

Illinois
Psychological
Association
Predoctoral
Internship
Consortium
Handbook

2018-2019 Edition



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INTRODUCTION TO THE IPAPIC

About the Consortium

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

IPAPIC Vision

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

Mission Statement

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

Values

<i>Respect</i>	We respect all customers without regard to race, sex, age, disability, health status, gender identity, sexual orientation, socioeconomic status, or faith.
<i>Compassion</i>	We strive for sensitive, humane, and respectful relationships with everyone we care for and with whom we work.
<i>Assessment</i>	We continually strive to assess and reassess all processes within our organization to improve our performance.
<i>Leadership</i>	We believe in effective leadership by promoting an organizational culture that focuses on continually improving performance for all client needs in a collaborative effort to fulfill the mission statements of Genesis Therapy Center, Khalil Center, Psychological Consultations, and River Valley Detention Center.

<i>Unity</i>	We believe in a team-integrated service that promotes trust and safety, as well as clear and open communication.
<i>Excellence</i>	We strive for excellence by committing resources to ongoing education and training that will result in qualified, competent care providers.
<i>Service</i>	We believe our customers are entitled to quality health care services.

Our Pledge to Clients

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

About This Handbook

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

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

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

Interns will receive the title of "Intern" during their time as part of IPAPIC. Interns may not misrepresent themselves or their qualifications in any way to clients, staff, or other agencies. Throughout the rest of this handbook, the term "Intern" will be used to refer to those Interns who will be selected by IPAPIC to train at their sites for a doctoral Internship training year.

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

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

In addition to materials required for the AAPI, all Intern applicants should submit a letter of intent, curriculum vitae, three letters of recommendation, and a de-identified diagnostic report.

THE IPAPIC TRAINING EXPERIENCE

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

- Each Intern is expected to complete a minimum of 2,200 hours to complete the Internship. The IPAPIC Internship runs a full 12-month year, beginning July 1 and ending June 30. Should the required hours be accumulated before the 12 months elapse, Interns are still required to complete the full training year.
- Guidelines for direct service hours will be outlined in the sections describing each individual consortium site. In addition, specific expectations may be discussed with individual supervisors.
- Individual and group supervision are provided at each site. Didactic training and peer supervision with other consortium Interns are also requirements of IPAPIC. At least two hours of weekly individual supervision by a Licensed Psychologist will be provided at each Internship site.
- Regardless of which site at which you are matched, all services must be appropriately documented. A supervisor will regularly discuss with you the quantity and quality of your performance in relation to the program's goals and expectations.
- At least twice annually, at the 6-month period and at the end of the training experience, Interns are officially evaluated by their supervisor on various competencies. In addition, the supervisor will regularly evaluate Interns on their

performance and identify strengths and challenges. The 6-month and final evaluation covers the following core areas that IPAPIC has determined are indicators of quality performance:

- Intervention
- Research
- Assessment
- Ethical and Legal Standards
- Interprofessional and Interdisciplinary Consultations
- Professional Values, Attitudes, and Behaviors
- Supervision
- Cultural and Individual Diversity
- Communication and Interpersonal Skills

MEMBERSHIP SITES/TRAINING TRACKS

GENESIS THERAPY CENTER

APPIC Match Number: 215816

The Genesis Therapy Center (GTC) is a 501(c)(3) not-for-profit community mental health organization founded in 1987 by Dr. Cathy Fairfield, Dr. C. Michael Ideran, and Dr. Bruce Bonecutter. Since its inception, GTC has provided high quality psychological assessment, counseling, and consultation services to individuals, couples, families, and organizations. A core mission of GTC is to remain involved in its surrounding community, sensitive to the needs of the indigent, and to provide affordable mental health care services for all.

Presently, GTC operates out of seven offices within the Chicagoland area, allowing the site to offer an extensive variety of training experiences to all Interns. Most Interns train in offices in Oak Lawn and Oak Forest. GTC is an interdisciplinary practice comprised of Licensed Clinical Psychologists, Licensed Clinical Professional Counselors, Licensed Professional Counselors, Licensed Marriage and Family Therapists, a Certified Drug and Alcohol Counselor, and a Licensed Clinical Social Worker. These licensed professionals train Interns to provide all levels of outpatient treatment of psychological stressors and disorders.

At GTC, Intern supervision is provided by staff members or qualified affiliates who carry clinical responsibility for the cases being supervised. At least two hours per week of regularly scheduled individual supervision is provided by two or more Licensed Clinical Psychologists. Interns also receive supervision as needed, centered on their provision of clinical and administrative peer supervision of externs. In addition, Interns are required to attend monthly group supervision, staff meetings, and a bi-monthly professional development seminar. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the Intern. Interns at GTC will be expected to diversify their training experience by working with every supervisor in accordance with the supervisor's area of professional expertise.

Interns are expected to log an average of 45 hours per week working at GTC. The primary focus of the Interns will be on direct client service. Caseloads typically build to an average of 25 direct client hours per week. The clients served by Interns are children, adolescents, and adults in individual, couple, and family modalities. In addition, there are several ongoing groups, which Interns may be expected to co-lead, including social skills groups for children and a group for senior citizens.

A unique component of training at GTC is the opportunity to provide clinical and administrative peer supervision for externs training at GTC. Interns typically train 3 to 4 students throughout the year. Interns participate in supervisory meetings with senior staff to discuss the progress of the externs monthly, and collaborate with the primary

supervisors of the externs to foster growth and development. They are also expected to assist in the facilitation of orientation and training the new externs at the beginning of the year, including planning for and implementing the orientation in August.

Doctoral Interns can opt for training and supervision in conducting psychological testing. In addition to GTC's extensive on-site testing library, Interns are welcome to use other tests from the libraries at their graduate institutions

GTC Intern Benefits

- **Stipend**
 - \$18,000 per year
 - *Stipends are not based on clients' ability to pay.
- **Vacation**
 - Interns are eligible for ten (10) paid vacation days during their Internship. Vacation time off must be scheduled at least one (1) month in advance and be approved by the Clinical Director. Vacation days may also be used one at a time.
- **Family Leave**
 - Interns may take up to three (3) days off for a death of close relatives (i.e., parents and siblings) and one (1) day for second-order relatives (i.e., grandparent, aunt, uncle, in-laws). These days are not deducted from vacation days. Adjustments may be made on a case-by-case basis.
- **Holidays**
 - Interns will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. Due to clients being especially vulnerable during the holidays and needing additional support, we do not encourage Interns to schedule extended time off during these periods.
- **Sick Time**
 - Interns are eligible for three (3) paid sick or personal days during their Internship. If sick, Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence. If the Intern needs to request a personal day, he or she must notify the Clinical Director at least 48 hours prior to the requested day.
- **Dissertation Work Time**
 - Interns may incorporate up to five (5) hours per week to work on their dissertations.
- **Conference Time**
 - Interns may request up to two (2) days off to attend a non-IPAPIC sponsored training. Interns are required to schedule the time off with supervisors at least a month in advance.

KHALIL CENTER

APPIC Match Number: TBD

Khalil Center (KC) is a community mental health center with three locations in Chicagoland (Glen Ellyn – Primary Site, Lincolnwood, and South Chicago). Khalil Center provides an array of psychological services to diverse populations, especially American Muslim clients. Khalil Center is the largest provider of direct services to the American Muslim population nationwide. Khalil Center also specializes in spiritually integrated psychotherapy within an Islamic context. Other areas of practice at Khalil Center include individual, family, couple, and group therapy, psychological testing, services to local private schools, as well as community preventative educational seminars and workshops. Services conducted at Khalil Center include therapy, assessment, groups, and consulting.

At Khalil Center, Dr. Sarah Syed maintains overall responsibility for Interns' training experiences. Dr. Sarah Syed serves as the Clinical Director of Khalil Center and works with Dr. Fahad Khan and Dr. Monica Saavedra in overseeing all functions of the clinical practice including referrals, assignment of cases, assessment, treatment, and evaluation of Interns. Dr. Gregory Sarlo also acts in a supportive role in clinical training and supervision. Staff members carry clinical responsibility for the cases being supervised and provide supervision. Dr. Syed and Dr. Khan provide at least two hours per week of regularly scheduled individual supervision. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the Intern.

Training at KC

Interns not only gain experience with a diverse array of presenting concerns but also are encouraged to personally and professionally grow as a clinician, finding their assortment of skillsets that are unique to them. Interns will have the opportunity to serve diverse populations, most especially American Muslim clients and learn about offering service at a community oriented treatment center. Interns will also learn about spiritually integrated psychotherapy and potentially have the opportunity to participate in some grant funded applied research on spiritually integrated psychotherapeutic modalities and attend related academic conferences. Clients' typical diagnostic presentations may vary from acute to chronic difficulties. Khalil Center is a not-for profit 501c3 and has a 'services over finances' policy, providing services to all irrespective of financial circumstances, which includes clients who are insured, uninsured, or not covered by their insurance.

Additionally, given the community-oriented culture of the center, Interns will be required to correspond with local community leaders, centers, and agencies in setting up and planning community-based programming on and off-site. Opportunities for Interns may include arranging for and conducting speaking arrangements, trainings, and providing support services or community prevention services. Interns will also participate in data

collection and program evaluation of our clinical program. Interns are given the opportunity to provide direct weekly clinical and administrative peer supervision for therapy externs training at Khalil Center. Interns typically engage in at least 15-20 hours of direct service weekly. The remaining clinical hours during the week are spent in supervision, research, assessment administration, community programming, or program development, scoring, and report writing.

At the completion of the Internship experience, Interns will demonstrate competency in domains set forth by APA in the areas of treatment, assessment, group work, case management, and consultation. The ideal at the end of Internship is to produce excellence in training and the best possible readiness for professional practice as a doctoral level psychologist candidate. Further, Interns will have an appreciation for and specific competencies in spiritually-integrated psychotherapy and cultural competency, particularly in working with American Muslims.

KC Intern Benefits

- **Stipend**
 - \$18,000 per year
 - *Stipends are not based on clients' ability to pay
- **Vacation**
 - Interns are eligible for ten (10) paid vacation days during their Internship. Vacation time off must be scheduled at least one (1) month in advance and be approved by the Clinical Director. Vacation days may also be used one at a time.
- **Family Leave**
 - Interns may take up to three (3) days off for a death in the family. These days are not deducted from vacation days. Adjustments are made on a case-by-case basis.
- **Holidays**
 - Interns will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Eid al-Fitr (day of and day after) and Eid al-Adha (day of and day after), as well as Christmas Day. Due to patients being especially vulnerable during the holidays and needing additional support, we do not encourage Interns to schedule extended time off during these periods.
- **Sick Time**
 - Interns are eligible for three (3) paid sick days during their Internship. Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence.
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- **Dissertation Work Time**
 - Interns may incorporate up to five (5) hours per week to work on their dissertations.
- **Conference Time**
 - Interns may request up to two (2) days off to attend a non-IPAPIC sponsored training. Interns are required to schedule the time off with supervisors at least a month in advance.

PSYCHOLOGICAL CONSULTATIONS

APPIC Match Number: 215811

At Psychological Consultations (PC), Dr. Gregory Sarlo maintains overall responsibility for Intern training experiences. Dr. Sarlo is an active Licensed Clinical Psychologist in Illinois. He is the Clinical Director of PC and oversees all functions of the clinical practice, including referrals, case assignments, assessment, treatment, as well as evaluation of Interns.

PC's staff consists of two Illinois Licensed Psychologists and several assessment and therapy externs. Staff members carry clinical responsibility for the cases being supervised and provide supervision. Drs. Sarlo and Brewer provide at least two hours per week of regularly scheduled individual supervision. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the Intern.

Training at PC

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

At PC, Interns not only gain experience with a diverse array of presenting concerns but are also involved in learning the nature of running a group private practice. Clients' typical diagnostic presentations vary from acute to chronic difficulties. Some clients may not have insurance, while others may utilize private insurance. In addition, the Intern at PC acts as the Administrative Intern for IPAPIC and is involved with organizing Consortium-wide didactics, authoring and editing training materials for both the externship and Internship application processes, and engaging in other Consortium-related activities. Interns are also given the opportunity to provide direct weekly clinical and administrative peer supervision for 4-7 diagnostic and therapy externs training at PC. Interns typically engage in at least 15-20 hours of direct service weekly. The remaining clinical hours during the week are spent in providing and obtaining supervision, research, assessment administration, scoring, and report writing. At the completion of the Internship experience, Interns will demonstrate competency in domains set forth by APA in treatment, assessment, group work, case management, and consultation. Through PC's excellence in training, the ideal at the end of the Internship year is to attempt to produce

the best possible readiness for professional practice as a doctoral level psychologist candidate.

PC Intern Benefits

- **Stipend**
 - \$18,000 per year
 - *Stipends are not based on clients' ability to pay
- **Vacation**
 - Interns are eligible for ten (10) paid vacation days during their Internship. Vacation time off must be scheduled at least one (1) month in advance and be approved by the Clinical Director. Vacation days may also be used one at a time.
- **Family Leave**
 - Interns may take up to three (3) days off for a death in the family. These days are not deducted from vacation days. Adjustments are made on a case-by-case basis.
- **Holidays**
 - Interns will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. Due to patients being especially vulnerable during the holidays and needing additional support, we do not encourage Interns to schedule extended time off during these periods.
- **Sick Time**
 - Interns are eligible for three (3) paid sick days during their Internship. Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence.
- **Dissertation Work Time**
 - Interns may incorporate up to five (5) hours per week to work on their dissertations.
- **Conference Time**
 - Interns may request up to two (2) days off to attend a non-IPAPIC sponsored training. Interns are required to schedule the time off with supervisors at least a month in advance.

RIVER VALLEY DETENTION CENTER

APPIC Match Number: 215818

At River Valley Detention Center (RVDC), Dr. Kathryn Murphy maintains overall responsibility for Intern training experiences.

Training at RVDC

River Valley Detention Center is a 102-bed facility located in Joliet, Illinois. Developed as a joint venture between Will and Kankakee counties, RVDC is a temporary detention center for male and female juveniles between the ages of 10 and 18 awaiting Court decisions on their cases. Minors who have allegedly committed a delinquent offense may be detained. RVDC also provides temporary detention to adolescents awaiting trial within the adult Court. To be detained, a juvenile must be a danger to the community or themselves, likely to flee the jurisdiction of the Court, or have been taken into custody under a warrant.

The mission of the River Valley Mental Health Team is to promote the emotional, social, and psychological well-being of residents and to facilitate change within a safe, structured, encouraging environment, while remaining sensitive to cultural and individual diversity. RVDC offers services including weekly individual and group therapy for youth, Court-ordered inpatient and outpatient family therapy, psychological and psychosexual assessment, as well as crisis management.

The overall goals of the training program are intended to help Interns transition from Interns to entry-level psychologists. This is accomplished through the provision of clinical services to youth and their families who are involved in the juvenile justice system. Through their experiences, Interns receive training and become proficient in the following domains: clinical assessment, clinical intervention, diversity, psychology and juvenile justice, professional development, ethical and professional behavior, as well as consultation, training, and supervision. The doctoral Internship program at RVDC also includes weekly individual and group supervision, as well as didactic trainings.

Interns at RVDC will have the following experiences:

- Weekly individual and group therapy with youth detained at River Valley Detention Center;
- Inpatient family therapy when ordered by the Court;
- Outpatient individual and family therapy for Court involved youth and families;
- Court-ordered psychological testing for youth who are detained;
- Outpatient psychological testing with Court-involved youth;
- Crisis management for detained youth;
- Daily assessment of stability for youth on special detention status, such as suicide watch or segregation;

- Completion of a clinical interview/intake with each detained youth;
- Training detention staff on mental health-related topics;
- Consultation;
- Supervision of doctoral level practicum Interns completing their externships at RVDC;
- Individual supervision with two licensed clinical psychologists;
- Group supervision with Mental Health Team; and
- Didactics.

RVDC Intern Benefits

- **Stipend**
 - \$18,000 per year
 - *Stipends are not based on clients' ability to pay
- **Vacation**
 - Interns are eligible for ten (10) unpaid vacation days during their Internship. Vacation time off must be scheduled at least one (1) month in advance and be approved by the Clinical Training Director. Vacation days may also be used one at a time.
- **Health Insurance**
 - Interns will be offered the opportunity for signing up for medical insurance through the county.
- **Family Leave**
 - Family Leave is considered on a case-by-case basis and needs to be approved by the Training Director and Assistant Superintendent.
- **Holidays**
 - There are no paid holidays offered. Interns are allowed to take holidays off unpaid or use flex time (extra hours accumulated).
- **Sick Time**
 - There are no paid sick days offered. Interns are not penalized for calling in sick and may utilize flex time when available.
- **Dissertation Work Time**
 - Interns may incorporate up to five (5) hours per week to work on their dissertations after obtaining prior approval from the Clinical Training Director.
- **Conference Time**
 - Interns may request up to two (2) days off to attend a non-IPAPIC sponsored training. Interns are required to schedule the time off with supervisors at least one month in advance.

TRAINING SCHEDULES

Didactic trainings are offered weekly for at least 2 hours to all IPAPIC Interns. Many training opportunities are offered over the course of the training experience; some are mandatory and many more are optional depending on your interest area. Approval must be received from your supervisor prior to attending any outside or non-mandatory training, when it conflicts with your training or clinical schedule. Trainings include seminars, monthly case presentations, group supervision, and grand rounds. The following schedule represents the scheduled didactic trainings offered routinely during the training year at all consortium sites. Regardless of which site an Intern is matched, Interns may attend trainings at other consortium sites. In fact, every third Friday of the month, all Interns attend a IPAPIC Consortium-Wide Didactic. Various IPAPIC training tracks routinely offer additional seminars, which are available at no cost to all IPAPIC Interns.

Listed on the following pages are the trainings offered by each site. Intern training is shared across sites to offer a breadth of training. Interns attend the didactic/seminar at the site at which he or she matched, as well as one didactic per month with the consortium Intern cohort. Supervisor availability, as well as Intern interests, will determine topics.

Previous topics include:

- Strategies for Effective Supervision
- Assessment in Art Therapy
- ACT Approached in Therapy
- The Use of Technology in Therapy
- Clinical Implications of HIV
- Ethical Decision-Making Models
- Group Dynamics
- Clinical Implications of Trauma
- The Impact of Microaggressions in Supervision and Therapy
- Termination in Supervision and Therapy

**Genesis Therapy Center
2018-2019 Didactic Training Schedule**

Date	Didactic and Abstract	Presenter(s)
July 3, 2018	Intern Orientation Orientation to the Genesis Therapy Center, establishing Intern role and responsibilities for the year.	Mary Ann Andrade-Bekker, Psy.D. Catherine Fairfield, D.Min. Mike Ideran, D. Min.
July 10, 2018	Documenting and Record Keeping Thorough review of GTC documents, EHR, and policies and procedures related to administrative duties on site.	Mary Ann Andrade-Bekker, Psy.D.
July 20, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
July 24, 2018	Supervision of Supervision Overview of the theories of supervision and practices of supervision of students.	Mike Ideran, D.Min. Mary Ann Andrade-Bekker, Psy.D.
July 31, 2018	How to conduct a Clinical Interview Overview of clinical interview skills and procedures for conducting an intake interview and report at GTC.	Mary Ann Andrade-Bekker, Psy.D.
August 7, 2018	How to make the APA work for you Overview of the structure and opportunities within the American Psychological Association and Illinois Psychological Association.	Bruce Bonecutter, Ph.D.
August 17, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
August 21, 2018	Risk Assessment Assessing Suicidality, Risk Management techniques, and the Ethics of working with at-risk clients.	Mary Ann Andrade-Bekker, Psy.D.
August 28, 2018	Social Skills Group Training An overview of social learning theory and practices of creating and facilitating a social skills group.	Maura Morales, LCPC
September 4, 2018	Conducting Group Therapy An overview on how to market, recruit, and run groups.	Mary Ann Andrade-Bekker, Psy.D.
September 11, 2018	Understanding and Working through Domestic Violence Issues Discuss the cycle of abuse, barriers and resources for survivors of abuse, and how to	Mary Ann Andrade-Bekker, Psy.D.

	help the client engage in safety planning	
September 21, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
September 25, 2018	Working with Children and Families in Therapy Participants will be introduced to how to therapeutically work within a family system specifically one with young children and/or adolescents. They will also be advised on the use of play within a session.	Penny McGrath, M.A., LCPC
October 2, 2018	Self-Injury in Adolescents Interns will learn how to access, treat, and support teen clients who engage in self-harm/self-mutilating tendencies.	Maura Maloney, M.A., LCPC
October 9, 2018	Working with Adult Children from Alcoholic Family Systems Discuss the cycle of addiction in families, treatment goals and barriers, and how to work with resistant clients in an addictive system.	Mary Ann Andrade-Bekker, Psy.D.
October 19, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
October 23, 2018	Professional Issues Discussion will focus on the following areas relevant to entry level practice of professional psychology: Collaboration and managing issues with colleagues, professional attire, work-life balance, organization and time management, HIPPA compliance, addressing ethical and other profession related issues.	Mary Ann Andrade-Bekker, Psy.D.
November 6, 2018	Sensory Processing Disorder & Mental Health Participants will be learn a basic screening for sensory processing disorder in children, how to make a referral to an occupational therapist, and ways to treat the social emotional and mental health components of it.	Penny McGrath, M.A., LCPC
November 16, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
November 20, 2018	Conducting Couples Counseling Utilizing the 5 love languages, mediating between couples, and understanding the therapeutic and couples' process.	Brian Dryer, MSW, LCSW

November 27, 2018	Motivational Interviewing Interns will gain a basic understanding of the underlying concepts and uses of MI, and they will be guided in practice using MI skills including open ended questions, affirmations, reflective listening, and summarizing.	Bruce Bonecutter, Psy.D.
December 4, 2018	Trauma and Working with Families Working with families is a complex process and requires an adjustment in thinking when considering how to interact and respond to the families' process. When trauma is also present it becomes even more complicated. My didactic will address some of the concerns and issues that are important to address and consider when working with families with these issues.	Mike Ideran, D.Min.
December 11, 2018	Sex and Sexuality How to explore and discuss issues of sex and sexuality in individual and couples counseling.	Naomi Effort, LCPC
December 21, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
January 8, 2019	Understanding Addiction & Substance Abuse Understanding the shame cycle, applying motivational interviewing techniques, evaluating appropriate level of care and how to refer/engage in case management.	Joleen Hartland, M.A., CADC, LCPC
January 18, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
January 22, 2019	Identifying and Treating Selective Mutism Diagnostic considerations including DSM-5 criteria, differential diagnosis, common presentation and age of onset will be discussed in addition to behavioral interventions including systematic desensitization, exposure with response prevention, and use of PCIT-SM.	Sarah Jurkovic, Psy.D.
February 5, 2019	Using Mindfulness in Therapy Exploring mindfulness techniques and mindfulness in the treatment planning process.	Mary Ann Andrade-Bekker, Psy.D.
February 15, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
February 19, 2019	Using Genograms Interns will discuss how genograms are created and how they can be used in the processes of individual, couples, and family therapy. We reviewed the symbols used in genograms and	Kim DeJong, M.A., LCPC

	how they fit together in the chart itself as well as how to structure an interview with clients in order to gain information for genogram formation and use as a clinical intervention.	
February 26, 2019	Practices in Self-Care Understanding and recognizing the signs of burn-out and how to incorporate self-care into personal practice.	Mary Ann Andrade-Bekker, Psy.D.
March 5, 2019	Narrative Therapy Interns will learn how to use narrative therapy with clients. Interns will learn how to help clients “re-write” and become empowered authors of their life narratives.	Mary Ann Andrade-Bekker, Psy.D.
March 15, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
March 19, 2019	Couples Counseling with African American Clients Training will focus on assessing couples issues by asking questions about the course of the relationship and external/internal dynamics that impact the relationship overall.	Naomi Effort, M.A., LCPC
March 26, 2019	Managing Therapist’s Personal Issues in Treatment Discussion will focus on the importance of managing the clinician's needs in and outside of the therapy session. Topics may include: the decision to begin your own therapy, managing significant life transitions while in practice such as the death of loved ones or other family events, knowing when to refer a client out to another clinician, and managing boundary issues including the decision to accept gifts from clients or over sharing personal information.	Sarah Jurkovic, Psy.D.
April 2, 2019	Termination with Clients Interns will discuss and explore termination issues with clients.	Maura Maloney, M.A., LCPC
April 9, 2019	Running a Private Practice Interns will learn how to create, run, and hire staff for a group practice. Interns will also learn how to write grants, network, market, and protect their practice	Cathy Fairfield, D.Min.

April 19, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
April 23, 2019	Managing Peer Conflict Interns will learn how to manage conflict between staff members/colleagues.	Cathy Fairfield, D.Min.
May 7, 2019	Engaging in Social Justice Initiatives Interns will explore ways they can engage in social justice initiatives as a clinical psychologist.	Bruce Bonecutter, Ph.D.
May 17, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
May 21, 2019	Mentorship Interns will learn how to initiate, develop, and nurture mentorship relationships with professors and colleagues.	Mary Ann Andrade-Bekker, Psy.D.
May 28, 2019	Insurance Paneling Interns will learn how to apply for NPI number, how to create a CAQH account, and how to panel with insurance companies.	Sarah Jurkovic, Psy.D. Mary Ann Andrade-Bekker, Psy.D.
June 4, 2019	Obtaining Licensure Interns will learn how to apply for clinical licensure and how to obtain dual state licenses.	Sarah Jurkovic, Psy.D.
June 11, 2019	Studying for the EPPP Interns will learn how to study, engage in time and self-care management, and review study materials for the EPPP.	Sarah Jurkovic, Psy.D. Mary Ann Andrade-Bekker, Psy.D.
June 21, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
June 28, 2019	Managing Student Loans Interns will learn how to manage debt and explore programs that can reduce their student loan debt.	Sarah Jurkovic, Psy.D. Mary Ann Andrade-Bekker, Psy.D.

Training will be conducted weekly and will last at least two hours.

Khalil Center
2018-2019 Didactic Training Schedule

Date	Didactic and Abstract	Presenter(s)
July 8, 2018	Orientation Review Handbook, Due Process Procedures, and information regarding supervision, assessment, psychotherapy, and online resources. Opportunity for Q&A.	Fahad Khan, Psy.D. Sarah Syed, Psy.D.
July 15, 2018	Mandated Reporting & Ethical Considerations Discussion and overview of mandated reporting and privacy policies (HIPAA, APA). Ethical dilemmas in working with American Muslims are discussed during this presentation.	Monica Saavedra, Psy.D.
July 22, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
July 29, 2018	General Clinical Issues: Spiritually Integrated Clinical Assessment Training on the instruments used for assessment are covered and discussed. Instruments include the PMIR, Muslim Experiential Religiosity Scale (MER), RCOPE, and the BSI.	Fahad Khan, Psy.D.
August 5, 2018	DSM-5 - Overview Many students have been trained according to the old DSM-IV. This is a refresher didactic designed to educate interns on the notable diagnostic revisions contained in the DSM-5.	Monica Saavedra, Psy.D.
August 12, 2018	General Clinical Issues and Treatment Planning Address clinical, cultural, diagnosis, and diversity factors in treatment planning according to a multitheoretical approach.	Sarah Syed, Psy.D.
August 19, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
August 26, 2018	Working with American Muslims Exploration of special treatment considerations when working with American Muslim clients including special topics acculturation, spiritual integration, religious coping, differentiation between spiritual and clinical issues, family and couples counseling, cultural nuances of working with American Muslims.	Fahad Khan, Psy.D.

September 2, 2018	Spiritually Integrated Psychotherapy This is an introduction to spiritually integrated psychotherapies. Interns are introduced to the work of Kenneth Pargament and Scott Richards and the movement on spiritually integrated psychotherapies.	Fahad Khan, Psy.D.
September 9, 2018	Spiritually Integrated Psychotherapy Practical and specific spiritual strategies are discussed within this didactic in an effort to provide tangible applied intervention strategies to employ designed to increase positive mental health.	Fahad Khan, Psy.D.
September 16, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
September 23, 2018	Islamically Integrated Psychotherapy This is an introduction to spiritually integrated psychotherapy for addressing Muslim mental health. It is based on a publication by Keshavarzi & Haque, (2013), that offers a framework for working with American Muslims.	Jaleel Abdul Adil, Psy.D.
September 30, 2018	Islamically Integrated Psychotherapy Continued After the framework is laid out, specific strategies for spiritual integration is discussed during the course of this didactic.	Jaleel Abdul Adil, Psy.D.
October 7, 2018	Coping with Suffering There is often a lot of discussion in psychology about coping. However, this didactic provides an overview of the literature as well as an applied understanding of how to work with client suffering and the process of grief, healing and coping.	Fahad Khan, Psy.D.
October 14, 2018	Mid-Year Office Retreat Processing Interns' experiences and reactions throughout the year thus far, including identifying professional goals and expectations.	Fahad Khan Psy.D. Sarah Syed, Psy.D. Monica Saavedra, Psy.D.
October 21, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
October 28, 2018	Integrative Behavioral Couples Therapy Given the large caseloads of marital cases at the center, interns are given an overview and applied seminar in IBCT, with role play and case vignettes to discuss.	Sarah Syed, Psy.D.

November 4, 2018	<p>Working with Emotions An overview of: Emotion theory and Understanding and Working with Emotions.</p> <ul style="list-style-type: none"> ➤ Adaptive vs. Maladaptive emotions ➤ Needs of emotions ➤ Emotional reprocessing/reformulation 	Monica Saavedra, Psy.D.
November 11, 2018	<p>Ethical Issues: Evaluation, Assessment, and Intervention Building on foundational lectures related to ethics and assessment, here we will specifically examine countertransference and Interns’ feelings about the implications of diagnosis.</p>	Fahad Khan, Psy.D.
November 18, 2018	<p>Didactic at Biannual IPAPIC Consortium-Wide Meeting TBD</p>	TBD
November 25, 2018	<p>General Clinical Issues: Anxiety Overview of diagnostic criteria involving anxiety with a discussion of diagnostic and therapeutic factors</p>	Monica Saavedra, Psy.D.
December 2, 2018	<p>Islamophobia Building on previous lectures focusing on American Muslim treatment issues and the intersection of anxiety, this discussion will involve an examination of the intersection of anxiety and diversity factors specifically related to the American Muslims community.</p>	Sarah Syed, Psy.D.
December 9, 2018	<p>Trauma Many Muslims come from war torn countries, have family members in countries with conflict or may have been a first-hand experiencer of such conflict. A review of the cultural nuances of working with trauma in American Muslims and refugees is discussed.</p>	Samar Harfi, Psy.D.
December 16, 2018	<p>Consortium-Wide Intern Friday Didactic TBD</p>	TBD
December 23, 2018	<p>Overview of Historical Islamic Writings on Behavioral Reformation An exposure to traditional writings of Islamic medical physicians working with mental health issues in the 9-15th century are discussed. These interventions can be integrated into psychotherapy as way of empowering American Muslim mental health through their own tradition.</p>	Fahad Khan, Psy.D.

December 30, 2018	Spiritually Integrated Case Conceptualization Spiritually integrated case conceptualization is offered during this seminar. Interns will have an opportunity to present a case with a focus on the cultural and spiritual factors of treatment.	Fahad Khan, Psy.D.
January 6, 2019	Managing Ethical Dilemmas This seminar discusses common ethical dilemmas in working with Muslims. Case vignettes are offered in an attempt to provoke thought and help manage dilemmas.	Sarah Syed, Psy.D.
January 13, 2019	Mental illness and Islamic Jurisprudential considerations Many American Muslims will opt to follow Islamic legal norms. This includes ritual law such as prayer and fasting, and civil law such as family or social dealings. Within the Islamic literature there is significant discussion of mental status and sensitivities and dispensations afforded to those with mental illnesses. A review of such issues are presented.	Fahad Khan, Psy.D.
January 20, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
January 27, 2019	State of Muslim Mental Health In this presentation, Interns are introduced to the common and typical manifestations of mental health disorders in Muslims. Attribution, attitudes and help seeking behavior is discussed as well.	Sarah Syed, Psy.D.
February 3, 2019	General Clinical Issues: Family Systems Using Family Systems and examination of the impact of complex family dynamics on individual diagnosis	Sarah Syed, Psy.D.
February 10, 2019	Waswasa: Manifestations of OCD scrupulosity in Muslim populations Waswasa is currently being considered as a culture bound syndrome in the literature. Many Muslims encounter OCD that manifests itself within a religious context. This seminar introduces the common types of these manifestations with a discussion on treatment considerations for addressing this condition.	Fahad Khan, Psy.D.
February 17, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
February 24, 2019	Ethical Issues: Privacy and Confidentiality	Monica Saavedra, Psy.D.

	HIPPA, FERPA, and the APA Ethics Code will be examined to better Interns' understanding of the importance and complexity of privacy and confidentiality.	
March 3, 2019	General Clinical Issues: Substance Abuse Overview of diagnostic criteria involving substance abuse with a discussion of diagnostic and therapeutic factors.	Monica Saavedra, Psy.D.
March 10, 2019	Spiritually Integrated Case Conceptualization Spiritually integrated case conceptualization is again offered during this seminar. Interns will have another opportunity to present a case with a focus on the cultural and spiritual factors of treatment.	Fahad Khan, Psy.D.
March 17, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
March 24, 2019	Process group This is an opportunity for interns to discuss their experiences regarding didactic topics and how they have been personally, professionally impacted by such seminar trainings.	Fahad Khan Psy.D. Sarah Syed, Psy.D.
March 31, 2019	Alternative Therapies and Holistic Approaches Discussion of naturopathy, homoeopathy, and traditional middle-eastern healing is discussed.	Hakim Archuletta Mazen Attasi, N.D.
April 7, 2019	Professional Development: Supervisory Issues New and emerging professional competency, understanding Intern's developing role as a supervisor, navigating being a supervisor and being a supervisee.	Fahad Khan, Psy.D. Sarah Syed Psy.D.
April 14, 2019	Ethical Issues: Teaching, Training, and Supervision A facilitated discussion of safety, power differential, and difficult feedback from a mentor perspective	Jaleel Abdul Adil, Psy.D.
April 21, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
April 28, 2019	Sex therapy with American Muslims	Sarah Syed, Psy.D.

	Given the cultural prohibitions and sanctions around discussing such personal elements of individuals lives, many Muslims often do not have much education or satisfaction in their sex lives. This presentation is designed to address cultural modalities of removing such barriers for sexual health.	
May 5, 2019	Collaborative Care Many American Muslims turn to their physicians or local imams for mental health care. This seminar provides a framework for working with non-mental health providers toward increasing access and addressing behavioral healthcare disparities.	Fahad Khan, Psy.D.
May 12, 2019	Convert Care With the explosion of Islam in the US and record breaking numbers of conversions to Islam. Many American Muslims feel isolation and go through a process of identity formation and reconciliation during their time of religious conversion. Many of the Centers clients are converts to Islam and need particular support around their mental health, social circumstances, and emotions.	Samar Harfi, Psy.D.
May 19, 2019	Didactic at Biannual IPAPIC Consortium-Wide Meeting TBD	TBD
May 26, 2019	Spiritual Assessments - Advanced Further Instruction on the use, scoring, and interpretation of the spiritual inventories are provided.	Fahad Khan, Psy.D.
June 2, 2019	Termination How to facilitate a healthy and appropriate ending to a therapeutic relationship.	Monica Saavedra, Psy.D.
June 9, 2019	Case Transition Discussion of the clinical factors associated with transitioning clients from one provider to another.	Sarah Syed, Psy.D. Fahad Khan, Psy.D.
June 16, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
June 23, 2019	Saying Goodbye to Colleagues and Self-Care How do Interns and supervisors say goodbye, understanding how Interns approach endings and terminations, and coping with significant life transitions.	Fahad Khan, Psy.D. Jaleel Abdul Adil, Psy.D. Samar Harfi, Psy.D. Sarah Syed, Psy.D.
June 30, 2019	Year Wrap-Up	Fahad Khan, Psy.D.

	Wrapping up client files/cases, transferring reports, processing Interns' experiences during the year, and discussing future hopes and goals.	Sarah Syed, Psy.D.
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***Training will be conducted on Fridays and will last at least two hours.
Group supervision is also on Fridays with diagnostic and therapy externs***

**Psychological Consultations
2018-2019 Didactic Training Schedule**

Date	Didactic and Abstract	Presenter(s)
July 6, 2018	Orientation Review Handbook, Due Process Procedures, and information regarding supervision, assessment, psychotherapy, and online resources. Opportunity for Q&A.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
July 13, 2018	Clinical Interview Overview of Clinical Interviewing skills with focus on diagnostic assessment.	Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
July 20, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
July 27, 2018	General Clinical Issues: Neurological Disorders and Assessment Hands on training with neuropsychological assessment measures, their scoring, and normative data.	Gregory Sarlo, Psy.D.
August 3, 2018	Cognitive Assessment: WAIS-IV Reconstruction of the WAIS-IV, a different perspective, groupings of subtests and how they are related to each other including a neuropsychological interpretation of the WAIS-IV, and how the WAIS-IV can assist in providing a differential diagnosis.	Gregory Sarlo, Psy.D.
August 10, 2018	General Clinical Issues and Treatment Planning Address clinical, cultural, diagnosis, and diversity factors in treatment planning according to a multitheoretical approach.	Daniel Brewer, Psy.D.
August 17, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
August 24, 2018	Sexual Minority-Specific Treatment Issues Exploration of special treatment considerations when working with sexual minority clients including special topics on eating disorders, substance use, body dysmorphia, religion/spirituality, identity, coming out, and issues related to family of origin.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
August 31, 2018	HIV-Impacted Treatment Issues Overview and history of the HIV epidemic with a special focus on implications for the gay community.	Gregory Sarlo, Psy.D.

September 7, 2018	Project Hope Presentation Overview of APA's Project Hope decision making model on ethics.	Gregory Sarlo, Psy.D.
September 14, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
September 21, 2018	Ethical Issues Review Of General Standards and implications with special treatment populations: case discussions.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D.
September 28, 2018	General Clinical Issues: Depression Overview of diagnostic criteria involving depression with a discussion of diagnostic and therapeutic factors.	Daniel Brewer, Psy.D.
October 5, 2018	LGBT-Specific Treatment Issues: Depression Building on previous lectures focusing on LGBT treatment issues and the intersection of depression, this discussion will involve an examination of the intersection of depression and diversity factors specifically related to the LGBT community.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D.
October 12, 2018	Mid-Year Office Retreat Processing Interns' experiences and reactions throughout the year thus far, including identifying professional goals and expectations.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
October 19, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
October 26, 2018	HIV-Specific Issue: Depression and HIV A humanistic, existential examination of death, dying, and depression with a specific focus on HIV and the gay community.	Daniel Brewer, Psy.D.
November 2, 2018	Creating a Safe Milieu in Therapeutic Environment for Gender Nonconforming and Transgender Clients From intake paperwork to bathroom signage, how to be affirming and inclusive. An in depth explanation of terminology.	Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
November 9, 2018	Ethical Issues: Evaluation, Assessment, and Intervention Building on foundational lectures related to ethics and assessment, here we will specifically examine countertransference and Interns' feelings about the implications of diagnosis.	Gregory Sarlo, Psy.D.

November 16, 2018	Didactic at Biannual IPAPIC Consortium-Wide Meeting TBD	TBD
November 23, 2018	General Clinical Issues: Anxiety Overview of diagnostic criteria involving anxiety with a discussion of diagnostic and therapeutic factors.	Daniel Brewer, Psy.D.
November 30, 2018	LGBT-Specific Anxieties Building on previous lectures focusing on LGBT treatment issues and the intersection of anxiety, this discussion will involve an examination of the intersection of anxiety and diversity factors specifically related to the LGBT community.	Shelby Mailho, Psy.D.
December 7, 2018	HIV-Related Anxieties A brief overview of the evolution of anxiety from pretreatment to post-treatment to the advent of protease inhibitors, and to the advent of PrEP.	Gregory Sarlo, Psy.D.
December 14, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
December 21, 2018	Ethical Issues: Advertising and Other Public Statements An examination of advertising and other public statements informed by relevant APA ethics codes and the implications in running private practice.	Gregory Sarlo, Psy.D.
December 28, 2018	General Clinical Issues: PTSD Overview of diagnostic criteria involving trauma with a discussion of diagnostic and therapeutic factors juxtaposing PTSD, Acute Stress Disorder, Adjustment Disorder, and Complex Trauma.	Gregory Sarlo, Psy.D. Shelby Mailho, Psy.D.
January 4, 2019	LGBT-Specific: Survivors Of Abuse Reviewing relevant research related to domestic violence in same-sex relationships, followed by a facilitated discussion on examining provider bias.	Shelby Mailho, Psy.D.
January 11, 2019	HIV-Specific Issues: PTSD/Multiple Loss Issues Survivor's guilt, not just for war; a discussion of long-term survivors of HIV and the impact of losing support systems to the illness, then and now.	Gregory Sarlo, Psy.D.
January 18, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
January 25, 2019	Ethical Issues: Therapy Presentation of clinical cases and facilitated	Daniel Brewer, Psy.D.

	discussion utilizing APA's Project Hope Ethical Decision Making model.	
February 1, 2019	General Clinical Issues: Family Systems Using Family Systems and Adlerian Theory, examination of the impact of complex family dynamics on individual diagnosis.	Gregory Sarlo, Psy.D.
February 8, 2019	LGBT-Specific Issues: Coming Out Issues Book discussion: <i>Coming Out of Shame</i>	Daniel Brewer, Psy.D.
February 15, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
February 22, 2019	Ethical Issues: Privacy and Confidentiality HIPPA, FERPA, and the APA Ethics Code will be examined to better Interns' understanding of the importance and complexity of privacy and confidentiality.	Gregory Sarlo, Psy.D.
March 1, 2019	General Clinical Issues: Substance Abuse Part 1: Overview of diagnostic criteria involving substance abuse with a discussion of diagnostic and therapeutic factors.	Gregory Sarlo, Psy.D.
March 8, 2019	Gay and Lesbian Specific Drug and Sexual Addiction Issues Part 2: Overview of diagnostic criteria involving substance abuse with a discussion of diagnostic and therapeutic factors, integrating special treatment considerations for clients in the LGBT community.	Daniel Brewer, Psy.D.
March 15, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
March 22, 2019	HIV-Specific Drug Abuse Movie discussion <i>METH (2006)</i>	Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
March 29, 2019	Alternative Therapies and Holistic Approaches Discussion of indigenous people and Native American understandings of pathology and wellness.	Gregory Sarlo, Psy.D.
April 5, 2019	Professional Development: Supervisory Issues New and emerging professional competency, understanding Intern's developing role as a supervisor, navigating being a supervisor and being a supervisee.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D.
April 12, 2019	Ethical Issues: Teaching, Training, and Supervision A facilitated discussion of safety, power differential, and difficult feedback from a mentor	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.

	perspective.	
April 19, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
April 26, 2019	HIV-Specific Neurological Difficulties Understanding HIV and neuropathy, HIV-related cognitive decline, encephalopathy, and other associated conditions.	Gregory Sarlo, Psy.D.
May 3, 2019	Ethical Issues: Forensic Activities Who is the client? Understanding privacy and confidentiality in the forensic setting.	Gregory Sarlo, Psy.D.
May 10, 2019	HIV Legal Issues and AIDS Legal Council by AIDS Legal Council Representative Guest lecture describing the need for and the services of Chicago's AIDS Legal Council.	Gregory Sarlo, Psy.D. Ann Fisher
May 17, 2019	Didactic at Biannual IPAPIC Consortium-Wide Meeting TBD	TBD
May 23, 2019	Adlerian Lifestyle Inventory Instruction on the use, scoring, and interpretation of the Adlerian Lifestyle Inventory.	Gregory Sarlo, Psy.D.
May 31, 2019	Termination How to facilitate a healthy and appropriate ending to a therapeutic relationship, utilizing a multitheoretical model.	Daniel Brewer, Psy.D.
June 7, 2019	Case Transition Discussion of the clinical factors associated with transitioning clients from one provider to another.	Daniel Brewer, Psy.D.
June 14, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
June 21, 2019	Saying Goodbye to Colleagues and Self-Care How do Interns and supervisors say goodbye, understanding how Interns approach endings and terminations, coping with significant life transitions.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
June 28, 2019	Year Wrap-Up Wrapping up client files/cases, transferring reports to Dr. Sarlo's computer, processing Interns' experiences during the year and discussing future hopes and goals.	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.

*Training will be conducted on Fridays and will last at least two hours.
Group supervision is also on Fridays with diagnostic and therapy externs*

**River Valley Psychological Services
2018-2019 Didactic Training Schedule**

Date	Didactic and Abstract	Presenter(s)
July 3, 2018	Orientation to Mental Health Team An orientation to the River Valley Detention Center Psychological Services program and review of Intern duties, responsibilities, case management including DCFS certification through their program at https://mr.dcfstraining.org/UserAuth/Login!loginPage.action	C. Leslie Cox, Psy.D.
July 11, 2018	Supervising Doctoral Psychology Students & Managing Multiple Roles Identification of the multiple roles of the Intern and clarification of their role in the initial oversight of student intakes and psychological evaluations and screens, as well as time management strategies.	C. Leslie Cox, Psy.D.
July 20, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
July 25, 2018	Goals & Treatment Planning Discussion will focus upon review of the individual treatment plan, collaboration with the client to develop feasible, attainable treatment goals, and the appropriate linkage of the treatment plan to the presenting issues and if available, the mental health intake. Case examples will also be presented and discussed.	Anna Sokol, Psy.D. C. Leslie Cox, Psy.D.
August 1, 2018	Crisis Management in Detention An overview of responsibilities, actions and strategies utilized in close observation, suicide watch, and suicide risk assessment.	C. Leslie Cox, Psy.D.
August 8, 2018	Working with Resistant and/or Mandated Clients DeJong & Berg (2001) article An investigation into the use of solution-focused interviewing as a way to engage mandated or involuntary clients. Ethical implications are also addressed.	C. Leslie Cox, Psy.D.
August 17, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
August 22, 2018	Street Gangs An overview of the role of street gangs including	C. Leslie Cox, Psy.D. Senior JDO

	identification, gang culture, and reasons for joining.	
August 29, 2018	Psychotropic Medication Use with Youth (Part 1) An overview of the use of 9 categories of psychotropic medications used with children and adolescents. Neurotransmission, associated basic brain physiology, and typical side effects.	Rita Gray, RN, Psy.D.
September 5, 2018	Psychotropic Medication Use with Youth (Part 2) Overview continued.	Rita Gray, RN, Psy.D.
September 12, 2018	Psychotropic Medication Use in the Detention Setting An overview of the use of psychotropic medications specific to the River Valley Detention setting.	C. Leslie Cox, Psy.D. Medical Staff
September 21, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
September 26, 2018	Challenges of working as a mental health professional in a correctional Institution Similarities and differences of working with detained youth versus other typical outpatient settings.	C. Leslie Cox, Psy.D.
October 3, 2018	Trends in Juvenile Substance Abuse Overview of current substance use patterns, effects on functioning, and available interventions.	C. Leslie Cox, Psy.D. Bill Karmia, LCPC, CADC
October 10, 2018	Ethical Issues in Psychology and Juvenile Justice Koocher & Kinscherff (2016) chapter Discussion of historical and current ethical issues commonly found in psychology and juvenile justice are examined and best practices identified.	C. Leslie Cox, Psy.D.
October 19, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
October 24, 2018	INTERN CASE PRESENTATION An in-depth presentation of an ongoing therapy case or psychological evaluation in progress.	C. Leslie Cox, Psy.D. Intern
October 31, 2018	Human Development and Juvenile Justice Shulman & Steinberg (2016) chapter Discussion of the key developmental period of adolescence, differences from adult levels of maturity and capacities, and implications in dealings with the justice system.	C. Leslie Cox, Psy.D.

November 7, 2018	Best Practices of Clinical Supervision Falendar & Shafranske (2008): Examines issues often encountered in becoming a clinical supervisor, identification of typical issues and challenges for the new supervisor, and best practices are examined.	C. Leslie Cox, Psy.D.
November 14, 2018	Evidence-Based Treatment with Justice Involved Adolescents Liddle (2014) article Discussion of research related to the efficacy of Multi-Dimensional Family Therapy and other evidence-based treatments, and the effectiveness of transfer is explored.	C. Leslie Cox, Psy.D.
November 23, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
November 28, 2018	Brief Solution-Focused Family Therapy Lee (1997) article Discussion of the results of a study conducted in a children's mental health facility. Results of brief family therapy and solution focused family therapy and developing safety plans are examined.	C. Leslie Cox, Psy.D.
December 5, 2018	INTERN CASE PRESENTATION An in-depth presentation of an ongoing therapy case or psychological evaluation in progress.	C. Leslie Cox, Psy.D.
December 12, 2018	Supervision Addressing Personal Factors and Countertransference Falendar & Shafranske (2008) article Review and discussion regarding identification of and addressing supervisee's personal factors and countertransference with clientele in the clinical supervision setting.	C. Leslie Cox, Psy.D.
December 21, 2018	Consortium-Wide Intern Friday Didactic TBD	TBD
December 28, 2018	Mid-Year Self Reflection/Feedback An in-depth exploration of challenges and rewards that have been common to the first half of the Internship, as well as strategizing for the second half.	C. Leslie Cox, Psy.D.
January 2, 2019	Burnout Prevention and Self-Care Definition of the burnout phenomenon, examination of personal and environmental factors, and strategies to overcome any current problems and prevent future burnout episodes.	C. Leslie Cox, Psy.D.

January 9, 2019	INTERN PRESENTATION Presentation and discussion of a relevant topic of the Intern's choice.	C. Leslie Cox, Psy.D. Intern
January 18, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
January 23, 2019	Distinguishing True Versus Malingered Symptoms: McCarthy-Jones & Resnick (2014) Article Discussion of an article titled, <i>Listening to voices: The use of phenomenology to differentiate malingered from genuine auditory verbal hallucinations</i> . The article explores the reasons a person might falsely claim to experience hallucinations. It aims to help mental health professionals decipher between legitimate and false claims of hallucinatory experiences. Finally, the authors discuss the potential for developing a tool to better assist clinicians with this dilemma.	C. Leslie Cox, Psy.D.
January 30, 2019	INTERN PRESENTATION Presentation and discussion of a relevant topic of the Intern's choice.	C. Leslie Cox, Psy.D. Intern
February 6, 2019	Co-Constructing Cooperation with Mandated Clients De Jong & Berg article A discussion on the use of solution-focused interviewing with involuntary clients. Ethical issues as well as how clients change are also examined.	C. Leslie Cox, Psy.D.
February 15, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
February 20, 2019	Treatment of Young People in the Juvenile Justice System Salekin Book Chapter (2015) An examination of psychological treatment of young people involved with various levels in the juvenile justice system. Model and blueprint programs are reviewed.	C. Leslie Cox, Psy.D.
February 27, 2019	Strategies for Conducting a Substance Use Evaluation Tools for conducting a substance use-specific evaluation as well as interview strategies for eliciting the most useful information.	C. Leslie Cox, Psy.D. Bill Karmia, LCPC, CADC

March 6, 2019	INTERN PRESENTATION Presentation and discussion of a relevant topic of the Intern's choice.	C. Leslie Cox, Psy.D. Intern
March 15, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
March 20, 2019	Trauma Exposure, Psychiatric Disorders, and Resiliency Rosenberg, et al. (2013) article Discussion of an article examining juvenile justice-involved youth, the correlates with trauma, posttraumatic stress disorder, depression, substance use symptomology, and their correlates with resiliency.	C. Leslie Cox, Psy.D.
March 27, 2019	INTERN PRESENTATION Presentation and discussion of a relevant topic of the Intern's choice.	C. Leslie Cox, Psy.D. Intern
April 3, 2019	Manipulation in Corrections: Games Criminals Play Allen and Bosta (1981) Discussion of the book <i>Games Criminals Play; How You Can Profit by Knowing Them</i> . The discussion will focus on the premise of this book and examine how the subtle process of manipulation is used by criminals to control the actions of criminal staff. Focus will be specifically placed upon manipulation tricks and tactics, how to recognize manipulative efforts, and once recognized, how to prevent the manipulative process from maturing.	C. Leslie Cox, PsyD
April, 10, 2019	Forensic Report Writing Ackerman (2006) Book Chapter Discussion of a book chapter titled, <i>Forensic Report Writing</i> . The discussion will include issues that psychologists, particularly forensic psychologists should be mindful of when writing reports. Report structure, the type of information to be included, and ethical considerations will also be addressed. Finally, tips for writing reports for the Court will be provided.	Danielle Martines, Psy.D.
April 19, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD

April 24, 2019	<p>Competency to Stand Trial Evaluations: A Brief Overview</p> <p>This presentation will cover a brief history of Competency (Fitness) to Stand Trial Evaluations within the United States and the relevant case law. The components of a competency evaluation will be discussed as well as tools used within Competency (Fitness) to Stand Trial Evaluations, including the ECST-R, MacCAT-CA, and CAST*MR. Finally, case examples will also be presented and discussed.</p>	Danielle Martines, Psy.D.
May 1, 2019	<p>Conducting Sanity/Criminal Responsibility Evaluations</p> <p>Discussion will include a brief history of Sanity/Criminal Responsibility Evaluations within the United States and the relevant case law pertaining specifically to Illinois. The components of a sanity evaluation will be discussed, as well as tools used as necessary during the evaluation process. Case examples will also be presented and discussed.</p>	Anna Sokol, Psy.D.
May 8, 2019	<p>Evaluations of Sex Offenders</p> <p>Example Sex Offender Case Presentation</p> <p>Discussion will include a brief description of common assessment measures used in juvenile and adult psychosexual evaluations. A case example will also be presented and discussed.</p>	Roberto Vaca Jr., Psy.D.
May 17, 2019	<p>Consortium-Wide Intern Friday Didactic</p> <p>TBD</p>	TBD
May 22, 2019	<p>Testifying in Court. Being an Expert Witness: Conceptual Issues Regarding Testimony</p> <p>Weiner & Otto (2013)</p> <p>Discussion will include a brief history of testifying in court. This will cover areas such as qualifying a person as an expert. Discussion will also include guidelines on how prepare to give testimony and what you might expect while testifying.</p> <p>Otto, DeMier & Boccaccini (2014) Chapter 7</p> <p>Discussion will include an overview of how to be an effective expert when providing testimony to the court. Four principles are identified and discussed. They include the expert's credibility,</p>	Roberto Vaca Jr., Psy.D.

	clarity, clinical knowledge, and certainty and ways to apply these concepts in the courtroom.	
May 29, 2019	Therapeutic Termination and Wrapping Up A discussion about the process of terminating with therapy clients and the implications of transition to a new therapist or treatment agency.	C. Leslie, Cox, PsyD
June 5, 2019	Transitioning to Post-Doctoral Fellow or Independent Psychologist An examination of the processes and potential challenges of those new roles.	C. Leslie Cox, Psy.D.
June 12, 2019	Intern Luncheon	C. Leslie Cox, Psy.D. Mental Health Staff
June 21, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD
June 26, 2019	Evaluations, Hours, & Final Internship Documentation Program Feedback from Interns	C. Leslie Cox, Psy.D. Mental Health Staff

Mental Health Team = licensed and unlicensed psychologists, post-doctoral fellow, pre-doctoral interns. Primarily led by Dr. Leslie Cox

Weekly trainings are held for at least two hours in length.

**Illinois Psychological Association Predoctoral Internship Consortium
2018-2019 Intern Friday Didactic Training Schedule**

Date	Didactic and Abstract	Presenter(s)
July 20, 2018	<p>Clinical Interviewing Overview of clinical interviewing skills with a focus on diagnostic assessment. Clinical interviewing forms the foundation for all assessments, but not all interviews are alike. Examining how to best approach an interview, and which issues it is important to examine, can help build rapport while also providing much needed information.</p>	Gregory Sarlo, Psy.D. Daniel Brewer, Psy.D. Shelby Mailho, Psy.D.
August 17, 2018	<p>Sex Therapy, Sexuality, and Gender While training programs cover a wide variety of topics, sex therapy is an area in which people typically receive limited exposure and training. Sex therapy addresses not only issues of compatibility though but issues of gender, sexuality, and physical and emotional intimacy.</p>	Krista Nabar, Psy.D., LP, HSPP
September 21, 2018	<p>The Transitioning Experience for Transgender Individuals While transgender individuals are often considered to be a part of the wider gay/lesbian community, their issues and needs are diverse and are not always tied to sexual identity. Working with the transgender population requires its own cultural competency based in education, empathy, and acceptance.</p>	Daniel Brewer, Psy.D.
October 19, 2018	<p>Neuropsychological and Fitness-for-Duty Evaluations Conducted for Pilots Neuropsychological assessment can examine functioning in a variety of domains. It is particularly important for skills to be accurately measured in pilots, where deficits may cause harm on both an individual and societal level.</p>	Sayaka Machizawa, Psy.D.
November 16, 2018	<p>Biannual IPAPIC Consortium-Wide Meeting: Managing Issues Within the Supervisor-Supervisee Relationship Providing supervision is an area of competency for all psychologists, but so is being able to receive and utilize supervision appropriately. As such it is vital to understand not just how to manage issues within the supervisory</p>	Karen Farrell, Ph.D., ABPP

	relationship, but where such issues may arise from for both the supervisor and the supervisee.	
December 21, 2018	Rorschach Administration and Interpretation The administration and interpretation of the Rorschach Inkblot Test requires skill and experience but needs not be an intimidating task. Having a more nuanced understanding of what the Rorschach measures, and how it obtains information, can lead to better results and a deeper appreciation for the data it can reveal.	Gregory Sarlo, Psy.D.
January 18, 2019	Myopic Versus Binocular Views of Reality How we view reality is determined by both personal experiences and the presence or absence of psychopathology. For those diagnosed with psychotic disorders what is real and what is not may not be as clear cut as it is for others.	Diana Semmelhack, Psy.D., ABPP
February 15, 2019	Student Loans...Is there life after debt? For psychology Interns, and particularly those in professional programs, taking on debt is a fact of life. The process need not be opaque though and having additional information about repayment can help ease a major source of anxiety experienced by a great many Interns and professionals.	John F. Sokol, Psy.D., LCP, CADC
March 15, 2019	Cultural Competency and the New Cultural Formation To be culturally competent used to mean being educated in the norms and traditions of various cultures. Where does culture arise from though, and what does it mean when people who in the past were labeled by race have their own nuanced experiences and cultural identities?	Richard Renfro, Ph.D.
April 19, 2019	Consortium-Wide Intern Friday Didactic TBD	Sean Welsh, Psy.D.
May 17, 2019	Biannual IPAPIC Consortium-Wide Meeting: Abuse, Attachment, and Interpersonal Relationships/Strategies of Disconnection in Psychotherapy	Karen Farrell, Ph.D., ABPP and John Farrell, Ph.D.
June 21, 2019	Consortium-Wide Intern Friday Didactic TBD	TBD

Intern Friday didactic training will be conducted on the third Friday of each month and will last at least two hours.

Group Intern peer supervision follows the didactic for two hours

DISCIPLINARY AND GRIEVANCE PROCEDURES

Due Process Guidelines

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

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

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

Due Process in Action

The IPAPIC Due Process in all tracks (training sites) involves the three key elements including: Notice to the Intern, a Hearing before the IPAPIC Board, and the ability to file an Appeal.

- **Notice** – The Intern will be notified of problematic behavior by their membership site supervisor; problematic behavior will be clearly identified to the Intern; and the membership site will indicate both verbally and in writing how the problem(s) is being addressed.
- **Hearing** – The primary site supervisor will meet with the Intern and review the problematic behavior both verbally and in writing. The Intern may request a hearing before the IPAPIC Clinical Training Director, where the Intern has an opportunity to respond to the concerns.
- **Appeal** – The Intern also has an opportunity to appeal the actions taken by the IPAPIC Clinical Training Director regarding the identified problematic behavior. The full IPAPIC Board of Directors will review the appeal.

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

See Attachment A—RECORD OF PROBLEMATIC BEHAVIOR

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

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

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

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

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

1. The Intern does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training;
3. The quality of services delivered by the Intern is sufficiently and negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The Intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

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

See Attachment B—DEFINITIONS OF REMEDIATION

Procedures for Responding to Inadequate Performance by a Intern

If a Intern receives a “Significant Development Needed” rating from any of the evaluation sources in any of the major categories on the *Illinois Psychological Association Predoctoral Internship Consortium Intern Evaluation*, or if a staff member has concerns about a Intern’s behavior (ethical or legal violations, professional incompetence, etc.), the following procedures will be initiated:

1. The staff member will consult with the Consortium Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Director is not the Intern’s primary supervisor, the Director will discuss the concern with the Intern’s primary supervisor.
3. If the Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Director will inform the staff member who initially brought the complaint.
4. Whenever a decision has been made by the Director about a Intern’s training program or status within IPAPIC, the Director will inform the Intern in writing and will meet with the Intern to review the decision. This meeting may include the Intern’s primary supervisor. If the Intern accepts the decision, any formal action taken by the Director may be communicated in writing to the Intern’s academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
5. The Intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in the grievance procedure.

Grievance Procedure

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

1. In the event that the Intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, the Intern can:
 - a. Discuss the issue with the staff member(s) involved
 - b. If the issue cannot be resolved informally, the Intern should discuss the concern with the Consortium Training Director or another member of the management team.
 - c. If the Director or member of the management team cannot resolve the issue, the Intern can formally challenge any action or decision taken by management, the supervisor, or any member of the training staff by following the below procedure:
 - i. The Intern should file a formal complaint, in writing with all supporting documents to the Director. If the Intern is challenging a formal evaluation, the Intern must do so within five (5) days of receipt of the evaluation.

- ii. Within three (3) days of a formal complaint, the Director will consult and implement the IPAPIC Board Review Panel procedures described below.
2. If a training staff member has a special concern about a Intern, the staff members should:
 - a. Discuss the issue with the Intern(s) involved
 - b. Consult with the Director
 - c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents to the Director who will then review the situation. When this occurs, the Director will:
 - i. Within three (3) days of a formal complaint, implement the IPAPIC Board Review Panel Procedure described below.

Review Panel Procedure and Process

1. When needed, the Director will convene a review panel of IPAPIC Board members. The panel will consist of three staff members selected by the Director with recommendations from the Intern involved in the dispute. The Intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five workdays, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three workdays of the completion of the reviews, the Review Panel will submit a written report to the Director, including any recommendations for further action. Recommendations made by the IPAPIC Board Review Panel will be made by majority vote.
3. Within three (3) workdays of receipt of the recommendations, the Director will either accept or reject the IPAPIC Board Review Panel's recommendations. If the recommendations are rejected due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the IPAPIC Board Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the Director within five (5) workdays of the receipt of the request for further deliberation. The Director will make a final decision regarding what action is to be taken.
5. The Director will then inform the Intern, staff members involved, and, if necessary, members of the training staff of the decision as well as any action to be taken.

CODE OF CONDUCT

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

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

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

IPAPIC has affiliations with agencies outside of the consortium, and it is vital that all Intern relationships and interactions with personnel of IPAPIC affiliates be strictly professional in nature. With regard to interactions with affiliate personnel or members of their immediate family, Interns are prohibited from:

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

DRESS CODE

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

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

GUIDELINES TO TELESUPERVISION

Definitions:

- **Telesupervision** is clinical supervision of psychological services through a synchronous audio and/or video format where the supervisor is not in the same physical facility as the Intern (AKA Remote supervision, “Skype” Supervision, “FaceTime” Supervision, Phone Supervision, etc).
- **In-Person Supervision** is clinical supervision of psychological services where the supervisor is physically in the same room as the Intern.

Policy on Telesupervision:

- Explicit rationale for using telesupervision:
 - IPAPIC strongly believes in the benefits of in-person supervision and therefore will utilize “Telesupervision” in a very minimal fashion. In accordance with APA guidelines, because IPAPIC may – on rare occasion – utilize telesupervision, we have adopted this formal policy designed to address its utilization. Telesupervision will be utilized only when plans for in-person supervision are not possible or would present significant challenges to either the supervisor or Intern (such as when a supervisor is off-site) or if telesupervision would prevent missing a single weekly in-person individual supervision. We also wish to distinguish telesupervision from routine phone consultation with supervisors, which should be ongoing. By telesupervision, we are referring to utilizing remote

supervision in place of an in-person, scheduled, clinical hour, and formal supervision period.

- How telesupervision is consistent with the overall model and philosophy of training:
 - IPAPIC is dedicated to providing superior quality and quantity supervision to all Interns. Two hours per week of regularly scheduled individual supervision is provided to Interns by doctoral-level Licensed Psychologists. Weekly supervisions are centered on their provision of clinical and administrative services. In addition, Interns are required to attend all training requirements, which may include weekly group supervisions, staff meetings, and professional development seminars/didactics. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the Intern. Interns will be expected to diversify their training experience by working with every supervisor in accordance with the supervisor's area of professional expertise. Telesupervision will be utilized as a minimal supplement to in-person supervision in order to maintain communication and supervision continuity with Interns.

- How and when telesupervision is utilized in clinical training:
 - Telesupervision will be utilized when plans for in-person supervision are not possible, when in-person supervision would present significant challenges/hardship to either the supervisor or Intern, when telesupervision would prevent missing a single weekly in-person individual supervision, when a supervisor is off-site or traveling for personal or professional reasons, or in other limited incidences deemed appropriate by a licensed supervisor. When scheduling telesupervision, efforts will be made to utilize the originally scheduled in-person supervision time. When it is not possible to maintain the regular in-person supervision schedule, Intern and supervisor should work collaboratively to find a mutually agreed upon alternative time. Telesupervision will maintain the same duration and structure as in-person supervisions.

- How it is determined which Interns can participate in telesupervision:
 - In accordance with APA guidelines, Telesupervision may not account for more than 50% (and should, in reality, account for a minimal percentage of overall supervision) of the total supervision and will not be utilized until it has been determined the Intern has had sufficient experience with in-person supervision in intervention at the doctoral level and possesses a level of competence to justify this modality of supervision in his/her sequence of training.

- How the program ensures that relationships between supervisors and Interns are established at the onset of the supervisory experience:
 - Telesupervision is not a substitute for regular in-person supervision, particularly at the onset of the supervisory relationship. Every effort will be made for initial supervisions to take place in person. Telesupervision will be utilized only after the licensed supervisor, in consultations with the Intern, has determined that telesupervision is appropriate.
- How an off-site supervisor maintains full professional responsibility for clinical cases:
 - The supervising Licensed Clinical Psychologist maintains full professional responsibility for all clinical duties at IPAPIC at all times.
- How non-scheduled consultation and crisis coverage are managed:
 - As stated throughout IPAPIC policy, Licensed Clinical Supervisors are available to all Interns 24 hours a day, 7 days per week via phone for crisis coverage. Interns are aware they can contact their primary licensed supervisor immediately in the event of a clinical emergency. In the event they are unable to reach their primary supervisor, they should contact the other licensed supervisors at IPAPIC.
- How privacy and confidentiality of the client and Interns are assured:
 - Telesupervision will be conducted when both parties have access to a private and confidential space where interruptions can be minimized or prevented. Both supervisor and Intern should make every effort to insure the physical space is appropriate for supervision. Further, efforts will be made to utilize communication modalities where privacy can be reasonably assured (wired, cellular, voice over internet, or video modalities).
- The technology and quality requirements and any education in the use of this technology that is required by either Intern or supervisor:
 - Face-to-face telesupervision through a synchronous audio and video format is preferred to voice only telesupervision. Supervisors and Interns will agree in advance of a scheduled telesupervision on the ideal method of communication for a given circumstance. Training, in advance of the scheduled telesupervision, will be provided in person to both supervisor and Intern.

EQUAL OPPORTUNITY EMPLOYER

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

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

List previous disciplinary actions and dates.

Intern's Comments

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

Intern's Signature

Date

Administrator Signature

Date

DEFINITIONS OF REMEDIATION

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

Written Acknowledgement: formally acknowledges (all may be in the form of email records):

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

Any written acknowledgment will be removed from the Intern's file when the Intern responds to the concerns and successfully completes the Internship.

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

1. A description of the unsatisfactory performance, including what domains are not successfully being met according to APA competencies for this level of training;
2. Actions needed to correct the unsatisfactory behavior;
3. The timeline for correcting the problem;
4. What action will be taken if the problem is not corrected; **Note:** this action depending upon the level of egregious severity, such as a severe liability issue to the site, ethical concerns, and/or professional comportment issues may result in termination if the behaviors are not remediated by the designated timeline presented: and
5. Notification that the Intern has the right to request a review of this action.

This written warning must contain the components of the *Record of Problematic Behavior Form*; however, it may be contained into one document if more than one Problematic Behavior exists. A copy of the above documentation will be retained in the Intern's file. The Director, in consultation with the Intern's supervisor, may give consideration to removing this documentation at the successful completion of the training experience. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

And/Or

Schedule Modification: a time-limited, remediation-oriented, closely-supervised period of intensive training designed to return the Intern to a more fully functioning state.

Modifying a schedule is an accommodation made to assist the Intern in responding to personal reactions to environmental stress with the full expectation that the Intern will complete the training experience. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

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

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

And/Or

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

1. The specific behaviors associated with the unacceptable rating;
2. The recommendations for rectifying the problem;
3. The timeframe for the probation during which the problem is expected to be ameliorated; and
4. The procedures to ascertain whether the problem has been appropriately rectified.

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

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

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

Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable designated time period, rectify the impairment, and the Intern seems unable or unwilling to alter his/her behavior, the Director will review the possibility of termination from the training program or dismissal from IPAPIC. Either administrative leave or dismissal will be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, the Intern is unable to complete the full required training experience due to physical, mental or emotional illness, or the Intern presents a significant liability or risk management issue to the training site. When a Intern has been dismissed, the Director will communicate to the academic department that the Intern has not successfully completed the training experience.

Appendix C

ACKNOWLEDGEMENT & AGREEMENT OF GRIEVANCE PACKET

By my signature, I acknowledge I have received the *Illinois Psychological Association Predoctoral Internship Consortium: Due Process & Grievance Procedures* document and fully understand the content and agree to abide by the procedures set forth herein.

I am aware of and agree to abide by the American Psychological Association's Code of Ethics, Illinois' Mental Health Code, Illinois' Confidentiality Act, and HIPAA in all my interactions with Clients and staff. Furthermore, I will abide by the rules governing interactions with affiliates of the Illinois Psychological Association Predoctoral Internship Consortium and my individual training site.

I agree that the Illinois Psychological Association Predoctoral Internship Consortium will not be responsible for any failure by an Intern to strictly abide by these policies and rules. I further agree that the Illinois Psychological Association Predoctoral Internship Consortium will have no liability for any consequences of a Intern's failure to abide by said rules.

Intern's Name (Print):

Name of Intern's Academic Program/School:

Intern Signature

Date

Clinical Director Signature

Date

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