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**Postdoctoral Fellow Handbook**

**2022-2023**

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**Postdoctoral Training Program Overview**

**Important note to the reader:** The information presented is based on our training program before and during the current global pandemic. In adherence to safety guidelines and procedures we have adjusted when needed. As such, we ask you to review this information with this in mind and understand that certain things may be slightly different to ensure the safety of our clients and staff. For specific questions regarding these possible changes please contact our Training Director, Dr. Ross Arneson at (847-413-9700 ext. 316).

**Applicant Eligibility and Instructions**

Personal Growth Associates welcomes fellows from diverse ethnicities, gender, cultures, religions, and sexual orientations and presentations, and we encourage all qualified applicants to apply to the postdoctoral fellowship. The eligibility requirements are:

* Fellows are required to have completed all requirements for the doctoral degree before beginning their postdoctoral training, including an internship.
* Fellows must have completed a clinical psychology doctoral degree from an APA/CPA- Accredited Doctoral Program.
* Fellows must have completed an APA-accredited internship or an APPIC-member internship. Individuals whose internship was not accredited by APA or APPIC can still apply, but the internship site must meet APPIC standards (To ensure an applicant’s internship meets APPIC standards we will be using the following as reference: <https://www.appic.org/Internships/Internship-Membership-Criteria> Then, we would download the site's brochure (if applicable) and go step by step to see if the criteria are met. We may also ask the applicant about their experience and verify any information that is not clear).
* Preferred, but not required: Special interest in children and adolescent psychotherapy and psychological assessment is desired.

**Setting and Population**

Since 1999, Personal Growth Associates (PGA) has been a cornerstone in the Northwest suburbs of Chicago in providing comprehensive mental health care for all ages. Our group practice has three locations (Schaumburg, Crystal Lake, and Glen Ellyn) in Illinois. The clinics have a thoughtful design and aesthetic and a comfortable workspace for postdoctoral fellows and other team members.

Personal Growth Associates is comprised of licensed psychologists and clinicians (LCSW, LCPC, & CADC). Our trainees are doctoral level (post-doctoral). Our team of psychologists and therapists provide psychological support from multiple different theoretical approaches and interventions to meet the unique needs of our clients. Trainees will be exposed to a diverse group clinical specialty: Adlerian, Attachment-based, Cognitive Behavioral (CBT), Culturally Sensitive, Dialectical (DBT), EMDR, Humanistic, Hypnotherapy, Imago, Internal Family Systems (IFS), Interpersonal, Mindfulness, Motivational Interviewing, Parent-Child Interaction (PCIT), Person-Centered, play-therapy, Psychodynamic, Psychological Testing and Evaluation, Sand tray, and Trauma Focused.

Services offered at PGA

Individual Therapy- Child, Adolescent, Adults, and Seniors

Couples Therapy

Family Therapy

Parent Coaching

Group Therapy- Adolescents and Adults

Psychiatric Diagnostic Assessments

Medication Management

Psychological Assessments

Clinical Supervision

Clinical and Corporate Consultation

We work closely with clients across the life span. Our clients come from various backgrounds and present with a range of concerns, including but not limited to:

ADHD, Anxiety, Autism Spectrum, Behavioral Issues, Bipolar Disorder, Chronic Illness, Depression, Dual Diagnosis, Eating Disorder, Emotional Disturbance, Family Conflict, Grief, LGBTQ +, Life Transitions, Marital and Premarital, Obsessive-Compulsive (OCD), Oppositional Defiance, Parenting, Self-Esteem, Sleep, Sports Performance, Stress, Substance use, Testing and Evaluation, and Trauma and PTSD.

**Training Schedule**

At Personal Growth Associates, we are committed to helping therapists grow and develop personally and professionally. Our intention is to release the natural gifts of each clinician. We strive to create a safe and comfortable atmosphere within our training and supervision to allow trainees to explore and address their successes and challenges.

Postdoctoral fellows participate in several groups and supervision experiences helping them achieve proficiency and meet the program’s aims and objectives (described in the following section). A primary teaching tool is the use of case presentations, in which fellows provide a clinical and cultural formulation and receive feedback from both peers and licensed clinicians.

Post-doctoral trainees will be assigned to a clinical psychologist (primary supervisor) at PGA for a minimum of one hour of individual supervision. They will also receive a minimum of one hour of individual supervision by a clinical psychologist (secondary supervisor) at PGA. This totals two hours of individual supervision per week. The individual supervisor will be chosen based on the trainee's specific interests, preferred population, and theoretical orientation.

Additionally, trainees will participate in 2-3 hours of group supervision per week. These groups will be led by clinical psychologists. The groups are titled: group supervision and consultation, supervision for the therapist and the self, and psychological assessment and evaluation.

Some of our specialized services that postdoctoral fellows may participate in are comprehensive psychological evaluations, individual and family therapy, parent coaching, couples therapy, and group therapy.

Our postdoctoral trainees develop skills in a range of theoretical orientations and interventions.

Full-time status reflects a caseload of 20-25 (on average) direct patient hours and 1 psychological assessment case per week.

**Stipend**

Personal Growth Associates provides a competitive stipend of $55,000 for postdoctoral fellows.

**Facility and Training Resources**

Personal Growth Associates has three locations. Postdoctoral fellows may work at one or more sites. At each clinic, fellows share workspaces that are equipped with telephones, printers, scanners, and fax machines. Fellows have access to a refrigerator and microwave for shared use. We have administrative support staff available to support clinic staff in the procurement of supplies and with various technology supports and administrative tasks.

**Didactic Training Schedule**

|  |  |  |
| --- | --- | --- |
| **GENERAL** | **NOTE** | **DATES/FREQUENCY** |
| Documentation | Therapy progress notes, treatment summary, school observation summary; Therapy Appointment record system | Included within the onboarding process. |
| Technology Tools | Google docs, Screen sharing devices | Included within the onboarding process. |
| Law and Ethics | HIPPA, consent, confidentiality, harm, suicide, mandated reporting |  |
| Collaborating with Outside Providers and Schools | How to work with School Professionals/Teams, navigating private schools, preschools, RTI, 504, IEP. |  |
| Case Formulation | Accurate diagnosis (DSM-5) and theoretical conceptualizations |  |
| Working with Diverse Populations | Acknowledgement and understanding of diversity characteristics and how it may impact the individual and treatment. |  |

\**Unless specifically stated, it should be understood that the “Topic” is being interwoven throughout the training year.*

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| **EVALUATION** | **NOTE** | **DATES/FREQUENCY** |
|  | Psychological Evaluation; Interview with Youth/Parents/Teachers, Administering tests, Scoring, Analyzing, Report Writing, Results Meeting, Feedback with Youth |  |
|  | Intake Consult |  |
|  | Writing Reports |  |
|  | Feedback Sessions |  |
| **TREATMENT** |  |  |
| Psychotherapy | Individual, family, couples, and group therapy. |  |
| Consultation | Family, School team, Outside provider |  |

\**Unless specifically stated, it should be understood that the “Topic” is being interwoven throughout the training year.*

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| **SUPERVISION** | **NOTE** | **DATES/FREQUENCY** |
|  | Individual - Therapy | 2 hour per week |
|  | Group - Psychological Testing | 1 hour per week |
| **PROGRAM EVALUATION & QUALITY IMPROVEMENT** |  |  |
|  | Business team meetings (marketing and financial aims, clinical and personal aims) | Upon starting and then every 6 months. |
|  | Community outreach and partnerships |  |

\**Unless specifically stated, it should be understood that the “Topic” is being interwoven throughout the training year.*

**Activities to Support Skill Development**

Achievement of the competencies is supported through clinical supervision and groups.

Fellows participate in individual supervision (two hours or more per week), **group supervision and consultation (three hours per month), supervision for the therapist and the self (one hour per week), psychological assessment and evaluation (one hour per week), and dyadic presentations (on hour per month).** These opportunities are designed to support the postdoctoral trainee in mastering the content and processes of clinical psychology, as well as prepare the trainee for a reality-based application of that skill set. Teaching components may include psychoeducation, modeling, didactic, shadowing, and independent service delivery.

Individual Supervision: is a supportive environment to expand and/or utilize your knowledge of theories and interventions and their related techniques. Additionally, this time is used to foster and respect insight into the trainee's thoughts, feelings, cultural biases, and assumptions, and how these factors may affect the therapeutic relationship and treatment.

Group Supervision and Consultation: This is an opportunity to dive deeper into clinical cases with 6-8 other therapists at PGA. This group allows an informal opportunity to receive help or insight with a case. Examples of discussions have included, "I am feeling stuck with this client, and I would like to learn more about why that is?" This group is helpful for hearing other therapist thoughts, theoretical orientations, and interventions.

Supervision for the Therapist and the Self: In this group, you will have the space to explore the dynamic relationship between your various parts (self, therapist, learner, adult, etc.) and how they impact you and your clinical work.

Psychological Assessment and Supervision: Within this group supervision, we work to solidify our interviewing techniques, administration of assessments, and scoring of assessments. Interpretation, conceptualization, and integration of test data and information will be highlighted. Additional focus will highlight unique and appropriate recommendations and the utility of a successful feedback session.

Didactic Presentations: Monthly presentations by PGA therapists will highlight a special interest or current clinical topic worth understanding and discussing as a clinical team. Recent presentations have included: 504's and IEPs: how to work with schools, the transtheoretical model (stages of change), and sleep disorders: appropriate interventions and recommendations.

Skill development is supported through individual and group supervision with a licensed psychologist who specializes in each program area. Personal Growth Associates’ postdoctoral fellowship program fulfills the licensure requirements for postdoctoral supervision in the jurisdiction of the program (Illinois).

**Services**

Personal Growth Associates services are described below. Fellows will have the opportunity to participate in many of the services.

**Individual Therapy:**

**Adults:**

In a supportive and nurturing environment, the individual and therapist work collaboratively to understand how the client's life stressors and personal history relate to current feelings, behaviors, and decisions. The goal of this exploration is greater personal fulfillment and healthier relationships.

**Children & Adolescents:**

Children and adolescents have a safe and comfortable atmosphere to express their feelings and learn the coping skills necessary to manage stressors in their lives. Through a creative and expressive therapeutic process, children of all ages develop higher self-esteem and work to decrease depression, anger, and anxiety related symptoms. This process increases their ability to function independently and make good choices for themselves.

**Couples Therapy:**

Partners learn to understand their differences and utilize those differences to promote growth as a couple and increase intimacy. Couples develop healthier, constructive ways to express their true feelings while still maintaining the ability to listen effectively. A safe atmosphere is created where each partner can own their contribution to the conflict and also receive the empathy of their partner.

**Family Therapy:**

The focus in family therapy is on helping families confront challenges such as poor communication, rebellious behavior, or a lack of closeness. The therapist will help the family face these difficulties and develop more effective patterns in how they work together.

**Group Therapy:**

We offer a variety of groups that focus on issues such as understanding your interpersonal style in relationships and maximizing personal and professional fulfillment.

**Psychiatric Diagnostic Assessment:**

This is an assessment performed by a psychiatrist, to help determine an accurate diagnosis, create recommendations regarding course of treatment, and monitor the potential benefit of psychotropic medication.

**Medication Management:**

A service provided by a psychiatrist or our Advanced Practice Nurse, in order to adjust and monitor psychotropic medication trials, as a follow-up to the Diagnostic Assessment.

**Psychological Testing:**

Objective measures used to help clarify diagnosis and tailor treatment planning. Assessments are comprehensive, strength-based and individualized, and are intended to address the client’s referral questions and concerns. Common issues for which examinees are referred for are cognitive concerns, learning difficulties, attention deficit hyperactivity disorder, anxiety disorder, mood dysregulation, and many more.

**Training Director and Supervisory Staff**

**Training Director: Ross Arneson, Psy.D.**

**Ross Arneson, Psy.D.**

Individual, Family, and Group Psychotherapy

Psychological Assessments

Dr. Ross Arneson is a Licensed Clinical Psychologist who utilizes a multicultural perspective when working with children, adolescents, families, and adults. Dr. Arneson’s experiences providing psychological evaluations and therapy have included: ADHD, aggression, anxiety, autism spectrum disorders, chronic medical conditions, depression, familial conflict, identity issues, learning disabilities, mood disorders, opposition, parent-child bonding, school problems, substance abuse/dependence, and trauma. Dr. Arneson has a special interest in attachment related issues and is a registered Circle of Security (COS) parent educator, a relationship-based early intervention program designed to enhance the security between parents and children.

Dr. Arneson draws primarily from the principles of Object Relations Therapy and Psychodynamic Psychotherapy. Relationships are central to our lives and to these theories. By better understanding the manner and character of these connections, we can gain profound insight into the difficulties being experienced. Working collaboratively, Dr. Arneson aims to foster change for the individual, their family, friends, school/work, and community.

**Assistant Training Director: Joseph Ripp, Psy.D.**

**Joseph M. Ripp, Psy.D.**

Certified Imago Relationship Therapist

Individual, Couples, Family, and Group Psychotherapy

Dr. Ripp began his career in psychology in 1986, working with children and adolescents on an inpatient basis. Since 1994, he has been in private practice working primarily with adults. Dr. Ripp enjoys working with both individuals and couples. In his work with individuals, Dr. Ripp’s goal is to help them live with less anxiety and more freedom, to be free of limiting beliefs and be more open to new experiences. He works with his clients to identify how they got where they are and to understand the behaviors that are keeping them in that place. He then challenges his clients to adopt new ways of thinking about themselves by increasing their accountability and giving them tasks aimed specifically at creating a positive self-image. He loves seeing individuals take on new challenges and risks, which can lead them to a realization of what’s possible in their life.

Dr. Ripp finds that many couples fall into patterns of trying to get their partner to change – criticizing, withdrawing, and shaming. As a certified Imago Therapist since 1998, Dr. Ripp uses techniques to break the couple’s existing patterns of behavior, which allows them to slow down their reactions. This allows each person to see the world through the partner’s perspective. Dr. Ripp hopes that through therapy, couples can learn to view conflict as an opportunity for growth and change and that they will be able to connect in a new way, as a result. Dr. Ripp also specializes in working with premarital couples. He helps couples tackle important conversations to have before marriage with the goal of creating a true partnership that will get them started on the right path in marriage.

In general, Dr. Ripp recognizes the importance of maintaining a safe and genuine atmosphere within which his clients can focus on their personal growth.

**Supervisory Staff:**

**Mark A. Bakal, Psy.D.**

Individual and Couples Therapist

Corporate Training and Consultation

Dr. Mark Bakal is a Licensed Clinical Psychologist whose passion is helping individuals, couples, employers, and employees find ways to live a full and satisfying life. He has been providing Psychotherapy to individuals, couples, and groups in various settings since 1987. In addition to his clinical work in the office, Dr. Bakal has been providing [training and consultation for small and large businesses](http://www.personalgrowthassoc.com/corporateandleadership.html) throughout the Chicago area for several years. He enjoys presenting in a down-to-earth and interactive fashion.

He realizes that we live in a fast-paced culture where many of us feel overrun with anxiety, depression, relationship troubles and a general sense of unnecessary urgency. He enjoys helping people learn a method of tuning into their mind and body which allows them to slow the pace of their lives and make decisions from a clear and accepting place. This is a skill that can help a person go from putting out life’s fires to living to one’s fullest on a daily basis. This method of Psychotherapy can help people who have been suffering with depression, anxiety, difficulty making decisions, procrastination, couple’s issues as well as people who just want to live a better life.

**Evaluation of Postdoctoral Fellows**

**Aims and Objectives**

The aims of the Personal Growth Associates postdoctoral program are:

1. To train highly skilled and competent early psychologists to be responsive to the needs of our clients by providing a range of services which include evaluation, therapy, psychoeducation and consultation.
2. To enhance the personal and professional development of early psychologists to better understand their own process and their client’s.

These aims and objectives are achieved through structured groups, supervisions, and group consultations focused on skill-building to achieve the following training objectives.

Psychology postdoctoral fellows are evaluated twice per year, at the middle and end of the training program. Approximately two weeks prior to each performance review, the fellow completes a self-evaluation intended to aid the fellow in reflecting about his/her strengths and opportunities for improvement, and this self-evaluation is discussed during supervision. The subsequent formal evaluations are conducted with input from rotation supervisors and presented by the Director of Training. Minimum Achievement for Expected Competencies: Within each objective, the fellow is expected to achieve mastery of all competencies and must achieve a score of at least 3 by the end of the year. If any competencies are at a 2 or less at the mid-year evaluation, the fellow, their onsite supervisor and the training director will create a remediation plan to improve these skills. The postdoctoral fellow has the opportunity to provide a written addendum to the evaluation if he/she wishes. In the event that a fellow does not meet the expected level of competency on their evaluation, the due process procedures would be initiated.

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| The formal evaluation has been created to follow the Profession-Wide Competency (PWC) areas. |  |
|  |  |
| Profession-Wide Competency #1: **Research** | **Research** |
| **Training Objective: Produce new professionals who can independently access research and apply scientific methods to practice.** | Supervisors rating on a 5-point likert scale |
| 1.     Independently accesses and applies scientific knowledge & skills appropriately and habitually to the solution of problems, |  |
| 2.     Demonstrates advanced level of knowledge of and respect for scientific knowledge of the basis for behaviors, |  |
| 3.     Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization, |  |
| 4.     Effectively Applies EBP concepts in practice, |  |
| 5.     Critically Compares and contrasts EBP approaches with other theories and interventions in the context of case conceptualization and treatment planning. |  |
| PWC #2: **Ethical and Legal Standards** | **Ethical** |
| **Training Objective: Produce new professionals who can independently identify ethical and legal concerns and effectively respond to them.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     Independently recognizes and manages special circumstances and potential ethical issues, |  |
| 2.     Uses good judgment about unexpected issues, such as crises, confrontation, etc., |  |
| 3.     When unsure of how to proceed when confronted with an ethical dilemma, will reliably seek consultation with supervisor or another appropriate expert, |  |
| 4.     The fellow is familiar with the relevant laws and statutes pertaining to the practice of psychology in the setting and region they are working in. |  |
| PWC #3: **Individual and Cultural Diversity (ICD)** | **Diversity** |
| **Training Objective: Produce new professionals who can independently monitor and apply knowledge of self and others and consider the intersecting and complex dimensions of diversity.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     Independently articulates, understands, and monitors own cultural identity in relation to work with others, |  |
| 2.     Regularly uses knowledge of self to monitor and improve effectiveness as a professional, |  |
| 3.     Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues content, |  |
| 4.     Regularly uses knowledge of the role of culture in interactions to monitor and improve effectiveness as a professional, |  |
| 5.     Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others, |  |
| 6.     Articulates an integrative conceptualization of diversity as it impacts clients, self, and others (e.g., organizations, colleagues, systems of care), |  |
| 7.     Uses culturally relevant best practices. |  |
| PWC #4: **Professional Values, Attitudes, and Behaviors** | **Professional** |
| **Training Objective: Produce new professionals who demonstrate professional values, attitudes, and behaviors.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     The fellow follows the policies of Personal Growth Associates (PGA), |  |
| 2.     The fellow is consistently on time to appointments and meetings and communicates well about absences and time-off, |  |
| 3.     The fellow finishes their paperwork in a timely fashion, |  |
| 4.     The fellow's written work is at a professional level of quality, |  |
| 5.     The fellow is prepared for all meetings and appointments, |  |
| 6.     The fellow demonstrates the appropriate professional presentation (clothing, posture, language, hygiene, politeness) for the setting in which they are working, |  |
| 7.     Habitually adapts one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm, |  |
| 8.     Regularly uses knowledge of others to monitor and improve effectiveness as a professional. |  |
| PWC #5: **Communication and Interpersonal Skills** | **Communication** |
| **Training Objective: Produce new professionals who can effectively function within a clinical setting.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     Communicates effectively with individuals from other professions, |  |
| 2.     Independently articulates, understands, and monitors multiple cultural identities in interactions with others, |  |
| 3.     Seeks consultation regarding individual and cultural diversity as needed, |  |
| 4.     Writes a high-quality case notes or psychological assessments incorporating elements of evidence-based practice and presents it for discussion, |  |
| 5.     Seeks consultation, when necessary, |  |
| 6.     The fellow can create effective working relationship with all the staff at their site(s). |  |
| PWC #6: **Assessment** | **Assessment** |
| **Training Objective: Produce new professionals who can effectively perform comprehensive assessments and clearly report the results.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     Accurately assesses presenting issues taking in to account the larger life context, including diversity issues, |  |
| 2.     Effectively selects appropriate assessment/screening tools that fit the presenting issue, |  |
| 3.     Effectively and accurately performs various screening and assessment procedures, |  |
| 4.     Uses assessment data to conceptualize cases independently and accurately, |  |
| 5.     Writes a professional-caliber report that correctly and clearly integrates the assessment data into a diagnosis with patient-specific recommendations for treatment planning. |  |
| PWC #7: **Intervention** | **Intervention** |
| **Training Objective: Produce new professionals who can independently plan and provide effective interventions.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     Presents rationale for intervention strategy that includes empirical support and can defend their reasoning well, |  |
| 2.     Independently selects an intervention or range of interventions appropriate for the presenting issue(s), |  |
| 3.     Develops rapport and relationships with wide variety of clients, |  |
| 4.     Effectively delivers interventions, |  |
| 5.     Independently and effectively implements a typical range of intervention strategies appropriate to practice setting, |  |
| 6.     Terminates treatment successfully, |  |
| 7.     Independently assesses treatment effectiveness & efficiency, |  |
| 8.     Critically evaluates own performance in the treatment role. |  |
| PWC #8: **Supervision** | **Supervision** |
| **Training Objective: Produce new professionals who can demonstrate knowledge of supervision models and practices.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     Articulates a philosophy or model of supervision and critically reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives, |  |
| 2.     Clearly articulates how to use supervisory relationships to leverage development of supervisees and their clients, |  |
| 3.     Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process with all participants (client(s), supervisee, supervisor) |  |
| 4.     Demonstrates adaptation of own professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it, |  |
| PWC #9: **Consultation and Interprofessional/Interdisciplinary Skills** | **Consultation** |
| **Training Objective: Produce new professionals who have knowledge of interdisciplinary teams and can collaborate with other professionals and who can critically evaluate a program's functioning.** | Supervisors rating on a 5-point likert scale |
| **Competencies Expected:** |  |
| 1.     Demonstrates ability to articulate the role that others provide in service to clients, |  |
| 2.     Appreciates and integrates perspectives from multiple professions, |  |
| 3.     Display’s ability to work successfully on an interdisciplinary team, |  |
| 4.     Systematically collaborates successfully with other relevant partners, |  |
| 5.     Demonstrates skill in interdisciplinary clinical settings, working with other professionals to incorporate psychological information into overall team planning and implementation, |  |
| 6.     Collaborates effectively with other providers, or systems of care, to coordinate continuity of care for the patients. |  |
| **How Outcomes are Measured**: All competencies are rated using supervisor ratings on a 5-point Likert scale 1= Cannot Demonstrate, 2= Needs extensive supervision to demonstrate, 3= Can demonstrate in most situations, requires some supervision in more complex situations, 4= Can demonstrate, even in complex situations, without supervision, 5 = Can demonstrate with advanced skill (similar to licensed clinician). |  |

**Postdoctoral Completion Requirements**

Successful completion of the Clinical Psychology Postdoctoral Program is determined by the completion of the following requirements (in compliance with the state of Illinois):

* Fellows must complete a minimum of 1,500 hours of training. The training year is 12 months long (Formal start date 8/28/2022 to end date 8/22/2023). Should trainees have conflicts with the start or end date, deviations from proposed times (Formal start date 8/28/2022 to end date 8/22/2023) can be arranged. This is done on a case-by-case bases.
* 100% of the competency domains in the final performance review must be rated as meeting or exceeding expectations for successful program completion.

**Due Process**

Personal Growth Associates (PGA) recognizes that problems in a postdoctoral fellow’s professional or personal conduct can take many forms. Often these problems can be successfully addressed and remedied through feedback during supervision. Due process ensures that fellows receive a framework to respond, act, or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the training program identify specific procedures which are applied to all fellows’ complaints, concerns and appeals.

Due Process Guidelines

1. On the first day, fellows will receive in writing PGA’s expectations related to professional functioning. There will be time to review these expectations and to answer any questions.

2. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.

3. PGA will communicate early and often with the trainee. Especially if any suspected difficulties that are significantly interfering with performance are identified.

4. PGA will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.

5. Following formal notice, the fellow will sit-down with their primary supervisor and the training director. The problematic behavior will be explained to the fellow, and they will have the opportunity to present information regarding the problematic behavior.

6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this program's action.

7. PGA’s due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the program’s implementation.

8. When evaluating or making decisions about a trainee’s performance, PGA staff will use input from multiple professional sources.

9. PGA will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

**Problematic Behavior**

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

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;

2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or

3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. It is a professional judgment when a trainee's behavior becomes problematic rather than of concern. If the problems stem from a fellow’s disability, appropriate ADA accommodations can be put in place once the supervisor is made aware of the need for them. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior typically become identified when one or more of the following characteristics exist:

* The fellow does not acknowledge, understand, or address the problem when it is identified;
* The problem does not merely reflect a skill deficit which can be remedied through typical training procedures;
* The quality of services delivered by the fellow or the interpersonal and professional relationships with other Fellows or staff are negatively affected by the insufficient competency;
* The insufficient competence results in the fellow needing a disproportionate amount of attention or additional training by training personnel;
* The problem is not restricted to one are of professional development;
* The fellow’s behavior does not change as a result of feedback, remediation efforts, and/or time.
* The problem behavior(s) and/or attitude(s) involve a violation of ethical and/or professional standards or any other behavior deleterious to client welfare.
* The problem behavior(s) and/or attitude(s) do not change as a result of remediation efforts, feedback and/or time.

**Procedures to Respond to Problematic Behavior**

**A.** **Basic Procedures**

If a trainee receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another trainee has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the supervisor or training director may be warranted. This decision is made at the discretion of the staff or trainee who has concerns.

2. Once the training directory has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised.

3. If the staff member who brings the concern to the training director is not the trainee's supervisor, then the training director will discuss the concern with the supervisor(s).

4. If the training director and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the training director will inform the staff member who initially brought the complaint.

5. The training director will meet with the other supervisor(s) to discuss the concern and possible courses of action to be taken to address the issues.

**B. Notification Procedures to Address Problematic Behavior and/or Inadequate Performance**

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training director must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee’s training group, the training staff, and other personnel. All evaluative documentation will be maintained in the trainee’s file. At the discretion of the training director the trainee’s home academic program will be notified if any of the actions listed below.

1. Verbal Notice- to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion.

2. Written Notice- to the trainee formally acknowledges:

a) Within five (5) workdays of the verbal notice, trainee will receive written notice

b) that the training director is aware of and concerned with the behavior,

b) that the concern has been brought to the attention of the trainee,

c) that the training director will work with the trainee to rectify the problem or skill deficits, and

3. Hearing- to the trainee formally acknowledges:

a) Within five (5) workdays of the trainee receiving the written notice, a meeting with the training director and the fellow’s primary supervisor and the fellow will take place,

b) the director of training will verbally articulate the problematic behavior

c) trainee is allowed the opportunity to ask question, seek clarification, present any information regarding the problematic behavior.

4. Second Written Notice- to the trainee will Identify Possible Sanction(s) and describe the remediation plan. Within five (5) workdays, this letter will contain:

a) a description of the trainee's unsatisfactory performance;

b) actions needed by the trainee to correct the unsatisfactory behavior;

c) the timeline for correcting the problem;

d) what sanction(s) may be implemented if the problem is not corrected; and

e) notification that the trainee has the right to request an appeal of this action (see D. Appeals Procedure).

**C. Remediation and Sanctions**

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the training director and relevant members of the training staff. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction. These will be presented to the trainee in writing, within 5 (five) workdays from the hearing or following the appeals process (if applicable).

1. Schedule Modification is a time-limited (One (1) month), remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the traineeship. 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:

a) increasing the amount of supervision, either with the same or additional supervisors;

b) change in the format, emphasis, and/or focus of supervision;

c) recommending personal therapy

d) reducing the trainee's clinical or other workload;

e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the training director in consultation with the supervisor(s). The termination of the schedule modification period will be determined, after discussions with the trainee, by the training directory, in consultation with the supervisor(s).

2. Probation is also a time limited (approximately 1 to 3 months), remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning state. Probation defines a relationship in which the training director systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement that includes:

a) the specific behaviors associated with the unacceptable rating;

b) the remediation plan for rectifying the problem;

c) the time frame for the probation during which the problem is expected to be ameliorated, and

d) the procedures to ascertain whether the problem has been appropriately rectified.

If the training director determines that there has not been sufficient improvement in the trainee's behavior to remove the Probation or modified schedule, then the training director will discuss with supervisor(s) regarding possible courses of action to be taken. The training director will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the training director will communicate that if the trainee's behavior does not change, the trainee will not successfully complete the training program.

1. Suspension of Direct Service Activities requires a determination that the welfare of the trainee's client(s). When this determination has been made, direct service activities will be suspended for a specified period as determined by the training director and supervisor(s). At the end of the ten (10) workday suspension period, the trainee's supervisor(s) in consultation with the training director will assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed.

4. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges at PGA. 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 traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The training director will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.

5. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the training director will discuss with the supervisor(s) the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. The training director will make the final decision about dismissal.

**D. Appeal Procedures**

If a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a problematic behavior – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the training director. The trainee must submit this appeal within five (5) workdays from their notification of any of the above (notification, remediation or sanctions, etc).

2. Within three (3) workdays of receipt of a formal written appeal from a trainee, the training director will contact the Administrative Supervisor (Ginger Larson). In this case, Ginger Larson will ask three impartial clinicians at the practice to create a Review Panel. The Review Panel is separate and above the training director and other supervisor(s).

3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the supervisor(s) and supported by the training director, then that appeal is reviewed by the Review Panel. The Review Panel will determine if the fellows appeal should be adjusted/changed, or if the decision of the original supervisor(s) and training director will be upheld by the Review Panel.

4. Within five (5) work days, a Panel will meet to review the appeal and to examine the relevant material presented.

5. Within three (3) work days after the completion of the review the Panel will submit a written report to the training director and trainee, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached. They will either agree with the director of trainings proposal or honor the trainee’s appeal.

**Grievance Policy**

Personal Growth Associates strives to create a collegial working environment for all team members, including postdoctoral fellows. One component of this effort involves dealing with disagreements and conflict in an open, direct, and timely fashion. We strongly recommend that when conflicts occur, staff members approach each other directly to resolve the conflict. Thus, if a trainee has a conflict with a staff member or postdoctoral fellow, or concerns regarding a staff member’s behavior, the best course of action is to discuss it directly with that staff member. The trainee may also have concerns/complaint regarding any element of the training program, (e.g., supervision received, evaluations perceived as unfair, boundary violations, salary/stipend dispute, harassment, etc).

The training staff acknowledges that the power differential between trainees and supervising staff can make this process difficult and anxiety-provoking for the trainee. In those situations where the trainee feels that s/he needs consultation and support in order to deal with the conflict, the following steps can be taken to resolve the problem:

**Grievance Procedures**

A. In the event a trainee encounters any perceived injustice, which may or may not include evaluations reports (e.g., poor supervision, unavailability of supervisor(s), workload issues, personality clashes, boundary violations, salary/stipend dispute, harassment) during his/her training program, a trainee can:

1. If the issue cannot be resolved informally, the trainee should discuss the concern with their supervisor who may then consult with the training director. The trainee is able to lodge a grievance at any time.

* 1. If the concerns involve the supervisor or training director, the trainee can consult directly with the Administrative Supervisor (Ginger Larson). In this case, Ginger Larson will ask three impartial clinicians at the practice to create a Review Panel (The next step is B.)

1. Trainee should discuss the concern with the director of training (verbally). Director of training should document the fellow’s concerns. The directory of training may provide information regarding the topic to the trainee. Within five (5) workdays, a written statement will be given the trainee, including the alleged grievance, the director of trainings steps that will be taken to address the grievance, and a timeline of these events.
2. Should the trainee disagree with the director of trainings steps or timeline of addressing the grievance;

a) trainee does not feel the remediation steps are being executed by the director of training;

b) trainee does not feel the remediation steps are following the proposed timeline;

c)the concern continues to happen,

1. the trainee can file a formal grievance in writing with all supporting documents, with the training director within five (5) workdays of this understanding.

B. When the training director has received a formal grievance, within three (3) workdays of receipt, the training director will implement Review Procedures as described below and inform the trainee of any action taken.

1. Within five (5) workdays, a Panel will meet to review the grievance and to examine the relevant material presented.

2. Within three (3) workdays after the completion of the review the Panel will submit a written report to the training director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.

3. Within three (3) workdays of receipt of the recommendation, the training director will develop action steps and proposed timeline for the recommendations to be in place that will address and fix the fellow’s concern. This will be presented to the Review Panel.

4. If the Review Panel rejects the training directors proposed plan, they will notify director of training within three (3) workdays. The training director will have an opportunity to revise the recommendations and must be referred back to the Review Panel within (3) workdays.

5. Once an action plan with appropriate steps and timeline are approved by the review panel, this will be shared in writing with the trainee within (5) workdays.

6. Following the director of trainings approved plan by the Review Panel, the trainee has the right to notify members of the review panel if action is not taken, which would implement step # 2 to occur and to follow the appropriate steps.