

Bridge View and Challenger Therapeutic Day Schools

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Doctoral Internship Training Program Manual

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INTRODUCTION

Overview

The Bridge View and Challenger Day School Programs are Illinois State Board of Education approved psycho-educational treatment programs. Targeted age ranges of children receiving services are 7 through 21. The programs provide educational and clinical services to youth at risk for hospitalization or residential treatment due to serious emotional, behavioral, or learning problems. In addition to providing a therapeutic, and structured environment, the primary focus of the program is on improving mental health issues such that a student has a successful school experience, development, or smooth transition into the next phase of their development. To achieve this end, the school atmosphere is structured as a reality therapy-based therapeutic milieu with a wide spectrum of comprehensive clinical services. The clinical services are essential in helping students succeed. Bridge View and Challenger Day School serves the city of Chicago and its suburbs.

Clinical Services

The clinical program is an integral part of the educational program, since the population that is served is children and adolescents with a primary emotional or psychiatric problem. The students are placed in a therapeutic day school specifically to work through with their emotional difficulties that are interfering with their academic functioning.

The Healing Community

The classroom environment is structured in such a way that therapeutic change is effected by providing children with a firm, nurturing, and consistent environment with full therapy support. Interns will learn how to assess and intervene strategically and psychologically in the program milieu to allow students the most opportunity to receive and be receptive to therapeutic growth.

Individual Therapy

Each student is assigned a therapist. Individual therapy sessions are held at least once a week, or more frequently if necessary. Therapist develop specific treatment goals and progress is assessed quarterly and documented in the student's Individualized Education Program (IEP). Emphasis during individual therapy sessions is on conceptualization, intervention development, and intervention implementation to assist students in their personal growth.

Family Therapy

Family therapy is an integral part of the Bridge View and Challenger Programs. The students who attend these programs live at home; therefore, helping the children function successfully in their natural home environment is essential. The program strongly encourages parents to participate in family therapy, therefore both daytime and evening hours are available.

Group Therapy

Bridge View and Challenger offers three different types of group therapy experiences, led by the therapists. Interactive Group Therapy (IG) is held in the classroom and is designed to introduce students to mindfulness techniques and practices, emotional regulation skill building, and adaptive interpersonal skills. Additionally, students participate in process group therapy, where the goal is to draw awareness to, and help students work through interpersonal dynamics with other students in the here-and-now. Students also participate in yoga therapy, which is designed to build on mindfulness skills, deep breathing, and body sensation awareness through yoga positions and guided imagery. Additionally, Music Therapy is held during the Summer program.

Diagnostic Assessment

During the year, each intern may have the opportunity to complete full diagnostic batteries, if the intern is interested. Diagnostic batteries typically consist of:

- Clinical Interview
- Mental Status Exam
- Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V) or Wechsler Adult Intelligence Scale- Fourth Edition (WAIS-IV)
- Woodcock Johnson Tests of Cognitive Abilities-Fourth Edition
- Woodcock Johnson Tests of Achievement-Fourth Edition
- Vineland Adaptive Behavior Scale, Third Edition (Vineland-III)
- Projective Drawings, Incomplete Sentences
- Objective Personality Tests - MMPI-A, PAI-A
- Projective Tests - TAT and Rorschach

Academic Program

A variety of academic subjects are presented with instruction individualized to the performance level of each student. The Educational Program Includes:

- *Comprehensive Psycho-Educational Services:* Individualized Academic Program, Teacher/Student ratio is 1:5 for both Bridge View and Challenger

- *Remedial Services:* In the areas of reading, phonics, visual and auditory processing, language arts, math, etc.
- *Traditional Curriculum:* Offered to all students, as indicated on their (IEP) Individualized Educational Plan
- *Special Academics:* Art Education, Computer Education, Physical Education
- *Pre-Vocational Education:* Offered to all students with a special emphasis for the Challenger Program
- *Ancillary Services:* Speech/Language Evaluations and Therapy, Learning Disability Resources, Nursing Services, and Psychiatric Consultation Services

Clinical Staff

Rina K. Norris, Psy.D.
 Illinois School of Professional Psychology- Schaumburg
 Licensed Clinical Psychologist
 Clinical Director/Director of Training

Jeffry Stine, Psy.D.
 Illinois School of Professional Psychology- Schaumburg
 Licensed Clinical Psychologist
 Director of Diagnostic Assessments

Suzanne Mihlon, Psy.D.
 Illinois School of Professional Psychology- Schaumburg
 Doctor of Psychology
 Director of Mindfulness and Yoga Practices

*If you should have any questions or would like further information about our training program, please contact the Director of Training, Rina Norris, Psy.D. at drina@bvschools.org.

DOCTORAL INTERNSHIP TRAINING PROGRAM

Bridge View and Challenger Day Schools clinical training program is a member of the Association of Psychology Postdoctoral and Internship Center (APPIC). The training program is not accredited by the American Psychological Association (APA).

Philosophy and Goals

Bridge View and Challenger's clinical staff utilize various treatment approaches aimed at helping students develop interpersonal skills, self-awareness, emotional regulation, and a realistic view of their own inner strength and potential. Individualized interventions are aimed at expanding their own understanding of their life story to include their strength, resilience, and abilities to more successfully navigate problem areas in their life. Consistent natural and logical consequences are implemented throughout their experience, thereby decreasing negative behaviors, increasing positive approaches, and ultimately internalizing both in a meaningful and sustainable way. Bridge View and Challenger clinical staff work with both the student and their families to not only understand their own individual and familial dynamics, but also to create change that leads to improved life satisfaction and emotional health.

The goal for students at Bridge View and Challenger Day School Program is for students to graduate and/or progress to a variety of academic settings because:

- An individualized academic/treatment program and structured environment enables students to learn their education strengths and weaknesses, solve their interpersonal relationship problems, intrapsychic issues, behavioral issues, and develop appropriate

social skills, study skills, and work habits;

- Parents, school district personnel, therapists, day school educators and staff work cooperatively as a team to facilitate the successful return of students to their district school programs;
- Educational and clinical staff work cooperatively to develop congruent individual educational goals and therapy treatment plans.

Bridge View and Challenger Day Schools doctoral psychology internship training program is to provide future clinicians with a solid foundation in clinical skills working with children and adolescents. We believe that clinicians working with this population need a good working knowledge of all major areas of psychological theory and practice. The training program is designed to provide a practical understanding of clinical work with this population. In order to accomplish these goals, a variety of on-going training activities are planned. These are planned in such a way that such skills can be easily adapted to other clinical settings. The primary training goal is to provide doctoral interns with an experience that promotes professional growth, continual knowledge acquisition, and improvement in core clinical skills and competencies. In addition, value is placed on the ability to render high quality mental health care with integrity, that is in accordance with the American Psychological Association's ethical standards and guidelines. Graduating interns will be able to function at an entry level professional in the rendering of clinical services and related possibilities.

Educational Model and Objectives

Bridge View and Challenger Day School clinical training program is designed to provide doctoral interns training in the areas of individual therapy, group therapy, family therapy, mindfulness/DBT, yoga therapy and clinical consultation within a therapeutic milieu. Doctoral interns are provided with opportunities to work with highly complex and challenging children and adolescents with a wide range of emotional and behavioral difficulties from diverse cultural and ethnic backgrounds. Conceptualization, diagnostic, and intervention skills are a strong focus in the training program related to individual, group, family and consultation with multidisciplinary members of the student's treatment team. Both didactic and experiential methods are used in which both theoretical and interventional concepts are interwoven. Weekly group seminars that involve the entire training team are an integral part of the training program in addition to twice weekly individual supervision provided by two licensed clinical psychologists. Psychiatry consultation once per month is integrated into the seminar program, whereby cases are presented to a visiting psychiatrist and medication and therapy are discussed. Research Review is held monthly to explore and promote evidence based treatments for

presenting issues of the clients we serve. Additionally, a monthly seminar is held to promote discussion and self-reflection on how multicultural and diversity issues may impact client conceptualization and treatment. The internship program at Bridge View and Challenger Day Schools is primarily therapy-based.

Training Program Goals, Objectives, and Competencies

In order for Bridge View and Challenger's Clinical Program training philosophy to be fully accomplished, the following clinical competencies and how they are addressed are outlined below. This will include goals, objectives, related competencies, as well as express an understanding how the objectives will be attained, what is minimally expected criteria for a positive and successful internship completion, and a summary of the overall training structure for each area provided.

Goal #1: Further develop and solidify knowledge, skill, and self-awareness relevant to the provision of individual psychotherapy

Objectives for Goal #1:

- Objective 1A: Continue to develop knowledge of and the ability to apply psychological theory, psychotherapy principles, and clinical research to clinical practice
- Objective 1B: Continue to develop ability to apply critical thinking and scientific method in practice.
- Objective 1C: Achieve more depth and higher level in formulating diagnostic impressions, case conceptualization, and intervention planning.
- Objective 1D: Develop greater skill and flexibility in implementing different treatment modalities

Competencies Expected for Goal #1:

- Gathering data through assessment
- Formulating clinical conceptualization that integrates both clinical data and knowledge gained through research
- Testing hypotheses and refining and integrating new information
- Selecting interventions based on clinical conceptualization
- Judging effectiveness of the intervention while making appropriate adjustments
- Pacing and timing of interventions
- Understanding of the client's capacity to hear and integrate the intervention
- Increase awareness of possible transference and counter-transferences, as well as defensive dynamics
- Attending to individual and cultural issues (i.e. race/ethnicity, gender, religious, socioeconomic status, sexuality, etc)
- Develop ability to self-reflect and a greater understanding of how one's own life events contribute to the development of assumptions, values, experiences, and personal reactions and how they impact the therapy process

How outcomes are measured for Goal #1

1. Intern will be able to communicate working diagnoses, assessments, and treatment plan for clients in individual supervision

2. Intern will reflect and discuss their thought processes throughout the therapy session while reviewing audio or video recording of session in individual supervision
3. Formal and informal feedback regarding clinical skill throughout the year that is incorporated into the treatment with the client

Goal #2: Increase knowledge and skill in using psychological assessments and clinical interviewing to inform treatment recommendation and planning

Objectives for Goal #2:

- Objective 2A: Gather adequate and appropriate information
- Objective 2B: Make appropriate treatment recommendations based on the relevant
- Objective 2C: Effectively use psychological testing in the assessment and formulation of treatment recommendations
- Objective 2D: To effectively communicate treatment recommendations and assessment conclusions to relevant treatment team members and providers.

Competencies Expected for Goal #2

- Selection of appropriate assessment measures that are applicable to the assessment referral questions
- Accurately administer, score, and interpret results both verbally and in writing. This includes but is not limited to writing informative test reports, giving feedback to clients, their family, and communicating feedback to appropriate professionals
- Effectively communicate treatment recommendations and assessment conclusions to relevant team members and providers

How outcomes are measured for Goal #2

1. Intern is able to articulate a working diagnosis and conceptualization based on the assessment information gathered
2. Intern is able to effectively integrate cognitive and social-emotional data
3. Intern is able to effectively write psychological reports incorporating behavioral observations, mental status exam, and test data using appropriate language
4. Formal and informal feedback regarding clinical assessment skill throughout the year that is incorporated into assessment work with clients

Goal #3: Develop competency in crisis assessment and intervention

- Objective 3A: Conduct an in-depth crisis, lethality, and risk assessment
- Objective 3B: Make clinical judgments grounded in theory, research, and relevant data gathered to measure risk
- Objective 3C: Develop and assist in implementing crisis intervention strategies such as using coping skills, de-escalation techniques, practical problem-solving, and recommendations for psychiatric or hospital-based evaluation, and clinically appropriate follow-up

How outcomes are measured for Goal #3

1. Accurately conduct crisis, lethality, and risk assessment
2. Integrate relevant clinical data to provide appropriate recommendations and contingency management
3. Implement contingency plan that involves problem-solving, de-escalation techniques, and communicating to appropriate care providers.
4. Formal and informal feedback regarding crisis management skill throughout the year that is incorporated into risk assessment work with clients

Goal #4: Develop competence in providing mental health and milieu consultation services

- Objective 4A: Acquire exposure to various models and processes of consultation
- Objective 4B: Develop the ability to provide appropriate forms of consultation based on the consultee's needs
- Objective 4C: Evaluate consultative interventions and/or relationships and make appropriate adjustments
- Objective 4D: Develop the ability to assess milieu issues and intervene in ways that promote a healthy milieu

How outcomes are measured for Goal #4

1. Will form productive relationships with individuals from other professions
2. Can identify systemic factors and underlying dynamics of problem behaviors in a milieu setting
3. Will intervene effectively in addressing problematic milieu behaviors
4. Can consult effectively regarding clinically relevant case material with other

professionals.

Goal #5: Develop competency in providing group therapy interventions

- Objective 5A: Increase knowledge of group treatment modalities
- Objective 5B: Be able to effectively implement fundamental tasks related to group formation
- Objective 5C: Conceptualize group process, based on individual, interpersonal, and group as a whole dynamics, and group developmental stages, and facilitate group development accordingly
- Objective 5D: Attain increased ability in selecting and implementing various kinds of interventions in group therapy
- Objective 5E: Work effectively with co-therapists

How outcomes are measured for Goal #5

1. Demonstrates greater knowledge about various forms of group therapy interventions, including process oriented (Yalom-style) therapy groups and psychoeducational (social communication and DBT informed) skills-based groups.
2. Integrates knowledge about group therapy research, theory, and practice to develop a greater understanding for curative factors in group interventions.
3. Is able to assess appropriateness of individuals for group therapy
4. Effectively utilizes both content and process level interventions
5. Utilizes psychoeducational, structured activities, or process approach as clinically warranted
6. Engages in respectful, honest, and direct feedback with co-therapists
7. Works collaboratively on planning and initiating group interventions with co-leaders
8. Formal and informal feedback regarding group therapy skills throughout the year that is incorporated into treatment with clients
- 9.

Goal #6: Increase awareness of and ability to apply ethical and professional standards to the provision of clinical services and navigating professional relationships

- Objective 6A: Demonstrate knowledge and application of APA Ethical Principles
- Objective 6B: Knowledge of state legal guidelines and how to obtain information and clarification (how to consult with state licensing boards, utilizing professional

membership services, etc.)

- Objective 6C: Increased understanding and sophistication in thinking through ethical issues and subsequently making appropriate ethical judgments
- Objective 6D: Maintain quality of client care through prompt case management and clinical documentation
- Objective 6E: Maintain appropriate professional and ethical boundaries with clients, consultees, colleagues, supervisors, supervisees and other training or support staff
- Objective 6F: Demonstrate professional responsibility to clients, colleagues, the agency, and broader community

How outcomes are measured for Goal #6

1. Is able to discuss issues of ethical and legal matters in meetings, seminars, and supervision
2. Is able to report abuse or neglect to appropriate individuals and agencies when clinically warranted.

Goal #7: Continue to develop competency and greater sophistication in multicultural and diversity awareness in clinical practice

- Objective 7A: Develop appreciation for how issues of all aspects of diversity may impact the personal, interpersonal, and social experiences of clients
- Objective 7B: Incorporate information about both individual and cultural issues into assessment, conceptualization, and intervention with clients
- Objective 7C: Develop sensitivity of the impact of cultural differences and similarities on the therapeutic relationship
- Objective 7D: Incorporate issues of diversity into therapy content and process in a sensitive, respectful manner
- Objective 7E: Develop increased awareness of how cultural issues impact one's own values, assumptions, and reactions as well as their potential impact on the therapy relationship
- Objective 7F: Develop greater understanding and awareness how cultural issues may impact professional functioning and relationship with staff, supervisors, supervisees, and other trainees

How outcomes are measured for Goal #7

1. Demonstrates awareness of own cultural, gender, , SES identities and how it impacts the therapy relationship
2. Demonstrates awareness of own biases and how it impacts therapy sessions
3. Is able to work with a broad range of diverse clients
4. Able to intervene effectively with clients a racially/culturally/sensitive manner
5. Demonstrates increased working knowledge through research and presentation topics in group therapy supervision, diagnostic seminar, and multicultural seminar
6. Formal and informal feedback regarding cultural complexities provided throughout the year incorporated into treatment

Goal #8: Develop competencies in use of supervision

- Objective 8A: Demonstrates ability of professional responsibilities and behaviors in preparation for supervision
- Objective 8B: Ability to discuss how psychological research and theory apply to clinical practice
- Objective 8C: Ability to initiate and actively participate in supervision discussions pertaining to perceived needs in clinical training
- Objective 8D: Demonstrates openness to feedback and ability to incorporate feedback into sessions with clients
- Demonstrates level of self-awareness and professional development

How outcomes are measured for Goal #8

1. Demonstrates openness and flexibility
2. Relates well with supervisors
3. Seeks out supervision appropriately
4. Openness and non-defensive when receiving feedback
5. Contributes during group supervision and seminar sessions
6. Demonstrates ability to self-reflect and self-evaluate regarding clinical skills and use of supervision.

Goal #9: Develop an increased sense of professional identity

- Objective 9A: Demonstrates ability to interact professionally with peers, supervisors, and professional staff

- Objective 9B: Demonstrates professional responsibility with case management and time management
- Objective 9C: Demonstrate professional responsibility in examining areas of personal and professional strengths and areas of growth
- Objective 9D: Demonstrates professional maturity in the areas of work/life balance

How outcomes are measured for Goal #9

1. Able to articulate issues of professional development in meetings, seminars, and supervision
2. Displays professional behavior at the training site
3. Timely and efficient in discharging responsibilities
4. Expresses themselves professionally in verbal and written communication
5. Dresses appropriately for training setting
6. Demonstrates integrity in professional behavior

Detailed Training Experiences

Internship Orientation

Interns begin the training program by participating in a week-long orientation in which they are exposed to an overview of Bridge View and Challenger Day Schools Clinical Training Program.

Clinical Service Delivery

Clinical service delivery comprises at least 50% of the intern's weekly schedule. Included in face to face clinical training are:

- *Individual Therapy*: Interns carry a caseload of 10-14 children and adolescents that are seen weekly for individual therapy. Externs carry a caseload of 4-6 clients. Caseloads fluctuate as students enter and leave the program. Clients range from neurodevelopmental and autistic spectrum disorder, major affective disorders, psychosis, and complex trauma.
- *Crisis Intervention*: Interns and externs are scheduled for one-week rotations managing the Bridge View/Challenger Crisis Line. Crisis line hours are from 3:00 PM until 7:30 AM the following school day. Responsibilities include assessing students in various forms of crisis and providing crisis intervention strategies and contingency management. Primary and secondary supervisors are available for consultation.

- *Group Therapy*: Interns and externs co-lead three process-oriented group therapy sessions per week and one social communication/DBT informed skills-based group once per week.
- *Family Therapy*: Interns provide family therapy services during the school day (8:00 AM to 3:00 PM) as well as Wednesday and Thursday nights (3:00 PM to 8:00 PM).
- *Multi-Family Workshop*: Twice per year, interns develop a multi-family workshop based on the needs and interests of the Bridge View/Challenger parent community.
- *Milieu and Mental Health Consultation*: Interns and externs will engage in ongoing milieu and mental health consultation with school teaching staff as well as psychiatrists and other mental health professionals.
- *Professional Presentations*: Interns are involved in several presentations throughout the summer months. Interns are expected to research, prepare, and present topics of interest to the training team

Supervision and Intern Seminars

Supervision will be primarily provided by the Clinical Director/Director of Training and the Director of Diagnostic Assessments. Each intern will receive at least two hours a week of individual supervision in addition to diagnostic supervision and group supervision. For each psychodiagnostic battery, additional supervision time will be provided. The interns and externs will also receive supervision from psychiatric and psychological consultants. The Clinical Director will provide process group supervision throughout the regular school year. Group supervision is part didactic and part experientially based on case material regarding process group therapy and family therapy cases.

The supervisors are clinically responsible for the cases of the trainees by meeting for regularly scheduled individual supervision sessions with trainees, supervisor-supervisor collaboration, didactic training seminars, group case consultation, case presentations, written therapy reports, and individual therapy IEP goal tracking. In addition, there is a direct dialogue to the supervisees regarding the trainee's ethical responsibility to consult with the supervisor to both ensure best practice, but also because the supervisor is responsible for the cases.

- *Individual Supervision*: Each intern receives two hours of supervision per week, one hour from each supervisor
- *Group Supervision*: Interns and externs have the opportunity to acquire information in a didactic setting as well as receive consultation on current cases that relate to the topic being presented. Didactics include but are not limited to: Case conceptualization model

and application, hypnotherapy, internal family systems, assessment and treatment of trauma, metaphors and therapeutic stories, mindfulness, healing yoga, crisis intervention. Interns are involved in several presentations throughout the summer months

- *Group Therapy Supervision*: This is an opportunity for interns and externs to receive and provide support and consultation to one another about group therapy experiences. Discuss process group dynamics and intervention.
- *Family Therapy Seminar*: A weekly scheduled opportunity for interns and externs to discuss family therapy sessions and interventions in a group setting. Interns and externs role-play sessions and are discussed.
- *Psychiatric Case Consultation*: A monthly opportunity for interns to present and consult with a pediatric psychiatrist regarding issues related to diagnosis, therapeutic interventions, medication management, and overall treatment planning. Didactics include medication reviews and application.
- *Research Review*: Research Review is a seminar consisting of interns and externs, and which meets on a monthly basis. Interns and externs are required to review current journal articles related to specific treatment topics assigned by the Clinical Director/Director of Training. These reviews are presented both orally and in written form to the training team.
- *Multicultural and Diversity Seminar*: Interns and Externs participate in a monthly seminar dedicated to exploring the cultural and diversity issues which impact their clients, and how it interfaces with their own experiences, biases and understandings of diversity issues. Trainees present cases to the team highlighting these issues and perspectives, and an open dialogue ensues in which others contribute their own experiences and perspectives on these issues.
- *Diagnostic Seminar*: Interns and diagnostic externs participate in a weekly seminar aimed at acquiring knowledge to conduct psychological assessments of learning disabilities, suicide/risk profile, neurodevelopmental disorders, affective disorders, and psychotic processes. Clinical test data is used to facilitate discussions on diagnostic formulation and treatment planning.
- *Intern Seminar*: Intern Supervision led by the Clinical Director/Director of Training and the Director of Diagnostic Assessment, in which interns discuss case conceptualizations and interventions with fellow interns.

Use of Video and Audio Recording in Supervision

Interns receive ongoing feedback in weekly individual and group supervisions and training seminars utilizing video or audio tapes, detailed notes, and/or live observation (i.e., family

therapy sessions, group therapy sessions).

- Given the population that we serve, many students are reticent to consent to being video or audio taped. The following procedure should be followed: 1) Request consent for videotaping from legal guardian and client, 2) If the legal guardian and client do not consent to videotaping, inquire as to whether they would consent to being audio taped, 3) If the legal guardian and client do not consent to taping of any kind, then process notes are required to be reviewed in supervision.

Terms of Employment

Non-Discrimination and Harassment Policy

Bridge View and Challenger Day Schools is committed to equal opportunity for all qualified interns and externs. No applicant or employee will be discriminated against on the basis of race, religion, color, gender, age, disability, national origin, sexual orientation, or any other characteristic protected by applicable law.

Bridge View and Challenger Day Schools is committed to maintaining a work environment that is free from discrimination, intimidation, and harassment. Bridge View and Challenger policy prohibits sexual, racial, and other unlawful harassment in the workplace. The purpose of this policy is to emphasize that Bridge View and Challenger does not tolerate discrimination or harassment of Bridge View and Challenger students, staff, or visitors. For purposes of this policy, “harassment” includes, but is not limited to, any of the following types of conduct:

1. verbal or physical conduct that belittles or shows hostility or aversion toward an individual because of his or her gender, race, religion, color, national origin, age, disability, or sexual orientation and which:
 - a. has the purpose or effect of creating an intimidating, hostile, or offensive work environment;
 - b. had the purpose or effect of unreasonably interfering with an individual’s work performance; or
 - c. otherwise adversely affects an individual’s employment opportunities.
2. unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
 - a. submission to such conduct is made explicitly or implicitly a term or condition of an individual’s employment;
 - b. submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual;
 - c. such conduct has the purpose or effect of creating an intimidating, hostile,

- or offensive work environment; or
- d. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance.

Examples of the kinds of conduct that may constitute sexual harassment include, but are not limited to, the following: explicit demands for sexual favors; sex-oriented verbal kidding, teasing, or jokes; repeated sexual flirtations, advances, or propositions; continued or repeated verbal abuse of a sexual nature; graphic or degrading comments about an individual or his or her appearance; the display of sexually suggestive objects or pictures; subtle pressure for sexual activity; physical contact, such as hugging, pinching, or brushing against another person's body; and treating someone differently because of their gender.

Bridge View and Challenger Day Schools take allegations of sexual harassment seriously. If you feel you are being harassed by anyone (including, but not limited to, a Bridge View or Challenger employee, vendor, or visitor), you should immediately do the following:

1. Clearly and directly inform the person harassing you that his or her conduct is unwelcome and must stop; and
2. promptly report the harassment to the Executive Director/Principal and provide any documentation you may have prepared regarding the harassment. If, for any reason, you do not feel comfortable reporting the harassment to the Executive Director/Principal, you should report it to the Assistant Principal or Clinical Director.

Likewise, if you believe that any other person has been subjected to harassment, or that employment decisions are being made for discriminatory reasons, you have the responsibility to promptly report such behavior to the Executive Director/Principal, Assistant Principal, or Clinical Director.

All complaints will be investigated promptly and thoroughly. The investigation will be kept confidential to the extent possible. If you feel you have been harassed, it will aid Bridge View and Challenger's investigation for you to document or record each incident of harassment, including: the name(s) of the individual(s) involved; the date, time and location of each incident; and a description of each incident. If an investigation confirms that harassment in violation of this policy has occurred, Bridge View and Challenger will take appropriate corrective action. This includes, but is not limited to, warning, reprimand, suspension, or termination. Remedial action may also include counseling, changes in work assignments, changes in level of responsibility of tasks assigned, changes in compensation, or other measures designed to prevent future misconduct. Bridge View and Challenger will determine what corrective action is appropriate, and the measure of discipline will correspond to the gravity of the offense as weighed by its potential effect on Bridge View and Challenger and its employees. There will be

no retaliation by Bridge View or Challenger against any employee who makes a good-faith report, even if, after an investigation, it appears that there has been no violation.

Everyone in the Bridge View and Challenger programs is responsible for assuring that our work place is free from all forms of harassment. If you have any questions regarding this policy, please ask the Executive Director.

Disability Policy

Bridge View and Challenger Day Schools are committed to making reasonable accommodations for any qualified employee or applicant with a disability. If you need a specific accommodation, please inform the Executive Director/Principal.

Ethical Conduct

Clinical trainees are expected to conduct themselves in a highly professional manner consistent with the guidelines outlined by the American Psychological Association in its publications "Ethical Standards for Psychologists" and "Standards for Providers of Psychological Services".

Bridge View and Challenger guidelines and policies are also to be complied with. Any infraction of professional or ethical conduct could result in disciplinary measures including termination of practicum or internship experience. Basis for disciplinary action could include but not be restricted to the following:

1. Sexual and/or emotional involvement with students or their families.
2. Non-compliance with supervision.
3. Failure to be present at scheduled training events and staffings.
4. Unexcused absences.
5. Taking time off or vacations without the prior approval as per personnel policy manual.
6. Unauthorized use of student files, therapy reports, diagnostic data, etc.
6. Physical, verbal or emotional abuse of any student or family member.
7. Drinking alcoholic beverages while on duty.
8. Use, sale or advocacy of illegal substances.

Intern Qualifications, Recruitment and Selection Procedures

Applications must be received by Bridge View with all supportive documents on or before November 30 for the upcoming Internship Program. In order for an application to be reviewed and selected for interview, the following conditions are required:

1. A minimum of 3 successfully completed practicum experiences, which includes both diagnostic and therapy practicum experiences. Some adolescent population experience is preferred but not essential.
2. A Letter of Readiness by the Director of Training indicating successful completion of all school requirements necessary prior to internship (Comprehensive Exams, academic standing,
3. Academic transcripts indicating good academic standing
4. Letters of Recommendation from externship sites and/or teachers indicating successful participation under their guidance, with at least 2 letters coming from externship site supervisors
5. Student from a graduate program that is either APA-accredited or awaiting approval following Self-Study submission
6. No legitimate complaints filed about the applicant, past or present, from fellow cohorts, externship site supervisors or academic staff
7. Submission of AAPI application online which includes 3 letters of recommendation, 4 essays, graduate transcripts, CV, and cover letter.

Bridge View and Challenger Day School Programs are equal opportunity employers and strongly encourage minority applicants to apply.

Once conditions for application review are met, the AAPI are read by the selection committee composed of the licensed clinical psychologists on staff. Intern applicants that appear to be a good fit for the site based on essay responses, academic grades, and positive letters of recommendation, are contacted via email by December 15th and instructions conveyed to sign up for a face to face interview online. Prospective candidates will be invited in for a tour of the facility and will be given the opportunity to meet with clinical staff and current interns. They will also receive a formal interview, which will be with a selection panel consisting of Clinical staff from the Bridge View/Challenger clinical training committee.

Interviews are conducted on site by the Clinical Director/Director of Training, the Director of Diagnostic Assessments, and the Director of Mindfulness and Yoga Practices. Questions are

aimed at understanding the applicant's externship experiences, their theoretical orientation, their ability to conceptualize cases, supervision experiences, professional and personal learning moments, areas of growth and strengths, and goals for their internship year. Applicants are described in detail the program components as well as the expectations and the inner workings of the site. Applicants are not given rankings nor are they asked whether they are interested in the site. We make no attempt to engage with the applicant following the interview. Applicants are rated by scale on a form which is filled out by each interviewer. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Internship Format

12-month long internship program that consists of a minimum of 40 hours per week on site (Regular School Year Monday-Friday 8:00 AM to 3:30 PM in addition to extended family therapy hours until 8:00 PM Wednesday and Thursday; Extended School Year 8:00 AM to 1:45 PM Monday-Thursday with one day of extended family therapy hours on Wednesday or Thursday)

- The intern will participate in weekly team meetings held immediately after school Wednesdays and Thursdays
- The intern will participate in 2000 hours of supervised clinical experience throughout the entire internship training year in direct service, indirect service, training, and supervision.
- Interns typically spend a minimum of 800 hours in direct service.
- The internship training year will start and end about mid-August.

Conditions of Hire and Benefits

Upon matching to Bridge View and Challenger Day Schools, interns are required by the Illinois State Board of Education (ISBE) to complete the following:

- Obtain fingerprinting for a background check
- Provide proof of a TB test within the last six months
- Provide proof of a Wellness Physical within the last six months

Benefits included in the internship program:

- \$22, 000 stipend for the year
- Free parking

- School hours from 8:00 AM to 3:30 PM during the regular school year and from 8:00 AM to 1:45 PM Monday-Thursday during Summer school. Extended family therapy hours are until 8:00 PM Wednesdays and Thursdays
- Vacation time (School calendar vacation times include 2 weeks for winter, 1 week for Spring, 1 week before Summer school begins, 1 week after Summer school concludes) in addition to 5 discretionary vacation days.
- Individual office with desk, phone, and appropriate furnishings
- Blue Cross Blue Shield HMO Health Insurance
- Interns are covered by the school's professional liability insurance

Administrative Assistance

Administrative assistance for interns is provided by the Office Manager and administrative support staff, and are entitled to the same degree of respect and assistance afforded to the professional staff.

Other Leave Time

Successful completion of internship requires a total of 2,000 hours, which is typically completed within the contracted year. However, there may be circumstances (e.g. maternity leave, chronic health condition) that impede the ability to meet this requirement. If an intern is in a situation that they are unable to meet this requirement, he/she will need to communicate with the Clinical Director/Director of Training to discuss how to adequately fulfill the 2,000-hour requirement which may include extending the training experience beyond the scheduled completion date.

EVALUATION PROCEDURES

Training Committee

The Bridge View/Challenger Training Program will have a training committee consisting of three members; two permanent members and the third will be an elected representative of the trainees. The permanent members will be the Clinical Director/Director of Training, and the Director of Diagnostic Assessments. The purpose of the Training Committee is to review all aspects of the training program and address and resolve training issues. The training committee will meet at 2:00 pm the first and third Wednesday of every month. Committee meetings could also be called by any member of the committee on an as needed basis.

Intern Evaluation Process

Interns are assigned the two permanent training committee members as supervisors for their psychological activities. Each supervisor is assigned for one hour of individual supervision per week. Interns and supervisors determine the proportion of the intern's caseload which will be supervised by the two supervisors. The supervisors evaluate the intern's performance on an ongoing basis.

In the context of this supervisory relationship, interns receive ongoing feedback regarding their professional strengths and areas/skills in need of improvement, particularly in individual counseling and psychotherapy. The Clinical Director/Director of Training and the director of diagnostic assessment conduct a written evaluation of each of their supervisees on two occasions during the training year. Such written evaluation sessions typically occur in, January and August. These written evaluations cover three major areas: (1) the intern's knowledge and acquisition of relevant professional standards; (2) his/her acquisition of appropriate professional skills and abilities; and (3) his/her appropriate management of personal concerns and issues as they relate to professional functioning.

At the end of each evaluation period, the supervisors will review and discuss the evaluation with the intern. This process is designed to provide both evaluative feedback and suggestions and recommendations for improvement. Interns also use this session to provide verbal and written feedback to the supervisor regarding their role as supervisor and of their perception of

supervision. Perceptual and/or factual differences between the supervisor's evaluation and that of the intern are expected to be resolved during this evaluation meeting. Procedures for addressing unresolved perceptions are described later in this document.

Assuming that there is no aspect of the intern's performance which has been rated "poor" or "fair", both the supervisor and intern sign the evaluation indicating that it has been reviewed by both parties. A copy of the evaluation is then retained by the Clinical Director/Director of Training.

Thus the Clinical Director/Director of Training retains information from both evaluations conducted by the Clinical Director/Director of Training and Director of Diagnostic Assessments, his/her own impressions, and those of others who have had significant contact with the intern.

The training committee then meets as a group to share perceptions and review the progress of each intern. After such a review, the Clinical Director/Director of Training combines all evaluative information and meets with the intern to provide him/her with a summary evaluation.

This process is viewed as an opportunity for the Clinical Director/Director of Training to provide integrative feedback regarding the collective experience of others who have significant interactions with the intern. Both parties discuss how the training experience is progressing and the intern is provided with the opportunity to give his/her reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting that the director of training and the intern may arrange for a modification of the intern's training program to address his/her training needs and/or the needs of the training program. It is important that in the course of the training year, the sponsoring university/professional school is kept apprised of the intern's training experience. The Clinical Director/Director of Training communicates a number of times with the training director of the sponsoring school.

The goal of Bridge View/Challenger Day School is to retain interns for the entirety of their training year. As such, feedback is given regularly in order to ensure professional growth at a satisfactory trajectory. If the trajectory is unsatisfactory, increased guidance and support is provided for the intern. If performance continues to be unsatisfactory, the doctoral program will be contacted and a remediation plan will be discussed with the Director. Any termination decisions would be reached with collaboration from the doctoral program following the due process procedures.

Intern Feedback Regarding Training Program Experience

Interns are invited to give informal feedback to supervisors throughout the training year. Interns

will also have the opportunity to provide more formal feedback to supervisors at mid-year and end-of-the year. This feedback mechanism also provides staff with the opportunity to address topics of concern to the interns throughout the year.

Communication Policy with Doctoral Programs

The Bridge View/Challenger Day School Clinical Director/Director of Training communicates with the intern's doctoral program a minimum of four times each year. The first communication is at the time of a successful match with the intern, followed by a mid-year email communication, and finally an end of the year email communication. Intern evaluation forms completed by the Clinical Director/Director of Training are also sent to the intern's doctoral program. The doctoral programs are encouraged to contact the Clinical Director/Director of Training at any time during the course of the year with any questions, concerns or requests, as well as visit the site at their own discretion. If professional or clinical performance issues arise with the intern, the Clinical Director/Director of Training will contact the doctoral program to either keep them informed of the issues or to discuss potential remediation plans.

Maintenance of Intern Records

Bridge View/Challenger Day Schools create a personal and confidential file for each intern. These files are kept in a file cabinet in the main office, and are maintained by the office manager. The filing cabinet is available only to the site's administrators and office staff and is locked when the office manager leaves for the day. The contents of the intern's employee file contains contracts, time off forms, site evaluations, academic program evaluations, communications to their academic programs, letter of completion, a copy of certificate of completion, a description of training experiences, remediation plans, and any relevant complaints or grievances made by the intern. There have not been any formal complaints or grievances made by interns and therefore there are no records indicating this process in the files.

Intern files are private and available to share only with the intern and with the academic program if issues arise. These files are indefinitely maintained by the office staff.

DUE PROCESS & GRIEVANCE GUIDELINES

Intern Problem Behaviors, Due Process & Grievance Procedures

Intern Problem Behaviors

For purposes of this document, intern problem behaviors are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

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

Evaluative criteria which link this definition of problem behavior to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors at several intervals during the internship/training year (evaluation forms are appended to this document).

While it is a professional judgment as to when an intern's behavior becomes more serious rather than just problematic, for purposes of this document, a problem refers to an intern's behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are perceived to be unexpected or excessive for professionals in training. Problems typically become identified as significant 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 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.
7. This observation is made by more than one supervisor.

Due Process Guidelines

Due process is a mechanism that assures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action. General due process guidelines include the following steps:

1. Presenting the intern, in writing, with the program's expectations related to professional functioning.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding problematic behaviors.
4. Communicating, early and often, with graduate programs about any suspected difficulties with the intern and seeking input from these academic programs about how to address such difficulties.
5. Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time-frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures should be included in the program's handbook and made available to the intern at the beginning of the internship training year.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

During the initial orientation, interns are given printed copies of the Employee Handbook and Clinical Training Manual, along with this document. The contents are also orally presented for discussion during one of the orientation sessions by the Clinical Director.

Initial Procedures for responding to inadequate performance by an intern

If an intern receives a rating of “poor” or “fair” from any of the evaluation sources in any of the three major categories of evaluation, or if a training committee member requests for any other reason, the following procedures will be initiated:

- A. A written request is filed either by the intern’s supervisor or the training committee member for a full training committee meeting.
- B. The training committee will meet to discuss the matter and determine what action needs to be taken to address the issues reflected by the rating.
- C. The intern will be notified, in writing, that such a review is occurring and the training committee will receive any information or statement from the intern related to his/her response to the matter.
- D. In discussing the situation and the intern’s response, the training committee may adopt any one or more of the following methods or may take any other appropriate action. It may issue:
 - a. An “Acknowledgment Notice” which formally acknowledges (a) that the committee is aware of and concerned with the rating; (b) that the rating has been brought to the attention of the intern; (c) that the training committee will work with the intern to rectify the problem or skill deficits addressed by the rating or the request; and (d) that the behaviors associated with the rating are not significant enough to warrant more serious action.
 - b. “Probation” which defines a relationship such that the training committee, through the supervisors, and director of training, actively and systematically monitor, 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 probation is a written statement to the intern and includes:
 - c. the actual behaviors associated with the inadequate rating;
 - d. the specific recommendations for rectifying the problem;
 - e. the time frame for the probation during which the problem is expected to be ameliorated;
 - f. the procedures designed to ascertain whether the problem has been appropriately rectified.
 - g. A “take no further action” statement.
- E. The Clinical Director/Director of Training will then meet with the intern to review the probationary conditions. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in

Section II of this document.

- F. If either the Acknowledgment Notice or the Probation Action occurs, the clinical director/director of training will inform the intern's sponsoring university, indicating the nature of the inadequate rating and the action taken by the training committee, as well as their rationale. The intern shall receive a copy of the letter to the sponsoring university.
- G. Once the Acknowledgment Notice or Probation Action is issued by the training committee, it is expected that the status of the rating will be reviewed no later than the next form evaluation period, or in the case of probation, no later than the time limits identified with the probation statement.
- H. If the rating has been rectified to the satisfaction of the training committee, the intern, sponsoring university and other appropriate individuals will be informed and no further action will be taken.

Situations in which Grievance Processes are initiated.

There are three situations in which grievance procedures can be initiated:

- 1. When the intern challenges the action taken by the training committee (intern challenge).
- 2. When the training committee is not satisfied with the intern's action in response to the training committee actions (continuation of inadequate rating).
- 3. When a member of the Bridge View/Challenger professional staff initiates action against an intern (intern violation).

Each of these situations and the courses of action accompanying them are described below.

- 1. Intern Challenge: If the intern challenges the action taken by the training committee, he/she must, within 10 days of receipt of the training committee's decision, inform the Clinical Director/Director of Training, in writing a challenge.
 - a. The Clinical Director/Director of Training will then convene a review panel consisting of two staff members selected by the Clinical Director/Director of Training and two staff members selected by the intern. The intern retains the right to hear all facts with the opportunity to dispute or explain his/her behavior.
 - b. A review hearing will be conducted, chaired by the clinical director/director of training, in which the challenge is heard and the evidence presented. Within five days of completion of the review hearing, the review panel submits a report to the Clinical Director/Director of Training, including any

- recommendations for further action. Decisions made by the review panel will be decided by majority vote. The intern is informed of the recommendation.
- c. Within five days of receipt of the recommendation, the school administrators will accept the review panel's action, reject the review panel's action and provide an alternative, or refer the matter back to the review panel for further deliberation. The panel will then report back to the administration within ten days of the receipt of the director's request for further deliberation. The Clinical Director/Director of Training then makes a final decision regarding what action is to be taken.
 - d. Once a decision has been made, the intern, sponsoring university and the appropriate individuals are informed in writing of the action taken.
2. Continuation of the inadequate rating: The training committee determines that there has not been sufficient improvement in the intern's behavior to remove the inadequate rating under the conditions stipulated in the probation, at which time a formal review will be convened.
- a. The training committee will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. The committee may then adopt any one of the following methods or take any other appropriate action. It may issue:
 - i. a continuation of the probation for a specified time period
 - ii. A suspension, whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved.
 - iii. Communication which informs the intern that the training committee is recommending to the school administration that the intern will not, if the behavior does not change, successfully complete the training year.
 - iv. Communication that informs the intern that the training committee is recommending to the school administration that the intern/psychology trainee be terminated immediately from the training program.
 - b. Within five working days of receipt of the training committee's determination, the intern may respond to the training committee's action by accepting the action or challenging the action.
 - c. If a challenge is made, the intern must provide the Clinical Director/Director of Training, within ten days, information as to why the intern believes the training committee's action is unwarranted. A lack of reason by the intern will be interpreted as complying with the training committee's sanction.

- d. If the intern challenges the training committee's action, a review panel will be formed consisting of the Clinical Director/Director of Training and one other member of the clinical team.
 - e. A review panel hearing will be conducted, chaired by the clinical director/director of clinical training, in which the challenge is heard and the evidence presented. Within ten days of the completion of the review hearing, the review panel shall communicate its recommendation to the intern and to the school administration.
 - f. If the decision is unacceptable to either party, the matter will be referred to an appeal panel. The appeal panel will consist of one member of the Bridge View/Challenger board of directors, one of the clinical team chosen by the Clinical Director/Director of Training and one member of the clinical team chosen by the intern with grievance. This appeal board will convene within five working days of the appeal and make to final decision. This would be communicated in writing to the intern, the Clinical Director/Director of Training and the director of training of the intern's doctoral program.
3. Intern Violations: Any staff member of the professional staff may file, in writing, a grievance against an intern for any the following reasons: (1) unethical or legal violations of professional standards of laws; (2) professional incompetence; or (3) infringement on the rights, privileges or responsibilities of others.
- a. The Clinical Director/Director of Training will review the grievance and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
 - b. If the Clinical Director/Director of Training has determined that the alleged behavior in the complaint, if proven, would not constitute a serious violation, the Clinical Director/Director of Training will inform the staff member who may be allowed to renew the complaint if additional information is provided.
 - c. When the Clinical Director/Director of Training has made a decision that there is probable cause for deliberation by the review panel, the Clinical Director/Director of Training shall notify the staff member and request permission to inform the intern. The staff member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within five days or permission to inform the intern/psychology is denied, the Clinical Director/Director of Training shall decide whether to proceed with the matter.
 - d. If the intern is informed, a review panel is convened consisting of the Clinical Director/Director of Training and two clinical team members. The review

panel receives any relevant information from both the intern and staff members as it bears on its deliberations.

- e. A review hearing will be conducted, chaired by the Clinical Director/Director of Training, in which the complaint is heard and the evidence presented. Within ten days of the completion of the review hearing, the review panel shall communicate its recommendation to the intern and to the school administration. Decisions by the review panel shall be made by majority vote.
- f. Within five days of receipt of the recommendation, the school administration will accept the review panel's action, reject the review panel's recommendation and provide alternative action, or refer the matter back to the review panel for further deliberation. The panel then reports back to the school administration within ten days of the receipt of the administration's request for further deliberation. The school administration then makes a final decision regarding what action is to be taken.
- g. Once a decision has been made, the intern, staff member, sponsoring university and other appropriate individuals are informed in writing of the action taken.

Problem Behaviors Concerning the Clinical Director/Director of Training

In the event that an intern identifies a problem behavior concerning the conduct of the Clinical Director/Director of Training or believes they are the recipient of unfair treatment, the intern shall:

1. Verbally discuss and submit in writing the problematic behavior identified by the intern with the Clinical Director/Director of Training, with the goal of exploring and solving the identified problem. Both the intern and Clinical Director/Director of Training shall document their conversation and the outcome of their discussion, and copies distributed to all parties
2. If the problem behavior persists, the intern shall notify both verbally and in writing, the Director of Diagnostic Assessments of the problematic behavior and the intern's actions taken to address the issue. Upon receiving this documentation, the Director of Diagnostic Assessments will address the intern's concerns with the Clinical Director/Director of Training. Following this discussion, both the Clinical Director/Director of Training and the Director of Diagnostic Assessments shall document their conversation and outcome of their discussion. The Director of Diagnostic

Assessments shall communicate the outcome to the intern, both in writing and verbally, and copies of the document shall be distributed to all parties.

3. If the problematic behavior persists, the intern shall notify in writing the Executive Director of Bridge View and Challenger Day Schools of the documented attempts to address the problematic behavior. The Executive Director shall collect all documentation regarding the problematic behavior and upon reviewing, address the Clinical Director/Director of Training regarding those concerns. The Executive Director reserves the right to decide if any actionable cause is needed regarding the Clinical Director/Director of Training's conduct. The Executive Director will communicate to the intern and Clinical Director/Director of Clinical Training and supply with him/her with documentation indicating what actions will be taken regarding the problematic behavior.

Remediation Considerations

It is important to have meaningful ways to address impairment once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate impairments include, but are not limited to:

1. Increasing supervision, either with the same or other supervisors
2. Changing the format, emphasis and/or focus of supervision.
3. Recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern/psychology trainee evaluation process.
4. Reducing the intern's clinical or other workload and/or requiring specific academic course work.
5. Recommending, when appropriate, a leave of absence and/or a second training year.

When a combination of the above interventions do not, after a reasonable time period, rectify the impairment, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

1. Giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately.
2. Communicating to the intern and academic department/program that the intern has not successfully completed the training year.
3. Recommending and assisting in implementing a career shift for the intern/psychology trainee.

4. Terminating the intern from the training program.

All of the above steps need to be appropriately documented and implemented in ways that are consistent with due process procedures.

APPENDICES

APPENDIX A: BVC Intern Application Rating Form

Applicant Name: _____

Minority/Diversity: _____

Rater Name: _____

Please give a rating for each section, using the following scale:

1-Significantly Below Average; 2-Below Average; 3-Average; 4-Above Average; 5-Significantly Above Average

Cover Letter & Essays (in addition to content, also consider quality of writing, organization, sophistication):

- Cover Letter: _____
- Autobiographical Statement: _____
- Theoretical Orientation: _____
- Experience Awareness of Diversity Issues: _____
- Research/Dissertation: _____

Goodness of Fit:

Additional Clinical Experiences/Impressions:

Case Conceptualization and Treatment:

Goals for Internship Year:

Ranking:

Top 3rd			Middle 3rd			Bottom 3rd		
1	2	3	4	5	6	7	8	9

APPENDIX B: BVC Doctoral Training Program Evaluation Form

Bridge View/Challenger Doctoral Training Program Evaluation Form

Name:	Date:
Graduate School:	Period of Review:
Evaluator:	<input type="checkbox"/> Internship

- 5: Performs at the independent practice level. Performs without the general need of supervision and consultation.
- 4: Mastery of routine tasks. Requires periodic supervision for refinement of advanced skills in this area.
- 3: Mastery of routine tasks. Requires ongoing supervision and support for performance of advanced skills in this area.
- 2: Requires supervision and significant monitoring for tasks in this area.
- 1: Performs adequately for an intern. Requires frequent and close supervision and monitoring in basic and advanced tasks in that area.
- 0: Not Applicable

Professional Compartment	5	4	3	2	1	N A (0)
Intern displays professional behavior at the training site						
Intern is timely and efficient in discharging responsibilities						
Intern expresses themselves professionally in verbal communication						
Intern expresses themselves professionally in written communication						
Intern works well with clinical/academic team members and supervisors						
Intern dresses in appropriate attire for the professional setting						
Intern demonstrates integrity in their professional behavior						

Intern is on site when expected							
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1. Professional Ethics	5	4	3	2	1	N A (0)
Intern demonstrates knowledge of legal, ethical standards and guidelines						
Intern applies ethical standards and guidelines in clinical decision making						
Intern documents clinical service in a timely manner						

1. Basic Clinical Skills	5	4	3	2	1	N A (0)
Intern demonstrates mindfulness and self-awareness in relation to others						
Intern demonstrates empathy, positive regard, and respect towards clients and others.						
Intern can identify salient themes and issues in sessions						
Intern establishes a positive and healthy therapeutic relationship with clients						

1. Assessment Skills	5	4	3	2	1	N A (0)
Intern is able to demonstrate a knowledge of the norms and psychometrics of testing tools						
Intern can accurately administer and score common psychological assessments						
Intern can interpret and integrate cognitive and personality test data						
Intern is able to formulate a diagnosis based on psychological test data						
Intern demonstrates knowledge of the components of a mental status exam and apply to client behaviors						
Intern can conduct a clinical interview and acquire salient clinical data						

Intern can write psychological reports incorporating behavioral observations, clinical interview, and test data using professional language						
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1. Intervention Skills	5	4	3	2	1	N A (0)
Intern has a general knowledge of at least one theoretical model and is able to conceptualize clinical material from that model						
Intern can utilize client's conceptualization to develop and select appropriate evidence-based interventions						
Intern evidences a general knowledge of intervention strategies						
Intern can effectively apply evidence-based interventions to clients						
Intern is able to identify therapeutic ruptures and repair when necessary						
Intern has knowledge of family systems theory and can apply it in family therapy sessions						
Intern has knowledge of process group theory, interventions, and can apply it in group therapy sessions						

1. Supervision	5	4	3	2	1	N A (0)
Intern demonstrates openness and flexibility in learning						
Intern relates well with their supervisor(s)						
Intern demonstrates commitment to their overall training and learning						
Intern seeks out supervision appropriately						
Intern integrates supervisor feedback						
Intern is open and non-defensive regarding feedback						
Intern is truthful in their communication in supervision						
Intern contributes during group supervision sessions						

Intern demonstrates self-awareness and a willingness to be self-reflective regarding themselves and their core competencies in supervision						
--	--	--	--	--	--	--

1. Consultation Skills	5	4	3	2	1	N A (0)
Intern forms respectful and productive relationships with individuals from other professions						
Intern can identify the systemic factors and underlying dynamics of problem behaviors in a milieu setting						
Intern intervenes effectively in addressing problematic milieu behaviors						
Intern can consult effectively regarding clinically relevant case material with other professionals						
Intern can integrate information from other professionals into their client's conceptualization						

1. Diversity Issues	5	4	3	2	1	N A (0)
Intern is aware of their own cultural, racial, gender and SES identities and how it impacts others						
Intern is aware of their own biases and how it may impact therapy sessions						
Intern is able to work with a broad range of diverse clients						
Intern is able to identify the salient aspects of a client's own racial/ethnic, gender, and SES and how it impacts the client's view of the world						
Intern is able to intervene effectively with clients in a racially/culturally/ethnically sensitive manner						

1. Interpersonal Skills	5	4	3	2	1	N A (0)
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Intern relates in a positive and professional manner with clinical and academic staff						
Intern demonstrates leadership skills						
Intern uses effective communication skills when interacting with others						
Intern relates with training team in a supportive and helpful manner						

APPENDIX C: INTERNSHIP EXPERIENCE SURVEY

Bridge View and Challenger Day Schools

6935 W. Touhy Ave

Niles, IL 60714

847-588-2038

Internship Experience Survey

Name: _____ Date: _____

Mid-Year End of Year

Overall Rating of Internship Experience:

<u>Overall Quality</u>	4=Excellent, 3=Good, 2=Fair, 1=Poor Please circle below:			
Internship	4	3	2	1
Supervision	4	3	2	1
Therapy Training	4	3	2	1
Diagnostic/Assessment Training	4	3	2	1
Seminars	4	3	2	1

<u>Opportunities</u>	4=Excellent, 3=Good, 2=Fair, 1=Poor Please circle below:			
For Sharing with Peers	4	3	2	1
Self-Directed Pursuits	4	3	2	1
Professional Growth	4	3	2	1
Personal Development	4	3	2	1
Address Internship Goals	4	3	2	1
New Skills Development	4	3	2	1

	4= Strongly Agree, 3=Agree, 2=Disagree, 1=Strongly Disagree Please circle below:			
I would choose this site again	4	3	2	1

I would recommend this site to others	4	3	2	1
This internship has been a significant, positive experience in my professional development	4	3	2	1

Thank you for your valuable feedback!!

Receipt and Acknowledgment

I, _____ (please print full name) hereby confirm that I have received, read and understand the Bridge View and Challenger Day Schools Doctoral Internship Program Manual which describes the professional comportment that is expected of me as a doctoral intern. I have had the opportunity to ask questions about and discuss the policies with my supervisor.

Trainee Signature

Date