

Due Process Guidelines

Definition of Problem

For purposes of this document, “resident problem” is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways by a Doctoral Resident: 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 dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

**All stated policies within this document likewise apply to Advanced Doctoral Externs (in lieu of “Doctoral Resident”, as applicable)*

While it is a professional judgment as to when a Doctoral Resident’s behavior becomes more serious (i.e., problematic) rather than just of concern, for purposes of this document a concern refers to a supervisees’ behaviors, attitudes, or characteristics which, while of concern and which may require remediation, are perceived to be not unexpected or excessive for professionals in training. Problems typically become identified as problems when they include one or more of the following characteristics:

- 1) The Doctoral Resident does not acknowledge, understand, or address the problem when it is identified,
- 2) The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training,
- 3) The quality of services delivered by the Doctoral Resident 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,
- 6) The supervisee’s behavior does not change as a function of feedback, remediation efforts, and/or time,
- 7) The problematic behavior has potential for ethical or legal ramifications if not addressed,
- 8) The Doctoral Resident’s behavior negatively impacts the public view of the agency,
- 9) The problematic behavior negatively impacts the Doctoral Clinical Training cohort.

DUE PROCESS: GENERAL GUIDELINES

Due process ensures that decisions made by programs about Doctoral Residents are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all supervisees, and have appropriate appeal procedures available to the Doctoral Resident so he/she may challenge the program’s action. General due process guidelines include:

- 1) Presenting Doctoral Residents, 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 – they take place formally every trimester during the clinical training year,
- 3) Articulating the various procedures and actions involved in making decisions regarding problem,
- 4) Communication, early and often, with graduate programs about any suspected difficulties with Doctoral Residents, 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 Doctoral Resident which describes how the Doctoral Resident may appeal the program’s action,
- 7) Ensuring that Doctoral Resident has 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 Doctoral Resident’s performance, and
- 9) Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

GENERAL GUIDELINES FOR DOCTORAL RESIDENT AND TRAINING PROGRAM RESPONSIBILITIES

The SVPS Doctoral Clinical Psychology Internship is designed as a General Internship and is seen as a component of the doctoral training process in Clinical Psychology. The goal of the SVPS Doctoral Internship program is to prepare Doctoral Residents for future independent practice. This internship assists Doctoral Residents in developing a variety of skills related to being a professional psychologist. These skills include clinical work, as well as, program planning and development, consultation, supervision, and research. SVPS' goal is for each Doctoral Resident to complete internship with a sense of confidence and competence in each of these areas.

Likewise, all General Guidelines for Doctoral Residents and Training Program Responsibilities apply to Advanced Doctoral Externs and any other clinician-in-training at SVPS.

See Doctoral Residents/Externs Rights & Responsibilities to reference clinic-wide requirements (SVPS Policies & Procedures Manual. Policy 1.5).

Training Program's Expectation of Doctoral Residents

The expectations of Doctoral Residents are divided into three areas:

- A. Knowledge of and conformity to relevant professional standards,
- B. Acquisition of appropriate professional skills, and
- C. Appropriate management of personal concerns and issues as they relate to professional functioning.

Each of these areas is described below:

A. Professional Standards

Supervisees are expected to:

1. Be cognizant of and abide by the guidelines as stated in the APA Ethical Principles of Psychologists and Code of Conduct, Standards for Providers of Psychological Services, Specialty Guidelines, and any other relevant, professional documents or standards which address psychologists' ethical, personal and/or legal responsibilities.
2. Be cognizant of and abide by the laws and regulations governing the practice of psychology in the state of Illinois as included in appropriate legal documents.

It is recognized by the training program that mere knowledge of and exposure to the above guidelines and standards are not sufficient. Doctoral Residents need to demonstrate the ability to integrate relevant professional standards into their own repertoire of professional and personal behavior. Examples of such integration include a demonstrated awareness of ethical issues when they arise in work with clients, appropriate decision-making in other ethical situations, and awareness of ethical considerations in their own and other's professional work.

B. Professional Competency

By the time the internship is complete, Doctoral Residents are expected to:

1. Demonstrate knowledge of psychopathology and of developmental, psychosocial and psychological problems.
2. Demonstrate knowledge of the special issues involved in working with children, adolescents, families, and individuals across the lifespan.
3. Demonstrate comprehensive assessment skills including the ability to make appropriate diagnoses, utilize a range of assessment procedures, write thorough and "reader friendly" psychological reports, and conduct sensitive feedback sessions with the client(s).
4. Demonstrate knowledge and skills in therapeutic treatment, including psychotherapy, case management, family therapy, group psychotherapy, parent guidance, and crisis intervention.
5. Demonstrate skills in the cooperation and collaboration with peers and professionals.

The minimum requirement for successful completion of internship is an rating of at least “Internship Level” (and “Advanced Level” for Advanced Doctoral Externs) in each area of competency listed above.

C. Personal Functioning

It is recognized by the training program that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in one’s role delivering direct services to clients. Physical, emotional and/or educational problems may interfere with the quality of a Doctoral Resident’s professional work. Such problems include but are not limited to a) educational or academic deficiencies, b) psychological adjustment problems and/or inappropriate emotional responses, c) inappropriate management of personal stress, d) inadequate level of self-directed professional development, and e) inappropriate use of and/or response to supervision.

When such problems significantly interfere with a Doctoral Resident’s professional functioning, such problems will be communicated in writing to the Doctoral Resident. The training program, in conjunction with the Doctoral Resident, will formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the Doctoral Resident to an acceptable level of professional functioning within a reasonable period of time, discontinuation in the program may result.

General Responsibilities of the Doctoral Resident Program

A major focus of internship is to assist Doctoral Residents in integrating their personal values, attitudes and functioning as individuals with their professional functioning. The training program is committed to providing the type of learning environment in which a Doctoral Resident can meaningfully explore personal issues that relate to his/her professional functioning. In response to the above expectations of a Doctoral Resident, the training program assumes a number of general responsibilities. The responsibilities correspond to the three general expectation areas (Professional Standards, Professional Competency, Personal Functioning) and are described below:

A. The Training Program

1. The training program will provide Doctoral Residents with information regarding relevant professional standards and guidelines at the outset and throughout the clinical training year, as well as providing appropriate forums to discuss the implementations of such standards.
2. The training program will provide Doctoral Residents with information regarding relevant ethical and legal regulations that govern the practice of psychology, as well as appropriate forums to discuss the implementations of such guidelines.
3. The training program will provide written evaluations of the Doctoral Resident’s progress with the timing and content of such evaluations designed to facilitate Doctoral Residents’ change and growth as professionals. Evaluations will address the Doctoral Residents’ knowledge of and adherence to professional standards, their professional skill competency, and his/her personal functioning as it relates to the delivery of professional services.

In accepting the above responsibilities, the internship program will maintain ongoing communications with the Doctoral Resident’s graduate department regarding the supervisee’s progress during the internship year. The training program will provide appropriate mechanisms by which inappropriate Doctoral Resident behavior affecting professional functioning is brought to the attention of the Doctoral Resident. The training program will also maintain resident procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency and/or professional functioning.

DOCTORAL RESIDENT EVALUATION, REVIEW AND DUE PROCESS PROCEDURES

I.The Evaluation Process

Doctoral Residents are evaluated and given feedback throughout the year by their three individual supervisors in both formal and informal settings. Each supervisor evaluates the Doctoral Residents' performance at the end of the first trimester, at the end of the second trimester, and at end of the year. Additionally, at the end of each review period, the supervisory staff evaluates Doctoral Residents' performance and makes recommendations for the next review period as well as future needs the Doctoral Resident may experience. The Clinical Training Performance Evaluation Form is completed by each individual supervisor, including the DCT, at the end of every review period. This evaluation is discussed with the Doctoral Resident and then reviewed and signed by each supervisor and the Director of Clinical Training (DCT). At the end of each review period, the direct supervisors and DCT meet with the Doctoral Resident collaboratively to provide them with an integrated report of the evaluation of their performance, as well as to provide them with recommendations and suggestions that are relevant to their continued development.

As the 1st Trimester Clinical Evaluation Performance Evaluation serves as the initial formal evaluation period of the clinical training year, it is at this time that supervisors collectively determine whether the Doctoral Resident's performance in each required competency domain has reached the expected benchmark level, or otherwise warrants the implementation of a Remediation Plan. And, in the event that area(s) of concern are noted prior to any scheduled evaluation review, a Supervision Documentation Form is completed by the Doctoral Resident's respective supervisor(s) at that time, and the area(s) of concern are then raised with the resident. Should the supervisor(s) determine it necessary, a Preliminary Support Plan may be put in place to address the area(s) of concern identified – to be followed by the implementation of a Remediation Plan should the concern persist

The DCT receives and reviews information from all supervisors, her own impressions and those of others who have had significant contact with the Doctoral Resident. This process is viewed as an opportunity for the supervisory team, along with the DCT, to provide integrative feedback regarding the collective experience of others who have had significant interactions with the Doctoral Resident. All parties discuss how the internship experience is progressing, and the Doctoral Resident is provided with the opportunity to give their reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting or whenever during the review period that a problem is identified that the DCT and the Doctoral Resident may arrange for a modification of the Doctoral Resident 's training program to address their training needs and/or the needs of the training program.

It is important that in the course of the internship the sponsoring graduate university is kept apprised of the Doctoral Resident's training experience. The DCT communicates with the sponsoring university twice a year or as otherwise necessary regarding the Doctoral Resident's progress.

II.Initial Procedures for Responding to Inadequate Performance by a Doctoral Resident (i.e.: Resident Problem)

If a Doctoral Resident receives a **rating** of "Intermediate" or lower for any competency area from any of the evaluation sources, the following procedures will be initiated:

- A. The Doctoral Resident's supervisor will meet with the DCT to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.
- B. The Doctoral Resident will be notified, in writing on their written evaluation (or prior to, timing dependent), that such a review is occurring and will have the opportunity to provide a statement related to their response to the rating.
- C. In discussing the areas of concern and the Doctoral Resident's response, (if available) the DCT may adopt any one or more of the following methods or may take any other appropriate action. She may issue a:
 - 1) "SVPS Clinical Training Remediation Plan" be completed by the Doctoral Resident's supervisor(s) which formally acknowledges a) that the staff is aware of and concerned with the rating, b) that the rating has been brought to the attention of the Doctoral Resident, c) that the staff will work with the Doctoral Resident to specify the steps necessary to rectify the problem or skill deficits addressed by the rating

within a specified time frame, and d) that the behaviors associated with the rating are not significant enough to warrant more serious action.

- 2) "Probation," which defines a relationship such that the staff members, through the supervisors and DCT, actively and systematically monitor, for a specific length of time, the degree to which the Doctoral Resident addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The probation is a written statement to the Doctoral Resident and includes:
 - a) The actual behaviors associated with the inadequate rating,
 - b) The specific recommendations for rectifying the problem,
 - c) The time frame for the probation during which the problem is expected to be ameliorated, and
 - d) The procedures designed to ascertain whether the problem has been appropriately rectified, or
- 3) Take no further action.
- D. The supervisor and/or DCT will then meet with the Doctoral Resident to review the action taken. If "Probation," the Doctoral Resident may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in section III of this document.
- E. If either the SVPS Clinical Training Remediation Plan or the Probation Action occurs, the DCT will inform the Doctoral Resident's sponsoring graduate university, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the staff. The Doctoral Resident shall receive a copy of the letter to the sponsoring university.
- F. Once the SVPS Clinical Training Remediation Plan or Probation is issued by the DCT/supervisor, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the rating has been rectified to the satisfaction of the staff, the Doctoral Resident, the sponsoring graduate university, and other appropriate individuals will be informed and no further action will be taken.

Situations in which Grievance Procedures are Initiated

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

- A. When the Doctoral Resident challenges the action taken by the staff (Resident Challenge),
- B. When the staff is not satisfied with the Doctoral Resident's action in response to the action (Continuation of an inadequate evaluation competency level) or
- C. When a member of the staff initiates action against a Doctoral Resident (Resident Violation).

Each of these situations, and the course of action accompanying them, is described below.

For every scenario below, in addition to the Director of Clinical Training (DCT) and Executive Clinical Director (ECD), the SVPS Chief Executive Officer (CEO) is eligible to participate in and/or oversee all Grievance Procedures initiated.

- A. Resident Challenge. If the Doctoral Resident challenges the action taken by the staff as described in II above, he/she must, within 10 days of receipt of the decision, inform the DCT, in writing, of such a challenge.
 - 1) The DCT will then convene a Review Panel consisting of two staff members selected by the DCT and two staff members selected by the Doctoral Resident. The Doctoral Resident retains the right to hear all facts with the opportunity to dispute or explain his or her behavior.
 - 2) A review hearing will be conducted, chaired by the DCT, in which the challenge is heard and the evidence presented. Within 15 days of the completion of the review hearing, the Review Panel submits a written report to the ECD, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The Doctoral Resident is informed of the recommendations.
 - 3) Within 5 days of receipt of the recommendations, the ECD will either 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 then reports back to the ECD within 10 days of the receipt of the ECD's request for further deliberation. The ECD then makes a decision regarding what action is to be taken and that decision is final.
 - 4) Once a decision has been made, the Doctoral Resident, sponsoring graduate university and other appropriate individuals are informed in writing of the action taken.

- B. Continuation of Inadequate Rating. If the staff determines that there has not been sufficient improvement in the Doctoral Resident's behavior to remove the inadequate rating under the conditions stipulated in the remediation or probation plan, then a formal Review Panel will be convened.
- 1) The DCT will communicate, in writing, to the Doctoral Resident that the conditions for revoking the probation have not been met. The staff may then adopt any one of the following methods or take any other appropriate action.
It may issue a:
 - a) Continuation of the remediation or probation for a specific time period,
 - b) Suspension whereby the Doctoral Resident is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved,
 - c) Communication which informs the Doctoral Resident the DCT is recommending to the ECD that the Doctoral Resident will not if the behavior does not change, successfully complete the internship, and/
 - d) Communication that informs the Doctoral Resident that the DCT is recommending to the ECD that the Doctoral Resident be terminated immediately from the internship program
 - 2) Within 5 working days of receipt of this determination, the Doctoral Resident may respond to the action by a) accepting the action or b) challenging the action.
 - 3) If a challenge is made, the Doctoral Resident must provide the DCT, within 10 days, with information as to why the Doctoral Resident believes the action is unwarranted. A lack of reasons by the Doctoral Resident will be interpreted as complying with the sanction.
 - 4) If the Doctoral Resident challenges the action, a Review Panel will be formed consisting of the DCT, two staff members selected by the DCT, and two staff members selected by the Doctoral Resident.
 - 5) A Review Panel hearing will be conducted chaired by the DCT, in which the challenge is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the Doctoral Resident and to the ECD. Decisions by the Review Panel will be made by majority vote.
 - 6) Within 5 days of receipt of the recommendations, the ECD will either accept the Review Panel's action, reject the Review Panel's action and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the ECD within 10 days of the receipt of the ECD's request for further deliberation. The ECD then makes a decision regarding what action is to be taken and that decision is final.
 - 7) Once a decision has been made, the Doctoral Resident, sponsoring graduate university and other appropriate individuals are informed in writing of the action taken.
- C. Resident Violation. Any staff member may file, in writing, a grievance against a Doctoral Resident for any of the following reasons: a) unethical or legal violation of professional standards or laws, b) professional incompetence, or c) infringement on the rights, privileges or responsibilities of others.
- 1) The DCT will review the grievance with 2 members of the staff and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
 - 2) If the DCT and other two members determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation the DCT shall inform the staff member who may be allowed to renew the complaint if additional information is provided.
 - 3) When a decision has been made by the DCT and the other two staff members that there is probable cause for deliberation by the Review Panel, the DCT shall notify the staff member and request permission to inform the Doctoral Resident. The staff member shall have 5 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 5 days or permission to inform the Doctoral Resident is denied, the DCT and the two members shall decide whether to proceed with the matter.
 - 4) If the Doctoral Resident is informed, a Review Panel is convened consisting of the DCT, two members selected by the staff member, and two members selected by the Doctoral Resident. The Review Panel receives any relevant information from both the Doctoral Resident or staff member as it bears on its deliberations.
 - 5) A review hearing will be conducted, chaired by the DCT in which the complaint is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall

communicate its recommendation to the Doctoral Resident and to the ECD. Decisions by the Review Panel shall be made by majority vote.

- 6) Within 5 days of receipt of the recommendation, the ECD will either 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 ECD within 10 days of the receipt of the ECD's request for further deliberation. The ECD then makes a decision regarding what action is to be taken and that decision is final.
- 7) Once a decision has been made the Doctoral Resident, faculty member, sponsoring graduate university, and other appropriate individuals are informed in writing of the action taken.

Situations where Doctoral Residents raise a formal complaint or grievance about a supervisor, staff member, supervisee, or program:

There may be situations in which the Doctoral Resident has a complaint or grievance against a supervisor, staff member, other supervisee, or the program itself and wishes to file a formal grievance. The Doctoral Resident should:

- A) Raise the issue with the supervisor, staff member, other supervisee, or Director of Clinical Training in an effort to resolve the problem.
- B) If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the Director of Clinical Training. If the Director of Clinical Training is the object of the grievance, or unavailable, the issue should be raised with the Executive Clinical Director. If resolve is necessary beyond the Executive Clinical Director's consultation, the issue should be raised with the Chief Executive Officer.
- C) If the Director of Clinical Training, Executive Clinical Director, and/or Chief Executive Officer cannot resolve the matter, these parties will choose an agreeable staff member acceptable to the Doctoral Resident who will attempt to mediate the matter. Written material will be sought from both parties.
- D) If mediation fails, the Director of Clinical Training, Executive Clinical Director, and/or Chief Executive Officer will convene a review panel (except for complaints against staff members where the grievance procedures for that person's discipline will be followed) consisting of the Director of Clinical Training, Executive Clinical Director, and/or Chief Executive Officer, as well as two staff members of the Doctoral Resident's choosing. The Review Panel will review all written materials (from the Doctoral Resident, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.
- E) Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level. These guidelines are intended to provide the Doctoral Resident with a means to resolve perceived conflicts that cannot be resolved by informal means. Doctoral Resident who pursue grievances in good faith will not experience any adverse personal or professional consequences.

Situations where a client files a grievance about a Doctoral Resident:

Given that the Doctoral Residents are employees of the agency, client grievances will be handled according to the policies and procedures outlined for SVPS employees. (See Service User & Community Complaint Process & Form (Policy 1.6 in SVPS Policies & Procedures Manual))

REMEDIATION CONSIDERATIONS:

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

- 1) Increasing supervision, either with the same or other supervisors,
- 2) Changing in 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 Doctoral Resident's evaluation process,
- 4) Reducing the Doctoral Resident's clinical or other workload and/or requiring specific academic coursework, and/or
- 5) Recommending, when appropriate, a leave of absence and/or a second internship.

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

- 1) Giving the Doctoral Resident a limited endorsement, including the specification of those settings in which he/she/they could function adequately,
- 2) Communicating to the Doctoral Resident and academic department/program that the Doctoral Resident has/will not successfully completed the internship, with the possibility of completing or continuing the year as a Doctoral Extern,
- 3) Recommending and assisting in implementing a career shift for the Doctoral Resident, and/or
- 4) Terminating the Doctoral Resident from the training program.

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

**Agreement to terms of Due Process, Evaluation, Grievance Procedures,
& Training Program Responsibility Guidelines at SVPS**

I have read and understand the Due Process, Evaluation, Training Program Responsibilities, and Grievance Procedures. I have also been given a copy of these documents to keep for ongoing reference, if necessary.

Supervisee Name (Printed)

Supervisee Signature

Date

Director of Clinical Training

Date

Executive Clinical Director

Date