**DUE PROCESS AND GRIEVANCE PROCEDURES**

Rights and Privileges

PsychEd Solutions Doctoral Internship Program in Clinical Psychology interns, faculty and staff have the right to be treated with respect and dignity at all times. The PsychEd Solutions Doctoral Internship Program in Clinical Psychology, its staff and interns will not discriminate against any person on the basis of race, ethnicity, cultural practice, national origin, religion, veteran status, marital status, familial status, ability, gender identification, biologically assigned sex, age, appearance or sexual orientation in the completion of our assigned duties and interpersonal interactions and further will strive to create an environment of inclusion, and respect.

Intern Due Process & Procedures

Due process helps to ensure that decisions made by the agency about interns and their training experience are not arbitrary or personally based and that interns’ rights are upheld. Due process also requires the internship to identify specific evaluation procedures which are applied to all interns, the rights of the interns, and to have relevant appeal procedures available to the intern in cases where the intern may challenge the internship program’s action(s). The Due Process has three steps, NOTICE, HEARING and APPEAL

Intern Due Process procedures are established by policy and implemented when a Psychology Intern's behavior raises concerns, is deemed problematic, or is determined to be unprofessional. The policy is attached in its entirety below as ***Appendix H***.

Intern Grievance Process & Procedure

The Intern Grievance Procedure is also established to provide specific direction addressing violations of interns’ rights including but not limited to: exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, inadequate or inappropriate supervision or training, and violation of due process. Of note, problematic, concerning, and unprofessional behaviors and concerns regarding intern grievances will first be addressed informally as part of on-going supervision, during which efforts will be made to assist the intern in remediating or addressing concerns raised by the intern. The policy is attached in its entirety below as ***Appendix I.***

**Appendix H**

**DUE PROCESS PROCEDURES**

1. DEFINITIONS
2. Problem: Interference in professional functioning exhibited in one (or more) of the

following ways:

1. Inability or unwillingness to acquire and integrate professional standards into professional behavior and practice.
2. Inability or unwillingness to acquire professional skills to a level commensurate with training and experience expected of a psychology intern.
3. Inability or unwillingness to manage personal stress, psychological dysfunction, or excessive emotional reactions to an extent where professional functioning is affected.
4. Behavior of concern: Behaviors, attitudes, or characteristics that are unexpected or excessive for professionals in training and may require remedial action(s).
5. Characteristics of problem behavior:
	1. The intern does not acknowledge, understand, or address problematic behavior when it is identified.
	2. The problem is not due to a deficit of skill(s) that can be alleviated by didactic or academic training.
	3. The quality of service(s) delivered is consistently negatively affected by the problem behavior.
	4. The problem behavior is not restricted to one area of professional functioning.
	5. The problem behavior has the potential for ethical or legal ramifications if not addressed.
	6. The problem behavior requires a disproportionate amount of attention from training personnel.
	7. The intern’s behavior does not change in relation to feedback, remedial efforts, or time.
	8. The intern’s behavior negatively affects the public image of PsychEd Solutions or the psychology training program.
6. Unprofessional Conduct: Inappropriate professional conduct as demonstrated by:
	1. Intentional disregard for policies and procedures.
	2. Knowingly violating any of the ethical principles of psychologists.
7. Grievance: A complaint based upon actual or perceived injustice regarding working conditions, training program, or supervisory treatment.
8. CORRECTIVE ACTION REGARDING BEHAVIOR OF CONCERN, PROBLEM BEHAVIOR, AND UNPROFESSIONAL CONDUCT

	1. In the vast majority of cases, a supervisor’s concerns regarding intern behavior are minor and can be satisfactorily addressed between supervisor and intern in the course of normal intern supervision. The supervisor will address the concern(s) with the intern and arrive at a mutually agreed upon reasonable deadline for demonstration of improvement by the intern.
	2. When any intern demonstrates or is believed to have demonstrated problem behavior, as defined in section A3, which has not been corrected by the intern during normal intern supervision as described in section B1 above, or unprofessional conduct as defined in section A4, the supervisor involved will bring the matter to the immediate attention of the intern, or as soon as possible. The intern will be given the opportunity to discuss the incident with the supervisor before anyone else is notified. Subsequently, the supervisor will advise the Psychology Internship Training Director (PITD) of the incident and discussion with the intern. Depending upon the severity of the matter, the Mental Health Director (MHD), the Mental Health Services Director (MHSD), and the entire training staff may also be informed and/or consulted. The supervisor and the PITD will determine whether or not any further action is necessary. If further action is deemed necessary, the PITD:
		1. May discuss the issue with the intern, with the intern and the supervisor together, seek input from other staff having professional contact with the intern, or previous supervisors of the intern.
		2. Will meet with the intern and supervisor to outline corrective action, and develop a reasonable time within which the intern will demonstrate improvement.
		3. Will consult with the intern’s graduate training director, the supervisors of psychology training at the institution, the RMHD, and the MHSD to discuss a course of action if intern improvement is not observed within this time.
	3. NOTICE: If it appears the intern is in serious danger of not satisfactorily meeting the training objectives for the rotation, internship, or practicum placement, the PITD may place the intern on probation. The PITD will develop a written intern improvement plan with input from the training supervisor, the intern’s graduate training director, the RMHD, and other training supervisors. The intern improvement plan will be reviewed and approved by the MHSD, or designee. The plan will include:
		1. A description of the problematic behavior and/or deficiency(s).
		2. Assignment(s) for the trainee to complete to demonstrate competency, and a deadline for completion.
		3. A designation of the supervisory staff member(s) who will monitor the assignment(s).
	4. When an intern is placed on probation, the intern’s graduate program training director will be notified immediately and will be provided frequent (minimum weekly) updates by the PITD regarding the intern’s progress.
	5. HEARING: If the supervisor or the PITD believes the matter is a serious breach of professional conduct or if the incident is a second occurrence, the PITD, training supervisors, and RMHD will meet to determine an appropriate course of action which can include continued probation or dismissal from the training program. The MHSD will be advised of the course of action decided by the PITD and RMHD.
	6. If there is a determination to place the intern on probation or to dismiss the intern from the program, the intern shall be provided written notice of the basis for the placement on probation or dismissal and of the opportunity to grieve the action through the intern grievance process set forth in section C below. A grievance of a dismissal shall be filed with the PITD within seven (7) calendar days of receipt of the notice.
	7. If the infraction violates the rules of the agency and/or its partners the intern’s actions will be investigated in accordance with departmental procedure, and the intern may be placed on inactive status during the period of investigation.
	8. At all points in the process of correction of behavior, the intern will be treated with respect, kept informed, consulted, and involved in a manner deemed appropriate by the PITD.
	9. APPEAL: If an intern believes s/he is being treated unfairly or in any unsatisfactory manner, the intern may address these concerns via the grievance process outlined in section C below.

***APPENDIX I***

**PSYCHOLOGY INTERN GRIEVANCE PROCEDURE**

1. If an intern has a disagreement, dispute, or conflict with a supervisor, the PITD, another intern, or any other department employee, or if an intern is treated in a way that the intern believes is inappropriate, the first course of action taken by the intern will be to raise the matter directly with the person involved in the disagreement, dispute, or conflict. It is expected that most problems can be resolved at this level.
2. In most situations, the person with whom the intern has a disagreement should always be approached first. If a training supervisor, unit supervisor, the PITD, or anyone else is consulted prior to the intern discussing the problem with the person involved in the disagreement, the intern will be reminded to first discuss the concerns with the person directly involved unless it is determined by the supervisor or PITD that it would be inappropriate to require the intern to first discuss the situation with the involved person.
3. If, in the intern’s opinion, a joint discussion with the involved person does not satisfactorily resolve the matter, the following procedure should take place. If the person involved is a training supervisor, unit supervisor, another intern, or other employee of the agency, the PITD should be the first person notified. If the PITD is the person involved, the intern should contact the MHSD. In any of the above cases, the person notified will discuss the issue with the person involved in the dispute prior to suggesting a course of action to the intern.
4. If the action(s) suggested by the PITD or the MHSD is not agreeable to the intern, or if this action is not successful in resolving the issue, the following course should be taken. If the person involved is not the PITD, the intern should notify the PITD. If the person involved is the PITD, the intern should notify the MHSD. In any of these circumstances, a three-way meeting will be one option considered. The PITD and MHSD may elect to consult with all training supervisors and/or the RMHD at this point in the process for advice in assisting with problem resolution.
5. Should the above courses of action fail to resolve the matter, the intern will present her/his grievance in writing to the MHSD who, with consultation as the MHSD deems appropriate, determine a final course of action. Grievances shall be filed within 14 days after the incident leading to the disagreement, dispute, or conflict occurred or within 14 days after the incident giving rise to the disagreement, dispute, or conflict became or should have been known to the intern or, in the case of continuing behavior, within 14 days of the last offending action. The decision on the grievance shall be in writing to the intern.
6. If the intern is dissatisfied with the way in which the matter is resolved, s/he may appeal the grievance decision by requesting that the case be reviewed by the central office panel composed of the PITD, the MHSD, and one staff member each from the Offices of Institutions, Administration, Program Services, Health Services, and Community Corrections. The review panel will forward the case with its recommendations to the Assistant Secretary for final review. The decision of the Assistant Secretary shall be final.
7. However, if the intern is still dissatisfied with the resolution of the matter, other courses of action that may be pursued by the intern are to notify the intern’s graduate training director, Association of Psychology Postdoctoral and Internship Centers, and the American Psychological Associate Office of Accreditation.
8. Grievances involving sexual harassment or other forms of discrimination should be filed in accordance with departmental procedures.

**GRIEVANCE FORM**

Your grievance will remain confidential, with discussion only between those involved and administrators. (Complete form: Place in envelope and give to Training Clinical Director)

**Program/Service:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# To Be Completed By Intern: Describe the complaint or grievance. Be specific; who is involved, circumstances, when, what has been done up to this time, etc.(Please use a separate sheet if needed to complete report)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Signature of Intern Complaint/Date Print Name of intern & Complaint/ Date

# To Be Completed By Supervisor

# Describe what happened and your response. (Be specific). (Please use a separate sheet if needed to complete report)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Clinical Staff/Complaint Date Print Name of Clinical Staff reporting/Complaint Date

**Action:** (To be completed by Clinical Director/ Training Director or CEO if appropriate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESPONSE LEVEL 1:** Clinical Supervisor (contact within 1 program day)

OUTCOME: Resolved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unresolved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Signature of intern/ Complaint/Date Print Name of intern/Complaint Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Clinical Supervisor Date Print Name of Clinical Director Date

**RESPONSE LEVEL 2:**

OUTCOME: Resolved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unresolved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Training Director Date Print Name of Training Director Date