



## **Edison Court: Doctoral Internship Prospectus**

### **Edison Court, Inc. (ECI) Mission**

*ECI Programs are committed to providing prompt and compassionate care to residentially placed and outpatient community members experiencing mental and behavioral health concerns. Treatment is guided in collaboration with the client in order to promote wellness, maximize strengths, and increase quality of living for ongoing success in the community.*

### **ECI Doctoral Internship Mission**

*Doctoral Interns provide high-quality clinical services including individual, group, and family therapy, perform psychological assessments, and further our agency's research initiatives. Students who have already approximated basic proficiency in several or all of these areas have a unique opportunity to further ECI's professional reputation and obligations. Doctoral interns can expect to continually gain clinical and forensic experiences within a learning environment that places a premium upon best-practices.*

### **Internship Description**

#### **Training Goals and Objectives**

This training program is ideal for students seeking to embed their professional skills by serving both court-ordered and at times, voluntary populations, with an emphasis upon services for juvenile delinquents in addition to substantial experience with adult forensic populations. The training lends experiences to students who may ultimately pursue agency roles within nonprofit forensics and/or private practice. A mix of supervised clinical intervention, psychological assessment, and administrative/case coordination roles at multiple levels of care serve to address these core areas of psychological practice. The internship training goals fall into the following domains:

- **Clinical Knowledge-** Intern will gain an appropriate knowledge of clinical skills, diagnoses, and ethics of psychological practice.
- **Clinical Application-** Intern will gain proficiency with regard to case conceptualization and intervention skills across individual and group psychotherapy modalities.

- **Clinical Effectiveness-** Interns will develop a grounded rationale for specific client intervention choices, and when appropriate, apply evidence-based practice with fidelity. Intern will gain awareness of, and a process toward improving client outcomes.
- **Psychological Assessment-** Intern becomes increasingly proficient in psychological assessment conceptualization in serving clients, and appropriate application and interpretation of measures.
- **Professional Collaboration-** Intern develops increased skill in collaborating with agency entities, including supervisors, cohorts, administrators, clinicians, residential staff, and outside contractors in collectively service clients.
- **Clinical Case Management-** Training in case management compliance, including documentation of services provided and adherence to service contract agreements and stated timelines.
- **Forensic Practice-** Intern will become increasingly versed in multi-disciplinary case collaboration, risk assessments, and forensic evaluation.
- **Professional Communication-** Development of the intern's ability to effectively present ideas and information orally and in written form
- **Professional Integrity-** Monitoring and support of intern's follow through of task commitment, including client contact frequency/duration, evaluation efficiency and productivity, as well as initiative taking for the benefit of the broader treatment team.
- **Semi-Autonomous Practice-** Intern will be guided toward increased autonomy of practice in the above stated domains.
- **Final Project-** Intern will collaborate on and co-present an organized, data-driven, and site-relevant in-service on a topic of their own choosing, giving the support and approval of the clinical training director. The selected topic will fall into one of the following categories:
  - Employee mental health
  - Proposed enhancements to existing client services
  - Psychoeducation relevant to the treatment population
  - Proposal for novel clinical programing

**Number of Hours for Successful Internship Completion:** 2000 within an 11-12 month interval.

### **Training Sites**

Direct client interventions occur at our outpatient offices in Doylestown, PA and Levittown, PA. These offices constitute Ravenhill Psychological Services, Edison Court, Inc.'s outpatient level of care.

Residential-level clinical practice takes place at our Lehigh Valley-based facility which is an 8 bed residential treatment facility that specialized in the treatment of sexually problematic behaviors within 10-15 year-old males, and emphasizes community integration.

## **Distribution of Intern Responsibilities**

Interns of the 2020/2021 class will have evenly distributed responsibilities across our outpatient and community based residential levels of care. Estimates of responsibilities are as follows:

- **Outpatient Services** (4 days per week)
  - Approximately 6-7 Individual Adolescent Clients who are involved in the juvenile justice and/or child welfare system
  - Approximately 2-4 Individual Adult Clients who are involved in the legal system for a variety of offenses (sexual offending, intimate partner violence, interpersonal conflict management)
  - Co-facilitation of 2 Adult Groups Per Week (sexual offending and/or intimate partner violence)
  - Approximately 3 psychological evaluations and/or specialized forensic screenings per month (including but not limited to full psychological battery, psychosexual assessment, determination of parental capacity, and/or juvenile violence risk assessments)
  - Case Management and multidisciplinary consultation, ongoing basis
- **Residential Services** (1 day per week)
  - 1-2 adolescent individual clients seen on a weekly basis
  - Co-facilitation of group therapy one time per week
  - Treatment planning on a quarterly basis
  - Management of client funding coverage through behavioral health insurance
  - Case Management and multidisciplinary consultation, ongoing basis
- **Supplemental Learning Endeavors**
  - Assist with community outreach initiatives
  - Assist and coordinate community resources to be accessed by clients and families
  - Attend all agency meetings, trainings, and conferences
  - Assist with the development of program and training initiatives
  - Facilitate training of special topics to clinical staff and/or agency administrators
  - Coordinating care among psychiatrists, probation officers, family therapists
  - Forensic-specific training in conceptualization, risk assessment, and need recommendations

- Familiarization with and regular use of ‘Credible’ electronic health recording

### **Training and Supervision**

- Theoretical Orientation primarily client centered with emphasis on CBT
- Interns will receive two hours of weekly individual supervision, as well as two hours of weekly group supervision with a licensed psychologist
- Weekly didactics centered around both intern interests as well as evidence-based practices serving the forensic population

### **Didactic Seminars: Every Friday from 12:00 p.m. to 2:00 p.m.:**

- **1<sup>st</sup> Quarter: 08/25/20 – 11/27/20: Theories and methods of effective intervention; Theories and methods of evidence based/supported treatment; Evidence based Community Mental Health Practice**

<u>Date</u>	<u>Topics to be Covered</u>	<u>Presenter(s)</u>
9/4	EVIDENCE-SUPPORTED TREATMENT (EST) REVIEW	TBA
9/11	EST REVIEW: COMPONENTS vs. TREATMENTS	TBA
9/18	INITIAL CASE REVIEWS and CONCEPTUALIZATION	TBA
9/25	EST COMPONENTS vs. TREATMENTS	TBA
10/2	PRECURSORS TO SEXUAL OFFENDING	TBA
10/9	FORENSIC CONSULTATION REVIEW	S. Wodder
10/16	REVIEW ROLE OF PSYCHOLOGIST IN INDUSTRIAL/ORGANIZATIONAL CONSULTANT ROLE AND RELEVANCE TO INTERNS’ INDEPENDENT FINAL PROJECT	N/A
10/23	ACTUARIAL CASE REVIEW – PARENTAL CAPACITY	S. Wodder
10/30	CONFERENCE HIGHLIGHT REVIEW	S.W./ J.R.
11/6	ACTUARIAL CASE REVIEW – ADULT SEXUAL OFFENDER	TBA
11/13	COGNITIVE DISTORTIONS and SEXUAL OFFENDING	TBA
11/20	THE SEXUAL OFFENDING CYCLE	TBA
11/27	THANKSGIVING BREAK	N/A

- **2<sup>nd</sup> Quarter: 11/30/20 – 02/26/21: Theories and methods of assessment and diagnosis; Theories and methods of evaluation; Forensic Risk Assessment**

<u>Date</u>	<u>Topics to be Covered</u>	<u>Presenter(s)</u>
12/4	DSM V	TBA
12/11	RELAPSE PREVENTION PLANNING	TBA
12/18	WELLNESS PLANNING	TBA
12/25	TBA	TBA
01/1	NEW YEARS DAY	N/A
1/8	“LEAST RESTRICTIVE” vs. “COMMUNITY SAFETY”	TBA
1/15	MULTISYSTEMIC ISSUES in FORENSIC ASSESSMENT	J.R./S.W.
1/22	MULTISYSTEMIC ISSUES in FORENSIC ASSESSMENT	JR./S.W.
1/29	ACTUARIAL CASE REVIEW – ANGER MANAGEMENT	TBA
2/5	ACTUARIAL CASE REVIEW – LEVEL OF CARE EVALUATION	TBA
2/12	FOCUS UPON ASSESSMENT RECOMMENDATIONS	TBA
2/19	FOCUS UPON ASSESSMENT RECOMMENDATIONS	TBA
2/26	FOCUS UPON ASSESSMENT RECOMMENDATIONS	TBA

- **3<sup>rd</sup> Quarter: 03/01/21 – 05/28/21: Theories and methods of consultation; Theories and methods of supervision**

<u>Date</u>	<u>Topics to be Covered</u>	<u>Presenter(s)</u>
3/5	WRAP-UP: BEST PRACTICES in FORENSIC ASSESSMENT	TBA
3/12	PUBLIC HEALTH – BEST PRACTICES	TBA
3/19	PUBLIC HEALTH – BEST PRACTICES	TBA
3/26	CLASSROOM/SCHOOL CONSULTATION	TBA
4/2	CLASSROOM/SCHOOL CONSULTATION	TBA
4/9	CRISIS INTERVENTION	TBA
4/16	CRISIS INTERVENTION	TBA
4/23	INDUSTRIAL/ORGANIZATIONAL CONSULTATION	TBA
4/30	INDUSTRIAL/ORGANIZATIONAL CONSULTATION	TBA
5/7	EFFECTIVE CLINICAL SUPERVISION: a COLLABORATION	TBA
5/14	EFFECTIVE CLINICAL SUPERVISION: a COLLABORATION	TBA
5/21	ADMINISTRATIVE SUPERVISION: an EVALUATION	TBA
5/28	GUEST SPEAKER – EXTERNAL I/O CONSULTANT	W. Roberds

- **4<sup>th</sup> Quarter: 05/31/21 – 08/24/21: Strategies of scholarly inquiry; Issues of cultural and individual diversity**

<u>Date</u>	<u>Topics to be Covered</u>	<u>Presenter(s)</u>
6/4	REVIEW: DBT, CBT and ACT FORENSIC APPLICATIONS	TBA
6/11	REVIEW: DBT, CBT and ACT FORENSIC APPLICATIONS	TBA
6/18	DIVERSITY ISSUES in CLINICAL INTERVENTION	TBA
6/25	DIVERSITY ISSUES IN CONSULTATION and SUPERVISION	TBA
7/2	TBA	TBA
7/9	4 <sup>th</sup> of July Break	N/A
7/16	REVIEW OF THE CONSULTIVE ROLE	J.R./S.W.
7/23	REVIEW OF THE EXPERT ROLE	J.R./S.W.
7/30	OVERVIEW OF NONTRADITIONAL ROLES	J.R./S.W.
8/6	RESEARCH /CLINICAL LOGIC MODEL: CRITICAL REVIEW OF OUR ANNUAL RESIDENTIAL TREATMENT IMPACT AND OUTCOMES (RTICO) FINDINGS	J.R.
8/13	RESEARCH/CLINICAL LOGIC MODEL: INTEGRATION OF CLINICAL IMPLICATIONS of RTICO FINDINGS INTO A CLINICAL PROGRAM IMPROVEMENT PROCESS	JR
8/24	*FINAL PROJECT PRESENTATION (Practice of Effectively Delivering Consultative Service to the Organization)	INTERNS

### **Training Resources**

Interns will have access to up-to-date Peer-Reviewed Publications from APA and ATSA (The Association for the Treatment of Sexual Abusers), and manuals detailing specific approaches (DBT, TF-CBT, CBT, BT) in an effort to maximize effectiveness within our specific context. In addition, interns will have access to the following fringe benefits:

- Opportunities for split cost professional development
- Mileage reimbursement for travel
- Employee recognition opportunities
- Opportunities for involvement with research
- 10 days PTO
  - Flex scheduling
  - Release time for dissertation defense and graduation

**Duration of Internship/Length of Assignment:** 08/25/2010 – 08/24/2021

## **Intern Role Satisfaction Criteria**

- Satisfactory Progress as reflected in biannual Doctoral Intern Performance Evaluations
- Provide clinical intervention and services to traditional and forensic client populations
- Appropriate record keeping practices in adherence to the ECI policies and procedures
- Maintain data collection pertinent to client objectives and treatment impact
- Participate in weekly individual and group supervision meetings
- Participate within weekly didactic training sessions
- Participate as a co-facilitator or facilitator within inpatient and outpatient group therapies
- Residential client case management responsibilities, including record keeping, report generation, managed care liaison responsibilities

## **2020-2021 Personnel and Role Descriptions**

**Individual Supervision (Dr. Sarah Wodder, Dr. Jonathan Roberds): aggregate 2 hours weekly individual supervision: Schedule TBA**

**Group Supervision (Dr. Jonathan Roberds, Dr. Sarah Wodder): 2 hours weekly supervision: Fridays at 12 p.m.**

### **The Internship Training Director (Dr. Roberds) is responsible for:**

- Overall clinical integrity of the Internship Program
- Fulfillment of all APPIC membership expectations
- (Ultimately) Alignment of APA accreditation
- Supervision and intervention pertinent to all legal and ethical Issues (Clinical)
- Weekly clinical didactic trainings (consistent with APA Guidelines)
- Weekly (1 hour/Intern) supervision of client interventions by interns and maintaining complete records in accordance with policy and procedure
- 24-7 On-Call for individual clinical supervisor consultation on emergent issues
- Reporting any remarkable clinical or operational issues to the Graduate Training Director
- As-needed Direction and Supervision to on-site Interns
- Participation within the Due Process protocol
- Participation within weekly (with Ds. Wodder) internship review meetings

### **The Chief Psychologist/Clinical Supervisor (Dr. Wodder) is responsible for:**

- Overall infrastructural/operational integrity of the Internship Program
- Supervision pertinent to all institutional compliance and procedural issues (administrative)
- Weekly (1 hour/Intern) clinical supervision of client interventions by interns
- Reporting any operational or clinical concerns to the Internship Training Director
- Participation within the Due Process protocol
- Participation within weekly (with Dr. Roberds) internship review meetings

## **ECI Doctoral Internship Due Process Procedures**

The following Sections constitute our Due Process Procedures relevant for our Doctoral Psychology Interns:

- I. General Policy
- II. Due Process Procedures
  - A. Levels of Disciplinary Action
  - B. Remediation Plans
- III. Appeal Process
- IV. Grievance Procedure

### I. General Policy

Edison Court, Inc. is committed to high quality service delivery, including responsiveness to concerns from or relating to doctoral psychology interns. As such, a standardized framework is indicated for the effective resolution of complaints, concerns, and appeals related to an intern's experience and performance while in training. Under most circumstances, Due Process procedures will occur within the jurisdiction of the Internship Training Program. A primary basis for any disciplinary or remediation indications is the finding of significant concerns in role functioning as reflected on the Doctoral Psychology Intern Performance Evaluation in addition to real-time problematic functioning that compromises the program and/or its services. Additionally, each intern has an obligation to observe and follow the company's policies and to maintain proper standards of conduct at all times. As is detailed in section II, if an intern's behavior interferes with the orderly and efficient operation of a department, corrective disciplinary measures will be taken, overseen by the Internship Director of Training. A notice of the identified problematic behavior will be communicated through the Clinical Supervisor to initiate this process. Related to any identified infractions, Interns may contest information related to concerns about their performance at all levels of disciplinary action; Interns may also appeal a decision that they do not agree with, as is described in section III. All levels of disciplinary action will be communicated directly to the respective graduate Training Director by the Internship.

### II. Due Process Procedures

#### C. Levels of Disciplinary Action

In the event that concerns related to an Intern's performance emerge, disciplinary action may include, from most mild to severe, a verbal warning, written warning, probation, suspension, and termination. A remediation plan will follow all disciplinary action levels excepting for termination. The appropriate disciplinary action imposed will be determined by the internship program, based upon this policy and with diligent determination as to the appropriate level of disciplinary action to be



imposed. At all levels of disciplinary action, the Director of Training will be involved to offer guidance and to ensure adherence to this policy. Interns will, in each case, be reminded of their rights to appeal a decision, and will be supported in an effort to resolve a deficiency.

The levels of disciplinary action are as follows:

#### 1. Verbal Warning

Under typical circumstances involving non-egregious infraction, Interns will privately meet with, and receive a verbal warning from the Clinical Supervisor. A verbal warning reflects concern about an intern's non-illegal action(s) that both fall outside of the written intern expectations and did not result in harm to clients or other employees. Examples of intern actions that would result in a verbal warning are: Seemingly unintentional inappropriate interactions with clients, employees, or stakeholders; acute failures to complete work within prescribed deadlines; preventable lateness to or accidental missing of client sessions (first offense); public behaviors that would potentially impact our program's reputation and thus ability to serve the community; and non-adherence to written dress code policy. The Clinical Supervisor and Training Director will support the Remediation Plan as is described in section II. B. An intern will be reminded of their right to appeal a verbal warning.

#### 2. Written Warning

A continued infraction of the same nature that originally resulted in a verbal warning, a written warning will be received by the intern from the Clinical Supervisor within a private meeting. Examples of intern actions that will, if unmitigated, directly bypass a verbal warning and result in a written warning include: egregious and unmitigated insubordination; theft or dishonesty; sleeping while on duty; disrespect toward fellow employees, visitors or other members of the public; performing outside work or use of company property, equipment or facilities in connection with outside work while on company time; physical harassment; and poor attendance or poor performance. These examples are not all inclusive, but it may be expected that any non-violent behavior that would equate, legally, to that of a misdemeanor charge that takes place in the context of internship responsibilities or internship facilities would lead to a written warning. A Remediation Plan, as is described in section II B. will be put into place, and involves the Clinical Supervisor and Internship Director of Training. The Intern may elect to have any feedback be incorporated into the written warning document. The intern will be reminded of their right to appeal a written warning. The intern may elect to sign the written warning document in the event that they agree with the written concerns; otherwise, their feedback including disagreement may be incorporated into an unsigned written warning document, and an appeal process may be initiated at the request of an intern, as is described in section III.

### 3. Probation

Probation, a time-limited disciplinary action focused upon remediation, may be imposed if an intern's ability to satisfy training requirements is in question, and is best assessed within the context of their continued (if not modified) role. The Clinical Supervisor and Internship Director of Training will, in conjunction, inform the intern of their probationary status and the reasons for which they were placed on probation, clarifying the reasons and specific terms as needed. A Remediation Plan (as is described in section II. B.) will serve as the probationary contract, with the satisfaction of which reflecting a return of the intern to an acceptable level of performance, or otherwise a sustained interval in which unacceptable behavior is not observed. The term of probation will be stated verbally and in writing within the Remediation Plan, as well as the specific requirements that are expected by the training program for the dissolution of the probationary status. The intern will receive a copy of the Remediation Plan within the aforementioned meeting with the Clinical Supervisor and the Internship Director of Training. The intern will be reminded of their right to appeal the program's decision to impose probation. The probationary period will end in the event that the intern satisfies Remediation requirements, formalized in written document that encapsulates the terms of the Remediation Plan that is signed by the Clinical Supervisor and Internship Director of Training. In the event that an attempt has been made to complete requirements of the Remediation Plan, but that adequacy has not yet been reached, the Internship Director of Training, Clinical Supervisor, and Director of Outpatient Services will meet to review supporting data to determine the appropriateness of an extended probationary period versus a period of suspension wherein it is determined that an appropriate Remediation Plan would best be effected. If either option is indicated, a meeting with the intern, Internship Director of Training, Clinical Supervisor, and Director of Outpatient Services will take place to review the new Remediation Plan (or written terms of suspension if applicable), explain the decision, clarify terms as needed, and offer any needed supports toward the goal of resolving the issue at hand.

### 4. Suspension

Time-limited suspension of an intern's training and work role may be imposed in the event that an intern's actions:

- Led to repeated (3 or more) written warnings of the same content nature
- Represent an inability to provide effective client care due to temporary condition
- Represent a significant inability to work effectively with other employees due to a condition
- Represent risk a risk factor, or factors, that may have impacted or could imminently impact the wellbeing of a client or employee
- Have caused physical or emotional harm to a client or employee, or significant reputational harm to the agency

A suspension interval will be determined by the Clinical Supervisor, Director of Outpatient Services, and Internship Director of Training (primary internship program staff) under the arbitration of the latter party, and should reflect reasonable completion of the terms stated within remediation plan (see section II. B.). The Training Director, Director of Outpatient Services, and Clinical Supervisor will meet with the intern prior to the term of suspension to review the written terms of their suspension, offer clarification as to the terms of suspension, and review and clarify, as needed, the terms of reinstatement to their role as an intern with the agency. The intern will be reminded of their right to appeal the program's decision to suspend their role. The purposes of suspension include drawing an intern's attention to the seriousness of their action or condition, allowing a focused interval of time for remediation to take place, and/or to prevent potential harm to a client, employee, or the functionality of the agency or training program to serve the community. A Remediation Plan, as is described in section II. B. will involve a re-entry interview that includes the Internship Director of Training, Director of Outpatient Services, and Clinical Supervisor.

## 5. Termination

Termination of an intern's role represents the highest (or final) disciplinary action, reflecting an egregious act or longstanding, uncorrected problematic behavior that has impacted an intern's ability to function adequately within their role. The following intern actions will result in immediate termination: sexual activity with a resident, client or other employee; catastrophic violation of the company's policies or safety rules; unauthorized or illegal possession, use or sale of alcohol or controlled substances on work premises or during working hours, while engaged in company activities or in company vehicles; unauthorized possession, use or sale of weapons, firearms or explosives on work premises; and sexual harassment. These examples are not all inclusive, but it may be expected that any felonious behavior or harmful and deliberate violation of the Ethics Code taking place in the context of internship responsibilities or internship facilities will lead to termination. Any potentially mitigating circumstances will automatically be reviewed by the Internship Director of Training, Clinical Supervisor, and the Director of Outpatient Services within the confines of the Training Program. We emphasize that intern termination decisions will be based on an assessment of all relevant factors. The review of these factors will involve the Internship Director of Training, the Clinical Supervisor, and the Director of Outpatient Services, followed by a decision to terminate the intern's role or pursue a lesser penalty (as are listed above). The Internship Director of Training will draft a letter acknowledging the intern's Termination, and will include relevant documentation supporting the decision to be included within the intern's file, and also sent to the respective graduate program Training Director.

### D. Remediation Plans

As applies to all cases involving a verbal warning, written warning, probation, and suspension, a Remediation Plan will be put into place.

- In the case of a verbal warning, a discussion (that is documented within the Clinical Supervisor's supervision notes) will follow the warning, and will involve assessment of the intern's comprehension of their action that is of concern to the training program, and a collaborative discussion that defines the expected changes in the intern's conduct. The Clinical Supervisor will document the progress and resolution (or lack thereof) based upon weekly supervisory meetings and anecdotal data. This result will be shared with the Training Director. The Clinical Supervisor and Training Director, within their respective roles, will offer suggestions and support directly to the intern that supports remediation of the identified deficiency. The Clinical Supervisor will notify any other relevant internship training staff of the behavior under concern to the extent that these staff may best monitor and possibly remediate the deficiency.
- In the event of a written warning, expectations for remediation are documented within a written Remediation Plan, and weekly follow-up assessment based upon discussion and anecdotal data is documented within the Clinical Supervisor's supervisory notes, reflecting the degree to which remediation has occurred and what continued action is recommended, until it is determined that remediation is complete (or unsuccessful). This result will be shared with the Training Director. The Clinical Supervisor and Training Director, within their respective roles, will offer suggestions and support directly to the intern that supports remediation of the identified deficiency. The Clinical Supervisor will notify any other relevant internship training staff of the behavior under concern to the extent that these staff may best monitor and possibly remediate the deficiency. Additionally, contact will be made by the Director of Clinical Training to the respective graduate program Training Director to inform them of the disciplinary status.
- In the case wherein an intern is placed on probationary status, the Remediation Plan will serve as the probationary contract outlining the specific terms that will need to be satisfied by the intern for the dissolution of probation. The Remediation Plan will focus upon criteria that reflect that the intern has either achieved an acceptable level of performance within their role, returned to an acceptable level of role performance, or otherwise a sustained interval in which any identified unacceptable behavior is not observed. A weekly assessment based upon discussion and anecdotal data is documented within the Clinical Supervisor's supervisory notes, reflecting the degree to which the probationary terms as specified on the Remediation Plan have occurred. A determination of a successful remediation of deficiencies by the Clinical Supervisor will be shared with the Training Director and effect a written document encapsulating the terms of the Remediation Plan that is signed by the Clinical Supervisor and Internship Director of Training. As is mentioned in section II. A., in the event that an attempt has been made to complete requirements of the Remediation Plan, but that adequacy has not yet been reached, the Internship Director of Training, Clinical Supervisor, and Director of Outpatient Services will meet to review supporting data to determine the appropriateness of an extended probationary period versus a period of suspension wherein it is determined that an appropriate Remediation Plan would best be

effected. If either option is indicated, a meeting with the intern, Internship Director of Training, Clinical Supervisor, and Director of Outpatient Services will take place to review the new Remediation Plan (or written terms of suspension if applicable), explain the decision, clarify terms as needed, and offer any needed supports toward the goal of resolving the issue at hand.

- In a case that involves suspension of an intern's role, the written Remediation Plan will specifically detail the training program's expectations of an intern's participation within one or more programs, ethical trainings, or outside assessment to allow for or determine suitability for a return to their role as an intern within the training program. Satisfactory documentation of Remediation Plan requirements will result in a re-entry interview, in turn leading to a reinstatement of an intern's role status, notwithstanding any significant continued concern. If there are continued concerns at this juncture despite the successful completion and documentation of successful Remediation Plan, then a continuation of the suspension period of a specified interval of time will be determined by the Training Director, accompanied by a revised Remediation Plan. In the case of a second insufficiency as determined by re-entry interview, a third Remediation Plan or Termination will be recommended by the training program, arbitrated by the Training Director in communication with the Director of Outpatient Services.

### III. Appeal Process

If an Intern wishes to appeal a finding by supervisors or administration related to their performance or the results of a grievance submitted, several options are presented. Because a verbal disciplinary action is viewed as reflecting a lower level problem/deficiency, appeal typically takes the form of a collaborative discussion. In cases involving repeat, or more serious offenses that lead to a written disciplinary action, there is a section on the disciplinary form (to be included within the Intern's personnel file) wherein the Intern may write additional information that may add context to the disciplinary feedback, refute claims made by the disciplinarian, or provide any comments that the Intern wishes to be a part of the form. An Intern's signature indicating agreement to the items of concern is optional, and if the Intern chooses to disagree, they may then follow the steps for Appeal:

1. The Interns should file a formal appeal in writing that includes any written disciplinary actions and/or remediation plan (due process for behavioral infraction), or a document of recommended action (in the case of a grievance – see section IV.) in dispute with the Internship Director of Training. This appeal must be filed within five working days from the conclusion of the due process result.
2. Within three working days of appeal receipt, the Internship Director of Training will consult with the Director of Outpatient Services and the Director of Program Services & Compliance (DPSC) to convene an Appeal Review to uphold or amend the previous finding. With rare exception, a within-Training Program consensus is to be reached for this determination.

3. In the event that the DPSC had consulted on the initial resolution being appealed, then the Chief Operating Officer (COO) will be incorporated into the Appeal Review of the Internship Personnel to reexamine the concern and render, in writing, a decision to uphold the initial finding or otherwise provide a written plan of action in the role of binding arbitrator.

#### IV. Grievance Procedures

Interns are encouraged to bring their questions, suggestions, and complaints to the attention of Internship Training Administration who will, in turn, carefully consider each of these in our continuing effort to improve operations.

There are several steps available to the intern to be followed in the order listed below until the issue is ultimately resolved:

1. Discuss the grievance or situation with their direct Clinical Supervisor. Under typical circumstances, the Clinical Supervisor is able to resolve most matters, and will document the grievance and resolution thereof in writing and will share this document with the Internship Director of Training. The Internship Director of Training will in turn, share the results of the grievance with the Director of Outpatient Services.
2. If the grievance requires immediate attention and the clinical supervisor is unavailable, the Internship Director of Training may be consulted. Under typical circumstances, the Internship Director of Training is able to resolve most matters, and will document the grievance and resolution thereof in writing and will share the result with the Director of Outpatient Services.
3. If no such resolution is achieved in either of the above scenarios, then interns may request a meeting with the Director of Program Services & Compliance (DPSC). The DPSC and Internship Director of Training will review the issue(s) and meet with the intern to discuss possible solutions. A successful resolution will result in a verbal and signed written document of recommended action to be shared with all involved parties. Generally, the grievance process will need not exit the training program by virtue of exceeding the DPSC.
4. If no such resolution is reached from step 3. Then the DPSC and Internship Director of Training will consult the Chief Operating Officer (COO), who will also meet with the Intern and who represents an administrative arbitrator that will ultimately effect the document of recommended action that will be forwarded to the intern(s) who initiated the grievance. The COO reserves the right to consult with the Chief Operating Officer (CEO) if this appears to be indicated.

## **Grievances Specifically Involving Training or Supervision**

Any complaints originating from an Intern, including but not limited to student evaluations, supervision, pay, personnel, etc., follow a sequence that is consistent with professional problem resolution as documented within Pennsylvania's Ethical Code of Conduct for Psychologists; initially, Interns are encouraged to discuss the grievance directly with their clinical supervisor. In the event that their concern is not believed to have been resolved, they may then (or initially if there is significant concern related to the impartiality of their direct supervisor) consult the Internship Director of Training. If these aforesaid members are believed by the intern to hold sufficient impartiality, or it is believed that approaching these members could ostensibly create a negative emotional or practical outcome for the Intern, then the Intern may choose, in sequence, to:

1. Contact the Director of Outpatient Services who will, within 24 hours, discuss the reported concerns with the Director of Clinical Training, and if a consensus of recommended action results between the two administrators, then this action will be presented to the intern(s) who initiated the grievance.
2. If no such consensus is reached, the Director of Outpatient Services and Internship Director of Training will consult the Director of Programs & Service Compliance (DPSC). The DPSC will, within 24 hours, discuss the reported concerns with the Director of Clinical Training, and if a consensus of recommended action results between the two administrators, then this action will be presented to the intern(s) who initiated the grievance. Generally, the grievance process will need not exit the training program by virtue of exceeding the DPSC.
3. If no such consensus is reached at step 2. the DPSC and Internship Director of Training will consult the Chief Operating Officer (COO), who represents an administrative arbitrator that will ultimately effect the document of recommended action that will be forwarded to the intern(s) who initiated the grievance. The COO reserves the right to consult with the Chief Operating Officer (CEO) if this appears to be indicated.

As is indicated, any of the aforementioned administrators that become involved through this process must ultimately meet with the intern(s) providing a grievance prior to the creation and execution of the binding action plan. The resolution and action plan will be communicated verbally and documented in writing, and will be finalized within ten (10) business days. In all cases, the Internship Director of Training will remain in relevant communication with any and all parties involved in concerns issued by Pre-Doctoral Psychology Interns to oversee and document resolution, unless this is deemed inappropriate by a superior.

The suggestions and comments of interns on any subject are important, and we encourage interns to take every opportunity to discuss them in the course of their internship training. **The job status of any intern who uses this policy will not be adversely affected in any way.**

## **Internship Training Team**

### **Training Director**

Jonathan Roberds, Psy.D., LP

### **Clinical Supervisor**

Sarah Wodder, Psy.D., LP

### **Additional Program Personnel**

Sarah Wodder, Psy.D., Executive Director

Jonathan Roberds, Psy.D., Clinical Director

Jonathan Lepore, LCSW, Director of Outpatient Services

Judy Holden, B.S., Director of Compliance; Director of PATHS

Jessica Zimpfer, B.S., Deputy Director of PATHS

Brittany D'Agostino, MPH, Director of Quality

Amy Tiberi, Ph.D., Postdoctoral Fellow

Renee Green, Psy.D., Postdoctoral Fellow

Sarah Ziegler, Psy.D., Postdoctoral Fellow



## Physical Site Information

**Ravenhill Psychological Services**  
**350 S. Main Street**  
**Suite 213**  
**Doylestown, PA 18901**

**Satellite Office:**  
**2659 Trenton Road**  
**Levittown, PA 19047**  
**(approximately 45 minutes by car from main office)**

- Outpatient treatment facility
- Demographics-Pre-Adolescent – Adulthood; Male, Female, Non Binary
- Description of population: A majority of our population is court mandated by probation, parole, or child welfare to participate in treatment, evaluation, and/or case management mentoring. Both male and female clients are accepted at this site.
- Interns will work with both adolescent and adult populations providing individual and group therapies, as well as psychological and forensic evaluations
- Interns will spend about 70-80% of their work week on-site at Ravenhill
- For safety purposes, interns will never be alone at either outpatient site, they will always be working with at least one other colleague
- Interns will work an average of 40 hours per week; hours of operation are typically 9am-7:30 pm; interns will work a flex schedule based on client schedules
- Interns will have a dedicated office space at each location to see clients and complete required documentation
- Each intern will have the following resources
  - Desk and Desk Chairs
  - Client Chairs
  - Company Issued Laptop
    - Client records all stored via HIPPA compliant Electronic Health Records
  - Company Issues Cellphone
  - Shared tablet for assessment administration
  - Office Supplies
  - Lockable office space and/or filing cabinets for personal and/or client information requiring storage

## **PATHS**

**1185 Mosser Road**

**Breinigsville, PA 18031**

(about 1 hour drive from Ravenhill Main Office)

- 8 Bed Residential Treatment Facility
- Demographic: 10-15 year olds; male only
- Interns will work with 1-2 residential clients, providing individual, group, and family therapy. They may also assist in client assessment.
- For safety purposes, interns will never be alone on-site at PATHS
- Interns will spend about 20-30% of an average work week on-site at PATHS
- PATHS is a 24/7 facility. Interns will typically be on site at PATHS between the hours of 3pm and 7:30pm
- Interns will have a dedicated office space at PATHS to see clients and complete required documentation
- Each intern will have the following resources
  - Desk and Desk Chairs
  - Client Chairs
  - Company Issued Laptop
    - Client records all stored via HIPPA compliant Electronic Health Records
  - Company Issues Cellphone
  - Shared tablet for assessment administration
  - Office Supplies

**MATHOM HOUSE** (Occasional Didactics Only)

**1740 S. Easton Road**

**Doylestown, PA 18901**

- 32 Bed Residential Treatment Facility
- Demographic: 13-20 year olds; male only
- Description of population: Adolescent Males who have engaged in problematic sexual behavior; Typically Adjudicated Dependent and/or Delinquent

## Doctoral Psychology Intern Performance Evaluation

The biannual Doctoral Psychology Intern Performance Evaluation involves the rating of ten professional criteria associated with successful work as a psychologist and a psychologist-in-training. Numerical values corresponding to level of professional development are selected in the last column for each criterion. Numbers are added to obtain an overall rating. Levels of professional development include: Exceeds Intern Expectations, Professional Proficiency/Intern, Fair Proficiency, Below Expected Proficiency. Intern performance, measured biannually, will be communicated to the graduate program Training Director by the Director of Training in February and in August of each internship training year. Intern performance that is trending toward the 'Below Expected Proficiency' range, along with any corresponding plans for remediation, will also compel communication of this nature. Professional Criteria Assessed:

**Clinical Knowledge:** Consider knowledge of clinical skills, diagnosis, and ethics related to practice as a psychologist.

**Clinical Proficiency (Applied):** Consider the Intern's skill within individual and group psychotherapy contexts.

**Clinical Service Quality/Outcomes:** Consider the focus and accuracy evidenced within the intern's work. Assess general client outcomes.

**Assessment Skill Development:** Consider the intern's assessment conceptualization in serving clients, and appropriate application of psychological measures.

**Cooperation:** Consider the effectiveness of the intern in accomplishing duties by working with others (for example, clients, co-workers, supervisors, therapists, & administration).

**Case Management:** Consider the extent to which the intern can be relied upon to manage client curricular objectives, treatment plans, stakeholder correspondence, and case notes.

**Forensic-Specific Proficiency:** Consider the level to which the Intern is versed in multi-disciplinary case collaboration, risk assessments, and forensic evaluation.

**Initiative:** Consider the degree to which intern is a self-starter, can work with minimum supervision, and seeks new and better methods to enact their various roles.

**Professional Communication:** Consider the intern's ability to effectively present ideas and information orally and in written form.

**Productivity:** Consider the amount of client contact that the intern produces in relation to treatment plan frequency indications.