

**University of Michigan**  
**Institute for Human Adjustment**  
**Clinical Psychology Internship Handbook**  
**2011-2012**  
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## **Welcome**

The faculty and staff of the Institute for Human Adjustment (IHA) welcome you to our psychology internship program. The IHA internship has been in existence since 1998, combining into a single program a tradition of internship training at the different IHA clinics that began over fifty years ago. We have spent many years developing our program, which continues a rich tradition of training in psychological diagnosis and treatment. We have a large and distinguished group of alumni (over 300 IHA trainees in total, and 38 psychology intern alums) who let us know how central and formative their internship experiences have been in their careers as clinical psychologists. We want to do everything we can to help you feel the same way.

## **Overview of the IHA**

### ***The Institute for Human Adjustment's Mission and Structure***

The Institute for Human Adjustment was founded in 1936 by an endowment of \$1 million from the family of Horace H. Rackham, who also endowed the University of Michigan's graduate school. The IHA is a unit of the Rackham Graduate School, and the IHA director reports to the dean of the graduate school. The IHA was given a broad mandate to promote social welfare. Over the years, the IHA's mission has been shaped and refined. The overall aim of the IHA and its component programs is to provide excellent clinical service, research and training in relevant biopsychosocial domains. The IHA's first unit was the Speech Clinic, founded in 1936. Shortly thereafter, in 1938, the Psychological Clinic was founded as a core training site for the new program in clinical psychology at the University of Michigan. In the years following, various units have moved in and out of the IHA. More recent notable developments were the establishment in 1988 of the University Center for the Child and the Family (UCCF), and the return in 1997 of the Speech Clinic to the IHA with the new name of The University Center for the Development of Language and Literacy (UCLL), with a focus on treating communication disorders such as aphasia, and research into African American English. The core units for the IHA internship are the Psychological Clinic, which focuses on clinical training, service and research with adult clients, and the UCCF, which focuses on clinical training, service and research with children and families.

### ***Commitment to Human Dignity***

The Institute for Human Adjustment, its faculty and staff, are committed to respecting the dignity and person of all members of our community. We seek to share and understand our differences and to listen and honor the points of view and values of each member.

The Institute for Human Adjustment does not discriminate in its service provision nor hiring procedures on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran. The IHA maintains a strong commitment to honoring and furthering diversity in the workplace.

## **The Institute for Human Adjustment Internship**

### ***History of the Internship***

For many years the Psychological Clinic and the UCCF have been members of the University of Michigan Internship Consortium, which offers internship training to graduate students in the University of Michigan clinical psychology doctoral program. It had always been evident that inclusion of interns from other universities and programs would enrich the internship experience, and in 1997 it became feasible to add this component to our program. A combined IHA program open to all qualified applicants was developed, with full accreditation by the APA beginning in 1998 through the present. We are pleased that our vision for a more diverse program has been fruitful.

### ***Accreditation***

The Institute for Human Adjustment's Psychology Internship program is accredited by the *Committee on Accreditation (CoA) of the American Psychological Association (APA) through 2017. American Psychological Association, 750 First Street, NE Washington DC 20002-4242 (202) 336-5979.*

### ***Intern Qualifications and Selection***

Candidates for the Institute for Human Adjustment's Internship Program must be enrolled in a clinical or counseling psychology doctoral program, must have satisfactorily completed all required coursework in preparation for their doctorate, and must have satisfactorily completed required practicum assignments, with training relevant to the IHA internship. Each application is reviewed by multiple independent raters, utilizing both qualitative and quantitative methods for evaluating applicant qualities. Top candidates are selected for interviews, wherein candidates are again evaluated by two to three independent raters. The APPIC rank-ordered list of candidates is based on the data gathered during the interview as well as the overall fit between the applicant and the training program.

### ***Educational Model and Professional Training Goals***

#### **Commitment to Training**

The Institute for Human Adjustment's Internship Program is a significant expression of the Institute's ongoing, central commitment to training graduate students in mental health fields. An important feature of our internship is that while service is a key part of the internship program, the program's first commitment is to training.

#### **Training Program Model**

Our program was developed in keeping with a clinician-scholar model and is currently evolving to be more in keeping with a scientist-practitioner model. The program emphasizes the importance of honing critical thinking skills, reading and evaluating the current empirical literature, integrating scientific attitudes and methods into clinical work and continuing to engage in scholarly inquiry. We believe that professional development is best served by immersion in clinical service and intensive training and supervision, combined with intimate familiarity with the empirical literature. In our view, well-trained clinicians are prepared to be sophisticated consumers of, and possibly

contributors to, psychological research literature. Thus, the scientific bases of professional psychology are an inherent part of our rotations and seminars; we attempt to integrate the practice of psychology with its scientific underpinnings.

We believe that a broad training in psychology is necessary for competence as a practicing psychologist. We assume that interns enter our program with a solid background in a variety of clinical settings, and some experience in psychological research. Our goal is to serve as a bridge between graduate training and professional practice. We accomplish this by providing clinical experiences with a wide variety of patients, treated with a number of different evidence-based intervention techniques, clinical and theoretical presentations that vary widely in approach, and by providing intensively supervised experience in a high-quality, multi-disciplinary behavioral health organization. We view our primary responsibility as training highly competent clinicians who will be able to provide a full range of evidence-based, outcomes-informed, professional psychological services to a clinically diverse patient population.

We emphasize an individualized, personal and collaborative approach to training that blends immersion in the clinical setting with appropriate guidance and structure. Interns are viewed as integral members of a highly experienced, multi-disciplinary treatment team, and are included in staff meetings and case discussions. We strongly encourage interns to take an active role in program and curriculum development, and have worked hard to cultivate an atmosphere in which interns' suggestions and observations about our service delivery system are seriously considered. Training must serve interns' professional development, not only by fostering the development of clinical competencies basic to professional psychology, but by instilling trainees with the skills and attitudes expected of well qualified, humane and ethical professional psychologists.

### **Overall Goals and Objectives of Internship Program**

The IHA Internship Program is designed to provide the training necessary for graduates to be able to function effectively as psychologists in a range of contemporary settings, including clinical/institutional (group practice, counseling and family agencies, schools), private practice, and academic settings. We believe that training is best achieved through intensive immersion in clinical work, including psychological assessment and the implementation of a variety of psychotherapy approaches, supported by skilled supervision and an appropriate set of didactic experiences that address the theoretical, clinical and empirical bases of these approaches. Below are listed the specific goals and objectives of the internship training experience that broadly capture the skills and abilities that the internship is designed to foster in its interns:

Goal #1: Interns will gain the clinical knowledge and skills needed for entry-level positions as professional psychologists.

#### Objectives:

- Interns will be able to conduct assessments using a variety of information sources, develop a comprehensive formulation of the client's difficulties, and make appropriate treatment recommendations;
- Interns will be able to maintain a treatment relationship that facilitates effective client outcomes;

- Interns will be able to implement several types of evidence-based psychotherapy and psychological interventions, at a level consistent with beginning professional practice.
- Interns will be familiar with concepts of consultation, and demonstrate beginning skills in this area;
- Interns will be familiar with concepts of supervision, and demonstrate beginning skills in this area.

In terms of conceptual approaches, we emphasize the use of multiple key approaches to conceptualizing and treating clinical problems. Our supervisory faculty vary in their primary theoretical orientations, and include clinicians with expertise in family systems approaches (including group work), cognitive-behavioral approaches, psychodynamic psychotherapy, and Interpersonal Psychotherapy (IPT). Many have specific assessment and diagnostic skills (e.g., educational assessment). We all have found, however, that the complexity of the issues that our clients face, and that our trainees will contend with in their future roles as psychologists, require awareness of and the ability to use a range of perspectives and evidence-based methods. The overall position of the internship program and its supervisory faculty is integrative. We take this approach in our seminar program, our work with case evaluation, formulation and treatment planning, and our clinical meetings, at which multiple points of view are encouraged and taught.

We strive to conceptualize cases along the following dimensions:

- a) Developmental /Biological/Medical (e.g., genetic, constitutional, temperament, medical and/or developmental factors contributing to the presenting problems)
- b) Psychodynamic (e.g., internal conflicts, relational patterns, reactions to trauma)
- c) Cognitive/Behavioral (e.g., maladaptive cognitions and behaviors, conditioning and affect-based schemas)
- d) Family and Relational Structures (e.g., family structure, boundaries, roles, intergenerational issues, relational patterns; support systems)
- e) Relationship/alliance with the evaluating/treating clinician
- f) Individual and Cultural Differences/ Social Systems (e.g., culture, race, ethnicity, socioeconomic status, community, gender & religion).
- g) The person's strengths and capabilities.

Our evaluation and treatment planning conferences play a key role in implementing this approach to case conceptualization. In these conferences, the multiple points of view generate a biopsychosocial portrait of the patient(s), and provide information for making clinical decisions that are based on clinical judgment and core findings in psychotherapy research regarding therapeutic relationships and effective interventions.

Our interns gain experience in utilization of research/empirical bases for psychotherapeutic assessment and intervention in several ways: In using the research and clinical literature to consider and implement the conceptual/clinical approaches listed above; In becoming familiar with the principles and practices of integrative, evidence-based therapy approaches; And in using the Evidence Based Medicine model for clinical decision making (APA, 2005), with the goal of matching treatments to the particular needs of the patient. They also actively participate in empirical assessment of the effects of utilized treatment interventions, including empirical measurement of therapy alliance and/or effectiveness.

Depending on the results of the above considerations, treatments at the IHA centers are often integrative of multiple approaches, incorporating elements of family systems, CBT, IPT, and psychodynamic approaches as fits the case. In cases where CBT or family systems approaches are well-supported for the presenting problems, these methods may be used almost exclusively (e.g., for anxiety disorders, some depressive illnesses, couples problems). Experience in couples treatment, group work and consultation is an integral part of the internship program. In addition, when required, patients receive practical, supportive intervention. As a result of this approach, we expect our interns to gain substantial beginning-professional competence in the core domains of assessment and intervention that we teach, and useful knowledge in areas to which we offer exposure.

Regarding testing training, our interns develop proficiency in the use of appropriate psychological measures to assess psychological functioning across a range of domains within both child and adult populations. They become knowledgeable regarding the psychometric properties and the standardization samples that support the use of these instruments with particular groups. Proficiency is developed in the ability to administer these tests in a standardized manner, to synthesize the results of testing in written testing reports, and in providing written and verbal testing results feedback to clients and consultants involved in care.

Goal #2: Interns will demonstrate knowledge and skills for professional, ethical and culturally sensitive practice as psychologists.

Objectives:

- Interns will demonstrate professionalism in all aspects of their role.
- Interns will demonstrate ethical and culturally sensitive knowledge and skills.

Our interns demonstrate a wide range of professional competencies required for successful professional practice. Our competency goals form describes and measures key professional competencies at the start, during the course of, and at the conclusion of the internship program. Desired outcomes are specifically established at the start of training and evaluated during the training process. Some examples of these professional competencies include:

**Knowledge and use of ethical practices within psychology**

Internship graduates are expected to operate as ethical psychologists. The IHA internship trains interns to operate within the framework of the *Ethical Principles and Code of Conduct* of the American Psychological Association (2002), while also developing an appreciation for the richness and complexity of the ethical predicaments that can arise in psychological practice. Through supervision and consultation with other professionals and peers, interns are provided opportunities to develop practice-level competencies in the ethical practice of psychology.

### **Cultural competence in treatment decisions and interventions**

Through didactic and experiential training, interns will receive opportunities to broaden their awareness of diversity factors, understand how these factors may influence treatment decisions, and develop intervention styles that are partially guided by these considerations. Interns will develop an understanding of the empirical and clinical bases for culturally competent interventions and treatment decisions.

### **An ability to work professionally and collaboratively as a member of a multidisciplinary clinical team**

The Institute for Human Development is comprised of professionals and trainees from multiple professions and disciplines. Among the faculty the disciplines of psychology, social work, and psychiatry are well represented. Seminars, case conferences, and supervision each provide opportunities for interns to collaborate with faculty from these multiple disciplines. Furthermore, in addition to the Clinical Psychology Internship, the IHA provides training to social work interns and practicum-level psychology students.

### **An ability to maintain professional and collegial relationships**

Collegial relationships that support a positive working environment is highly valued at the institute. Interns are expected to act in a professional and respectful manner toward their coworkers, including supervising staff, fellow interns, other trainees, and administrative staff. Competence in interpersonal relationships is valued as a core aspect of a practicing psychologist. Institute faculty model these behaviors, attend to their manifestation within interns and offer guidance and support to interns in their ongoing professional development of these skills.

### **The ability to self-monitor skills and difficulties**

Self-reflective capacities are a valuable and useful aspect of clinical competence, and interns are regularly provided with opportunities to use self-reflection to evaluate areas of strength and areas for further development. As the internship year progresses, interns become increasingly able to self-monitor these skills and difficulties and seek out ways to build on strengths and remediate limitations in their professional capacities.

### **Effective use of supervision and consultation**

Opportunities to hone professional and clinical skills are abundant in the internship training program, and it is expected that interns will make the best possible use of these opportunities to further their own training and development. However, it is recognized that effective use of supervision and consultation with other professionals is also a skill. The internship year is designed to facilitate increasingly independent practice, with use of supervision and consultation to facilitate this transition.

### **Monitoring Program Effectiveness**

An important part of our educational model is evaluation of program effectiveness. Our faculty receive and monitor feedback from students on the training program and its effectiveness, and initiate modifications accordingly. We provide multiple formats for interns to provide feedback about their training experiences; these include written evaluations of seminars and regularly scheduled group meetings with the training director throughout the year, and formal program and supervisor evaluations at the end of the year.

### **The Contribution of Interdisciplinary Training**

The Institute for Human Adjustment trains students at many levels and from several disciplines. These include practicum, internship and post-doctoral psychology trainees and pre- and post-masters social work trainees. Many opportunities for informal consultation and sharing occur in the training-focused environments of the IHA internship, among trainees at different levels, and with faculty. We believe that the continual formal and informal interaction among trainees at different levels and from different disciplines provides a rich and supporting learning setting that is key to our program. Although there are seminars oriented specifically to the needs of psychology interns, all students participate in the major meetings together. We believe that, in addition to experiences shared across disciplines, disciplinary differences in training provide diverse, mutually enhancing perspectives that enrich the experience of all concerned.

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#### References:

- American Psychological Association (2002). Ethical principles of psychologists and code of conduct. Available online at: <http://www.apa.org/ethics/code2002.html>
- American Psychological Association (2005). Policy statement on evidence-based practice in psychology. Available online at: <http://www2.apa.org/practice/ebpstatement.pdf>

### ***Relationship to Consortium Internship***

Because IHA interns participate fully at the Psychological Clinic and the University Center for the Child and the Family (UCCF), their experience is related to that of the Consortium interns, who may be simultaneously placed at one or both IHA sites. Within each clinic, the experience of IHA interns is essentially identical to that of the UM Consortium interns, but the IHA internship is distinctive in that all interns are placed at both IHA sites simultaneously. We have taken care over the years to establish non-overlapping unit schedules to facilitate the full-time internship. The interns meet periodically with the Training Director to discuss practical issues related to the internship and to consider integrative approaches to the work across units.

### ***Internship Administrative Structure***

The IHA internship is administered by the Director of Psychology Training for the Institute for Human Adjustment. The internship program is jointly coordinated by the IHA Director of Psychology Training in conjunction with the Directors of the units, the Psychological Clinic and the UCCF, who meet on a regular basis to manage the program. They coordinate and review internship programs and policies and plan new initiatives. The directors and faculty of the component units, the Psychological Clinic

and the UCCF, respectively, utilize their specialized expertise to manage the training curriculum and day-to-day issues of their respective training sites. The IHA Internship Training Committee, with representative supervisors from each center, meet regularly to review and discuss the entire internship program, to review and evaluate intern training plans and progress, to consider mid- and year-end intern progress, and to review and develop internship policies and educational plans. Further, each director meets with interns in their units, and the IHA Training Director meets regularly with all of the IHA interns to review the internship experience, to brainstorm new options, and to resolve issues and problems. The training director and unit directors all welcome individual interns to express their needs and concerns as they arise. When significant difficulties arise in the intern's performance (a very rare event), an ad hoc committee composed of the intern's main supervisors, the IHA Training Director, and the unit Directors will be assembled to address the problem. See *addressing unsatisfactory performance* below.

### ***Administrative Assistance***

The IHA maintains a full-time IT staff to support the computer and other technology needs of the institute, including the administrative staff, faculty and interns. In addition, the clinics share a clerical staff that assists in various tasks including scheduling patients and processing billing. Interns have open access to assistance from IT and clerical personnel.

### ***Competency Goals for Interns at the IHA***

#### **Overview**

The Institute for Human Adjustment has established overall competency goals for its interns, which elaborate and expand the overall aims of the internship (see above). The Institute aims to educate beginning clinical psychologists in a set of core skills needed to provide competent clinical service to outpatient populations. Our focus is on a set of core skills, recognizing that further training and specialization will often be necessary to bring individual psychologists to expert level in their chosen area of practice. We expect to build on the individual student's personal strengths and abilities, as these have been shaped and strengthened by their experiences in their graduate or professional programs prior to the internship. We expect to work with students whose entry level of competence is at an intermediate level, and we further expect that their experience at the IHA will bring them to the capacity for independent practice in core areas, eligible for full licensure following appropriate routine supervision of later postdoctoral training. These goals are codified in the IHA Internship Competency Goals, which is the basis for systematic evaluation of intern performance conducted at least twice yearly at each unit. These competencies are listed below. We do not expect that every intern will achieve independent practice competence in every area, as we recognize that individual variation in the rate of learning and basic skill will affect the outcome of training. We do expect basic levels of competence in the majority of the outlined skill areas.

**Process: How Competence is Evaluated**

The IHA collects competency self-evaluation from incoming IHA interns prior to starting the internship. This self-evaluation covers competencies in adult and child/family domains, corresponding to the two training modules for the year. These self-evaluations are the basis for establishing training goals at the start of the internship year, which are developed together with the IHA Training Director and the UCCF and Psychological Clinic Directors, with review by the Internship Training Committee.

The Institute then evaluates intern competence in all skill areas formally at two points during the internship: (1) at approximately mid-year (February/March) and (2) at the end of the internship (July). Supervisors at each unit evaluate the intern’s work using the skill goals listed below. The skill goals have been formatted into an evaluation form.

Competency reviews assess the extent to which the intern has made appropriate progress during the evaluation period, as we expect to see change in each of the domains listed in the competency goals document. They also include narrative guidance for areas of difficulty, and at the end of the document, an overall summary and evaluation is made.

In addition to supervisors’ written evaluations, a limited number of intern competencies are also assessed via observation of a clinical session and a clinical case presentation at each site at the mid-year point, and if deemed necessary, at subsequent points during the second half of the training year.

All written and observational evaluation documents are reviewed by the Training Director, summarized in writing, and any problems that have not been previously addressed with the intern are further evaluated and discussed with the intern by the Training Director. These evaluations are reviewed by the Training Committee, and any issues and plans for addressing them are discussed with the Training Director.

Toward the end of the internship year, interns are evaluated by their supervisors for their achieved competence levels, followed by a year-end discussion with the Training Director. We anticipate that interns will show competence levels expected of psychologists ready for independent practice on the majority of the competency categories in each program of their internship. Recognizing that graduating interns will still have a year of supervised postdoctoral work before they are eligible for fully independent practice in most if not all states, our program defines the minimum required to graduate from our internship as 80% of their ratings on our listed competencies at the level of “4” on the rating scale below (i.e. “Competency attained in most areas; routine supervision of each activity.”). Our list of competency goals follows.

N/A	Not applicable /Not accessed during training experience
1	Requires remedial work.
2	Competency developing; routine intensive supervision needed.
3	Competency attained in some areas; depth of supervision varies as clinical needs warrant.
4	Competency attained in most areas; routine supervision of each activity.
5	Competency attained in all but non-routine cases with minimal supervision; supervisor provides overall management of trainee’s activities.
6	Competency excels in this area.

## **Internship Competency Goals**

### **I. Assessment /Diagnosis**

- A. Relationship Building/Information Gathering
  - 1. Able to engage patients effectively in the assessment process.
  - 2. Gathers relevant information from the patient and other sources as needed
  - 3. Follows up on significant markers, such as suicidality, drug use, abuse of others, etc.
  - 4. Evaluates need for/engages in consultation with other professionals
  - 5. Able to conduct a focused clinical interview based on diagnostic /assessment question and reason for referral.
- B. Assessment
  - 1. Selects, administers and scores appropriate assessment instruments
  - 2. Performs quantitative and qualitative analyses of assessment data
  - 3. Integrates findings and prepares clearly written reports
- C. Conceptualization/Diagnosis/Goal Planning
  - 1. Develops a good understanding of the patient's presenting problems, personality and functioning in the context of relationships to significant others, SES, culture, race/ethnicity, religion, gender, and sexual orientation
  - 2. Conceptualizes/formulates case in a manner that integrates all available individual (developmental, biological, intrapsychic, cognitive, behavioral) and social/systemic (family, community) information, including objective test results.
  - 3. Accurately identifies patient's formal (DSM-IV) diagnosis
  - 4. Establishes realistic treatment methods and goals which incorporate clinical science, patient concerns and resources.
- D. Report Preparation/Presentation
  - 1. Presents consultation information at Assessment/Disposition Conference in a succinct, organized, well summarized way.
  - 2. Prepares appropriately thorough and thoughtful written assessment summary.
  - 3. Provides understandable, effective feedback to patients regarding assessment.

### **II. Intervention/Treatment Skills**

- A. Creating & Maintaining a Therapeutic Alliance
  - 1. Ability to develop and maintain a healthy working alliance with the patient.
  - 2. Ability to establish agreement on goals and tasks of therapy.

3. Ability to convey a sense of purpose and a forward-looking attitude to the patient.
  4. Ability to maintain a nonjudgmental attitude.
  5. Ability to help patient remain engaged in treatment despite difficulties.
  6. Ability to establish and maintain appropriate professional boundaries with patients.
  7. Ability to establish clear role expectation for the client, including fee payment and ending sessions in a timely manner.
- B. Ability to Implement Treatment Methods
1. Cognitive/Behavioral treatment methods
    - a. Demonstrates understanding of the principles and ability to implement cognitive/behavioral interventions.
    - b. Demonstrates knowledge of current clinical literature pertaining to cognitive behavioral interventions.
  2. Relational/Interpersonal treatment methods
    - a. Demonstrates understanding of the principles and ability to implement relationally based psychotherapies.
    - b. Demonstrates knowledge of current clinical literature pertaining to relational/interpersonal interventions.
  3. Couples/Family Treatment
    - a. Demonstrates understanding of the principles and ability to implement evidence-based couples and family therapies.
    - b. Demonstrates knowledge of current couples and family therapy literature.
  4. Group Treatment
    - a. Demonstrates understanding of the principles and ability to implement group psychotherapy.
    - b. Demonstrates knowledge of current group psychotherapy literature.
  5. Demonstrates ability to thoughtfully select evidence-based treatments.
  6. Demonstrates ability to develop an overall conceptualization of the patient's problems and how treatment seeks to resolve them.
  7. Uses good judgment in planning, interventions and maintaining a working alliance.
  8. Ability to create and maintain a focus in the therapeutic work, guided by the goals and tasks of the therapy.
  9. Ability to balance systematic intervention with flexible application, tailored to the needs of the patient.

10. Ability to integrate theoretical understanding of the patient and process with practical work with the patient.

C. Listening Skills & Therapeutic Style

1. Ability to identify and incorporate recurring themes in patient's material
2. Ability to recognize patient transferences, one's own feelings/reactions in therapy, and patient's reactions to the therapist's interventions.
3. Ability to recognize progress or lack thereof, and to proceed strategically.
4. Ability to avoid under- and over-activity with the patient.
5. Ability to deal effectively with difficult and challenging situations (e.g. suicidality).

**III. Diversity**

A. Multicultural competencies

1. Ability to understand and work with the particular life and social/ethnic/racial circumstances of the patient.
2. Ability to work in a multiculturally sensitive manner with a range of different patients, varying in gender, sexual orientation, race/ethnic group, class.
3. Demonstrates self-awareness of own identities/values as they impact others.

**IV. Consultation, Evaluation & Supervision**

A. Consultation – Understands & implements consultation methods in consult settings

1. Ability to effectively consult with other professionals in accordance with their unique patient care roles.

B. Evaluation – Understands & implements evaluation methods.

1. Understands principles and methods of evaluation.
2. Applies evaluation method effectively.

C. Supervision & Self Evaluation

1. Demonstrates knowledge of basic concepts of supervision (models, theories, research), including knowledge of how supervision appropriately responds to individual and cultural differences.
2. Effectively presents clinical process/content in supervision, including appropriate preparation for presentation.
3. Effectively incorporates and uses supervision in conducting treatment/consultation.
4. Ability to interact with supervisor around her/his suggestions and comments so as to develop effective ways to conduct the therapy/consultation.

5. Demonstrates ability to raise questions and concerns about supervision and supervisor's approach.
6. Maintains appropriate independence, seeking supervision as appropriate.
7. Effectively participates in group supervision.
8. Demonstrates development of a self-supervisory capacity with the ability to recognize and evaluate one's competence and limitations as a clinician.

## **V. Personal and Professional Development**

### **A. Documentation**

1. Ability to establish and maintain effective written documentation of clinical work.
2. Ability to complete paperwork in a timely manner.

### **B. Professional Role & Relationships**

1. Maintains a professional attitude and behaviors.
2. Follows through reliably on all assignments.
3. Participates in group discussion: demonstrates willingness to contribute, attentiveness to others' ideas and viewpoints, sharing own work, etc.
4. Demonstrates positive relationships with peers, senior staff and office staff.
5. Demonstrates constructive participation in organizational planning.

### **C. Ethics & Legal Issues**

1. Demonstrates knowledge and use of professional ethics (e.g. confidentiality, dual relationships, recognition of competency limits, etc.).
2. Demonstrates knowledge of legal issues related to practice, and appropriately applies this (e.g. reporting requirements, custody issues, etc.)

## **VI. Overall Performance**

Demonstrates expected level of mastery of skills appropriate to level of training.

### ***How Competence is Attained: Internship Activities and Time Commitment***

The full time IHA internship involves experiences at two IHA units, The Psychological Clinic and the UCCF. Together the two units offer extensive practical experience in evaluation and treatment/intervention for individuals and couples, for families, groups, schools, and other systems. This experience is supervised by senior psychologists with extensive histories of professional commitment to the practice and teaching of clinical psychology. As outlined in the *Educational Model and Professional Training Goals* section above, we believe that competence is acquired by effective exposure to active clinical work, embedded in and supported by intensive supervisory and didactic experiences that are keyed to the program's competency goals.

The two units of the internship each have their own history and identity, even as they work together with a shared training mission and training goals under the auspices of their parent unit, the Institute for Human Adjustment. In this section of the IHA internship handbook, we offer brief descriptions of the two units, and of the meetings and seminars held at each. Following this, we detail the time commitment that will be expected for the IHA internship.

## **The Psychological Clinic**

### **Overview**

The Psychological Clinic as we know it today began in the early 1950's when the University of Michigan Psychology Department's Clinical Program took shape after WWII. Since that time, the Clinic has been dedicated to providing excellent training for psychology interns in psychological assessment and psychotherapy with adults through intensive supervision and relevant case conferences and seminars. The Clinic developed from a strong psychodynamic tradition; we continue to value psychodynamic thinking within the context of a more broadly integrative model, and within the evidence basis that incorporates many other approaches as well. An inseparable aspect of the Clinic's training mission is the Clinic's dedication to providing excellent clinical services, which are offered to adults (18 and older) in the Ann Arbor community, regardless of association with the University of Michigan. The Clinic is a significant community resource, because it provides excellent psychological evaluation and treatment at sliding scale fees. The Clinic is also dedicated to conducting research based on our work with our patients.

### **Services**

The Psychological Clinic offers psychological services to adult community members at a sliding scale fee. Services include:

- Consultation for diagnosis and treatment planning
- Short- and intermediate-term individual psychotherapy for adults
- Couples evaluation and therapy
- Group therapy
- Psychological testing for attentional and learning concerns, in conjunction with consultations and ongoing therapies at the Clinic
- Psychiatric consultation and medication

### **Training Activities**

Supervision. Each intern receives 1 hour of individual supervision per week and 1.5 hours of small group supervision targeting a particular intervention approach (e.g. IPT, ACT, Brief Dynamic Therapy). In addition, based on their training goals, interns may receive 1-2 hours of additional group supervision for couples or group therapy work.

(Optional) Introduction to Cognitive Behavioral Therapy Seminar. This fall seminar, led by the IHA Training Director, covers an introduction to CBT research, theory and practice for a variety of anxiety and depressive conditions. It is optional for interns with prior CBT training.

Bimonthly Staff Meeting. The following activities occur at the Clinic's twice monthly Staff meeting:

- Intern presentations of ongoing and completed cases
- Focused training and experiential work on multicultural issues
- Presentations from guests on various topics

Clinic Training Seminar. This Seminar begins with a series of sessions on Beginning Clinical Work (Emergency Management, Conducting Individual Consultations, Clinical Documentation, and Evaluating Couples) and then covers multiple 3-session series each on various EBTs and topics such as:

- Brief Dynamic Psychotherapy
- Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
- Interpersonal Psychotherapy (IPT)
- Couples Therapy
- Anxiety Disorders
- Acceptance and Commitment Therapy (ACT)
- Issues of Sex and Sexuality
- Dealing with Endings and Termination of Treatment
- Working with Personality Disorders and Mentalization-Based Interventions

Testing Seminar (Both Clinic and UCCF/Adult and Child Units). This seminar is a 3-session series focused on ADHD/LD testing in adults and children. It includes:

- Common Pitfalls in Administering, Scoring and Interpreting Adult and Child Test Batteries
- Report Writing
- Phenomenology of ADHD and LDs in Adults and Children

Clinic Consultation Groups (i.e. Evaluation and Treatment Planning Teams). At this meeting, interns and other staff present reports of initial consultations with clients. Diagnosis, cultural/diversity issues, evidence basis for the conceptualization and/or treatment planning, and treatment plans are reviewed and discussed, using the model described in the Training Model and Goals above. Cases are then followed every 6 weeks, and whenever possible, use empirical measures to assess progress and evaluate treatment method.

## **The University Center for the Child and the Family**

### **Overview**

The University Center for the Child and the Family was established in 1988 to provide training in a wide range of child and family assessment and intervention skills; to provide quality services to the community at a moderate cost; to add to knowledge concerning child and family mental health problems and how best to

address them. The UCCF faculty represent a wide range of theoretical perspectives, including biological, behavioral, cognitive, psychodynamic, family systems and community/cultural. The UCCF is committed to bringing all of these perspectives to bear, in a broadly integrated fashion, on each case. The UCCF works with a diverse group of clients, representative of the county in which it is located. Interns receive closely supervised experience in all of the basic areas of child and family work.

### **Services**

The UCCF offers services to children and families in the Ann Arbor area at sliding scale rates. Services include:

- Psychological assessment of social-emotional problems, childhood behavior problems, difficulties in children's academic progress, and family relationship problems using individual child and family interviews and empirically based psychological testing
- Individual and group child psychotherapy
- Family and couples therapy; including treatment for families in which child abuse has occurred
- Parent Guidance for parents of children from infancy through adolescence addressing concerns about a child's academic, social, and/or emotional development, and including consultation for school problems
- Support/educational groups for parents
- Group Therapy and Social Skills Training for children and adolescents with problems in peer relations
- Training of professionals and parents
- Consultation to schools and systems working with children and families
- Educational assessment

### **Training Activities**

Supervision. All interns receive 1 hour per week of individual supervision from their primary supervisor, and 1.5 hours per week of small group supervision. Additional individual and group supervision is provided for work with particular types of cases, such as those involving infancy, adoption, abuse, loss, and couples. In addition, all intervention groups and consultation services are supervised.

All-Agency Conference. The following activities occur at the UCCF's All-Agency Conference:

- Intern and senior staff formal theoretical/clinical presentations
- Focused training and experiential work on multicultural issues
- Presentations from guests on various topics

UCCF Training Seminar. This seminar begins with a series on beginning clinical work with children/families (Emergency Management, Clinical Documentation, Ethics of Child/Family work, Evaluating Children, Adolescents, Families, and Autism-Spectrum Disorders, and Educational Consultations) and then covers multiple 3-session series each on various EBTs and topics such as:

- Parent Behavior Management Training

- Child Temperament and Affect Regulation
- Best Practices in the Treatment of Depression
- Best Practices in the Treatment of Anxiety
- Best Practices in Family Therapy
- Best Practices in the Treatment of Childhood Trauma
- Psychiatric Medications Seminar Series

Disposition/Case Conference

This conference, held weekly, reviews and discusses all new cases to the agency. The focus of the discussions is on case features and dynamics, and formulating the most effective strategies for treatment, utilizing the evidence basis and the approach described in the training model and goals stated above. Wherever possible, case progress is followed using empirical measures.

**Additional Policies and Procedures for the Psychological Clinic and UCCF**

The operation of both the Psychological Clinic and UCCF is governed by a set of IHA administrative policies and procedures that cover such matters as scheduling, billing, office use, confidentiality of records, etc. These policies and procedures are contained in a separate Policies and Procedures Manual that has been distributed to you.

***Intern Required Meetings and Breakdown of Activities***

The schedules of required meetings and the breakdown of activities for the Institute for Human Adjustment Psychology Internship are detailed below.

Required Meetings:

Monday	Tuesday	Wednesday	Thursday	Friday
9:30 – 10:45 CLINIC Intro CBT Seminar (Fall only; Optional)	8:30-10:30 IHA Interns Testing Seminar (Sept. 6-20)			8:30-9:30 UCCF Training Seminar
11:00-12:30: CLINIC Consultation Groups	10:30-12:30 IHA Interns Testing Certification Meetings (sign up for slot)		11:00-12:00: Staff Meetings 1 <sup>st</sup> /3 <sup>rd</sup> wks at UCCF 2 <sup>nd</sup> /4 <sup>th</sup> wks at CLINIC	10:30-12:00: UCCF Disposition/ Case Conference
			12:00-1:00: IHA Interns’ Forum (2 <sup>nd</sup> and 4 <sup>th</sup> wks/mo)	12:00-1:00 UCCF Psychiatric Seminar Series (Sept. 10-Oct. 8)
2:00-3:30 CLINIC Couples Group Supervision			1:00-2:00: CLINIC Training Seminar	

Breakdown of Activities:

<b>Activity</b>	<b>Hours/Wk</b>
Client contact (Child/Family – C/F)	7
Client Contact (Adults)	8-9
Individual Supervision	2.5
Group Supervision	3-5
Special Projects & Supervision (C/F)	2.5
Testing & Supervision	1.5-3.5
Interns Seminars	2.5
Disposition Conference (C/F)	1.5
Consultation Gps (Adult)	1.5
Staff Conference/Meetings	2
Paperwork/Preparation	10
Administration/Reading	3
<b>Total</b>	<b>45-50</b>

***What We Expect From Interns***

**Introduction**

With the joys and fulfillment of clinical work come the responsibilities and standards of good practice. These form the moral and ethical structure which safeguards our work with patients, and as we describe these guidelines, you will find that the presentation has a different, more prescriptive tone. Ultimately, however, we trust that these guidelines are **yours**, a vital part of your identity as a professional clinician, and not a set of external strictures imposed upon you.

**Professional, Ethical Behavior**

The Institute for Human Adjustment is a professional organization. We train interns to be professional psychologists, and we expect and require professional and ethical attitudes and behavior from our interns, faculty supervisors and support staff. We recognize that no one is perfect, and that interns are here to learn. Therefore our first and preferred approach to ethical issues is educational and remedial. However, you should know that persistent or severe ethical lapses may be grounds for dismissal from the internship. Guidelines for professional behavior are contained in the ethical

statements for psychologists (contained in a special section of the manual), and we review ethical issues and problems in various forums during the year. You should read and consider the ethical guidelines carefully on your own. In the spirit of these guidelines, we expect respectful and considerate treatment of others from everyone at the Institute. We expect differences to be resolved in a spirit of openness and accommodation, and we expect thoughtful and considerate interest in the welfare of our staff and our patients from everyone.

### **Follow Policies and Procedures of the IHA Agencies**

In addition to this handbook that describes overall features of the IHA internship, the IHA has specific administrative policies and procedures tailored to the clinical operations of these units, covering such matters as billing and appointment scheduling, paperwork, etc. We expect you to read, master and adhere to these policies and procedures.

### **Workload & Cumulative Hours**

We have offered our best estimate of the number of hours you can expect to spend weekly at your internship in the table above. This table represents your workload at the peak of your caseload; at the start and sometimes at the end of the internship, your caseload will be lower than these estimates.

The internship requires a minimum of 500 client contact hours, 250 at each unit, the Clinic and the UCCF. Please note that this is the minimum expectation; most interns exceed this number in order to take fullest advantage of the richness and range of our training opportunities. In the past, there has been some confusion, especially later in the year when one's memory of going over the Intern Handbook has faded, over whether reaching 500 hours means that one has met the requirements of the internship and need see no further clients. This is not the intention of this expectation – it is a minimum, and we expect that interns will exceed this minimum as the year progresses. It is just that if, for any reason, you fall below this minimum as the year progresses you will not have met the minimum requirements for satisfactory completion of the internship. If you have questions about this policy, do not hesitate to ask.

### ***Evaluation of Intern Performance***

Supervision is intended to provide continuous feedback on interns' work. It is important, however, to step back from the day-to-day advice and evaluation of supervision to consider the work overall. This is done approximately six months into the internship using the criteria from the skill goals list, in the context of the specific goals developed by the intern and his/her supervisors at the start of the year. At this time, supervisors offer written and verbal feedback and evaluation of the intern's performance to date using the midyear progress evaluation form and observation rating form (see Appendix for Intern Evaluation Form and Clinical Skills Observation Form). At this time also, we expect supervisors to welcome, and interns to provide, feedback on the supervisor's performance as well, and to use this occasion to discuss how the supervision is going between the two. We hope and expect that this more formal discussion will simply be the capstone of an ongoing dialogue between intern and supervisor about the mutual work and the contribution of each to it. Interns will receive

evaluations from both the Clinic and the UCCF, using the same forms and overall criteria. The evaluations from all supervisors at both sites are reviewed by Training Director and the Unit Directors, and any concerns are further discussed with the intern.

The intention of the evaluation is to blend the two types of evaluation that psychologists experience during their careers: one designed to identify strengths to build on and weaknesses that need attention (performative evaluation); the other, to offer a normative judgment of overall skill level. The forms assess the extent to which the intern has made appropriate progress during the evaluation period, as we expect to see change in each of the domains listed in the competency goals document. They also leave room to give narrative guidance for areas of difficulty, and at the end of the document, an overall summary and normative evaluation is made. We expect interns to make adequate progress on at least 80% of the competency categories in each program of their internship. Satisfactory performance at each unit is required for completion of the internship.

Year-end supervisory evaluations are also prepared by the faculty at each unit. These written evaluations assess the competency level that the intern has achieved during the year, and are discussed between the Training Director and the intern. The year-end Intern Evaluation Form is completed on the same form as the mid-year evaluation, so as to offer a cumulative impression over the year. Sometimes modifications are requested by the intern, and once a final document is prepared, it is signed by the intern and supervisor. A written summary evaluation for the intern's overall performance across units and supervisors at the IHA internship is prepared by the Training Director, reviewed with the intern at year-end, and attached to these evaluations. The relevant documents are kept in the intern's file at the Institute, and are forwarded to the intern's graduate program as indicated.

In addition, the intern may request an informal or formal evaluation of his or her work at any time during the internship year.

### **Communication with Doctoral Programs (Policy adapted from recommendations from the Council of Chairs of Training Councils [CCTC])**

Communication between doctoral training programs and internship programs is of critical importance to the overall development of competent new psychologists. The predoctoral internship is a required part of the doctoral degree, and while the internship faculty assess the student performance during the internship year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and entrance to the profession. Therefore, evaluative communication must occur between the two training partners.

Given this partnership, our training program has adopted the following practices: All students will be informed of the practice of communication between the doctoral program Training Director/Director of Clinical Training (or faculty designate) and internship Training Director (or designate). It should be emphasized that this communication is consistent with discussion among trainers throughout the students graduate training (e.g., practicum supervisors)

Once a student has been matched with an internship site, the internship and doctoral program Directors will communicate about the specific training needs of the student, so that the internship Director has sufficient information to make training decisions to enhance the individual student's development.

During the internship year, the Directors of the two programs will communicate as necessary to evaluate progress in the intern's development. This will include a minimum of two formal evaluations (one at mid-year and one at the end of the year), and may also include regular formal (written) or informal communication

The student/intern has the right to know about any written communication that occurs and can also request and should receive a copy of any written information that is exchanged.

In the event that problems emerge during the internship year, i.e., an intern fails to make expected progress, the Directors of the two programs will communicate and document the concerns and the planned resolution to those concerns. Both doctoral training program and internship program policies for resolution of training concerns will be considered in developing necessary remediation plans. Progress in required remediation activities will be documented and that information will be communicated to the doctoral program Director.

## **Internship Policies**

### ***Stipend, Benefits, Vacation and Leave Time***

The full-time internship stipend is \$21,000, paid in monthly increments. Medical insurance is provided through the University of Michigan benefits system.

The IHA internship offers two weeks (10 working days) of vacation, in addition to the period from the Christmas holiday to New Year's Day. Five days are available for professional development; up to 3 of these may be taken to defend a dissertation, attend graduation, or interview for a job/fellowship. Sick time is negotiated on an as-needed basis. All time off must be pre-approved (see Absence Request Form), with a minimum of one week's notice. The minimum vacation day that may be requested is a ½ day. Trainees are expected to be present 5 days/wk (i.e. overscheduling duties into 4 weekdays is not permitted).

We expect you to be with us the entire 12 months, from September 1 to August 31 of the next year. If you anticipate that you will need to leave the internship early to move for a post-doc or other employment that begins September 1, you must reserve your vacation time for this purpose. If for any reason you need to leave the internship earlier than this, you must make application to the Internship committee at least three months in advance, and work out an internship completion plan that leads to satisfactory achievement of internship requirements.

### ***Problems with your supervisor or other staff***

We encourage you to speak to the IHA Training Director, the IHA Director, the Psychological Clinic Director or the UCCF Director if you are having problems with

any faculty or staff member. Our overall policy, in common with the University as a whole, is to encourage working out problems with the person directly. However, it helps at times in solving these problems to discuss them with someone in authority, even if just for advice.

### ***When other things go wrong, or you can't make it right***

The faculty and staff of our organization are here to help you. We all want to help things go well for you. If something goes wrong, please ask for help and consult any staff member you feel can be helpful.

Interns may also, if needed, make use of the grievance office of the Dean of the Graduate School. The grievance officer is Darlene Ray-Johnson, Assistant to the Dean. She can be reached at 647-7548, or in person at the Graduate Dean's office. Although to our knowledge it has never been necessary for an IHA intern to use this office, we want you to feel free to avail yourself of these procedures if satisfactory resolution of a problem cannot be achieved within our organization. The full text of the Graduate School's grievance procedure is copied below, and can also be viewed on the web:

<http://www.rackham.umich.edu/policies/resolution/>

## ***Rackham Academic Dispute Resolution Policy and Procedures***

### **Introduction**

Rackham's Academic Dispute Resolution Policy and Procedures are available to Rackham students who have a dispute or disagreement with faculty or staff about the equity and fairness of decisions or procedures that affect their academic standing and progress toward the degree. Such issues may arise regarding fair and equal treatment in the conduct of a class, in the grading or evaluation of academic work or research. Other issues may concern the equity and fairness of program, department or Rackham policies.

Academic dispute resolution is a means for resolving disputes and achieving a workable outcome for all parties, within the integrity policies of the University. Resolutions are not imposed, but result from agreement of all parties.

The Rackham Resolution Officer, Darlene Ray-Johnson, is responsible for managing this policy and may be reached at [rayj@umich.edu](mailto:rayj@umich.edu).

### **Scope of the policy**

The Rackham Academic Dispute Resolution policy applies to disputes Rackham graduate students may have with faculty or staff regarding equity and fair treatment that may have an impact on grading or evaluation, or other treatment that affects academic standing. This policy may not be used to appeal grade-related or other academic sanctions imposed as a result of any action taken under any honor code or academic integrity policy.

Other University policies and procedures apply to allegations of faculty and staff misconduct; such matters will be governed by appropriate policies administered under other University units:

- Complaints that a member of the faculty or staff has engaged in research misconduct will be handled by the Office of the Vice President for Research.
- Complaints that a member of the faculty or staff has violated the University's non-discrimination and harassment policies will be investigated by the University's Office of Institutional Equity. Faculty and staff who are also students, or a student who also has a staff appointment, may be subject to procedures described in the "Statement of Student Rights and Responsibilities."
- Claims that a member of the faculty or staff has violated employment contracts will be investigated by Academic Human Resources.

A graduate student who alleges misconduct by a faculty or staff member must pursue the complaint in the most appropriate forum; a student may not pursue the same allegation in different venues. Students who agree to have a dispute mediated under this policy agree not to pursue the same matter in any other forum within the University. Students should consult the Resolution Officer in their school or college to decide which avenue is best for their circumstances, and about counseling and University resources that may be appropriate.

### **Resolution Board**

Schools and colleges participating in this dispute resolution process designate a member of the faculty or senior administrative staff to serve as the unit's Resolution Officer. This person, in accordance with the principles and processes described below, oversees the mediation of disputes or disagreements covered under this policy. The Resolution Officers of the schools and colleges constitute the [Resolution Board](#), which is convened by the Rackham Resolution Officer. The Rackham Resolution Board also includes four to five Rackham students who serve as [Resolution Counselors](#) for students. The Resolution Board keeps current with best practices for dispute resolution, provides mutual advice and support in the handling of disputes, and shares lessons learned with the Rackham Dean and the graduate programs about ways to improve policies, practices and communication. The Resolution Board may seek advice from faculty and other University offices with expertise on mediation and conflict resolution.

### **Dispute resolution principles and responsibilities**

Adherence to principles of impartiality, confidentiality, timeliness, and effective communication are important to successful dispute resolution. The Rackham Graduate School works with the schools and colleges to ensure that these principles are understood and observed in the dispute resolution process.

## **1. Impartiality**

A Resolution Officer will remain impartial. A Resolution Officer will recuse him/herself for a conflict of interest. Such circumstances include if the Resolution Officer has a personal or professional relationship with any party in the dispute that would impede his or her impartiality. In such instances, the Dean of the school or college may ask another impartial and qualified staff or faculty member to handle the dispute resolution process, or may ask the Rackham Resolution Officer to ask another member of the Resolution Board to provide this service. A student with concerns about the impartiality of a resolution process within his or her school or college should seek advice from the Rackham Resolution Officer. If the Rackham Resolution Officer, in consultation with the Resolution Board, concludes that such concerns about the substance or appearance of impartiality are substantial, another member of the Board may be asked to take the case.

## **2. Confidentiality**

- A student may meet informally to discuss an issue with any Resolution Officer or Resolution Counselor. While these discussions will remain confidential to the extent permitted by law, confidentiality will not be maintained if the Resolution Officer or Resolution Counselor believes that disclosure is necessary to avoid an imminent risk of serious harm or is required by law.
- All parties implicated in the complaint have the right to know the details of the issues that give rise to the dispute. A student may not anonymously request a formal dispute resolution process.
- The Resolution Officer or Resolution Counselor may consult with the Rackham Resolution Officer and the Resolution Board, who will maintain confidentiality. Parties involved in a formal dispute resolution process are expected to maintain confidentiality so the process can be effective.
- When the resolution process suggests how academic policies and their implementation may be improved, the Resolution Board may share this information as appropriate with other graduate programs, while maintaining the confidentiality of personal information.
- Records summarizing the resolution of disputes will be archived by the Resolution Board and the Dean(s) of the relevant school or college. These records will be a resource for the Board. Personal information in these records will be kept confidential.

## **3. Timeliness**

Timely address to disputes is important for successful resolution. Normally, resolution conferences will be held within ten business days from the time the Resolution Officer receives the case. The academic calendar may make it difficult to always adhere to this schedule, but the conference should be convened within a reasonable time.

#### **4. Communication**

Schools and colleges should maintain and make public dispute resolution procedures. Schools and colleges should also publicize these procedures to students, faculty and staff. Resolution Officers are available to speak with a student about the purpose and principles of these procedures, and the implications of proceeding with a formal dispute resolution conference, including potential outcomes. The student must be kept fully informed at every step and participate in reaching a resolution.

#### **Resolution conference**

While prompt informal discussion within the unit where the parties are enrolled or appointed can often resolve most disputes, a more formal process may be necessary to address disagreements that may have greater complexity and consequence. The formal resolution of dispute takes place in a resolution conference. Through the resolution conference, the parties seek to reach a mutual understanding of the causes of the dispute and to produce a solution guided by academic policies. The purpose of the resolution conference is to allow parties to a dispute to present their viewpoints, to share information, to clarify concerns and issues, to resolve misunderstandings or interpersonal difficulties that may contribute to an issue, to evaluate options for resolving the problem, and to reach a formal agreement on an outcome intended to resolve the dispute.

#### **The academic dispute resolution process**

In many cases, academic disputes can be quickly and effectively resolved when addressed informally at the local level. Misunderstandings, miscommunications and disagreements often can be resolved through such conversations.

1. A student may talk with the Graduate Chair as an initial step. The student may also consult informally with the Resolution Officer of the school or college who can offer impartial advice and suggest steps to resolve the issue.
2. Students in LS&A, which does not have a Resolution Officer, may consult with the Rackham Resolution Officer.
3. All students are encouraged to seek information and advice from a Rackham student Resolution Counselor, who can offer neutral advice about how to address and resolve disputes.
4. If informal discussion does not resolve the disagreement, the student may seek a formal resolution conference within the school or college. With the exception of the LS&A, each school and college has a dispute resolution process and designates a faculty or staff member to serve as a Resolution Officer who will conduct this process according to the procedures of the school or college.
5. Some LS&A departments have dispute resolution processes; students in these departments should seek a formal dispute resolution conference within these programs. For LS&A students whose programs do not have formal procedures, the Rackham Resolution Officer will organize a dispute resolution conference.

6. The Resolution Officer of the school or college will notify relevant parties and the Resolution Board and include a summary of the issue at disagreement.
7. When an academic dispute arises between a Rackham student and a faculty member of another school or college, the Rackham Resolution Officer, in consultation with the Resolution Board and the relevant Deans, will determine where the resolution conference process will be held.
8. Through the dispute resolution process, the parties will develop a resolution plan to which the parties consent. The Resolution Officer will summarize the key points of the agreed resolution in a memo of understanding. The parties to the dispute will sign the memo of understanding, signaling their consent to the terms of the resolution. Copies of the memo will be shared with the relevant Deans and the Resolution Board.
9. In the event that the parties are unable to reach an agreed resolution, the Resolution Officer will notify the relevant Deans and the Resolution Board in writing that a resolution could not be reached. The Dean of the school or college will refer the matter to the Rackham Resolution Officer within five business days of receiving the school/college's Resolution Officer's report.

### **Reconsideration**

A student may ask the Rackham Resolution Officer to reconsider the dispute if he or she believes that the resolution process at the school or college level did not meet standards of fundamental fairness or if substantial relevant new evidence or information has become available after the resolution conference.

1. The student must make this request in writing within ten business days after receipt of written notification of the outcome of the resolution conference process in the school or college.
2. The Rackham Resolution Officer will ask the Resolution Officer of the school or college to provide a written report of the resolution process, and may talk individually with the parties to the dispute.
3. If the Rackham Resolution Officer and the Resolution Board find that the grounds for reconsideration have been established, they may recommend to the Rackham Dean that the school or college be asked to consider the dispute again or, if circumstances make it difficult to ensure an impartial inquiry, ask that the Resolution Board convene a new dispute resolution conference.
4. If the Rackham Resolution Officer and the Resolution Board determine that the grounds for reconsideration have not been established, they will recommend to the Rackham Dean that the school/college outcome be upheld. The Rackham Dean will notify the student of the outcome. This ends the reconsideration process.

### **Rackham dispute resolution process**

At the request of the Dean of a school or college, or if a school or college does not have a dispute resolution process, or as the result of a request by a student for reconsideration, the Dean of Rackham may agree to convene a dispute resolution process.

1. Resolution conferences for new cases or reconsiderations will be held usually within ten business days of the initiation of the case.
2. The Rackham Resolution Officer will invite all parties to submit written statements. The Rackham Resolution Officer may interview other persons who may be able to contribute to an understanding of the dispute, or ask them to provide written statements.
3. For new cases only (i.e., not reconsideration cases), the Rackham Resolution Officer may determine that, on the basis of this inquiry, the claims of the student are without merit. In this case, no further action will be taken.
4. A resolution conference will be conducted for the purpose of understanding the causes of the dispute and for producing a solution.
5. The parties in the dispute have the right to respond to claims made by others, either in writing or at the conference itself.
6. The conference will not be recorded.
7. The parties will be encouraged to seek a resolution to the dispute by agreeing on a course of action. The Rackham Resolution Officer will summarize the key points of the agreed resolution in a memo of understanding. The parties to the dispute will sign the agreement, signaling their consent to the terms of the resolution. Copies of the agreement will be shared with the relevant Deans and the Resolution Board.
8. If the parties are unable to reach a resolution through the conference process, they will be asked to submit a summary statement no more than two pages in length. Upon review of the Rackham Resolution Officer's report and of statements submitted by the parties, the Rackham Dean will determine a resolution outcome based on the preponderance of the information presented, and will communicate this to all parties and the Dean and Resolution Officer of the school or college.

In addition, the Association of Postdoctoral and Psychology Internship Centers (APPIC) maintains a formal and an informal problem resolution process which is at your disposal should you need it, and pasted below. The website for this service is located at: [http://www.appic.org/problem\\_resolution/index.html](http://www.appic.org/problem_resolution/index.html)

## **Problem Consultation**

APPIC has established both an [Informal Problem Consultation](#) process and a [Formal Complaint](#) process in order to address issues and concerns that may arise during the internship or postdoctoral selection process or during the internship or postdoctoral training year. Applicants, current and recently-graduated interns and postdoctoral residents, Directors of Clinical Training (DCTs), internship and postdoctoral Training Directors, and training program faculty/staff are welcome to utilize these services.

[APPIC policies](#) state that concerns must first be brought to the informal problem consultation process before a formal complaint is filed.

### ***Informal Problem Consultation***

The goals of the Informal Problem Consultation (IPC) process are to provide guidance, consultation, and assistance in resolving the broad array of problems and challenges that may be encountered by concerned parties in the internship or postdoctoral context.

The IPC process is confidential. In some instances, the IPC representative from APPIC interacts only with the individual seeking assistance; in other cases, when the individual grants permission, the IPC representative may talk with multiple parties in order to seek information or negotiate a resolution. Students and trainers have found this process to be an effective and efficient mechanism for handling the majority of problems and conflicts that arise regarding various aspects of internship and postdoctoral training.

Here are some examples of situations in which an individual (or group of individuals) may make use of the IPC process:

1. An internship applicant or internship training director experiences what he/she perceives to be a violation of APPIC Match Policies.
2. An internship or postdoctoral training director has concerns about a student's competence or unethical/unprofessional behavior and wants to consult about possible options or solutions.
3. A current intern or postdoctoral resident believes that his/her internship or postdoctoral program is not in compliance with APPIC membership policies.
4. A current intern or postdoctoral resident is concerned about his/her training experience and wants to consult about options or solutions.
5. A Director of Clinical Training is concerned about a student's internship experience and wants to consult about options or solutions.
6. An applicant or trainee feels that he/she has been treated in an inappropriate, disrespectful, or discriminatory manner.

7. An intern or postdoctoral resident and/or an internship or postdoctoral Training Director would like guidance in handling issues related to medical concerns, pregnancy, child/elder care, family hardships, disability, etc.
8. An individual is unsure if a policy violation has occurred, or is unsure if his/her situation warrants a formal complaint or is best addressed by the Informal Problem Consultation process.

In cases in which an intern applicant or current intern has concerns about his/her ability or willingness to attend or complete an internship, and is considering withdrawing from his/her Match or Clearinghouse commitment, the individual **MUST** contact the IPC representative before taking any action to withdraw.

If you would like to seek confidential consultation or assistance with problem resolution, contact Dr. Sharon Berry, Chair, APPIC Board of Directors, at or [sharon.berry@childrensmn.org](mailto:sharon.berry@childrensmn.org) or (612) 813-6727. The Chair will forward inquiries and concerns to a consultant.

### ***Formal Complaint Process***

Sometimes, serious problems cannot be adequately handled through the APPIC Informal Problem Consultation process. For these situations, a formal complaint may be filed with the APPIC Standards and Review Committee (ASARC).

The purpose of ASARC is: (a) to investigate alleged violations of APPIC policies and procedures, (b) to recommend an appropriate response to the APPIC Board of Directors upon determining that a policy violation has occurred, and (c) to serve in a consultative or educative role when queries are made regarding APPIC policies and procedures. In response to a complaint filed with ASARC, the APPIC Board may decide to impose sanctions on individuals or training programs that violate APPIC policies.

For more information on the formal complaint procedures, please see the [ASARC Procedures for Handling Grievances and Violations of APPIC Policies](#). Please note that there are time limitations on the filing of formal complaints; see [Policy IV-B](#) for specifics. In addition, [APPIC policies](#) state that concerns must first be brought to the Informal Problem Consultation process before a formal complaint is filed.

Questions about the formal complaint process may be directed to Dr. Mark Vogel, Chair of APPIC's Standards and Review Committee, at [vogel1@msu.edu](mailto:vogel1@msu.edu).

Complaints should be filed using the ASARC Complaint Form ([download in Word format](#)) and submitted to:

Chair, APPIC Standards and Review Committee  
APPIC  
10 G Street, NE, Suite 440  
Washington, DC 20002

[http://www.appic.org/problem\\_resolution/index.html](http://www.appic.org/problem_resolution/index.html)

### ***Addressing Unsatisfactory Performance; Termination of Internship***

As a key part of our approach to training, the IHA faculty and staff make every effort to help interns identify and solve problems that arise in their work at the Institute. As a training organization, we expect problems to arise as interns strive to master the complex issues involved in becoming a professional clinician, and the faculty supervisors and Directors, as indicated, will work with interns in this effort.

Interns having performance difficulties in the program are assisted by their supervisors to identify problems and to plan remedial learning strategies and/or support measures. These plans may include temporary modification of normative expectations. Temporary modification to provide remedial assistance could include: reducing the students' case load; assigning or not assigning particular types of cases; adjusting the rate at which the student takes on new service delivery activities; providing remedial learning opportunities, including joint service delivery experiences with staff; additional supervision, instructional readings and/or recommending specific conference or workshop attendance.

If significant problems in the intern's performance emerge in the course of the internship, a joint ad hoc committee composed of the intern's major supervisors at both units, the unit directors and the IHA Training director will meet to evaluate the problems and develop a written remediation plan. The IHA Training Director will notify the intern's graduate program that this committee is underway and will communicate the committee's process and decisions as they develop. When personal issues appear to be impacting performance, interns are assisted in identifying the issues while maintaining the boundary between supervision and psychotherapy by referring the intern to psychotherapists who have no affiliation with the training program.

If, despite the efforts of the ad hoc committee and the training faculty, serious problems persist, and if the problems, in the considered opinion of the committee, constitute serious impediments to fulfilling the role of professional psychologist, the intern may be asked to take a leave until the problem has been addressed to our satisfaction, or may be suspended or terminated from the program. Some problems may be of sufficient seriousness as to warrant immediate dismissal from the internship. Examples of such problems would include sexual activity with a patient, theft, or serious breach of patient confidentiality. If the intern is asked to take a leave, or is dismissed from the internship, the intern will receive a written statement as to the nature of the problem, and an explanation of what steps have been taken to help the intern with the problem (if warranted), and an explanation of why, considering the problem, a leave or dismissal is required by the Institute staff. An appeal of this decision may be made to the University of Michigan Graduate School Grievance Office or to APPIC, which maintains a problem resolution office (see "Problems with your supervisor or other staff" above).