



# VERGE PSYCHOLOGICAL ASSESSMENT CENTER

## Doctoral Internship in Health Service Psychology Handbook 2024-2025

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Brochure/website: <https://vergepsych.com/postdoctoral-training-for-clinical-psychologists>

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## **ABOUT VERGE:**

Verge Psychological Assessment Center in association with Kinghaven Counseling Group offers a variety of outpatient services based on individual and or family's specific needs, serves racially, ethnically, and socioeconomically diverse urban communities, and offers lifespan assessment and counseling services to those who are age 5 and older. Our organization has achieved the Gold Seal of Approval from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and is currently JCAHO certified. Opportunities for clinical assessment and treatment are available at all locations both in person and virtually. They are designed to provide each client with a customized program for maximizing his/her potential.

Verge Psychological Assessment Center's corporate office is located in Houston, Texas within the same building as our parent company, Kinghaven Counseling Group. Verge Psychological Assessment Center has additional offices in Sugar Land, Texas; Fallbrook/Houston, Texas; Humble, Texas; and Garland/Richardson, Texas. These offices are housed within Kinghaven Counseling Group's office buildings and provide collaborative experience with psychiatry and counseling.

The corporate office is located at 6315 Gulfton St., Ste 100 Houston, TX 77081. The corporate office includes the Verge Psychological Assessment Clinic's President, Dr. Joel Levy, and Clinical Director, Dr. Robyn Reed. The corporate building houses the Verge Psychological Assessment Clinic, Psychiatry, Counseling, Substance Use Treatment Center (Rock Treatment Facility), and administrative offices.

Dr. Joel Levy serves as the President of Verge Psychological Assessment Center and is a licensed Clinical Psychologist with a specialty in Neuropsychology. He previously served as Assistant Professor of Neurology and of Psychiatry and Researcher at the Baylor College of Medicine. Dr. Robyn Reed serves as the Clinical Director and Training Director of Internship at Verge Psychological Assessment Center. She is a licensed Clinical Psychologist with a specialty in Neuropsychology. Dr. Reed is the former Director of Clinical Neuropsychology, Researcher, Director of the Postdoctoral Fellowship Program, and Head of Neuropsychology Rotation of the Internship Program at the University of Illinois College of Medicine at Chicago. Dr. Oluyemi Adejinmi serves as the branch manager at Verge Psychological Assessment Center. Dr. Adejinmi is a licensed Clinical Psychologist.

## **OUR PHILOSOPHY**

- To provide services to meet client's personal needs and goals with a comprehensive plan
- Psychological assessment for children and adults
- Provide individual, family, or group counseling services.
- To accept and respect client's right to privacy.
- To provide unique, specialized opportunities for learning and personal growth.
- To respond to client's needs as soon as possible

## **INTERNSHIP MISSION STATEMENT**

Verge Psychological Assessment Center is dedicated to training and supervising mental health professionals and students, serving as a health service psychology internship training site for higher education institutions. Our health service psychology internship program focuses on evidence-based care and emphasizes the integration of clinical science into practice.

We provide tailored outpatient assessment and counseling services designed to meet the unique needs of individuals, families, couples, and groups, whether on-site or virtually. This approach allows interns to gain exposure to a variety of treatment modalities and assessment techniques, enriching their educational experience.

Our comprehensive mental health services aim to enhance the dignity and individuality of each client, fostering independence and strengthening interpersonal relationships within families and communities. Through this commitment, we strive to improve lives and support the development of future mental health professionals.

## **PROGRAM GOALS**

Intern students will achieve Profession-Wide Competencies consistent with the APA-CoA Standards of Accreditation necessary to their professional development in the areas of research; ethical and legal standards; individual and cultural diversity; professional values and attitudes; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

Interns will achieve competency in Research as demonstrated by the independent ability to critically evaluate and disseminate and apply Evidence-Based knowledge gleaned from research and other scholarly activities to clinical care and to evaluating outcomes.

Intern students will achieve competencies appropriate to their professional development in the area of Ethical and Legal Standards to include knowledge and adherence of ethical, legal, and professional standards and ethical decision-making abilities.

Interns will achieve competency in Individual and Cultural Diversity. The intern will be able to tailor treatment to meet the needs of individuals who vary in age, gender, race, ethnicity, sexual orientation, gender identification, religion, disability status, immigration and generational status and/or socioeconomic status or background. In addition, trainees will increase awareness of issues related to health and mental health disparities.

Interns will achieve competency in Professional Values, Attitudes, and Behaviors. The intern will develop professional identity and skills as a psychologist through participation in didactic training, supervision, faculty mentoring, and modeling of clinician-scientist values and practices. Interns will develop an enhanced appreciation and understanding of the role of a psychologist and how a psychologist functions in an academic medical center reflected in competence in consultation, program evaluation and supervision, and their use of mentoring. Interns will also be able to identify areas for their future growth and development.

The intern will achieve competency in Communication and Interpersonal Skills. The intern will

develop and maintain effective relationships with colleagues, communities, supervisors, supervisees, health professionals, and those receiving professional services. The intern will develop effective interpersonal skills and the ability to manage difficult communication well and provide oral and written communications that are informative and well-integrated.

Intern students will achieve competencies appropriate to their professional development in the area of Evidence-Based Practice in Assessment including instrument selection, administration and scoring, interpretation of tests, and proficient communication of the results. Intern students will be able to orally communicate results and write thorough reports detailing the results and providing effective treatment plans to provide with team members and referring physicians and schools.

Interns will achieve competency in Evidence-Based Practice in Intervention to include case consultation, case conceptualization, and evaluation of interventions. Intervention competencies will include proficiency in treatment modalities in individual, group, and family therapy.

Intern students will achieve competencies appropriate to their professional development in the area of Supervision to include theories and methods of supervision and effective provision of supervision. The intern will actively solicit and accept feedback from the supervisor, be assertive in supervision, complete assignments from the supervisor, and participate in supervision regularly, as scheduled. The intern will apply supervisory knowledge and skills in direct practice with trainees and other health professionals.

Interns will demonstrate competency in Consultation and Interprofessional/Interdisciplinary Skills. The intern will demonstrate knowledge of, and respect for, the roles and perspectives of other professions and apply knowledge of consultation models and practice in direct consultation with individuals and their families, other healthcare professionals, and interprofessional groups related to health and behavior.

### **PROGRAM CONTENT:**

Verge Psychological Assessment Center in association with Kinghaven Counseling Group serves racially, ethnically, and socioeconomically diverse urban communities and offers lifespan assessment and counseling services to those who are age 5 and older. Verge Psychological Assessment Center patients are diverse in terms of gender, racial, ethnic, and cultural identity. Many patients have histories of significant trauma, as well as complex and challenging present life circumstances. Our population base is comprised of referrals from primary care physicians, neurologists, cardiologists, psychiatrists, counselors, schools, self-referrals, law enforcement, and Child Protective Services.

Pediatric population diagnoses include but are not limited to depressive disorders, anxiety disorders, disruptive mood dysregulation disorders, oppositional defiant disorders, conduct disorders, posttraumatic stress disorders, substance use disorders, adjustment disorders, feeding and eating disorders, intellectual disability disorders, and ADHD. Adult population diagnoses include but are not limited to depressive disorders, anxiety disorders, bipolar disorders, schizophrenia spectrum and other psychotic disorders, posttraumatic stress disorders, substance use disorders, adjustment disorders, feeding and eating disorders, intellectual disability disorders, and ADHD.

Verge Psychological Assessment Center provides behavioral, mood, and cognitive assessment for patients 5 years and up. Neuropsychological assessment is limited to adult assessments. A

full range of diagnostic areas are assessed including mood disorders, behavioral disorders, personality disorders, and neurocognitive disorders. The intern will be instructed on the administration, scoring, and interpretation of mood, behavior, and cognitive assessment instruments by the supervisor and assessment personnel. The intern is expected to shadow the supervisor in assessments and consultations until proficiency in skill areas has been demonstrated. The intern develops through multistage instruction listed below.

The intern is expected to shadow the supervisor in assessments and consultations until proficiency in skill areas has been demonstrated prior to engaging in independent assessment of patients with supervisory oversight. Assessment measures and selection of instruments will be discussed with the supervisor. Once the intern has gained assessment proficiency, the intern will engage in assessments with supervisor oversight. Clinical interviewing skills will be assessed, and the intern will be instructed on ways to improve interview skills. Once clinical interviewing skills are deemed proficient, the intern will engage in interviewing clients with supervisory oversight. The intern will be advised on diagnostic procedures and differentials. The intern will engage in case conceptualization and proffer diagnoses and treatment plans under direct supervision. The intern will shadow consultations and then provide consultations with supervisory oversight. Once completed with the internship, the intern will be proficient in assessment and will be able to conduct independent assessments with continued supervisory oversight in a postdoctoral fellowship setting.

Tests unitized by our facility include but are not limited to Comprehensive Test of Nonverbal Intelligence Test (CTONI), Primary Test of Nonverbal Intelligence Test (PTONI), Wechsler Intelligence Scale for Children® Fifth Edition (WISC®-V), Wechsler Adult Intelligence Scale Fourth Edition (WAIS-IV), Wechsler Abbreviated Scale Second Edition (WASI -II), Wide Range Achievement Test Fifth Edition (WRAT-5), Peabody Picture Vocabulary Test Fourth Edition (PPVT-4), Conners Kiddie Continuous Performance Test 2nd Edition™ (Conners K-CPT 2™), Conners Continuous Performance Test 3rd Edition (Conners CPT-3), Adaptive Behavior Assessment System Third Edition (ABAS-3), Autism Spectrum Rating Scale (ASRS), Childhood Autism Rating Scale Second Edition (CARS-2), Feelings Attitude and Behavior Scale for Children (FABC), Behavior Assessment Scale for Children Parent Rating Scale Third Edition (BASC- PRS 3), Behavior Assessment Scale For Children Self Rating Scale Third Edition (BASC-SRP 3), Parent Behavioral Rating Scale (PBRs), Beck Youth Inventories- Second Edition (BYI-II), Brief Symptom Inventory (BSI), Conners Parent Rating Scale Fourth Edition (Conners 4PRS), Conners Self Rating Scale Fourth Edition (Conners 4 SRS), Early Childhood Conners Fourth Edition (ECC-4), Multidimensional Anxiety Scale for Children Parent Report, Second Edition (MASC2 PR), Multidimensional Anxiety Scale for Children Self Report, Second Edition (MASC2 SR), Revised Children's Manifest Anxiety Scale (RCMAS), Firestone Assessment of Suicide Intent (FASI), Firestone Assessment of Self-Destructive Thought (FAST), Firestone Assessment of Violent Thought (FAVT) and Adolescent (FAVT-A), Personality Assessment Inventory-Adolescent (PAI-A), Personality Adult Inventory (PAI), Personality Inventory for Children - Second Edition (PIC-2), Social Responsiveness Scale Second Edition (SRS), Substance Abuse Subtle Screening Inventory 5th addition (SASSI ) and for Adolescents 2nd Edition (SASSI -A2), Trauma Symptom Checklist For Young Children (TSCYC), Trauma Symptoms Checklist for Children (TSCC), Eating Attitudes Test (EAT-26), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Beck Hopelessness Scale (BHS), Behavior Rating Inventory of Executive Function®-Adult Version (BRIEF A), Conners' Adult ADHD Self Report (CAARS 4), Conners Parent Rating Scale Fourth Edition (Conners 4 PRS) , and Conners Self Rating Scale Fourth Edition (Conners 4 SRS).

Opportunities to observe neuropsychological testing are available to all interns and training on instruments may be provided to interns with previous training in neuropsychology. Tests utilized by this facility include but are not limited to tests listed above and the Repeatable Battery for the Assessment of Neuropsychological Status Update® (RBANS® Update), Wechsler Memory Scale III (WMS IV), Comprehensive Trail-Making Test–Second Edition (CTMT 2), The Wisconsin Card Sorting Test-64 (WCST-64), Hooper Visual and Organization Test (HVOT), and Rey-Osterrieth Complex Figure Test (ROCFT).

The internship at Verge Psychological Assessment Center provides therapeutic intervention for ages 5 and up for a variety of diagnostic areas including but not limited to mood, behavioral, personality, and neurocognitive disorders. The intern will provide therapeutic intervention for pediatric and adult populations and will provide therapeutic intervention for individuals, couples, and families. The intern is expected to shadow counseling sessions until proficiency in therapeutic areas has been demonstrated prior to engaging in independent counseling with supervisory oversight. The intern develops through multistage instruction listed below.

The intern will engage with a licensed psychologist to address therapeutic skills. The intern will be assessed for knowledge of therapeutic services including individual, family, and group therapy. The intern will be instructed in the therapeutic modalities listed below. The intern is expected to shadow clinicians during therapy sessions until proficiency in therapeutic modalities has been demonstrated. Once proficient, the intern will engage in individual, family, and group therapy with supervisory oversight. When assigning cases, the supervisor will take into account patient diagnosis, acuity, culture/ diversity/ethical concerns, and relevant empirical literature. The supervisor ensures that treatment adheres to modern clinical practice guidelines and assumes final responsibility for clinical care and electronic medical record documentation and/or attestation of all medical record documentation. Therapeutic modalities utilized at this facility include but are not limited to behavioral, cognitive behavioral, dialectical behavior, family systems, solution-focused, parent-child interaction, strategic family, prolonged grief treatment, emotionally focused, cognitive processing, motivational interviewing, mindfulness-based cognitive, and play therapies. Once completed with the internship, the intern will be proficient in therapeutic intervention with individual, couples, and family populations and will be able to conduct independent therapeutic intervention with continued supervisory oversight in a postdoctoral fellowship setting.

Psychological assessments are year-round and therapeutic offerings will be offered as minor rotations of 4-month intervals (Rotation 1: 8/1/2024-11/29/2024; Rotation 2: 12/2/2024-3/31/2025; Rotation 3: 4/1/2025- 7/31/2025). The intern will have a clinician supervising the intern on clinical treatment cases on a rotation basis to ensure exposure to different treatment modalities and populations.

During their 40-hour workweek schedule, interns maintain weekly a load of up to 10 to 15 assessment cases and 1 to 2 therapy clients/couples/groups. Actual clinical engagement time on any given rotation is somewhat contingent on the demand for services and the nature of the rotation. Regardless of rotation or demand for services, interns will acquire a minimum of 500 hours of face-to-face patient time over the course of the internship year.

Interns will meet with licensed supervisors individually for two hours weekly to discuss reports, therapy sessions, and/or any other documentation or issues that may arise, yielding a minimum of 2 hours of supervision per week. Supervision theories and methods of supervision will be discussed and modeled. The intern will have opportunities to provide supervision to practicum

students.

Assessment and counseling services are currently located at the Gulfton, Kingwood, Garland, Sugar Land, and Fallbrook locations. The training director is involved with all branches of the organization. Psychiatry is a part of the organization and is a large referral base and source of consultation. Working within teams of differing disciplines is promoted in this organization.

Didactics include seminars, workshops, in-service presentations, interactive case presentations, and virtual site rounds. 2 hours of didactic training will be offered on a weekly basis. All site-offered didactic experiences will include Ph.D. level clinicians as presenters or facilitators. Ethical and Legal Standards, Research, Professional Values and Behavior, Communications and Interpersonal Skills, Individual and Cultural Diversity will be discussed in general and within the context of specific cases and lectures. The intern is expected to participate in seminars. All Profession-Wide Competencies will be addressed in didactics, demonstrated in practice, and modeled in supervision.

### **EXPECTATIONS REGARDING INTERNS:**

- Interns are expected to have an appreciation of multi-cultural issues, as well as individual differences exhibited by clients. The internship is a valuable learning experience, which will assist in preparing the intern in professionalism and knowledge of psychotherapeutic strategies.
- The supervising psychologist is available to assist the student in acquiring knowledge about the effects and the treatment of behavioral health. Verge Psychological Assessment Center's goal is to provide the student with a broad clinical experience, in order to facilitate personal and professional growth in their respective fields.
- The psychology intern is expected to complete psychological evaluations and reports and clinical therapeutic notes in a timely manner. Any additional paperwork is also expected to be completed in a timely manner. The intern will be provided with guidance from the clinical supervisor regarding the type of notes and procedures that are acceptable.
- The intern will also learn how to communicate findings in a manner such that non-psychologists will find it useful and understandable.
- The intern is expected to engage in therapeutic services. The intern will be assigned specific clients with whom to work. While on internship at Verge Psychological Assessment Center, individual, couple or family counseling will be conducted by the intern. Facilitating group sessions will also be included in the intern's responsibilities, as appropriate.
- Interns will ensure all client's files, records, and documentation are kept confidential and is not shared with others. Intern students must adhere to the HIPAA rules that protect the information of all clients



- Verge Psychological Assessment Center interns will ensure it is noted on all documentation their title as a doctoral intern.
- The intern is expected to have the following skills, knowledge, and professional attributes upon beginning the internship experience:
  - Knowledge:** Ethics surrounding the profession; relevant theoretical constructs needed or therapeutic orientation, some cognitive and behavioral testing knowledge
  - Professional Skills:** Extremely strong organizational, writing, verbal, and interpersonal skills and precise clinical documentation skills are needed. Creativity and flexibility are essential in interacting with clients, documentation, report writing, and time management. Experience working in racially, ethnically, and socioeconomically diverse urban communities is preferred.
  - Professional Attributes:** Insight, therapeutic awareness, willingness to learn.
- The following skills, attributes, and professional attributes will be further developed during the internship experience:
  - Knowledge:** Deeper insights to client issues; ethical and professional etiquette.
  - Professional Skills:** Enhanced report writing skills, enhanced communication skills while increasing therapeutic treatment planning skills.
  - Professional Attributes:** Refined interpersonal skills; cultural sensitivity; emotional balance.
- The intern will meet with the supervisor weekly to discuss skills learned and performed. Supervisors will review reports, notes, and other documentation.
- Intern students will be granted the opportunity to participate in or attend didactic activities including educational seminars, workshops, training programs, case-conferences, in-service training, or grand rounds to enhance writing skills, testing abilities, and therapeutic intervention methods for at least 2 hours per week.
- The intern will follow prescribed guidelines regarding assessment, documentation, consultation and intervention for suicidal ideation.
- Interns will spend at least 25% of their time in face-to-face psychological services.
- Interns are expected to complete a total of 2000 hours of supervised experience.

### **SUPERVISION OF INTERNS**

Supervisors will monitor the progress of the intern students by providing input, training and monitoring of the intern students assigned duties and responsibilities during the internship process. Supervisors will also provide formal evaluations of the intern's work three times at 4-month intervals during the internship process regarding their performance and professional growth (See Appendix A). Supervisors will co-sign each case issued to the intern to demonstrate that the supervisor is clinically responsible for the cases under supervision. Verge Psychological

Assessment Center will have a minimum of two full-time equivalent interns at the internship level during the applicant's training period and have availability of at least two full-time equivalent psychologists as primary supervisors, at least one of whom is employed full time.

Interns will meet with licensed supervisors individually for two hours weekly and two hours of group supervision weekly to discuss reports, therapy sessions, and/or any other documentation or issues that may arise, yielding a minimum of 4 hours of supervision per week.

### **DOCTORAL LEVEL INTERNS EVALUATION**

The supervisory assessment conducted by the Clinical Training Director and Primary Supervisor for doctoral internship students will be conducted at 4-month intervals and include competencies appropriate to their professional development in the areas of research ethical and legal standards, intercultural effectiveness, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation (See Appendix A). Upon completion of the internship, interns are expected to demonstrate:

1. The ability to demonstrate clinical skills with the client, develop and follow treatment plans, conceptualize client concerns, and articulate a theoretical orientation consistent with the chosen treatment plan.
2. The ability to administer psychological tests, inventories, and questionnaires and to utilize research in selecting and interpreting assessments. These tests will assess intellectual, personality, vocational, projective, and achievement functioning.
3. The ability to conduct a clinical interview, interpret the tests and questionnaires, integrate test data with relevant material from the interview, and to generate a treatment plan.
4. The ability to integrate and interpret all the assessment data in a clear and professional manner and to write reports reflecting this integrated information, in conjunction with establishing treatment plans and developing therapeutic rapport.
5. The ability to utilize and integrate multimodal therapeutic intervention techniques in individual, family, and group settings and to utilize research-based approaches to intervention.
6. The ability to conduct oneself in a manner consistent with the professional standards of the APA ethical standards as applicable in this treatment setting.
7. The ability to demonstrate knowledge of and appreciation for a client's culture and how these cultural differences may influence or impact participation in the treatment process.
8. The ability to establish productive working relationships including accepting and providing responsible feedback.
9. The ability to monitor and recognize one's own limitations, as well as pursue personal and professional growth in developing a professional identity.
10. The willingness to actively solicit and accept feedback from the supervisor, to be assertive in supervision, to complete assignments from the supervisor, and to participate in supervision regularly, as scheduled. To apply supervisory knowledge and skills in direct practice with

trainees and other health professionals.

Formal evaluation of intern progress occurs quarterly (four times annually). Intern progress is reviewed and evaluated by each supervisor who has worked with them during that time period using the Internship Profession Wide Competencies Evaluation Form (see Appendix A). Interns are evaluated on the nine Profession-Wide Competencies required under the *APA Standards of Accreditation*. Evaluation is based on an intern's ability to demonstrate or provide each element (i.e., knowledge, awareness, or skill) that comprises each competency. The criteria used to determine the rating level on each element are effectiveness, extent of integration of element into intern's practice, and the degree to which the intern can function independently. Completed evaluations are discussed individually with interns and supervisors, and intern feedback is invited both verbally and in written form on the evaluation form. Once evaluation forms have been completed, the supervisor and intern sign the form and forward a copy to the Training Director for review and filing. Interns are required to achieve a rating of 3 out of 5 on each rating form competency element by the end of the second evaluation period and a rating of 4 out of 5 at the final (third) evaluation period (end of internship year). After all review forms have been filed, intern progress is reviewed in a closed training faculty meeting. If necessary after first or second evaluation, a performance improvement plan is initiated to address an identified deficiency as outlined in the program's Due Process, Appeals and Grievances Procedures (found in Appendices B and C). Interns also have the option of initiating a formal grievance process according to the program's Due Process, Appeals and Grievances Procedures at any time they feel that it is necessary or appropriate to do so. At the end of each rotation period, a report describing the intern's training experiences and performance to date is sent to the intern's home university Director of Clinical Training. The training director also provides verbal feedback in virtual meetings required by the intern's home university. Additional reports may be sent if it becomes necessary to notify the home university about insufficient performance or problem behaviors that require remedial actions as described in Appendix B of this manual.

To successfully complete the internship interns must complete their 12-month appointment, meet the minimum level of achievement on all Profession-Wide Competencies, attend required seminars and meetings, and be in good standing as an intern.

## **POLICIES AND PROCEDURES**

Intern students are subject to all the policies of Verge Psychological Assessment Center including Employee Conduct policies. It is our aim to ensure professional behavior, physical and emotional safety in the workplace for all employees and students.

A professional demeanor is expected, including appropriate and professional attire and effective interpersonal and communication skills. The student will be under the supervision of a licensed clinical psychologist. In the case of students of health service psychology, students are expected to act in accordance with the current ethical guidelines of the American Psychological Association (APA).

At Verge Psychological Assessment Center, all suicide threats and ideation are taken seriously. In order to aid the student in dealing with such potential threats, this agency has implemented the following guidelines.

1. The student will take every threat, even a passing comment or hint, seriously. The student will inquire regarding suicidal ideation and history with every client.
2. If a client is indeed thinking about suicide, the student will consult their supervisor immediately. Do not wait. On the basis of the consultation, the client will be referred to the supervisor (the student may still be able to continue to work with the client under close supervision as part of training, however, the supervisor makes the decision) and when appropriate, an evaluation will be made using the Multidimensional Systematic Suicide Risk Assessment tool or equivalent instrument.
3. On the basis of the evaluation, if potential for suicide is deemed as potential harm to the client, either of the following will take place: a) a contract not to suicide will be made with the client by the clinician servicing the client, or b) the client will be committed to a hospital for observation and further evaluation. Sometimes police assistance is required.

### **RESOURCES AND RECORD KEEPING**

Interns have access to numerous resources. All interns are provided with desk space, work computer, printers, software, ID badges, and basic office supplies. Assessment materials, other training materials and resources, and access to the DSM 5-TR are available. Additional materials that may be needed may be purchased using funding with the approval of the Training Director. Each intern has access to administrative and IT support, including a referral specialist who schedules clients.

The interns record of internship will be created and maintained in a permanent “professional file” by the Training Director with some assistance by the Psychology Administrator on staff. The following information is included in an intern’s “professional file:” a copy of all formal performance evaluations, a description of the specific training each intern goes through during training, performance reports sent to the intern’s home university, and the intern’s certificate of completion of training. Relevant post-internship records about licensure status, employment, professional memberships, professional affiliations, and other career-related information are added to each professional file as this information becomes available. These confidential records are stored electronically in secured individual folders on a secure network drive inside the firewall, which is backed up nightly. They are accessible only to training program administration. These professional files are maintained permanently.

The Training Director creates and maintains a “Training Progress” file for each intern. This file contains more detailed records pertaining to clinical skill development and attainment of professional competencies. Training progress files include work samples, performance evaluations, and other documentation of skill acquisition and professional behavior. Interns track their own clinical hours and report this information to the Training Director and/or Psychology Administrator at the end of each rotation; this information also becomes part of the Training Director’s files. As with Professional Files, these confidential Training Progress files are stored electronically in secure individual folders on a secure network drive inside the firewall, which is backed up nightly. These files are accessible only to training program administration and are also maintained permanently. Documentation of any formal remediation plan and its outcome becomes part of both the training program’s confidential Professional and Training files. While access to comprehensive documentation of these proceedings is restricted to program administration, information about the precipitating complaint, the remediation strategies, and the outcome of remediation plans is discussed with the intern’s home university graduate program.

Interns are required to track their clinical hours and their training experiences and to supply a copy of their clinical hours to the Training Director at the end of each rotation. This information

is used as one data point when assessing overall intern competency and program fidelity over the course of the internship year.

## **APPLICATION AND SELECTION PROCEDURE**

Internship applicants are considered for positions without regard to race, color, religion, sex, gender identity, national origin, sexual orientation, age, marital status, parenting status, disability, or any other legally protected status. As a part of this policy Verge Psychological Assessment Center is committed to upholding the civil rights protections described in The Americans with Disabilities Act (ADA). ADA gives civil rights protection to individuals with disabilities. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, and government services. If you are a qualified individual with a disability, the ADA protects you from discrimination and requires employers to make reasonable accommodations for employees. Reasonable accommodation is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. Interns with disabilities who wish to seek accommodations should inform the Training Director. The Training Director and the intern will work with the Office of Equal Opportunity to develop and monitor a plan that is in compliance with ADA. Verge Psychological Assessment Center is committed to providing a safe and welcoming training atmosphere to all.

Internship training is at the post-clerkship, post-practicum, and post-externship level and precedes the granting of the doctoral degree. Interns must have completed adequate and appropriate prerequisite training prior to the internship as stipulated by their home university graduate program.

Applicants must be U.S. citizens pursuing a doctoral degree in psychology. Internship applicants must supply evidence of completion of formal academic coursework at a degree-granting program in professional applied psychology (clinical, counseling, clinical health/behavioral medicine). They must also supply evidence of previously completed, closely supervised experiential training in professional psychology activities conducted in non-classroom settings. Specific applicant requirements are as follow:

1. A minimum of 400 intervention hours;
2. A minimum of 50 assessment hours;

Applicants who have met the following qualifications prior to beginning internship will be preferred:

1. Dissertation/Clinical Research Project proposal defended;
2. Some experience or special interest in working with diverse populations;
3. Practicum experience in psychological assessment of children or adolescents, including experience with writing integrated reports;
4. Experience with child sexual abuse or other trauma populations

### Current Application Process:

Submit the following to-  
Kinghaven Counseling Group-Verge Psychological Assessment Center  
Attention Human Resources  
6315 Gulfton St., Suite 100  
Houston, Texas 77081.

1. Cover letter
3. A current Curriculum Vitae with current telephone number
4. Three standardized reference forms, two of which must be from persons who have directly supervised your clinical work Please submit no more than three letters.
5. Official transcripts of all graduate coursework
6. Two complete redacted psychological assessment reports with interpretations. All application materials must be received by November 30<sup>th</sup>, 2024 in order to be considered.

**Application Screening and Interview Processes** Qualified applicants must currently be enrolled in a doctoral program in psychology and have completed all doctoral coursework. The Verge Psychological Assessment Center Doctoral Internship Program bases its selection process on the entire application package noted above.

All applications are screened by the Verge Psychological Assessment Center Training Committee using a standard applicant rating form and evaluated for potential goodness of fit with the internship program. The Training Committee holds a selection meeting to determine which applicants to invite for interviews based upon the results of this screening process. Applicants are notified whether they are invited to interview by email by mid-December. Interviews are scheduled in mid- to late-January and occur in person or virtually with the entire Training Committee and HR representative. During interview days, we will provide an overview of the program, interviews with faculty members, time with current interns, and opportunities to ask questions.

All applicants who are accepted into the internship program will be required to undergo a background check. Any criminal activity, charges, or convictions discovered during the background check may affect the candidate's eligibility for internship. An offer of internship placement may be rescinded based on the results of the background check.

### ACCREDITATION:

The internship is not currently APA-accredited. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association  
750 1st Street, NE  
Washington, DC 20002

Phone 832-336-5979

E-mail [apaaccred@apa.org](mailto:apaaccred@apa.org)

Website [apa.org/ed/accreditation](http://apa.org/ed/accreditation)

## Appendix A:

### **Internship Profession Wide Competencies Evaluation Form**

#### Directions for Staff Completing Evaluation

Ratings should be based on observations of interns' performance in each competency area to date. Mark the rating that best reflects the intern's competency on each individual element using the descriptions below. Rate each element independently.

When giving a rating of 2 (Minimal Satisfaction) or 1 (Unsatisfactory), raters must provide behavioral descriptors which might be useful to the intern in identifying areas for improvement.

Regardless of ratings, please do provide specific comments in the comment box titled "Opportunities for Improvement" at the end of the evaluation.

#### Description of Ratings:

- 5 Outstanding; exceeds usual level of performance for an intern at trainee's experience level.
- 4 Capable of entry-level independent practice on this element  
Required Rating by end of internship year
- 3 Reasonable skill level, but still requires supervision and guidance to be effective clinically  
Required level by end of second internship rotation; progressing appropriately  
End of year: Rating at this level does not qualify intern for successful completion of internship on this element
- 2 Needs Improvement  
End of second rotation: Some improvement needed to remain in good standing:  
End of year: Does not qualify for successful completion of internship on this element
- 1 Unsatisfactory, needs significant improvement to remain in good standing  
End of second rotation: Unsatisfactory, needs significant improvement to remain in good standing  
End of year: Does not qualify for successful completion of internship on this element

Once all the individual elements in a competency have been rated, the overall competency score should be calculated as the average of all element ratings within the competency.

Interns are required to achieve a rating of 3 out of 5 by second evaluation period on each competency element, and a rating of 4 out of 5 at final (third) evaluation period on each competency element (end of internship year).



**Research** (*Evaluate after second and third rotation only*)

Overall Rating for Competency \_\_\_\_\_

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications). | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level).    | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Demonstrates ability to apply evidence-based knowledge to clinical care and to evaluating outcomes.   | 1 | 2 | 3 | 4 | 5 | N/A |

**Ethical and Legal Standards**

Overall Rating for Competency \_\_\_\_\_

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 4. Is knowledgeable of and acts in accordance with each of the following:<br>a. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;<br>b. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, and federal levels;<br>c. Relevant professional standards and guidelines. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes <u>in order to</u> resolve the dilemmas.  | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Conducts self in an ethical manner in all professional activities.  | 1 | 2 | 3 | 4 | 5 | N/A |

**Individual and Cultural Diversity**

Overall Rating for Competency \_\_\_\_\_

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| 7. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.                                       | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. | 1 | 2 | 3 | 4 | 5 | N/A |

9.	Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	1	2	3	4	5	N/A
10.	Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.	1	2	3	4	5	N/A
11.	Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	1	2	3	4	5	N/A

**Professional Values, Attitudes, and Behaviors**

**Overall Rating for Competency** \_\_\_\_\_

12.	Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	1	2	3	4	5	N/A
13.	Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.	1	2	3	4	5	N/A
14.	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	1	2	3	4	5	N/A
15.	Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	1	2	3	4	5	N/A
16.	Manages time and multiple tasks in an organized manner so that deadlines are consistently met, details are attended to, and work products are completed at or above expectation level without reminders.	1	2	3	4	5	N/A
17.	Advances objectives of didactics and other meetings through consistent on-time attendance, maintaining focus without getting distracted, and providing meaningful contributions that support the goal of the activity.	1	2	3	4	5	N/A

**Communication and Interpersonal Skills**

**Overall Rating for Competency** \_\_\_\_\_

18.	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	1	2	3	4	5	N/A
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19. Demonstrates a thorough grasp of professional language and concepts; produces, comprehends, and engages in communications that are informative and well-integrated.	1	2	3	4	5	N/A
20. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	1	2	3	4	5	N/A
21. Produces oral and written communications that are informative and well-integrated.	1	2	3	4	5	N/A
<b>Assessment (For assessment/consult rotations only)</b>	<b>Overall Rating for Competency _____</b>					
22. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	1	2	3	4	5	N/A
23. Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).	1	2	3	4	5	N/A
24. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process.	1	2	3	4	5	N/A
25. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	1	2	3	4	5	N/A
26. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	1	2	3	4	5	N/A
27. Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	1	2	3	4	5	N/A

**Intervention** *(For assessment/consult rotations only)*

Overall Rating for Competency \_\_\_\_\_

28. Establishes and maintains effective relationships with the recipients of psychological services.	1	2	3	4	5	N/A
29. Develops evidence-based intervention plans specific to the service delivery goals.	1	2	3	4	5	N/A
30. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	1	2	3	4	5	N/A
31. Demonstrates the ability to apply the relevant research literature to clinical decision making.	1	2	3	4	5	N/A
32. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	1	2	3	4	5	N/A
33. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.	1	2	3	4	5	N/A
34. Uses therapeutic relationship to facilitate positive outcomes and is <u>well aware</u> of own contribution/role in the relationship.	1	2	3	4	5	N/A
35. Alerts supervisor immediately in a <u>crisis situation</u> . Effectively evaluates, manages, and documents patient risk and makes an appropriate short-term safety plan when necessary.	1	2	3	4	5	N/A

**Supervision**

Overall Rating for Competency \_\_\_\_\_

36. Applies supervision knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others and peer supervision with other trainees.	1	2	3	4	5	N/A
37. Applies the supervisory skill of observing in direct or simulated practice.	1	2	3	4	5	N/A
38. Applies the supervisory skill of evaluating in direct or simulated practice.	1	2	3	4	5	N/A
39. Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.	1	2	3	4	5	N/A

**Consultation and Interprofessional/Interdisciplinary Skills**

**Overall Rating for Competency** \_\_\_\_\_

<b>40.</b> Demonstrates knowledge of, and respect for, the roles and perspectives of other professions.	1	2	3	4	5	N/A
<b>41.</b> Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	1	2	3	4	5	N/A

Please list intern's strengths at this point in training

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Opportunities for improvement

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Other comments

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NAME OF INTERN:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLINICAL SUPERVISOR:

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLINICAL SUPERVISOR:

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DIRECTOR OF CLINICAL TRAINING:

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above signatures indicate that the intern has read this feedback form and that the supervisors and intern have discussed it verbally. The signatures do not necessarily imply total agreement on the intern's performance.

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## **Appendix B**

### **Internship Training Program Due Process, Appeals, and Grievances Procedures**

#### **Due process guidelines**

The following guidelines describe intern performance concerns and/or problem behaviors that would be cause for formal review, and which may result in an Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination of internship training and employment, if not corrected.

Due process procedures protect intern rights and are implemented in order to afford the intern with a reasonable opportunity to remediate performance deficits and/or problem behaviors and to receive support and assistance. Interns have the right to appeal a final decision on an Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination of internship training and employment. Interns may also file a grievance at any time during the internship and may appeal the final decision on a formal grievance.

Verge Psychological Assessment Center's policies and procedures will also be applied to the process of identifying insufficient performance and/or problem behaviors during the due process, appeals, and grievance processes.

#### **Interns Rights and Responsibilities**

Interns have the right to a clear statement of general rights and responsibilities upon entry into the training program, including the goals and parameters for the training experience and Verge Psychological Assessment Center's policies and procedures. Interns have a right to be trained by professionals in accordance with APA ethical guidelines. They have the right to be treated with respect and in keeping with the intern's advanced level of training and experience. Interns have a right to receive ongoing evaluation that is specific, respectful, and pertinent. They have the right to engage in ongoing evaluation of the training experience. Interns have the right to participate in the Due Process procedures by having their viewpoints heard at each step in the process. They have the right to appeal decisions with which they disagree, within the limits of this policy. Interns have the responsibility to engage with the training program in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

#### **Psychology Internship Rights and Responsibilities**

Verge Psychological Assessment Center's Health Service Psychology Internship has the right to implement these Due Process procedures when they are called for, as described below. The internship and its training staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

## **Insufficient performance**

Performance problems that may be cause for formal review and a subsequent Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination from employment and internship training include skills deficits, failure to perform at the level of competency expected, and problems with ethical and/or professional conduct. Examples of insufficient performance include, but are not limited to, the following:

1. The intern does not acknowledge, understand, address, or correct a problem when it is identified
  - a. An intern problem is defined as a skill deficit if it:
    - i. Negatively impacts the intern's clinical work or the quality of other patient services.
    - ii. Reflects clinical skill levels below that which is expected at the particular point during the internship year where the intern is. This occurs when an intern obtains ratings below that which is expected on end-of-rotation evaluation forms (i.e., below an average rating of at least 3.0 across all individual Profession Wide Competency elements by the end of the second clinical rotation in the year).
    - iii. Requires remediation for correction (e.g., increased didactic, experiential training).
    - iv. Has not been corrected by didactic or experiential training.
    - v. Has not changed as a function of feedback, remediation efforts, and/or additional experience.
    - vi. Negatively impacts the intern's clinical work or the quality of care provided to patients by other clinicians.
  - b. An intern problem is assessed as a learning problem if:
    - i. The intern demonstrates an inability and/or unwillingness to learn and appropriately integrate professional ethical standards into all professional work.
    - ii. The intern demonstrates an inability to effectively manage personal stress, psychological distraction, and/or excessive emotional reactions that interfere with professional functioning.
  - c. An intern problem is assessed as a problem functioning in a professional environment if:
    - i. The intern demonstrates an inability and/or unwillingness to learn and appropriately and consistently integrate professional standards into all professional work.
    - ii. The intern demonstrates an inability to effectively manage personal stress, psychological distraction, and/or excessive emotional reactions that interfere with professional functioning.
    - iii. The problematic behavior has potential for ethical or legal ramifications if not addressed.
    - iv. The intern's behavior negatively impacts the public's view of Verge Psychological Assessment Center.
    - v. The problematic behavior negatively impacts the other interns.
    - vi. The problem is not restricted to one area of professional functioning.
    - vii. A disproportionate amount of attention by training personnel is required.



## **Problem behaviors**

Problem behaviors subject to formal review and subsequent action, such as Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination from employment and internship training, include a number of situations. These situations may include, but are not limited to, intern engagement in any of the following behaviors:

1. Sexual harassment
2. Major violations of professional codes of conduct for ethical and professional practice, including the APA Ethical Principles of Psychologists and Code of Conduct and APA Professional Practice Guidelines
3. Insubordinate behavior
4. Exploitive or abusive behavior
5. Other behaviors not listed elsewhere in this document but that represent infringement on the rights, privileges, and responsibilities of interns, other psychology division faculty, volunteers/employees, other members of the community at large and/or patients, families and visitors
6. Egregious behaviors including illegal behavior, clearly amoral behavior, or other behaviors that indicate very poor judgment and reflect badly on the profession of psychology and/or Verge Psychological Assessment Center. Egregious behaviors may result in termination of the intern's employment and internship training and notification of the intern's home university graduate program.

## **Due process overview**

Due process is integrated within the formal review and remediation process. The goal of due process is that interns are treated justly, given a reasonable opportunity to hear about, respond to, and remediate performance deficits and/or problem behaviors; receive support and assistance; and have the right to appeal and to file a grievance within the parameters set forth in this manual. The training program is structured to include due process, so that behavior and performance expectations are clear, and evaluation processes and procedures for remediation are effective, timely, and fair.

**Program Expectations:** The training program will discuss expectations for professional functioning both orally and in writing at the beginning of the internship training year.

**Procedures for Evaluation:** The training program will also inform interns about the program's procedures for evaluating intern performance, including when, how, and who will conduct these evaluations, at the beginning of the internship training year.

**Procedures for Identification and Evaluation of Performance Deficits and Problem Behaviors:** The training program will inform interns when performance deficits and/or problem behaviors are identified and how they will be addressed at the beginning of the internship training year.

**Data for Performance Evaluation:** The training program will use input from multiple professional

sources as feasible when making decisions or recommendations regarding intern performance and behavior.

**Informal Review and Resolution:** After sufficient data has been collected to clearly identify and define a performance deficit or problem behavior, the training program holds an informal discussion with the intern within two weeks to review the concern. At this stage, informal suggestions for remediation of the performance deficit or problem behavior are provided. The intern is given a defined period of time to remediate the problem behavior or performance deficit, based on the scope and nature of the performance deficit or problem behavior. The informal remediation time period is determined by the nature of the performance deficit or problem behavior, as well as program considerations or requirements for appropriate intern performance.

**Remediation Plan and Termination:** The outcome of the informal discussion about a performance deficit or problem behavior may be Acknowledgement and No Further Action. However, if it is determined that some type of remediation plan is warranted (e.g., informal action plan, formal remediation plan) the training program's Training Director, in conjunction with the Psychology Administrator (Administrative staff, not a psychologist) and primary supervisor, provides a plan to assist the intern in addressing performance deficits and/or problem behaviors, as well as a timeline by which to complete requirements for remediation and the outcome metrics by which improved performance will be assessed. It should be noted that implementation of a formal remediation plan means that an intern is automatically on probationary status within the internship program. Review of progress in meeting remediation plan benchmarks is done according to the nature of the performance deficit or problem behavior, but no less than once every month until the performance deficit or problem behavior is sufficiently resolved, as determined by outcome metrics contained within the plan. These progress reviews will include substantive written feedback to guide intern progress toward resolution of insufficient performance or problem behaviors. Once the performance deficit or problem behavior is resolved as determined by outcome metrics within the plan, the plan is exited. Consequences for failure to meet these requirements by the end of the timeline are determined in accordance with the nature of the performance deficit or problem behavior and will be described within the individual remediation plan, and may include termination of the intern's employment and internship training. The termination process is described below in this training manual.

**Appeal:** The training program provides interns with a written description of the appeals process and related procedures, should interns choose to exercise their right to an appeal. The appeals process is found below in this training manual, and is reviewed orally with interns at the beginning of the internship year.

**Timely Process:** The training program will provide a sufficient amount of time for interns to respond to any actions taken by the program to address performance deficits and/or problem behaviors.

**Documentation:** The training program will document in writing the actions to be taken if an intern has performance deficits and/or problem behaviors, along with the rationale for any actions taken and criteria for completing the remediation plan. The training program will provide this information to others as appropriate. Documentation will be kept in the intern's professional file in the case of a formal remediation plan and in the training program's files for all other due process, grievance, and appeal matters.

Communication with Home University Graduate Program: If an intern has performance deficits and/ or problem behaviors that result in a formal remediation plan, the training program will communicate early and often with the intern and with the intern's home university graduate program, when needed to address these issues.

### **Due Process: Detailed Steps**

#### **Informal review and resolution**

When a person believes that an intern is demonstrating performance deficits and/or problem behaviors, the first step in addressing the issue should be to raise the issue with the intern directly, if feasible and appropriate, as is required by Section 1.04 of APA's Ethical Principles of Psychologists and Code of Conduct (APA Ethics Code). The person who raises the concern should raise the issue with the intern as soon as feasible in an attempt to informally resolve the issue. The same person should monitor the outcome. If the person who raises the concern is a person outside the training program, they should inform a training program supervisor or the Training Director, who will take responsibility for addressing and monitoring the performance deficit and/or problem behaviors. As described above, notice to the intern that training program administration is involved, informal discussion with the intern, and an informal remediation program with outcome metrics and routine monitoring will be established and executed if warranted by the nature of the concern. Informal review and resolution processes and outcomes will be documented in writing and placed in the training program's files.

#### **Formal review**

Notice: When an intern, administrator, patient, or other person informs the Training Director, or if the Policy Committee, comprised of the Training Director, Psychology Administrator, HR representative, and a clinical supervisor, deems that intern performance is insufficient and/or a significant performance deficit and/or problem behavior has occurred, and informal review has not resolved the issue or is not appropriate or not feasible, a formal review of the intern's performance deficits and/or problem behaviors is activated. At that point, the intern will be notified in writing that a formal review hearing will be held. The written notice will provide the intern with at least ten (10) working days' notice of the hearing date, will state the date, time and location of the hearing, and will invite the intern to attend the hearing. However, if the intern chooses not to attend, the hearing may still take place. Any time limits listed above may be extended at the discretion of the Policy Committee.

Hearing: The formal review hearing is conducted by the Policy Committee. The intern's supervisors may also be involved at any step of this process if a formal remediation plan is implemented.

Outcomes: The outcome of the formal review hearing will be communicated to the intern in writing within five (5) working days after the hearing decision and will include one of the following:

- Acknowledgment and No Further Action
- Informal Action Plan
- Formal Remediation Plan
- Termination of internship training and employment

Any time limits listed above may be extended at the discretion of the Policy Committee. If new information is discovered after a formal review hearing has occurred, and even if the outcome of that hearing was that no further action is required, the formal review process may be restarted at the discretion of the Policy Committee, and a new outcome from any subsequent hearings may result.

### **Acknowledgement and No Further Action**

Acknowledgment and No Further Action occurs when the Training Director and the Policy Committee decide by simple majority vote that:

The psychology internship is aware of the problem,  
The problem has been brought to the attention of the intern,  
The problem is not significant enough to warrant an informal action plan, formal remediation plan, or termination,  
And either no further action is required to address the concern or problem or—if the problem needs to be rectified—the supervisor or other staff members will work with the intern to rectify the problem.

The Acknowledgment and No Further Action decision will be documented in writing and a copy of the document will be provided to the intern within five (5) working days after the document is completed. A copy will also be placed in the training program's files. An Acknowledgment and No Further Action may be modified, and/or additional Acknowledgment and No Further Action decisions may be implemented, as needed.

### **Informal action plan**

An informal action plan is implemented when the Policy Committee decide by simple majority vote that an intern's performance deficits and/or problem behaviors present a low risk to stakeholders, the situation is amenable to timely change, the performance deficits and/or problem behaviors are more significant than those appropriate for Acknowledgment and No Further Action, and that the performance deficits and/or problem behaviors could worsen without the informal action plan.

An informal action plan may include, in addition to other things, increased supervision, didactic training, and/or structured readings. It will also specify the timeframe during which the performance deficit or problem behavior must be resolved and the outcome metrics that will be used to determine whether or not this has happened. The informal action plan will be documented in writing and discussed with the Training Director and Policy Committee, but will not become part of the intern's permanent professional file; however, the informal action plan will be kept in the training program's files. A copy of the informal action plan will be provided to the intern within five (5) working days after the document is completed. The informal action plan will not be shared with the intern's home university graduate program unless requested by the intern or agreed upon by the intern and the Training Director. Progress reviews will be conducted as part of the informal action plan within a specified timeframe appropriate to the informal action plan. One or more progress reviews may be conducted. An informal action plan may be modified, and/or additional informal action plans may be implemented, as needed.

### **Formal remediation plan and termination**

The key differences between an informal action plan and a formal remediation plan includes the following:

1. The formal remediation plan is kept in the training program's files and also becomes part of the intern's permanent professional file
2. The Director of Clinical Training from the intern's home university graduate program is informed when a formal remediation plan is enacted
3. A formal remediation plan automatically results in probationary status for the intern
4. Successful remediation as measured by the plan's outcome metrics is mandatory for the intern to successfully complete internship training

A formal remediation plan is implemented when an intern's performance deficits and/or problem behaviors present minimal risk to stakeholders, the situation is amenable to timely change, and the remediation is necessary for the intern to successfully complete internship training. Development and content of a formal remediation plan A formal remediation plan will include the following:

1. A clear description of the actual performance deficits and/or problem behaviors that need to be remediated
2. The specific actions to be taken to remediate the deficits and/or problems
3. The time frame during which the deficits and/or problems are expected to be remediated
4. A description of the measurable outcomes that will be used to determine whether performance deficits and/or problem behaviors improve under the plan
5. One or more specific time periods for progress review
6. The procedures for determining when the remediation plan has been successfully completed
7. Whether the intern is suspended from some internship activities including, but not limited to, suspension of clinical privileges
8. Consequences if the remediation plan is not successfully completed
9. Communication of the formal remediation plan to the intern's home university graduate program (as further discussed below)

If a simple majority of the Remediation Review Committee (as defined below) votes to implement a formal remediation plan, the Training Director, HR representative, and the intern's supervisor(s) will cooperatively develop the plan.

### **Process for implementing a formal remediation plan**

The process for implementing the formal remediation plan is as follows:

1. The Training Director and/or a designated member of the Policy Committee verbally informs

the intern that a formal remediation plan will be implemented and explains the reasons for this action. Using data collected about the performance deficit and problem behavior, the Training Director and supervisors develop the remediation plan and identify metrics by which improvement will be measured, along with a description of the timeframe in which improvement is expected.

2. Within five (5) working days after the document is completed, the intern is notified that he/she has been placed on probation within the internship program and the formal remediation plan is reviewed with the intern. The program's appeals process is discussed as needed. A copy of the formal remediation plan document is then provided to the intern.

3. A copy of the formal remediation plan is also placed in the training program's files and in the intern's permanent professional file.

4. The Training Director will also provide and discuss the completed formal remediation plan with the parties who need to be involved with it, including the intern's primary clinical supervisor and the Director of Clinical Training at the home university graduate program, within five (5) working days after the document is provided to the intern. Any time limits listed above may be extended at the discretion of the Policy Committee.

### **Formal remediation plan progress reviews**

Implementation of a formal remediation plan means that an intern is automatically on probationary status within the internship program. Progress reviews will be conducted as part of the intern's formal remediation plan within a specified timeframe as set forth in the remediation plan document, but no less often than on a monthly basis. One or more progress reviews may be conducted.

A formal evaluation of progress under the formal remediation plan will be conducted by a Remediation Review Committee consisting of the Training Director, Psychology Administrator, HR representative, and the intern's supervisor.

The Remediation Review Committee will jointly decide by simple majority whether to do any of the following:

1. Resolve the formal remediation plan upon its successful completion.
2. Extend the intern's probationary period and formal remediation plan timelines to be reviewed at a later formal remediation plan evaluation meeting, with progress reviews during the extension.
3. Terminate the intern's involvement in the internship and the intern's employment and notify the intern's home university graduate program.

The formal remediation plan evaluation decision will be documented in writing and will be shared with the intern as soon as possible, but no later than ten (10) working days after the meeting. This documentation will become a part of the training program's file and the intern's professional file. The decision will be shared with the intern's home university graduate program. If the decision involves continuation in the training program, the Director of Training may assign a new clinical supervisor and meet with that supervisor to plan the monitoring of the

conditions in the decision. If the Director of Training is the supervisor of the intern, the psychology internship program administrator will take up the role of the Director of Training, listed above. Any time limits listed above may be extended at the discretion of the Policy Committee.

## **Termination**

When the focus of the formal remediation plan has included egregious behaviors (e.g., illegal behavior, severe ethical violations, persistent and pervasive competence problems, unsound clinical judgments that result in harm to patients, persistent inability to fulfill the requirements and expectations of the training program, pervasive inability or resistance to utilizing supervision and feedback to affect change and progress, etc.), the Remediation Review Committee may recommend that the intern be terminated from the internship training program and employment when there is a failure to correct serious problem behaviors or performance deficits in accordance with the formal remediation plan.

Termination occurs immediately after notification to the intern of the Remediation Review Committee's decision. At that point, the intern is required to return all keys, badges and other Verge Psychological Assessment Center's properties. Verge Psychological Assessment Center Human Resources will be notified to terminate the intern's employment. The intern will need to complete the normal procedures for ending internship and employment including completion of all patient documentation and such other tasks as Verge Psychological Assessment Center may require. Finally, the intern's home university graduate program is also notified within five (5) working days that the intern has not successfully completed the internship, and a brief description of the reasons for termination are provided to the home university graduate program's Training Director.

## **Appeals procedures**

In the event that an intern wishes to appeal a final decision on an Acknowledgment and No Further Action, a final decision on an informal action plan, a final decision on a formal remediation plan, a final decision on termination of internship training and employment, or to appeal the final decision on a formal grievance, the following appeal procedures must be followed:

1. The intern must file a formal appeal in writing to the Training Director with all supporting documents that support the intern's grounds for the appeal. The intern must submit this written appeal within ten (10) working days after receiving notice of the final decision on an Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination of internship training and employment, or within ten (10) working days after receiving a final decision on a formal grievance. The intern may also request a personal interview with the Policy Committee during this ten-day period, but any such interview will be at the discretion of the Policy Committee and does not alter the deadline for the intern to file a written appeal.
2. The Training Director will then convene a formal review panel, consisting of the Training Director, the Psychology Administrator, HR representative, and a clinical supervisor within ten (10) working days after receipt of a formal written appeal from an intern. The intern may request one (1) specific member of the psychology staff to serve on the formal review panel subject to the approval of the Policy Committee, but the unavailability or unwillingness of that specific

member to serve shall not delay the convening of the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information.

The review panel will reach a decision based on a simple majority vote. In the event of a review panel member's inability or unwillingness at any time to serve on the review panel, or in the event of a review panel member's conflict of interest (as determined by the Policy Committee), the Training Director, or Psychology Administrator if the Training Director has a conflict of interest, may designate a substitute representative to serve on the review panel.

3. In the event that an intern is filing a second appeal to challenge a decision on the intern's first appeal that was made by the formal review panel, the second appeal will be reviewed by the Policy Committee. Within ten (10) working days after receiving the second appeal, the Policy Committee will determine whether a new formal review panel should be formed to decide the second appeal or whether the decision of the original review panel on the first appeal is upheld. All decisions by the Policy Committee (if it upholds the decision on the first appeal) or by the new review panel (if it decides the second appeal) are final and not subject to further review, grievance, or appeal by the intern.

4. Any time limits listed above may be extended at the discretion of the Policy Committee.

## **Internship Training Program Grievances Procedures**

Informal grievance procedure-

“Grievance” is the formal term for a complaint. A grievance procedure is a process that is invoked when an intern has a complaint against any element of the training program. For instance, interns may initiate an informal or formal grievance about the conduct of another intern, supervisor, the Training Director, Psychology Administrator, the Policy Committee, or the program's policies and procedures.

Grievances must be raised by interns and others in good faith consistent with APA Ethics Standard 1.07, which states that psychologists do not file or encourage the filing of (ethics) complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

For situations in which an intern raises a grievance about a supervisor, staff member, other intern, or the internship program, the intern should first raise the issue, as soon as feasible and as appropriate, directly with the person or persons involved in an effort to resolve the problem informally as is consistent with APA Ethics Standard 1.04 on informal resolution. Informal grievances and their outcomes will be documented in writing and placed in the training program's files.

Formal grievance procedure-

If the matter that is the subject of a grievance cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Director. If the



Training Director or Psychology Administrator is the subject of the grievance, the grievance should be submitted to the Verge Psychological Assessment Centers HR representative. The individual being grieved (or Training Director, if the subject of the grievance is the program) will be asked to submit a response in writing within ten (10) working days.

The Training Director, or Psychology Administrator if the Training Director is the subject, and an HR representative will then meet jointly with the intern and the individual being grieved within ten (10) working days after the written response is submitted. In some cases, the Training Director, or Psychology Administrator if the Training Director is the subject, may first wish to meet separately with the intern and the individual being grieved. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include a description of each of the following:

1. The behavior associated with the grievance
2. The specific steps to be taken to rectify the problem
3. The procedures designed to ascertain whether the problem has been appropriately rectified

The Training Director, or Psychology Administrator if the Training Director is the subject, will document in writing the process and outcome of the joint meeting. A copy of the written document will be provided to the intern, HR, and the individual being grieved within five (5) working days after the document is complete. The intern and the individual being grieved will be asked to report back to the Training Director, or Psychology Administrator if the Training Director is the subject, and the HR representative in writing within ten (10) working days after receiving the written document, regarding whether the issue has been adequately resolved. The intern may appeal the final decision on a formal grievance in accordance with the Appeal procedures above. The Committee to oversee the grievance appeal will not include the grieved. A replacement of a non-grieved clinical supervisor will be substituted.

Documentation of formal grievance procedures are kept in a separate training program file from other documentation of an intern's activities. Any time limits listed above may be extended at the discretion of the Policy Committee. The Committee to oversee the grievance will not include the grieved. A replacement of a non-grieved clinical supervisor will be substituted.

### **Lack of resolution: Human Resources**

If the HR representative and internship Training Director, or Psychology Administrator if the Training Director is the subject, determines that an appeal or formal grievance cannot be resolved internally or is not appropriate to be resolved internally, the issue will be turned over to Verge Psychological Assessment Center's HR Department for further consideration and final decision-making. All HR decisions are considered final.

## Verification of Receipt

### Verge Psychological Assessment Center Doctoral Internship in Health Service Psychology Handbook

I \_\_\_\_\_, hereby acknowledge that I have received the Verge Psychological Assessment Center Doctoral Internship in Health Service Psychology Handbook, including the Grievance and Due Process Policies and Procedures contained herein, and agree to abide by its contents in its entirety. This Internship Handbook was provided to me at the beginning of the internship orientation.

\_\_\_\_\_  
Intern signature

\_\_\_\_\_  
Date

Witnessed:

\_\_\_\_\_  
Director of Clinical Training

\_\_\_\_\_  
Date