



Edison Court: Doctoral Internship Policies and Procedures

Internship Training Director: Elizabeth Palumbo, Psy.D., LP

Internship Clinical Supervisor: Jonathan Roberds, Psy.D., LP

Program Administration: Sarah Wodder, Psy.D., LP, Executive Director

Jonathan Lepore, LMSW, Director of Outpatient Services

Bill Citino, MSW, LCSW, Director of Residential Services

Matthew Lutz, MS, Program Director of PATHS

Jenna Konyok, MS, Director of Quality and Compliance

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ECI Mission

Edison Court is dedicated to providing services in line with best practices to promote recovery and resiliency for those experiencing behavioral challenges.

ECI Doctoral Internship Mission

Doctoral Interns provide high-quality clinical services including individual and group therapy, and perform psychological and risk assessments. Because of the often specialized nature of our internal and community endeavors, 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, while continually gaining clinical and forensic experiences within a learning environment that places a premium upon best-practice approaches.

Internship Description

Training Goals and Objectives

The Doctoral internship of Edison Court, Inc., aims to provide students with a wide array of clinical experiences within a non-profit, community-based agency that offers a continuum of care (residential and outpatient) including individual, couple, and group psychotherapy as well as general and forensic psychological screening and evaluation, multi-disciplinary team involvement, and (potentially) courtroom exposure. Opportunity exists for interns to provide and manage primary therapeutic services to youth who require more restrictive levels of care at Mathom House and Easton Manor, within a continuum of residential treatment that fosters eventual community re-entry and at times, independent living. The 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 with exposure to adults within the outpatient group therapy context. The training lends experiences to students who may ultimately pursue agency roles and/or private practice.

Psychology Interns will become adept in the use of electronic health records (EHR), develop strategies for effective and efficient client scheduling, effectively work within and discriminate between legal and ethical policies and procedures pertinent to generalist outpatient work, specialized work within the terms of forensic consultation, and inpatient/residential care.

Training and administration of specific measures of risk/protective factor assessment, parental fitness, and variables related to criminogenic needs occur early within the internship experience, and develops throughout the year.

Case management skill development includes the oversight of all client curricular objectives, treatment planning needs, insurance utilization reviews, initiating and securing re-authorization of public funds for assigned clients at the residential level of care, correspondence records, and case notes for assigned residential/inpatient and outpatient clients; these functions handled by interns provide a solid foundation for both private practice as a psychologist and agency-based practice wherein accountability from multiple oversight bodies and adherence to the Pennsylvania Ethical Code for Psychologists is called for.

Training Methods

An appreciation of the continuum of care and community and client protection begins with the experience of co-facilitating therapeutic groups serving residential (inpatient) adolescent males who have sexually problematic behavior, and the possibility of taking on primary residential treatment case assignments at our (step-down residential) community re-entry facility. As exposure to these highly intensive and structured contexts continues, students continually serve their outpatient client caseload, for which they assume primary case management responsibility (as described above) supported by two licensed psychologists (supervisors) and two program coordinators. Initial training and ongoing didactics focus upon generalist practice issues as well as forensic and population-specific psychoeducation. Application of best practices and evidence-based intervention is pervasive (with specific instruction related to methods occurring within didactic trainings), and interns take a direct, as well as managerial role in generating data related to intervention effectiveness. The specific schedule of training follows:

ECI Doctoral Internship Initial Training Schedule: 08/26/2019 – 08/30/2019

Monday August 26	Tuesday August 27	Wednesday August 28	Thursday August 29	Friday August 30
9:00 – 11:00 Intern Welcome; Intern Paperwork/Contract	9:00 – 11:00 Credible Training	9:00 – 11:00 General Q&A	9:00 – 12:00 Relias Training (RH)	9:00 – 10:00 Review of Didactic Curriculum
11:00 – 12:00 Clinical Role Overview	11:00 – 12:00 Forensic Evaluation	11:00 – 12:00 Case Assignment	Relias Training	10:00 – 12:00 Sit in on Clinical Meeting (MH)
12:00 LUNCH	12:00 LUNCH	12:00 LUNCH	12:00 LUNCH	12:00 LUNCH
1:00 – 3:00 PROFESOR Training	1:00 – 2:30 Review Adult Intake Process; Adult Groups	1:00 – 2:00 Group Notes and “Pragmatic Operational Technology”	1:00 – 2:30 (MH) Sit in on Team Meeting	1:00 – 2:30 Corporate Interactional Dynamics
3:00 – 4:30 Stakeholder Dynamics	2:30 – 3:30 Forensic Evaluation	2:00 – 3:30 Victim Impact Conceptualization	2:30 – 3:30 Residential Clinical position/ Clinical Deadlines /Res Credible (MH)	2:30 – 3:30 Clinical On-Call Procedures
	3:30 – 4:30 CARP/RAMP	3:30 – 4:30 Review Q - Global, PARI (psych testing)	3:30 – 4:30 Residential Programming	3:30 – 4:30 Any Unfinished Business

Note: All trainings take place at Ravenhill North Office, unless specified otherwise

Specific Training Areas to be covered (within 90 days of hire):

- ECI Personnel Handbook
- Ravenhill Clinical Policy and Procedure Manual
- Mission, Philosophy, Goals, & Services
- Cultural & Socioeconomic Client Characteristics
- ECI's Place Within the Community
- Organizational Chart
- CPS/Mandated Reporting
- Emergency Response Plan
- Requirements of Chapter 5200
- Position/Internship Description
- Behavior Support & Management
- Trauma Informed Care
- Performance & Quality Improvement
- Compliance
- Grievance Policy
- Confidentiality/HIPAA
- Risk Management
- Program Specific Policies & Procedures
- Case Management & Record Keeping
- Review of Clinical Activities
- Office Duties & Responsibilities

Site-Specific Trainings:

- Treatment of the Individuals with Sexually Problematic Behavior(s)
- Forensic Risk Assessment
- Electronic Health Records
- Evidence-Supported and Best Practices
- Treating Trauma
- Vicarious Trauma and Clinician Self-Care
- Residential Clinician Training: Individual & Group Therapy

Didactic Seminars: Every Friday Morning from 9:00AM-10:00AM; 12:00PM-1:00PM:

- **1st Quarter: 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>
9/06	EVIDENCE-SUPPORTED TREATMENT (EST) REVIEW	TBA
9/13	INITIAL CASE REVIEWS and CONCEPTUALIZATION	TBA
9/20	EST COMPONENTS vs. TREATMENTS	TBA
9/27	PRECURSORS TO SEXUAL OFFENDING	TBA
10/04	FORENSIC CONSULTATION REVIEW	TBA
10/11	INDEPENDENT FINAL PROJECT PLANNING	N/A
10/18	ACTUARIAL CASE REVIEW – PARENTAL CAPACITY	TBA
10/25	CONFERENCE HIGHLIGHT REVIEW	TBA
11/01	ACTUARIAL CASE REVIEW – ADULT SEXUAL OFFENDER	TBA
11/08	COGNITIVE DISTORTIONS and SEXUAL OFFENDING	TBA
11/15	THE SEXUAL OFFENDING CYCLE	TBA
11/22	THE SEXUAL OFFENDING CYCLE CONT.	TBA
11/29	THANKSGIVING BREAK	N/A

- **2nd Quarter: 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>
12/06	DSM V	TBA
12/13	RELAPSE PREVENTION PLANNING	TBA
12/20	WELLNESS PLANNING	TBA
12/27	TBA	TBA
1/03	“LEAST RESTRICTIVE” vs. “COMMUNITY SAFETY”	TBA
1/10	MULTISYSTEMIC ISSUES in FORENSIC ASSESSMENT	TBA
1/17	MULTISYSTEMIC ISSUES in FORENSIC ASSESSMENT	TBA
1/24	ACTUARIAL CASE REVIEW – ANGER MANAGEMENT	TBA
1/31	ACTUARIAL CASE REVIEW – LEVEL OF CARE EVALUATION	TBA
2/07	FOCUS UPON ASSESSMENT RECOMMENDATIONS	TBA
2/14	FOCUS UPON ASSESSMENT RECOMMENDATIONS	TBA
2/28	FOCUS UPON ASSESSMENT RECOMMENDATIONS	TBA

- **3rd Quarter: Theories and methods of consultation; Theories and methods of supervision**

<u>Date</u>	<u>Topics to be Covered</u>	<u>Presenter(s)</u>
3/06	WRAP-UP: BEST PRACTICES in FORENSIC ASSESSMENT	TBA
3/13	PUBLIC HEALTH – BEST PRACTICES	TBA
3/20	PUBLIC HEALTH – BEST PRACTICES	TBA
3/27	CLASSROOM/SCHOOL CONSULTATION	TBA
4/03	CLASSROOM/SCHOOL CONSULTATION	TBA
4/10	CRISIS INTERVENTION	TBA
4/17	CRISIS INTERVENTION	TBA
4/24	INDUSTRIAL/ORGANIZATIONAL CONSULTATION	TBA
5/01	EFFECTIVE CLINICAL SUPERVISION: a COLLABORATION	TBA
5/08	EFFECTIVE CLINICAL SUPERVISION: a COLLABORATION	TBA
5/15	ADMINISTRATIVE SUPERVISION: an EVALUATION	TBA
5/22	GUEST SPEAKER – EXTERNAL I/O CONSULTANT	W. Roberds

- **4th Quarter: Strategies of scholarly inquiry; Issues of cultural and individual diversity**

<u>Date</u>	<u>Topics to be Covered</u>	<u>Presenter(s)</u>
5/29	REVIEW: DBT, CBT and ACT FORENSIC APPLICATIONS	TBA
6/05	REVIEW: DBT, CBT and ACT FORENSIC APPLICATIONS	TBA
6/12	DIVERSITY ISSUES in CLINICAL INTERVENTION	TBA
6/19	DIVERSITY ISSUES IN CONSULTATION and SUPERVISION	TBA
6/26	TBA	TBA
7/03	4 th of July Break	N/A
7/10	FINAL PROJECT DEVELOPMENT	TBA
7/17	FINAL PROJECT DEVELOPMENT	TBA
7/24	FINAL PROJECT DEVELOPMENT	TBA
7/31	FINAL PROJECT DEVELOPMENT	TBA
8/07	FINAL PROJECT DEVELOPMENT	TBA
8/14	FINAL PROJECT REHEARSAL	Interns
8/21	FINAL PROJECT PRESENTATION	N/A

Additional Projects will be arranged with Supervisors, including Novel Clinical Impact/Research Projects, Organizational Workshop for Therapists and/or Administrators, etc.

Training Resources

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) are utilized in guiding the implementation of evidence-supported approaches in an effort to maximize effectiveness within our specific treatment contexts. Training related to case management, including use of our electronic health records system (EHR) is undertaken within the first week of training by an administrative staff member. To enable all clinical, clerical, and communication functions of the internship role, laptop computers are issued to all interns at the outset of their training year. Case managers working with many of our clients regularly collaborate with Interns as part of our ‘trans-disciplinary’ approach when working with forensically-involved youth. Administrative support is offered by our front-office staff member, who relays certain client communications to interns, and assists in scheduling matters.

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 Doylestown-based facilities that include Mathom House (dual-licensed for both secure and residential treatment) and Easton Manor (community reintegration-oriented residential treatment) for higher-risk male youth who have sexually offended within the home and/or community. PATHS is a newly acquired residential treatment facility located in Breinigsville, PA, specializing in the treatment of sexually problematic behaviors within 10-15 year-old males, and emphasizes community integration.

Based upon recent patterns, a ‘typical’ week for our interns involves 1-2 days at our Doylestown outpatient office, 1-2 day per week at our Levittown or Breinigsville outpatient office, with Friday being regularly dedicated to Mathom House for the purpose of Individual supervision, group supervision, and didactic training, and 2 days (or aggregate hourly total of two days) at our Residential Facilities. As outpatient client ‘show rates’ tend to fall near 90%, an intern will typically schedule approximately 7 outpatient clients per week, see 6-7 outpatient clients, with direct care hours augmented by 3 to 4 hours of inpatient group co-facilitation (at our residential facilities) and approximately 1 weekly hour of direct psychological assessment. Interns will carry a caseload of 2-3 residential clients.

In addition to providing group supervision on a weekly basis, Dr. Roberds provides site-specific training related to Mathom House and Easton Manor that includes teaching treatment objectives, treatment methods, assessment protocols, conceptual and procedural approaches to managed care interface, and all policies and procedures related to clinical work with our residential population. The relevant trainings are arranged soon after commencement of interns’ outpatient involvement, and take place at Mathom House. Dr. Palumbo and Dr. Roberds are present and entirely accessible to Interns at our inpatient and outpatient facilities, respectively, during relevant internship hours.

2019-2020 Personnel and Role Descriptions

Individual Supervision (Dr. Elizabeth Palumbo): 2 hours weekly individual supervision: Schedule TBA

Group Supervision (Dr. Jonathan Roberds, Dr. Elizabeth Palumbo): 2 hours weekly supervision: Fridays 9:00am-10:00am; 12:00pm-1:00pm

The Internship Training Director (Dr. Elizabeth Palumbo) is responsible for:

- Overall clinical integrity of the Internship Program
- Fulfillment of all APPIC membership expectations
- Supervision and intervention pertinent to all legal and ethical Issues (Clinical)
- Weekly clinical didactic trainings (consistent with APA Guidelines)
- Weekly (2 hours/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 Director of Outpatient Services
- As-needed Direction and Supervision to on-site Interns
- Participation within the Due Process protocol
- Participation within weekly (with Drs. Wodder, Palumbo, and Jenna Konyoc) and quarterly (with Drs. Palumbo & Wodder) internship review meetings

The Director of Outpatient Services (Jonathan Lepore, LMSW) and Deputy Director of Residential Services (Bill Citino, LCSW) are responsible for:

- Overall infrastructural/operational integrity of the Internship Program
- As-needed supervision and intervention pertinent to all institutional compliance and procedural issues
- Reporting any operational or clinical concerns to the Internship Training Director
- Supporting Internship Program Infrastructure and Operationalization
- Participation within the Due Process protocol
- Participation within weekly (with Dr. Roberds) and quarterly (with Drs. Roberds & Palumbo) internship review meetings

The Internship Clinical Supervisor (Dr. Jonathan Roberds) is responsible for:

- Weekly (2 hours/Intern) supervision of client interventions by interns and maintaining complete records in accordance with policy and procedure
- 24-7 On-Call for emergent intern and/or client clinical issues
- Planning and Delivering residential-context training related to Mathom House and Easton Manor
- Scheduling and Assigning interns to multiple co-facilitated residential therapy groups
- Reporting any remarkable clinical issues to Internship Training Director
- Reporting any remarkable operational issues to the Internship Training Director and Director of Outpatient Services
- Participation within the Due Process protocol
- Participation within quarterly (with Drs. Roberds & Wodder) internship review meetings

Intern Role Description

Duration of Internship/Length of Assignment: 08/26/2019 – 08/21/2020 (1 year/365 days)

Intern Role Satisfaction Criteria:

- Offer therapeutic services* to outpatient clients, conduct psychological assessments, assist with coordinating psychiatric care and possible case management/primary inpatient therapist tasks totaling **between 16 to 24 hours per week** (40% - 60% of time is direct service)**

* Therapeutic services include treatment planning, client discharge, direct counseling services, and may include initial client intake management

** Psychology Interns submit, with review by the training director, logs of direct and indirect clinical time during supervision each Friday (unless otherwise arranged) to facilitate this ratio of responsibility type. In the event that a Psychology Intern is asked to perform more than this prescribed amount of direct clinical care, the issue is to be brought to the attention of the training director for immediate remediation. Interns are not held to expectation beyond 24 hours of direct clinical service.

- Provide clinical intervention and services to traditional and forensic client populations
- Appropriate record keeping practices* in adherence to the ECI policies and procedures
 - * Includes clinical notes, case management duties, and other documentation requirements
- Maintain data collection pertinent to client objectives and treatment impact
- 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
- 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 (counts toward direct service time)
- Residential client case management responsibilities, including record keeping, report generation, managed care liaison responsibilities

Dress Code:

Interns are expected to maintain the highest standards of personal cleanliness and present a neat, professional appearance at all times. ECI maintains a business casual environment. Interns should use discretion in wearing attire that is appropriate for the office and client interaction. Clothing should not be frayed, ripped, or overly faded. Clothing should be of the appropriate length and cut.

If an intern is required to represent ECI in a court proceeding, he/she is required to dress business professional. For men this includes business suit or sports coat and dress shirt with a tie. Women are permitted to wear a business suit with an appropriate skirt or other comparable outfit. In such situations all body piercings must be removed and tattoos must be covered.

Safety guidelines:

You are expected to familiarize yourself with the ECI Emergency Management Plan prior to commencing work with clients.

When meeting with a client without the presence of other staff:

- carry your cell phone for emergency: contact (911)

In case of fire:

- if alone, exit the building using the nearest exit
- If with a client, exit the building using nearest exit, making sure that client is unharmed
- Sessions may only occur at the ECI Offices

Responsible and Ethical Practices:

In addition to adherence to the current ECI Psychological Services policies and procedures manual that you received, the following additional ethical codes are to be followed by Doctoral Interns, as they represent agency-specific adaptation of the Code of Ethics governing Psychologists practicing in Pennsylvania:

General Principles

In their commitment to the understanding of human behavior, interns value objectivity and integrity, and in providing services they maintain the highest standards of their profession. They accept responsibility for the consequences of their work and make every effort to ensure that their services are used appropriately. As teachers/instructors, interns recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship by presenting clinical information objectively, fully and accurately. Interns are also aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may give offense, they recognize and respect the diverse attitudes that others may have toward materials.

Behavior

Interns' moral, ethical and legal standards of behavior are a personal matter to the same degree as they are for other citizens, except as these may compromise the fulfillment of their professional responsibilities or reduce the trust in the therapeutic field of interns held by the general public. Regarding their own behavior, interns should be aware of the prevailing community standards and of the possible impact upon the quality of professional services provided by their conformity to or deviation from these standards. Interns are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties. As practitioners, interns know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial or political situations and pressures that might lead to misuse of their influence. Interns avoid action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions. Interns act with due regard for the needs,

special competencies and obligations of their colleagues in psychology and other professions. Interns respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated. Interns do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. When interns know of an ethical violation by another intern or therapist which does not affect the welfare of that intern's clients and which appears to be owing to lack of sensitivity, knowledge or experience, they ideally attempt to resolve the issue informally by bringing the behavior to the attention of the intern or therapist. Informal corrective efforts are made with regard for rights to the confidentiality of those involved. If the violation is one which threatens client welfare or is not amenable to an informal solution, interns bring it to the attention of their supervisor or an agency administrator.

Organizational Integrity

Interns providing clinical care and serving clients in an organizational context are expected to support the integrity, reputation and proprietary rights of Edison Court, Inc. When it is judged necessary in a client's interest to question the organization's programs or policies, interns attempt to effect change by constructive action within the organization before disclosing confidential information acquired in their professional roles. For matters relevant to therapy or those of a clinical nature, the Internship Clinical Supervisor or Internship Training Director is to be consulted. If these individuals are not available or it would be a conflict of interest to consult with these individuals, then consultation with the relevant program director is acceptable. Interns have the responsibility to attempt to prevent distortion, misuse or suppression of clinical findings by Edison Court, Inc.

Inter-Agency Collaboration

Interns understand the areas of competence of related professions and make full use of the professional, technical and administrative resources that best serve the interest of clients. The absence of the expected support from other professional workers does not relieve interns from the responsibility of securing for their clients the best possible professional service nor does it relieve them from the exercise of foresight, diligence and tact in obtaining the complementary or alternative assistance needed by clients. Interns know and take into account the traditions and practices of other professional groups that may be considered as a part of the client's support network, and cooperate fully with members of these groups. These groups may include, but are not limited to: probation departments, judges, school personnel, medical providers (such as psychiatrists), therapy providers, and contracted specialists. The intern is responsible for setting and honoring times for phone reviews with the managed care organization that is providing funding for the client's treatment. Interns are responsible for offering relevant treatment progress data, as it may be requested by the managed care organization representative.

Training

Interns obtain whatever training, experience or counsel is deemed necessary to enable them to best serve particular clients, with regard to differences among clients including factors of age, sex, or socioeconomic and ethnic backgrounds. With prior authorization from ECI Administration expenses incurred from recommended trainings may be paid for by Edison Court, Inc. Incidental expenses will not be compensated. Interns who elect to co-supervise practicum students accept the obligations to facilitate their further professional development.

Relationships

Interns avoid relationships that may limit their objectivity or create a conflict of interest. Interns are continually cognizant of their own needs and their influential position vis a vis clients and students, in order to avoid exploiting their trust and dependency. Interns make every effort to avoid dual relationships with clients or relationships which might impair their professional judgment or increase the risk of exploitation. Interns do not exploit their professional relationships with clients and students sexually, emotionally, or otherwise.

Interns do not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures or physical contacts of a sexual nature that are unwanted by the recipient.

An intern is not to accept personal gifts from clients or the families whom they serve, though gifts may be received with the assent from the giver that they serve as gifts to Edison Court, Inc.

Physical Contact

It is the position of Edison Court, Inc. that interns do not engage in any physical contact with clients, unless failure to do so could result in significant physical harm or therapeutic negligence. Exceptions to this rule may also include distal contact under circumstances appropriate to a formal interaction, such as congratulatory hand-to-hand contact or brief contact under significant circumstances (i.e., loss of family member).

Client Termination

It is the obligation of the intern to work with an individual client until his/her completion of therapy. Exceptions include cases where a change of intern appears to be in the best interest of the client. Such a change will be made at the discretion of the Internship Training Director upon consultation with the Director of Outpatient Services. Caseload changes also occur when an intern leaves the agency or experiences changes in his/her job description.

Contact with Former Clients

Individual diagnostic and therapeutic services are provided only in the context of a professional clinical relationship. When personal advice is solicited by a client in a post-treatment discharge context, the intern exercises the highest level of professional judgment, making appropriate referral(s) to professionals who might help them within a clinical capacity. Specifically, communicating with former clients (phone, in-person) is to be approached in such a way that clinical issues are not discussed. If a client discloses information that carries with it significant legal or clinical implications, then it is the intern's obligation to make a clinical referral or, as is required by law, to seek protective services for a client and/or warn identified individuals who may be at risk as the result of specific threats made.

Caseload Collaboration

When an intern agrees to provide services (for instance, to administer a specialized intervention or assessment) to a client at the request of another clinical staff member, the consulting intern assumes the responsibility of clarifying the nature of the relationships to and/or with the consultee and the client(s).

Individual Therapy

Individual therapy session times are to be scheduled by interns with informed assent of the client. If possible, individual session times should be regular, and last between 45 and 50 minutes. Interns are responsible for facilitating individual sessions within the interval that is specified in the treatment plan. In the event that an intern is unable to fulfill this requirement due to unforeseen (i.e. illness) or scheduled (i.e. vacation) circumstance(s), then they are responsible for procuring suitable alternative options for the client. Sessions must occur at one of ECI office locations in adherence to the following requirements:

- Auditory and visual confidentiality are afforded
- Sessions take place in an area devoid of overt physical hazards
- Emergency assistance is available; others' attention may be sought readily, if needed
- Lighting and background noise levels are conducive to interchange

Group Therapy

Group therapy times, location and membership constitution will be predetermined. Interns are responsible for attending group therapy sessions, and adhering to expected start and end times. In the event that an intern is unable to fulfill this requirement due to unforeseen (i.e. illness) or scheduled (i.e. vacation) circumstance(s), then they are responsible for procuring suitable coverage of this responsibility through arrangement

with a colleague or colleagues. Specific group guidelines are to be followed as they are related within each groups' procedural manual.

Family Therapy

Interns who have been assigned to administer family therapy are responsible for the contact, appointment scheduling, and professional practice pertinent to family sessions. Unless a family is unable to do so, sessions should be scheduled on a regular day and at a regular time.

Assessment, Evaluation, & Research

In the utilization of clinical assessment techniques, interns observe relevant professional standards and make every effort to promote the welfare and best interests of the client. A client who has been examined has the right to receive, and the intern has the responsibility to provide, explanations of the nature, purpose, results and interpretations of assessment techniques in language the person can understand. Interns guard against misuse of assessment results and avoid imparting unnecessary information which appears likely to be counter-therapeutic in nature, but they provide requested information that explains the basis for decisions that may affect the person examined. As professionals utilizing computerized assessments or computer-generated data, interns abide by the following principles:

- (1) The professional intern is legally and ethically responsible for clinical assessment and the generation and use of data.
- (2) When the results of computerized testing are provided to an intern, that intern becomes responsible for their use.

Interns accept responsibility for the maintenance of test results and protocols within the appropriate dedicated file.

Related to supervised research a project, considering whether a client in a planned study will be adversely affected by inclusion within a specific research study is of primary ethical concern to ECI. Establishment of the level of "minimal risk" means that the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or clinical examinations or tests. Information obtained about a research participant during the course of an investigation is confidential unless otherwise agreed upon in advance. When the possibility exists that others may obtain access to the information, this possibility, together with the plans for protecting confidentiality, is explained to the participant as part of the procedure for obtaining informed consent. Relevant forms for informed consent will be explained and completed prior to assessment for treatment and/or research purposes, and specific forms for informed consent are to be used for particular assessments used.

Intern Evaluation Procedures

In addition to any Education Institution's progress documentation requirements for Interns, ECI supervisors (supervising psychologists), on a weekly basis, evaluate Doctoral Interns using a clinical supervision form that reflects the competencies and responsibilities that are uniquely pertinent to Psychology Interns. This evaluation is documented on an electronic form, and is integrated into individual (clinical) supervisory sessions. It is our fiduciary obligation to offer direct and timely feedback to interns in the context of their offering of vital client services and as their professional supervisors.

More formalized, quarterly evaluations of Psychology Interns serve to offer periodic, summative feedback reflecting current areas of clinical and professional competency related to their development in becoming psychologists. Feedback is reflected upon in subsequent supervisory sessions relevant to any areas of strength and need.

Our internship program will conduct formal written evaluations of each Doctoral Psychology Intern, to occur at the beginning of the 3rd quarter, and at the end of the 4th quarter of their training. Similar to both the weekly and quarterly evaluations, key areas of professional development including aspects of **case management, clinical delivery, psychological assessment (general), psychological assessment (forensic), agency policy adherence, and appropriate conduct** will be discussed and reviewed with Interns collaboratively. Acknowledgement of relative areas of strength are emphasized both verbally and in the form of numerical rating. Specific training recommendations are made for areas requiring notable development.

Contact with Interns' graduate training director occurs both responsively and proactively from the Internship Training Director, with the latter occurring, minimally, at the outset, mid-point, and end of the student's training experience with us.

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. 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.

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.

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.
- 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 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.**

I, _____, **have read, to comprehension, this Intern Role Description and Due Process Procedures.**

Signed,

Date: _____

Contact Information

Elizabeth Palumbo, Psy.D., Internship Training Director O. (215) 345-8828 x135
C. (973) 216-7840

Jonathan Roberds, Psy.D., Clinical Supervisor O. (215) 343-7720 x130
C. (267) 251-6274

Jonathan Lepore, LMSW, Director of Outpatient Services O. 215-345-8828 x203
C. 267-372-0109

Bill Citino, MSW, Director of Residential Services O. (215) 343-7720 x118
C. (267) 410-5115

Matthew Lutz, MS, Program Director of PATHS O. (610) 706-0799
C. (267) 249-2616

Jenna Konyok, Director of Quality and Compliance C. (267) 893-8182

Sarah Wodder, Psy.D., LP, Executive Director C. (267) 454-0158

Ryan Kraus, Chief Operating Officer (Inperium) O. (215) 345-8638 x402

John Deppeler, Chief Executive Officer (Inperium) O. (215) 345-8638 x401