by the Intern to rectify the problematic behavior(s) that was identified:

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Steps already taken by the supervisor(s)/faculty to address the problematic behavior(s):

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**Formal Remediation Plan**

<b>Competency Domain/Essential Components</b>	
<b>Problematic Behavior</b>	
<b>Expectations for Acceptable Performance</b>	
<b>Trainee's Responsibilities/Actions</b>	
<b>Supervisor's Responsibilities/Actions</b>	
<b>Timeframe for Demonstrating Acceptable Performance</b>	
<b>Methods of Measuring Performance</b>	
<b>Dates of Evaluation</b>	
<b>Consequences for Unsuccessful Remediation</b>	

I, \_\_\_\_\_, have reviewed the above competency remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the Training Director. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If Intern disagrees, comments, including a detailed description of the Intern's rationale for disagreement, are REQUIRED*).

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Trainee Name	Date	Academic Training Director	Date
Licensed Clinical Supervisor	Date	Training Director/Chief Clinical Officer	Date

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Trainee's comments (Feel free to use additional pages)

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

### SUMMATIVE EVALUATION OF FORMAL REMEDIATION PLAN

Dates of Follow-up Meeting(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ People in Attendance: \_\_\_\_\_

<b>Competency Domain/Essential Components</b>	
<b>Expectations for Acceptable Performance</b>	
<b>Outcomes Related to Expected Benchmarks (Met, Partially Met, Not Met)</b>	
<b>Next Steps (e.g., Remediation Concluded, Remediation Continued and Plan Modified, Next Stage in Due Process Procedures)</b>	
<b>Next Evaluation Date (If Needed)</b>	

I, \_\_\_\_\_, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the Training Director. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If Intern disagrees with the outcomes and next steps, comments, including a detailed description of the Intern's rationale for disagreement, are REQUIRED*). (Feel free to use additional pages)

Trainee Name	Date	Academic Training Director	Date
Licensed Clinical Supervisor	Date	Training Director/Chief Clinical Officer	Date

### APPENDIX K: Formal Grievance Form

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

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

#### Detailed events of Grievance

Date, time, and location of event if known: \_\_\_\_\_

Witnesses *if applicable*: \_\_\_\_\_

Details of the occurrence and reason for grievance filed:

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Actions already taken:

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Proposed solution:

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Trainee Name	Date	Academic Training Director	Date
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Licensed Clinical Supervisor	Date	Training Director/Chief Clinical Officer	Date
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### APPENDIX L: Direct Observation Evaluation and Feedback Form

Intern Name: \_\_\_\_\_ Site of Observation: \_\_\_\_\_

Staff Observing: \_\_\_\_\_ Date of Service Observed: \_\_\_\_\_

Method of Observation: (Check one) Live Observation \_\_\_\_\_ Review of Video recording  
\_\_\_\_\_

Evaluation of intern's performance relative to relevant competencies (Complete those applicable):

Intervention:

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Assessment:

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Communication and Interpersonal Skills:

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Individual and Cultural Diversity:

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Other Relevant Competencies (Specify):

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