

**Kennedy Krieger Institute  
The Johns Hopkins School of Medicine  
Behavioral Psychology & Neuropsychology**

**DOCTORAL INTERNSHIP IN  
HEALTH SERVICE PSYCHOLOGY**

*Policies and Procedures/  
Intern Handbook*

**2019 - 2020**

*Accredited by the American Psychological Association*



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Kennedy Krieger Institute





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## Internship Overview

The Kennedy Krieger Institute/Johns Hopkins School of Medicine/Behavioral Psychology & Neuropsychology Doctoral Internship Program Aim is to prepare interns to intermediate competence in delivery of health service psychology with children and adolescents with a range of behavioral, emotional, health and learning needs and their families.

The Program includes the Department of Behavioral Psychology, directed by Dr. Michael F. Cataldo and the Department of Neuropsychology, directed by Dr. E. Mark Mahone.

The Training Leadership consists of:

Dr. Jennifer L. Crockett (Director of Training) – [crockettj@kennedykrieger.org](mailto:crockettj@kennedykrieger.org)

Dr. Megan Kramer (Asst Director of Training) – [kramerm@kennedykrieger.org](mailto:kramerm@kennedykrieger.org)

Dr. Jonathan Schmidt (Asst Director of Training) – [schmidtj@kennedykrieger.org](mailto:schmidtj@kennedykrieger.org)

Ms. Karen Janowiak (Training Coordinator) – [janowiak@kennedykrieger.org](mailto:janowiak@kennedykrieger.org)

The Program consists of nine training rotations across the two departments. The rotations include:

- Behavior Management Clinic
- Child and Family Therapy Clinic
- Neurobehavioral Outpatient Unit
- Neurobehavioral Continuum
- Neuropsychology Deafness
- Neuropsychology Rehabilitation
- Pediatric Developmental Disorders
- Pediatric Feeding Disorders
- Pediatric Psychology and Consultation Services

Interns spend either six months or twelve months in their assigned rotation.

Interns have individual workstations within shared offices in either the 707 N. Broadway location or the 1750 E. Fairmount location.

Internship begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup>. Interns receive 2,000 hours of internship training, with 750 of these hours devoted to direct patient contact.

## **Financial Assistance**

1. Doctoral Intern stipend is currently \$33,552. Intern stipend level is based on NIH's National Research Service Award doctoral stipend level.
2. Interns receive health insurance through the Johns Hopkins University School of Medicine's Student Health Plan. The Departments pay the premium for all Doctoral Interns. If interested in having dependents covered, the intern is responsible for paying the difference between what KKI pays for the individual policy and the cost for two party or family coverage. Interns are required to show comparable coverage for any dependents, otherwise interns must provide coverage for dependents through the JHSOM Student Health Plan.
3. Interns receive 15 PTO (paid time off) days and 5 professional days. Please see Leave Policy for additional details.
4. Interns receive a travel stipend for professional travel. The current stipend is \$500 - \$700. Please see Conference Attendance Policy for additional details.

## Doctoral Intern Leave Policy

1. Understanding that interns are expected to complete 2,000 training hours during their internship year, interns are granted the following leave:
  - a) 15 PTO (paid time off) days
  - b) Regularly scheduled Institute holidays
  - c) 5 professional days

PTO days: to maximize training time across both rotations, interns should try to take PTO as equally as possible across rotations.

Institute holidays: see the Kennedy Krieger Institute Holiday schedule for specific days.

Professional days: refer to Professional Days policy.

Bereavement Policy: In the unfortunate event that an intern needs to attend the funeral of a family member or support a family member who is ill, the intern may use up to three bereavement days and would then use any other requested days as PTO. Extenuating circumstances will be discussed on a case-by-case basis.
2. In the event that all professional days are exhausted, the intern will be required to use PTO days for all remaining professional activities. If all professional and PTO days are exhausted and additional professional time is necessary, it is up to the discretion of the supervisor as to whether or not the intern can take time off.
3. As per Institute-wide policy, for illnesses/injuries, an intern may be asked to present his/her supervisor with a physician's letter stating the nature of the illness/injury. If the intern misses three or more consecutive calendar days due to illness/injury, he/she may need a physician's letter providing the date of return to work.
4. **Your supervisor must approve all requests for time off in advance.** The intern must first receive approval from supervisor, complete the Intern Request for Leave form, and then email this form to Karen Janowiak, cc:ing the supervisor. The intern should then log the time on the Weekly Tracking log.
5. Extenuating situations will be reviewed on an individual basis with the intern, supervisor and training directors.
6. Interns wanting to request PTO during the last week of December should discuss with their supervisors as soon as possible. There are two Institute holidays during this final week of December. For continuity of clinical care, it is difficult for some clinics/rotations to approve additional time off during this time.
7. Interns should not plan to be on PTO the first week of second rotation as this week is dedicated to rotation orientation.
8. Interns are not permitted to end their training on PTO or professional leave. Interns must be physically present on their final training day to complete the exit process.

## Professional Days

Professional days are vital to internship and allow interns to focus on relevant career-building activities. Interns receive five (5) professional days throughout internship. It is common for interns to need to apply PTO days for remaining professional days needed beyond the allotted five days.

The following are acceptable activities that can be used as professional days:

- Traveling to and attending a conference/training.
- Attending local training/workshop.
- Traveling to and attending a dissertation defense. Half-travel day permitted on either end, if needed.
- Traveling to and participating in a job talk/interview or post doc interview. Half-travel day permitted on either end, if needed.
- Traveling to graduate program for data collection in advance of defense. Half-travel day permitted on either end, if needed.
- Traveling to and meeting with your advisor in advance of defense. Half-travel day permitted on either end, if needed.
- Traveling to and attending graduation. Half-travel day permitted on either end, if needed.
- Taking the EPPP, BACB, or state exam. Limit to 1 day.
- Final EPPP/BACB preparation (within one week of exam). Limit to 1 day.

The following are not considered appropriate for professional days and should be taken as vacation days:

- Job training/requirements for future employment (orientation, in-services, fingerprinting, meeting with future colleagues, etc.).
- General “writing dissertation” days
- General EPPP study time, beyond the one allotted day.
- Personal growth/enrichment courses/seminars

## Conference Attendance Policy

1. Interns are granted a travel stipend to be used for one professional conference or training per year. The amount of the travel stipend will be determined each year by the Training Committee. The travel stipend is dependent upon the availability of departmental funds within the fiscal year. The department director will determine if sufficient funds are available to grant travel stipends.
2. An intern will be reimbursed up to the allotted amount, with any expenses above this stipend to be paid for by the intern. In the event that the intern received a travel advance and final expenses totaled less than the travel advance, the intern will be required to return the difference.
3. Any amount of the stipend that is **NOT** used for the one conference is considered void and is unavailable for additional conferences or trainings.
4. Travel stipends must be approved in advance by the supervisor. Any forms required for reimbursement, such as the Travel Expense Report and Request for Travel Advance forms, will go directly to the Supervisor. Interns should read and follow the guidelines for Travel Reimbursement prior to incurring any expenses.
5. Request for time off must be approved by the intern's supervisor on which the intern is serving at the time of the conference. Requests for time off should conform to the guidelines of the Doctoral Intern Leave Policy.

Note: Currently, interns will be allotted \$500 if NOT presenting at the conference and \$700 if presenting. Interns should send proof of presentation (e.g., copy of program or acceptance letter/email) to the Training Director with the Travel Expense Report.

## Dissertation Policy

1. Interns may work on dissertations during the work day provided that it does not interfere with assigned clinical responsibilities and the supervisor gives the approval. If there is a possibility that work on the dissertation will interfere with clinical responsibilities, the intern must work on the dissertation during non-work times (i.e., evenings and weekends).
2. It is the responsibility of the intern and the supervisor to monitor the intern's progress to ensure that internship responsibilities are being successfully completed.
3. Interns who would like to conduct their dissertation as a part of their internship should discuss their proposal with their supervisor. If the supervisor and intern agree on a preliminary plan, the intern should write an abstract describing the project. This abstract will be submitted to the training committee for review. The training committee may provide feedback to the intern and supervisor when appropriate. Keep in mind that if data are collected at KKI, the study will be subject to review by the Institutional Review Board (IRB) of the Johns Hopkins University School of Medicine in addition to the IRB of the intern's university. Interns should discuss this with their supervisors.
  - The intern and supervisor will schedule a time for the intern to present proposal. The meeting can be one of the regularly scheduled rounds, topical seminars, etc. The faculty will be invited to attend this meeting. The faculty may provide feedback to the intern.
  - Based on the feedback from the faculty, the supervisor and intern can decide to modify the plan or proceed as proposed.
  - The supervisor will monitor the project and provide monthly updates to the training committee.
4. In the event the intern needs time off for dissertation defenses and other related meetings away from work (e.g., the intern must return to his/her university), the intern must request time off before the scheduled event and use the allotted professional time. See the intern leave policy for additional details.

## **Research Policy**

1. Research is considered a Profession Wide Competency (PWC), therefore research is an expected component of internship.
2. At a minimum, interns will meet this expectation through collecting, analyzing and presenting data at a clinic-, departmental-, or institute-level event.
3. Others will do the same at a local, regional, national or international professional event (e.g., conference).
4. Research activities used to satisfy the PWC should be recorded in the Weekly Tracking log.
5. Beyond the research requirements of internship, some may be interested in working with faculty on developing new research questions. The following guidelines apply:
  - a. It is generally recommended that you not commit to a research project until after the first quarter of internship (i.e., beginning of October). This will allow you time to become accustomed to the duties of your clinical rotation and your new schedule. However, if you have discussed your participation in the project with your immediate supervisor and he/she approves, you can start sooner.
  - b. After you have identified a research project, contact the investigator to obtain details (e.g., how many hours per week, what day(s), and responsibilities). Do **NOT** make a commitment to participate in the project.
  - c. Meet with your clinical supervisor to discuss this research opportunity. If you and your supervisor agree that this will not take away from your clinical activities, you can make the necessary arrangements with the investigator.
6. Your dissertation does NOT qualify for this research option. Please see the training program's dissertation policy.

## **Evaluation and Feedback**

### Intern Evaluation

1. Interns receive written evaluations on a quarterly basis. Evaluations are discussed in person between the intern and supervisor(s).
2. Evaluations are based on progress towards the nine Profession Wide Competencies and the behavioral elements within each.
3. Supervisors conduct at least two direct observations (live or video) of the intern engaging in clinical service within each quarter and combine these with supervisor impressions from discussions during supervision to determine evaluation ratings.
4. Supervisors may also use direct observations in case presentations and group meetings, direct observation in simulated scenarios, and permanent products (notes, graphs, presentations) in determining ratings.
5. The following rating scale is used for quarterly evaluations:
  - 1: Performance is at pre-internship or practicum level.
  - 2: Performance is at level expected for entry to internship
  - 3: Performance is at level expected for midpoint of internship
  - 4: Performance is at level expected for completion of internship/entry to practice
  - 5: Performance is at level expected for advanced practice.
6. Each intern is expected to achieve a First and Second Quarter rating of at least a “2,” a Third Quarter rating of at least a “3,” and a Fourth Quarter rating of at least a “4.” Minimum level of achievement necessary for successful completion of internship is a “4” on each behavioral element for each profession wide competency at the Fourth Quarter rating, understanding that most continue on for specialized training in a fellowship.
7. If an intern receives a rating lower than those specified above, a written support plan is developed to bring the intern to minimal levels of performance.
8. Evaluations are sent to the intern’s Clinical Director of Training at the end of Second Quarter and Fourth Quarter.

### Feedback from Interns

1. Interns evaluate supervisors on a quarterly basis. These evaluations are NOT distributed to supervisors until after the internship year. The supervisors receive aggregated and anonymized feedback at the completion of the internship year. However, if the training directors feel that an issue must be handled immediately, the training directors will contact the intern to discuss a plan.
2. Interns evaluate their current rotation at the end of December and at the end of June.
3. Interns also evaluate the degree to which the training program is meeting the goals and preparing the interns for the stated competencies. This occurs at the end of December and the end of June.

## Supervision

1. Interns receive a minimum of 2 hours individual supervision and 2 hours of group supervision per week. Interns are responsible for tracking their supervision hours each week. The Training Coordinator monitors the logs on a monthly basis and sends reports to the Training Directors and Supervisors.
2. Supervisors must be licensed psychologists in the state of Maryland and credentialed psychologists through the KKI Medical Staff Office.
3. Supervision focuses on the application of psychological concepts and current scientific knowledge, principles, and theories to the professional delivery of psychological services. Supervision also provides an opportunity for discussion of individual and cultural considerations, professional conduct, professional development and ethics and standards for providers of psychological services.
4. Individual supervision time is protected each week. That is, it is scheduled in advance so that both intern and supervisor can depend on that time for supervision. Interns should understand that supervision will occasionally get interrupted or will need to be rescheduled. Supervisors should minimize interruptions as much as possible and should make up any missed supervision as soon as possible.
5. Group supervision may consist of peer review, case conferences, research meetings or journal clubs. Supervisors will review with each intern the specific activities that qualify as group supervision, considering that the content should be specific to building capacity directly related to the intern's position and that supervision should be case-specific, with feedback directed at the intern for growth and development. Events such as grand rounds and didactic presentations are considered knowledge-based training opportunities and do not qualify as supervision.
6. Supervision also occurs throughout each week via electronic feedback on case-related products (e.g., evaluation, progress notes, case summaries, case-related data, etc.).
7. Supervisor availability outside of regularly scheduled supervision occurs through an "open door" policy so that interns can meet with supervisors on an as needed basis as situations arise. Each rotation also has a Supervisor on the premises at all times interns are engaging in clinical service.

## **Provision of Supervision Policy**

**Definition:** Applies knowledge of supervision models and practices with supervisee. Some clinics will have the option to have interns provide supervised supervision to externs, clinical specialists, or behavior data specialists. Other clinics will have interns provide supervised supervision to interns.

### **Program-Wide Requirements:**

1. Initial didactic in “Becoming a Supervisor” during 1<sup>st</sup> Quarter
2. Follow-up didactic/group exercises during 2<sup>nd</sup> Quarter or 3<sup>rd</sup> Quarter
3. Ethics of Supervision, Supervision Wrap Up during 4<sup>th</sup> Quarter

### **Requirements:**

1. Each intern should have a minimum of .5 hours per month of internship supervision devoted specifically to their provision of supervision to others.
2. A supervisor must be present and provide feedback to the intern after the session.
3. The supervision can be based on a case discussion or an observed session (either live or recorded).

## Support Plan

The program understands that additional support, beyond what is programmatically provided through the internship, may be necessary if an intern's performance drops below that expected of the intern. To ensure all interns have sufficient support to develop skills necessary for entry to practice, the following Support Plan policy is to be followed and is based on the guidelines set forth by the Kennedy Krieger Institute, The Johns Hopkins University School of Medicine, APA, and APPIC.

If a supervisor determines that an intern's performance on a particular behavioral element is not at expected level and performance has not improved following verbal feedback, or if an intern receives below a "2" at First or Second Quarter evaluation or below a "3" at Third Quarter evaluation, the following procedures will be initiated:

- a) Written support plan to be implemented including:
  - i. an operational definition of the intern's behavior that needs improvement.
  - ii. actions needed by the supervisor to support the intern in correcting deficit.
  - iii. the time line for reviewing progress (suggested, two to four weeks).
  - iv. action that will be taken if performance does not improve.
  - v. notification that the intern has the right to request a review of this action.
  - vi. The supervisor, intern, and training director sign the written plan.
  - vii. The Director of Clinical Training will be notified if a support plan is implemented.
- b) If performance has improved, the supervisor and intern agree to continue with the support plan and agree to monitor performance in specified (suggested, two to four week) intervals until satisfied that performance has returned to expected levels. Performance is then tracked according to usual policy. Supervisors can decide to implement more frequent evaluations (other than 3, 6, 9 and 12 months). Written feedback is provided to the Intern and to the graduate program's DCT within 2 weeks of supervisor's and internship Training Directors' satisfaction that performance has returned to expected levels, indicating that a) performance has improved to expected levels, and b) including whether additional evaluations are planned beyond the quarterly evaluations.
- c) If performance has NOT improved and it is determined that this is not because of the supervisor not following through with assistance, additional supports may be determined or the intern may be placed on a Remediation Plan (see Remediation Plan for additional guidance). Written feedback is provided to the intern and DCT within 2 weeks of the decision by the supervisors and training directors that performance has not improved, indicating that a) performance has not improved to expected levels, b) additional supports are needed, and the specific nature of supports to be implemented, and c) whether or not a Remediation Plan will be implemented and the details of the Plan.
- d) In the case of an intern displaying poor performance from the start of a rotation the supervisor will share specific concerns (verbally and in written form) with the intern and inform the intern that his/her performance will be evaluated at the end of the first month of the rotation, such that the intern can work on deficit areas prior to the first evaluation.

Note: In all cases, it is imperative that supervisors take a nurturing, non-threatening, helpful approach with the intern. If a supervisor feels unable to do so (personality conflicts, etc.), when feasible, another supervisor should become involved with the intern.

## **Postdoctoral Fellowship: Internal Application Process**

(Note: This does **NOT** apply for the Neuropsychology Postdoctoral Fellowship)

1. Applications (from internal candidates) for Behavioral Psychology Postdoctoral Fellowships are due February 1.
2. Submit a cover letter, updated CV, and degree verification letter to the Director of Training. In your cover letter, please specify the clinic(s) of interest. Degree verification letter will be authored by your Clinical Director of Training or dissertation chair. **Must defend dissertation one month before beginning date.** Degree verification letter is available on our post doc website: [http://www.kennedykrieger.org/kki\\_misc.jsp?pid=1625](http://www.kennedykrieger.org/kki_misc.jsp?pid=1625)
3. You will be notified of your status by the Training Director by the Uniform Notification Date set by APPIC.
4. If you need earlier notification, please discuss with the Training Directors.

### **Other information:**

- Current stipend – \$50,004
- 10 vacation days, up to 10 sick days
- 5 professional days
- Beginning date September 1<sup>st</sup> (some clinics also have alternate start date)

## **Administrative Assistance**

The interns have shared offices at their respective locations and each intern has a desk with a computer and a telephone equipped with voice mail. Computers provide access to email and the internet. The Departments of Behavioral Psychology and Neuropsychology's information technology infrastructure consists of nearly workstations attached to the Kennedy Krieger Institute Network. All interns have desktop computers with internet access. The Kennedy Krieger Institute has software programs specifically designed for collecting, analyzing, and summarizing direct-observation data. Data are collected on laptop computers and saved to the KKI network.

The Departments of Behavioral Psychology and Neuropsychology have over 25 administrative personnel (e.g., administrative assistants, care management, and financial managers) that are available to assist interns with their day-to-day needs (e.g., scheduling appointments and reimbursement). Interns have access to office machines such fax, copy, and shredder machines, which are located throughout the Institute as well as office supplies.

The Departments of Behavioral Psychology and Neuropsychology maintain small libraries, which house the journals and articles most relevant to the population and type of problem served. Interns also have access to the libraries at the Johns Hopkins University. Additionally, interns are able to access electronic databases (e.g., Medline, PsycInfo, and ERIC), electronic journals, and other electronic references via the Johns Hopkins Medical School's Welch Library.

Currently, The Departments of Behavioral Psychology and Neuropsychology are spread across 5 buildings. The Kennedy Krieger Institute at 707 N. Broadway (Broadway Building) is a 150,000 sq. ft. hospital located on the Downtown Campus of the Johns Hopkins Medical Institution. Approximately a third of this building is comprised of the Departments of Behavioral Psychology and Neuropsychology. Both Departments occupy an additional 25,000 sq. ft. of office space at the Fairmount Building located on the edge of the Downtown Campus. The Department of Behavioral Psychology has an additional 20,000 sq. ft. in Downtown Baltimore on Aliceanna St. (Aliceanna Building). Both Departments also occupy 10,000 sq. ft. of office space in Howard County (Columbia/Patuxent location). Behavioral Psychology also occupies a 5,000 sq. ft. office in Arundel County (Odenton).

Across the five sites, there are over 40 therapy rooms with adjoining observation rooms equipped with one-way mirrors, as well as several specialized classrooms and children's playrooms. Interns have shared offices either at the Broadway Building or Fairmount Building.

## Remediation Plan

The Kennedy Krieger Institute recognizes the prerogative of the training leadership to appoint and terminate doctoral interns. It is the policy of the departments to employ procedural fairness in all matters, which may lead to termination. For the protection of all concerned (the intern, the departments, and the Institute), the following policy for remediation and disciplinary action for doctoral interns is to be followed and are based on the guidelines set forth by the Kennedy Krieger Institute, The Johns Hopkins University School of Medicine, APA, and APPIC. If the concern relates more to skill deficit, the Support Plan should be followed. A Remediation Plan should be developed when the intern is exhibiting concerning behavior (e.g., unprofessional).

1. *Remediation and Sanction Alternatives* - It is important to have meaningful ways to address a problem once it has been identified. In implementing remediation, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern's training group, the training staff, and other agency personnel. In the case that a problem with an intern is identified, the following procedures will be initiated:
  - a) Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. The training director, supervisor, and/or department director should have written documentation of the date and nature of all verbal warnings given to individuals. In the case of co-occurring behavioral deficiencies, the intern should be given specific instructions on what to improve.
  - b) Written Remediation Plan is developed when the inappropriate behavior was not modified following verbal warning. The Plan will contain:
    - i. a description of the intern's unsatisfactory performance
    - ii. actions needed by the intern to correct the unsatisfactory behavior
    - iii. actions needed by the supervisor to support the intern in correcting the problem
    - iv. the time line for correcting the problem,
    - v. action that will be taken if the problem is not corrected,
    - vi. notification that the intern has the right to request a review of this action.A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the training director in consultation with the intern's supervisor. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute. The intern's Graduate School Director of Clinical Training will be notified when a remediation plan is implemented. **If performance improves** following the Remediation Plan, written notification developed by the supervisor in collaboration with the Training Directors is provided to the intern and the graduate program's Director of Clinical Training (DCT) within 2 weeks of attaining expected levels of performance. Documentation includes that performance has improved and details any additional evaluations that are planned beyond the regular quarterly evaluations. **If performance does not improve**, the Remediation Plan may be continued for an additional four weeks. The intern and DCT will receive written notice within two weeks of the determination that the performance is not at expected levels and that additional remediation is necessary. The written notice will detail the additional supports provided and the expected level of performance.
  - c) Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an

intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the training director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include, but are not limited to:

- i. increasing the amount of supervision, with the same or other supervisors
- ii. change in the format, emphasis, and/or focus of supervision
- iii. recommending personal therapy
- iv. reducing the intern's clinical or other workload
- v. requiring specific academic coursework

The length of a schedule modification period will be determined by the training director in consultation with the primary supervisor. The termination of the schedule modification period will be determined, after discussions with the intern, by the training director in consultation with the primary supervisor. If the training director determines that there has not been sufficient improvement in the intern's behavior to remove modified schedule, the training director will discuss with the primary supervisor possible courses of action to be taken. The training director will communicate in writing to the intern that the conditions for revoking the modified schedule have not been met. This notice will include the course of action the training director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the training director will communicate to the department director that if the intern's behavior does not change, the intern will not successfully complete the internship.

- d) Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the training director systematically monitors for a specific length of time the degree to which the intern addresses changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes the following:

- i. the specific behaviors associated with the unacceptable rating
- ii. the recommendations for rectifying the problem
- iii. the time frame for the probation during
- iv. the procedures to ascertain whether the problem has been rectified.

If the training director determines that there has not been sufficient improvement in the intern's behavior to remove the probation, the training director will discuss with the primary supervisor possible courses of action to be taken. The training director will communicate in writing to the intern that the conditions for revoking the probation have not been met. This notice will include the course of action the training director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the training director will communicate to the intern, the training committee and the program's chief psychologist that if the intern's behavior does not change, the intern will not successfully complete the internship.

- e) Suspension of Direct Service Activities requires a determination that the welfare of the intern's client has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the training director in consultation with the chief psychologist. At the end of the suspension period, the intern's supervisor in consultation with the training director will assess the intern's capacity for effective functioning and determine when direct service can be resumed. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. Administrative leave would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. Note: If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The training director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.
- f) Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee is unable or unwilling to alter her/his behavior, the training director will discuss with the chief psychologist, training committee, department directors and the director of training administration the possibility of termination from the training program or dismissal from the agency. Dismissal would be invoked in cases of failure to respond to several remediation attempts, severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. Before taking final action, the chief psychologist, department directors and the training director shall meet with the intern. When an intern has been dismissed, the training director will communicate to the intern's academic department that the intern has not successfully completed the internship. A written summary statement will be prepared by the Training Director in consultation with the Training Committee, Chief Psychologist, and Departmental Directors, defining the problem, warnings issued, and the proposed mechanism for its resolution (probation or termination), and a specific statement as to action to be taken on stipend, benefits and training certification. In cases of termination, ordinarily salary and benefits will terminate as of the effective date and training certification may be granted for the period of months of acceptable service. Health insurance benefits may be maintained at the option of the individual beyond the termination date so as to provide an orderly transition. The doctoral intern should be informed of the right to appeal available to him/her under due process (See Due Process policy) and applicable procedures of APA and APPIC. Approved written decisions should be hand delivered to the intern or sent by certified mail, return receipt requested.

Note: In all cases, it is imperative that supervisors take a nurturing, non-threatening, helpful approach with the intern. If a supervisor feels unable to do so (personality conflicts, etc), another supervisor should become involved with the intern. Nonetheless, everyone involved in the remediation process must *be clear* that this is a serious process, and that the intern is at risk for dismissal. Graduate Program Directors of Clinical Training will be informed of all remediation steps.

## Due Process

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

- a) Presenting to the interns during the orientation period the program's expectations related to professional functioning in writing and discussing these expectations in both group and individual settings.
- b) Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- c) Articulating the various procedures and actions involved in making decisions regarding impairment.
- d) Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
- e) Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- f) Providing a written procedure to the intern that describes how the intern may appeal the program's action. Such procedures are included in the intern handbook provided to interns and reviewed during orientation.
- g) Ensuring that interns have sufficient time to respond to any action taken.
- h) Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
- i) Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

*Due Process Procedures* - The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the training director and intern or staff, the steps to be taken are listed below:

- a) Grievance Procedures - There are two situations in which grievance procedures can be initiated. An intern can challenge the action taken by the training director or a member of the training staff may initiate action against an intern. These situations are described below.
  - i. Intern Challenge - If the intern wishes to formally challenge any action taken by the training director, the intern must inform the training director in writing of such a challenge within 5 business days of receipt of the training director's decision. When a challenge is made, the intern must provide information supporting the intern's position or concern. Within 3 business days of receipt of this notification, the training director will consult with the chief psychologist, department directors and director of the training administration and will implement review panel procedures as described below.
  - ii. Staff Challenge - If a training staff member has a specific intern concern that is not resolved by the training director, the staff member may seek resolution of the conflict by written request to the training director for a review of the intern's behavior. Within 3 working days of receipt of the staff member's challenge, the training director

will consult with the chief psychologist, department directors and director of the training administration and a review panel will be convened.

b) Review Panel and Process

- i. When needed, the chief psychologist will convene a review panel. The panel will consist of three staff members selected by the chief psychologist with recommendations from the supervisor, training director, and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- ii. Within 5 business days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within 3 work days of the completion of the review, the review panel submits a written report to the chief psychologist that includes any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
- iii. Within 3 business days of receipt of the recommendation, the chief psychologist will either accept or reject the review panel's recommendations. If the chief psychologist rejects the panel's recommendations due to an incomplete or inadequate evaluation of the dispute, the chief psychologist may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.
- iv. If referred back to the review panel, the panel will report back to the chief psychologist within 5 business days of the receipt of the chief psychologist's request of further consideration. The chief psychologist, in conjunction with the department directors, then makes a final decision about what action is to be taken.
- v. The training director informs the intern, supervisor, and the director of the training administration of the decisions made.
- vi. If the intern disputes the chief psychologist's final decision, the intern has the right to contact APA Office of Accreditation at 202-336-5979.

## Intern Grievances

In the event that a problematic situation arises between a supervisor and an intern, the following steps should be taken (in the sequential order provided below):

1. The intern will schedule a meeting with the supervisor and discuss the grievance/problem in sufficient detail so that the supervisor will have a complete understanding of the situation.
2. If the intern or supervisor is not satisfied with the solution proposed to the problem, the training director will be notified. Examples of problems may include but are not limited to the following:
  - a) A psychological or physical impairment the intern/supervisor is experiencing that is interfering with his/her capacity to successfully perform responsibilities
  - b) Personality conflict between supervisor and intern such that neither party can satisfactorily give/receive feedback or instruction to work out the problem
  - c) Sexual harassment
  - d) Illicit use of drugs/alcohol
  - e) Any other situation in which the intern/supervisor feels threatened or unable to carry out the requirements necessary to successfully complete/supervise the rotation in question
3. The training director will meet with the intern and document the problem in as much detail as possible.
4. The training director will meet with the supervisor and document the problem from the supervisor's perspective in as much detail as possible.
5. The training director will meet jointly with the intern and the supervisor and assist in formulating a plan for resolving the problem.
6. The training director will follow up at two weeks and again at one month to assess progress toward the resolution of the problem. The grievance will end if a mutually agreed upon plan is successfully carried out during both assessments by the training director.
7. The training director will meet with the training committee if the grievance is not resolved within one month's time or if a change in the intern's status is requested (i.e., change in typical responsibilities of rotation or permanently moved off rotation).
8. If the grievance is not successfully resolved:
  - a) The training director will meet with the training committee and chief psychologist and review the problematic situation from the perspective of the intern and supervisor and will recommend specific guidelines for how the situation should proceed.
  - b) The training committee and chief psychologist will provide feedback to the training director after reviewing the situation.
  - c) A final plan will be developed. During this time, the intern may be given responsibilities that remove him/her from the supervisor in question until the training committee meets and makes a recommendation.
  - d) The training director will meet with the intern and supervisor and discuss the recommendations of the training committee and chief psychologist.
  - e) Follow-up will occur once per week for the first month and once per month for the duration of the rotation.
  - f) If consensus cannot be reached by either or both parties on how the situation should be resolved, the intern will a) be removed from supervision by the supervisor, b) placed with a

new supervisor and/or possibly a new rotation, and/or c) be asked to leave the internship program.

- g) Written documentation of the situation will be placed in the intern's file.
- 9. If there continues to be no satisfactory resolution, the intern may discuss concerns with the chief psychologist, department directors, or director of training administration.
- 10. If after meeting with the above, the intern finds that the situation is not resolved or at any other time, a formal complaint can be filed with the APA Office of Accreditation at 202-336-5979.
- 11. The intern can also seek an APPIC Informal Problem Consultation at any time  
<https://www.appic.org/Problem-Consultation>

## **Policy for Interns Who May Have Impairments**

The purpose of this policy is to assist interns who may have potential impairments to access or obtain support necessary to resolve or manage their impairment and successfully complete the internship. Every reasonable effort will be made to meet the needs of the intern so that he or she can successfully complete the internship. Impairment is defined as a situation, event, or condition that precludes or interferes with the intern's completion of their training responsibilities. Impairments may include but are not limited to substance abuse, a psychological or psychiatric problem, acute or chronic medical conditions, illegal activities, and civil litigation.

1. If an intern reports an impairment to a supervisor, the supervisor and intern should discuss the intern's perceived needs relative to this impairment. The intern and supervisor should construct a list of the intern's needs.
2. The supervisor and intern should have a frank and open discussion regarding confidentiality. The supervisor will inform the intern that the training director will be notified. If the intern requests that some or all of the information discussed remain confidential (beyond the supervisor and the training director), the supervisor and training director will honor this request if the problems resulting from the intern's impairment can be resolved in a timely manner without placing anyone (e.g., patients, staff, and other interns) at risk and if it is within the purview of the supervisor and the training director to make the changes requested by the intern.
3. If the supervisor and the training director believe that the issues resulting from the intern's impairment are serious and cannot be resolved in a timely manner or that the intern requires resources that are not within the supervisor's and/or training director's purview, the supervisor and the training director will inform the intern that it will be necessary to involve additional individuals. The supervisor and the training director will inform the intern regarding what information will be disclosed and to whom it will be disclosed. Even in this case, the supervisor and the training director will make every reasonable attempt to keep the information as confidential as possible by only involving those individuals who are necessary to resolve or manage the issues resulting from the intern's impairment.
4. The supervisor, intern, training director, and if necessary, other faculty will construct a plan to meet the intern's needs. In constructing a plan, consideration will be given to the intern's needs, the requirements of the training program, and the impact on staff, patients, and other interns. When circumstances preclude the department from making modifications requested by the intern, these issues will be discussed with the intern and every reasonable attempt will be made to meet the intern's needs in some other way.
5. If the intern requests time off (above and beyond the time allotted for interns), every reasonable attempt will be made to accommodate the intern, while insuring that the requirements of the training program are met and preventing any negative impact to staff, patients, and other interns. The intern and supervisor will construct a plan in writing for how the intern will meet the training requirements in light of scheduled time off. A copy of this written plan will be given to the training director to ensure uniform application of policies across interns.
6. If a supervisor suspects the impairment of an intern, or another intern, staff member, or patient's parent reports the impairment of an intern, the reporting party will be asked to

discuss the suspected impairment with the training director. If the reporting party is unwilling to discuss the issue with the training director, the recipient of the report will discuss the issue with the training director. The training director will discuss the issue with the intern's supervisor.

7. If the supervisor and training director determine that the issue does not require intervention, they will develop a plan to monitor the situation.
8. If the training director and supervisor determine that the issue is of a seriousness to warrant action, a plan will be developed to resolve the issue. In general, a faculty member will be identified by the training director who knows the intern well (i.e., has developed a positive rapport with the intern) and who can address the issues with the intern in a sensitive and empathetic manner. This faculty member will meet with the intern. The faculty member will inform the intern that the purpose of the meeting is to provide support to the intern in order to assist the intern in completing the internship successfully. The faculty member will discuss with the intern that some concerns have been expressed about the intern. The faculty member will outline the data that led to the concerns. The faculty member will ask the intern to work with him or her to adequately address these concerns. The faculty member and intern will devise a plan for addressing the intern's needs.
9. If the intern disputes the allegations, and the issue is not affecting the intern's performance, the supervisor and training director will develop a plan to monitor the situation. If the intern disputes the allegations, and the issue is affecting the intern's performance, the supervisor and intern will identify the areas in which the intern's performance is being affected. They will develop a plan to improve these particular areas of performance deficit. The supervisor will make recommendations for the intern to receive additional assistance (e.g., drug counseling) when appropriate.
10. In the event that further action is necessary, please see the Remediation Plan Policy.

## **Policy on Maintenance of Records**

1. Intern Training records including the following are permanently and securely stored in a locked filing cabinet for future reference by the intern or by confirmed written release to licensing and credentialing bodies:
  - a. Dates of training
  - b. Names of supervisors and training track(s)
  - c. Quarterly and final evaluations
  - d. Intern grievances
  - e. Due process documentation
  - f. Certificate of internship completion
2. Based on APA Commission on Accreditation Regulations, the internship program maintains information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit.

## **Non-Discrimination Policy**

The doctoral internship program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The training program follows Kennedy Krieger Institute's policy, as an equal opportunity employer, of commitment to diversity at all levels. The internship training program welcomes and encourages qualified individuals to apply and enter on the basis of demonstrated ability, performance, and merit and embraces cultural and individual differences including but not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, veteran status, and socioeconomic status.