



Brattleboro Retreat

Brattleboro Retreat Setting

History

The Brattleboro Retreat was founded in 1834 by a \$10,000 bequest from Anna Hunt Marsh as attested to in her will.

Born in 1769, Anna was the daughter of Jonathan Hunt, one of the first settlers in the 3-corner area that is now comprised of Northfield, MA, Hinsdale, NH, and Vernon, VT. Jonathan Hunt also served a term as Vermont's Lt. Governor.

The Brattleboro Retreat was the first facility for the care of the mentally ill in Vermont, and one of the first ten private psychiatric hospitals in the United States. Each of these institutions, which included, among others, The McLean Asylum in Massachusetts, The Hartford Retreat in Connecticut, and The Friends Asylum in Pennsylvania, followed the example of the York Retreat in York, England, which based its philosophy on the humane treatment of the mentally ill. The philosophy, known as *moral treatment*, was patterned on a Quaker concept that represented a daring departure in the care for the mentally ill and was introduced in the late 1700s by William Tuke.

The basis of *Moral treatment* was founded on treating patients with dignity and respect in a caring, family-like environment that included meaningful work, cultural pursuits, wholesome nutrition and daily exercise. In support of this philosophy, and to emphasize the healthful benefits of physical and emotional well being, the Retreat pioneered an impressive list of hospital firsts:

- first continuous patient newspaper,
- first attendant's training course,
- first hospital gymnasium,
- camping programs, swimming pools and bowling alley, and
- first self-sufficient dairy farm.

Mental Health and Addictions Treatment Services

The Brattleboro Retreat is a not-for-profit, regional specialty mental health and addictions treatment center providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families.

Nationally recognized as a leader in the field, the Brattleboro Retreat offers a high-quality, individualized, comprehensive continuum of care including

- inpatient programs for children, adolescents and adults;
- specialized mental health & addiction inpatient treatment program for lesbian, gay, bisexual and transgender individuals;



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- partial hospitalization and intensive outpatient mental health and addiction treatment services for adults;
- specialized trauma and addiction treatment for police, fire, military, veterans, EMT and corrections personnel;
- residential programs for children & adolescents; and
- outpatient treatment for people of all ages.

Community Served

The Retreat plays a vital role as a large provider of mental health and substance abuse services in New England. It treats people from throughout the area, accepts high numbers of Medicare and Medicaid funded patients and provides services offered by few other hospitals. In 2011, 63.4% of the Retreat's funding came from public sources – 17% from Medicare, 21.3% from adult Medicaid/state programs and 25.1% from child and adolescent residential funding or Medicaid.

The Brattleboro Retreat is located in Brattleboro, Vermont, which is in the southwestern corner of Vermont – on the border with both New Hampshire and Massachusetts. It is a small, rural town with a population of 12,393. Brattleboro is the population center of Windham County, which has a total population of 44,266. The State of Vermont has an estimated population of 626,431, while New England has a total population of 14,492,360. The majority of that population is located in Massachusetts, Connecticut and New Hampshire.

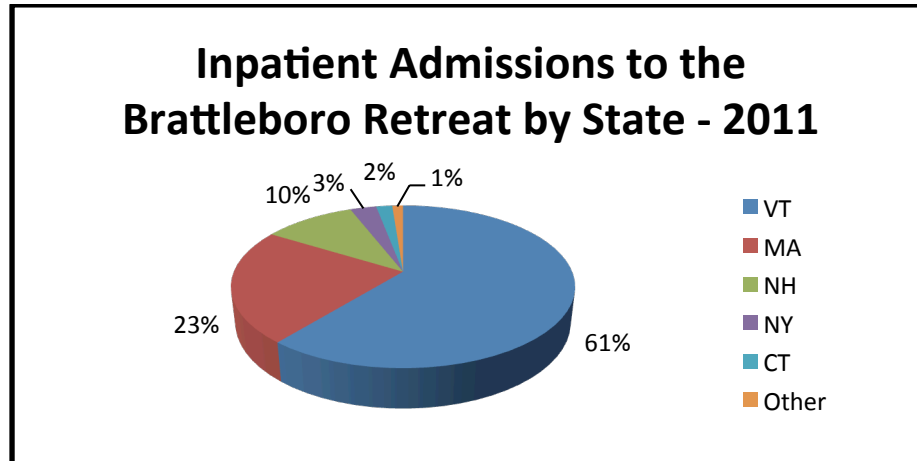
There are no other mental health and addiction specialty hospitals in Vermont and few in New England. In Vermont, four medical hospitals have psychiatric units. The Retreat operates roughly the same number of beds as the other four hospitals combined, making it the largest provider of inpatient psychiatric services in the state. The Retreat is also the only mental health hospital in Vermont for children and adolescents.

As a regional specialty hospital, the Retreat draws patients from a large and diverse catchment area: across Vermont, throughout the greater New England area, and beyond. The Retreat's service area is extremely diverse in terms of geography, socioeconomic indicators and perceptions of mental health and addiction care as well as demographics. Included in this expansive area are urban, suburban and rural communities with varying degrees of education, economic opportunities and access to health services and treatment. Furthermore, these populations perceive health, namely mental health, differently.

In 2011, the Retreat provided inpatient treatment to individuals from a total of 21 states. In 2011, 61% of inpatient admissions to the Retreat came from the State of Vermont while the remaining 39% came from the New England region and beyond (see graph below).



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In 2011, the Retreat provided ambulatory services to over 2,000 individuals of which nearly 70% were from the State of Vermont. These services include outpatient counseling services in the Anna Marsh Clinic, partial hospitalization, and hospital outpatient mental health and addiction treatment programs in the Birches Treatment Center and intensive outpatient addiction treatment in Starting Now. Specialized treatment services for police officers, fire fighters, veterans and other uniformed professionals are also available in the Uniformed Service Program.

Brattleboro Retreat Mission

Inspired by the courage of our patients, the Brattleboro Retreat is dedicated to children, adolescents and adults in their pursuit of recovery from mental illness, psychological trauma and addiction. We are committed to excellence in treatment, advocacy, education, research and community service. We provide hope, healing, safety and privacy through a full continuum of medical and holistic services delivered by expert caregivers in a uniquely restorative Vermont setting.

Predocloral Clinical Psychology Internship Training Program

General Program Goals

The Brattleboro Retreat, Predocloral Clinical Psychology Internship Training Program offers professional psychology training that emphasizes both generalist and specialty training using a scientist-practitioner model. The general goals of the internship are

- to integrate the theoretical, research, and applied aspects of graduate education and training in psychology with the professional practice of psychology;



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- to provide professional socialization that leads to the development of a professional psychologist identity;
- to prepare to function independently, competently, and ethically as a professional practicing psychologist;
- to develop adequate levels of proficiency in basic professional skills required to evaluate, treat, and consult with a wide range of clients with a variety of psychological disorders;
- to build upon a generalist foundation with specific training in the area of psychological trauma treatment for uniformed services personnel including police, fire, military, veterans, emergency medical technicians, and corrections personnel; and
- to develop in the practice of professional psychology an increased awareness and sensitivity to issues related to racial/ethnic bases of behavior.

Overall Training Experience

To achieve the program goals, the Training Program provides the following supervised training experience:

- The internship is a full-time (minimum 40 hours per week), yearlong training program consisting of 2,080 hours of supervised experience to begin July 1 and end June 30.
- The program consists of two (2), six-month long primary training rotations: Uniformed Services Program (USP) and the Adult Partial Hospital and Intensive Outpatient Treatment Program known as the Birches.
- The program includes a concurrent yearlong part-time rotation – one day or two half days each week – across the different adult inpatient treatment programs.
- A Vermont licensed psychologist, William J. Matthews, Ph.D. (Psychology Internship Training Director) is responsible for the integrity and quality of the training program.
- The program provides training in a range of approaches to assessment and intervention including Cognitive and Behavioral Therapies, Acceptance and Commitment Therapy, Stages of Change, Psychodynamic Therapy, and Mindfulness-Based Stress Reduction.
- The program provides the opportunity to work with a broad range of populations and conditions.
- Three (3) Vermont licensed psychologists, who have clinical responsibility for cases being supervised, provide a minimum of three (3) hours of individual face-to-face supervision each week.
- The three (3) supervisors comprise the Psychology Internship Training Committee.
- The program consists of individual and group psychotherapy, and assessment at a minimum of twelve (12) hours each week. The intern conducts a minimum of twenty (20) psychological assessments, some of which might be screening or



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- intake evaluations and others might be more comprehensive psychological assessments including administering psychological tests.
- The program consists of at least four (4) hours each week of structured learning activities including case conferences, seminars on clinical issues, group supervision, program development, and other didactic activities.
 - There are at least two (2) psychology interns at the internship training level during the training period. The trainees have the title “psychology intern,” which clearly indicates their training status.
 - The program includes at least three (3) hours each week of empirical research and/or scholarly activity such as directed readings and literature reviews.
 - The program provides at least four (4) hours total in structured learning activities on issues related to racial/ethnic bases of behavior with a focus on people of color.

Descriptions of Training Rotations

Uniformed Services Program Rotation

The Uniformed Services Program provides partial hospitalization and intensive outpatient levels of care focusing on specialized trauma and addiction treatment services to police, fire, military, veterans, emergency medical technicians, and corrections personnel. The patient population consists of adults suffering primarily from mood, anxiety, substance-related, and/or posttraumatic stress disorders.

Adult Inpatient Treatment Program

The Adult Inpatient Treatment Program provides people ages 18 and older with a broad range of short-term, 24-hour, acute care services for a wide range of severe mental health and addiction problems. Admissions to the Retreat are accepted 24-hours-a-day, seven days a week. The program provides skilled assessment, rapid intervention and acute crisis stabilization for adults who are experiencing severe episodes of depression, bipolar disorders, co-occurring disorders (Dual Diagnosis), thought disorders such as schizophrenia, and/or withdrawal from alcohol, opiates, prescription drugs, or other potentially dangerous or addictive substances.



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Adult Partial Hospital (PHP) and Intensive Outpatient (IOP) Treatment Programs

The Adult PHP Treatment Program, also known as Birches, provides individual and group short-term therapy to people ages 18 and older with a broad range of problems including anxiety, depression, chronic pain, eating disorders, phobias, substance abuse, and sleep problems. The IOP, known as Starting Now, provides brief intensive group and individual outpatient treatment for substance abusing individuals.

General Competency Domains and Objectives

To achieve the program goals, the psychology intern must demonstrate competencies in four general domains: Assessment, Psychotherapy, Consultation, and Professionalism. Each of the following competency domains includes specific training objectives.

Assessment

The psychological assessment domain considers competencies in the areas of theories and methods of assessment and diagnosis. The training objectives are

- to develop competence in conducting psychological assessment, which spans the process of receiving a referral question, selecting relevant measurement instruments, interviewing, making observations, and interpreting data, making empirical-based diagnoses, and effectively communicating results and recommendations through written and oral reports and feedback to the patient;
- to demonstrate proficiency in using psychological assessment instruments specific to a training rotation(s). Such proficiency includes acquiring knowledge of the development, administration, scoring, and interpretation of the assessment instruments; and
- to administer and interpret a minimum of twenty (20) complete psychological assessments, some of which might be screening or intake evaluations and others might be more comprehensive psychological assessments including administering psychological tests.; and
- to develop an increased awareness and sensitivity to issues related to racial/ethnic bases of behavior in this domain.

Psychotherapy

The psychotherapy domain considers competencies in the areas of theories and methods of psychotherapy and effective intervention including empirically supported treatments. The training objectives are

- to develop competence in the psychotherapy process, including conceptualizing cases, integrating evidence-based treatment approaches in treatment planning and delivery, establishing a therapeutic working alliance with patients, providing appropriate interpretations and use of therapeutic techniques, managing



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- therapeutic boundaries and the dynamics of the therapeutic relationship, terminating psychotherapy, and demonstrating and documenting therapy efficacy and effectiveness;
- to gain experience with a range of brief and/or short-term individual psychotherapy cases;
 - to gain experience with at least six (6) psychotherapy groups including groups conceptualized primarily from an Acceptance and Commitment Therapy (ACT) approach;
 - to gain experience in working with two (2) different age groups (adult and elder adult) and at least three (3) different diagnostic groups according to the DSM-IV classification categories;
 - to develop proficiency in providing empirically supported treatments/interventions including Cognitive and Behavioral Therapies, Acceptance and Commitment Therapy, Stages of Change, and Mindfulness-Based Stress Reduction (or others as possible); and
 - to develop an increased awareness and sensitivity to issues related to racial/ethnic bases of behavior in this domain.

Consultation

The consultation domain is a broad category that considers competencies in areas other than assessment and psychotherapy including theories and/or methods of consultation, program evaluation, and strategies of scholarly inquiry and research utilization. The training objectives are

- to develop competencies in providing clinical consultation through participation in multidisciplinary treatment team meetings, individual discussion with relevant providers, and/or responding to written consultation requests;
- to gain competency in presenting at least one (1) case conference and one (1) evidence-based clinical seminar during the internship period;
- to develop competency in conducting clinical research including developing a program evaluation study related to a treatment program, and/or collecting and analyzing data;
- to develop competency in the application of empirical research and critical thinking to the professional practice of psychology through performing at least two (2) literature reviews and communicating them through a seminar or clinical team presentation during the training period; and
- to develop an increased awareness and sensitivity to issues related to racial/ethnic bases of behavior in this domain.

Professionalism



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The professional domain considers competencies in the areas of professional and ethical behavior including issues of cultural and individual diversity. The training objectives are

- to continue using supervision effectively, relating professionally with staff and patients, behaving according to the APA Ethical Principles and Code of Conduct, demonstrating professional work habits, and pursuing relevant professional development; and
- to develop an increased awareness and sensitivity to issues related to racial/ethnic bases of behavior in this domain.



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Evaluation and Completion

The psychology intern maintains a weekly *Professional Psychology Competency Log* that summarizes the training requirements described above and provides a mechanism for documenting the completion of the program. The intern provides a copy of the log weekly to the Psychology Internship Training Director.

Each supervisor and the Training Director meet with the intern for a progress evaluation session every three (3) months. The purpose of this meeting is to ensure communication about progress to date, strengths, shortcomings, potential problems, and level of satisfaction with the training rotations and the overall training program. Using a rating scale from 1 (*Directive Supervision*) to 7 (*Advanced Practice*), the supervisors and the Training Director rate on the *Psychological Competencies Evaluation Form* the intern's attainment of the competency-based program requirements in the domain areas of assessment, psychotherapy, consultation, and professionalism. The rating scale operationalizes the intern's competencies according to a scale of decreasing levels of required supervision and increasing levels of independent practice demonstrated by the intern.

The competency-based training and evaluation process is cumulative over the yearlong training period and across the rotations. The Psychology Internship Training Committee will use this competency-based evaluation approach to complete a *Psychological Competencies Summary Form* at the completion of the yearlong training program. The form summarizes the intern's *Pass* status for the training program, which requires overall competency ratings of at least *Level 4* for each rotation and in each domain across the rotations. The Training Director will administer the form to the Training Committee members to determine the final competency ratings, and whether the intern successfully completed the internship and demonstrated the core competencies expected of an entry-level psychologist.

Satisfactory final evaluations from all Training Committee members, successful completion of all the minimum competency requirements, and completion of the 2,080 internship hours are necessary for the satisfactory completion of the internship. The Training Director will maintain all evaluation forms in the individual intern's secure personnel file and provide a copy of them to the intern.

The psychology intern may appeal competency evaluations and completion of the internship to the Psychology Internship Training Committee. If necessary, the intern may appeal to another psychology training review board created by the Senior Director of Access, Evaluation, and Ambulatory Services at the Brattleboro Retreat.

The Retreat's Senior Director of Access, Evaluation, and Ambulatory Services certifies the satisfactory completion of the internship, after review of the recommendation of the Psychology Internship Training Committee.



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Competency Scale for Assessment, Psychotherapy, and Consulting Domains

Not Applicable (N/A): The task is not applicable or there has been no opportunity to observe or evaluate the trainee's performance of the task.

Level 1: Directive Supervision. The trainee *almost always* requires direct observation or instruction and monitoring of the competency domain in which the trainee performs tasks. The trainee cannot supervise other trainees.

Level 2: Interactive Supervision. The trainee does not require direct observation. However, the trainee *more than half the time* requires instruction and monitoring of the competency domain in which the trainee performs tasks. The trainee cannot supervise other trainees. This level of supervision is typical for beginning predoctoral interns.

Level 3: Collaborative Supervision. The trainee *about half the time* requires instruction and monitoring of the competency domain in which the trainee performs tasks. The trainee may supervise other trainees with lower competency levels and on certain tasks. This level of supervision is the goal for mid-year predoctoral interns.

Level 4: Consultative Supervision. The trainee *less than half the time* requires instruction and monitoring of the competency domain in which the trainee performs tasks. The trainee may supervise other trainees with lower competency levels. This level of supervision is the goal for predoctoral interns at the completion of the training program.

Level 5: Monitoring Supervision. The trainee *rarely* requires instruction and monitoring of the competency domain in which the trainee performs tasks. The trainee has the ability to perform tasks nearly independently. This is the goal for mid-year postdoctoral fellows.

Level 6: Collegial Supervision. The trainee can perform tasks independently in a competency domain. The supervisor provides supervision when required. This is the goal for postdoctoral fellows.

Level 7: Advanced Practice. The trainee can perform tasks independently and at an advanced level in a competency domain. The supervisor provides supervision when required. This is the goal for advanced practicing psychologists.

Professional Domain

Unsatisfactory (U): The trainee performs a task unsatisfactorily and must take some remedial action.



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Needs Improvement (NI): The trainee needs some improvement in the performance of a task.

Satisfactory (S): The trainee performs a task satisfactorily.



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Stipends and Benefits

The internship is a full-time (minimum 40 hours per week), yearlong training program consisting of 2,080 hours of supervised experience to begin July 1 and end June 30. It includes 29 days of accrued earned time as paid time off for vacation, holidays, sickness, or other personal reasons.

The internship includes optional medical and life insurance benefits for which the intern pays a share of the premium. The intern also has access to the Retreat's medical clinic for health services. Included in the internship is malpractice liability coverage.

Each intern has an individual office space with a personal computer linked to the Retreat's network. Athletic facilities are available on site.

The Retreat offers APA approved continuing education opportunities for professional development. There are conferences available during the internship year, and interns are encouraged to attend when possible. Interns may also receive approval for participation in other professional psychology conferences, dissertation defense, and postdoctoral job interviews.



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DUE PROCESS FOR PSYCHOLOGY INTERNS: GENERAL GUIDELINES

Due process ensures that decisions made by the Brattleboro Retreat for Psychological Assessment about interns are not arbitrary or personally based, requires that the Brattleboro Retreat identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so that he/she may challenge the Brattleboro Retreat's action. General due process guidelines include:

- 1) Presenting interns in writing with the Brattleboro Retreat's expectations related to professional functioning

- 2) Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations will occur at 4 month intervals

- 3) Articulating the various procedures and actions involved in making decisions regarding problems

- 4) Communicating, early and often, with graduate programs about any suspected difficulties with interns and seeking input from these academic programs about how to address such difficulties

- 5) Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies

- 6) Providing a written procedure to the intern that describes how the intern may appeal the Brattleboro Retreat's action

- 7) Ensuring that interns have sufficient time to respond to any action taken by the Brattleboro Retreat



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8) Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance

9) Documenting to all relevant parties the action taken by the Brattleboro Retreat and its rationale

DUE PROCESS PROCEDURE

I.

PURPOSE

To provide policy and procedures for fair and effective supervision of psychology interns including corrective action and termination when necessary.

II.

POLICY

Corrective action and termination of interns working for the Brattleboro Retreat for Psychological assessment and treatment on a contractual basis is part of the Brattleboro Retreat's commitment to promoting the profession of psychology. If possible, the goal is to restore the intern to conduct consistent with Vermont State law, professional ethics, and organizational policy.

III.

PROCEDURES

A.

If an intern's behavior is deemed problematic or if an intern receives a rating of "Unsatisfactory" or "Needs Improvement" from any of the evaluation sources, the following procedures may be initiated:

1.

The intern's supervisor will meet with the Director of Training to discuss the problematic behavior or inadequate rating and determine what action needs to be taken to address the issues reflected by the problematic behavior or rating.

2.

The intern will be notified, in writing, that such a review is occurring and will have



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the opportunity to provide a statement related to his/her response to the problematic behavior or rating.

3.

In discussing the problematic behavior or rating and the intern's response (if available), the Director of Training may adopt any one or more of the following methods:

-The first step to address a problematic behavior or rating would be an attempt at informal resolution. The Director of Training may recommend remedial training for the intern that may include completing additional reading, taking a course pertinent to the problematic area, or preparing a presentation that would require the intern to consolidate his or her knowledge of the subject matter in question. Other informal remedial actions may also be suggested to address the unique circumstances of the intern at the discretion of the Director of Training.

-In the event that an informal resolution to problematic behavior or rating cannot be achieved via the aforementioned, the second course of action is to issue an "Acknowledgement Notice" which formally acknowledges a) that supervisors are aware of and concerned with the problematic behavior or rating, b) that the problematic behavior or rating has been brought to the attention of the intern, c) that supervisors will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the problematic behavior or rating, and d) that the problematic behaviors or rating are not significant enough to warrant serious action.



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-The third course of action is to place the intern on "Probation" which defines a relationship such that supervisors and the Director of Training actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or conduct associated with the rating. The probation is a written statement to the intern and includes:

a)

The actual problematic behaviors or rating, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be remedied, and the procedures designed to ascertain whether the problem has been appropriately rectified.

-The Director of Training may also determine that the disposition is to "Take no further action."

Grievance Procedures for Predoctoral Psychology Interns and Practicum Students at the Brattleboro Retreat

Updated August 18, 2013

The Brattleboro Retreat provides procedures that enable students and interns to address issues of conflict including but not limited to disagreements regarding progress evaluations, harassment, plagiarism, impairment issues or conflicts with supervisors.

The Psychology Services grievance process is outlined below, and



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is applicable to any graduate psychology student or psychology predoctoral intern (henceforth referred to as intern) who is supervised by a Retreat staff member, Directory of Ambulatory Services, or Training Director (TD).

The Brattleboro Retreat staff recognizes the importance of communication between doctoral training programs and internship programs, and strives to follow the Council of Chairs of Training Councils (CCTC)

Recommendations for Communication.

Step 1 When an intern has a grievance against a staff member, the intern is strongly encouraged to first attempt a verbal resolution of the conflict with the staff member. An exception to this policy is made if the intern believes confrontation with the staff member may result in intimidation, threats, or further harassment or otherwise place the intern at risk of harm. In that situation, the intern may communicate the nature and extent of the problem directly to Director of Ambulatory Services or the Psychology Internship TD.

Step 2 If the intern is dissatisfied with the attempt to verbally resolve the grievance directly with the involved psychology staff member, the intern will then submit (1) a written grievance to the Director of Ambulatory Services and (2) a written summary of the attempt to resolve the grievance with the staff member (within seven working days of the failed verbal meeting). If the grievance is regarding the Director of Ambulatory Services, then the written grievance may be addressed to the Assistant Clinical Director of Ambulatory Services. [Note that in the rare even that the Assistant Clinical Director is serving as Acting Directory of Ambulatory Services, then the Training Director would be available to act in the stead of Assistant Clinical Director for the purposes of this document.

Step 3 Upon receiving the intern's written grievance, the Directory of Ambulatory Services will request (within three working days) that the staff member involved in the grievance submit a written version of the issue and attempted verbal grievance resolution back to the Director of Ambulatory Services within seven working days.

Step 4 Upon receiving the staff member's written response to the grievance, the Director



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of Psychology Services may do one of two things within three working days of receiving the written response: (1) Make a written response that is delivered to both the intern and the staff member, or (2) Request that both the intern and staff member meet with the Director of Psychology Services in an attempt to resolve the grievance.

Step 5 If either the intern or staff member feel a written response from the Directory of Ambulatory Services is unsatisfactory, the unsatisfied person may notify the Directory of Ambulatory Services in writing within three working days and then make a written grievance to the BR Assistant Clinical Director.

The BR Assistant Clinical Director will respond in writing within seven working days.

Step 6 If the grievance continues to remain unresolved, the unsatisfied party can notify the CEO of the Brattleboro Retreat.

IDENTIFICATION AND MANAGEMENT OF INTERN PROBLEMS/IMPAIRMENT

I. Definition of Impairment

Impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: (1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; (2) an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency; and/or (3) an inability and/or unwillingness to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

II. Definition of Problem

A problem refers to a trainee's behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in



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training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic and/or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required; and/or
6. the trainee's behavior does not change sufficiently as a function of feedback, remediation efforts, and/or time.

III. Remediation and Sanction Alternatives

The TD and staff members have several levels of corrective response alternatives available to deal with intern problems and impairment. In order for a corrective action to be implemented, the TD must be fully apprised of the problem and both the interns' rotation supervisor(s) and the TD must agree that the problem warrants formal intervention and must agree upon the level of intervention to be taken. A level of

intervention will be chosen from the following list depending upon the nature and seriousness of the problem.

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate impairment or problem under discussion. Written documentation of the verbal warning may be kept by the intern's supervisor and/or TD.
2. Written Acknowledgment to the intern formally acknowledges:
 - a) that the TD is aware of and concerned with the performance rating,
 - b) that the concern has been brought to the attention of the intern,
 - c) that the supervisor(s) and/or TD will work with the intern to rectify the problem or skill deficits, and
 - d) that the impairment or problem associated with the rating is not significant enough to warrant more serious action.



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A copy of this letter will be kept in the intern's file. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD.

3. Written Warning to the intern indicates the need to address an impairment or problem. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD. A copy of this letter will be kept in the intern's file, which will contain:

- a) a description of the intern's unsatisfactory performance,
- b) actions required by the intern to correct the unsatisfactory performance,
- c) the timeline for correcting the problem,
- d) what action may be taken if the problem is not corrected, and
- e) notification that the intern has the right to request a review of this action.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the rotation supervisor(s) in consultation with the TD. The length of a schedule modification period will be determined by the TD in consultation with the rotation supervisor(s) and the Directory of Ambulatory Services. The termination of the schedule modification period will be determined, after discussion with the intern, by the TD, rotation supervisor(s), and the Director of Ambulatory Services.

This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule, and may include the following:

- a) increasing the amount of supervision, either with the same or other supervisors,



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- b) changing the format, emphasis, and/or focus of supervision (which may include, but not be limited to, additional required readings, additional training assignments, etc.),
- c) recommending personal therapy, to be financed by the intern (a list of community practitioners may be available upon request),
- d) reducing the intern's clinical or other workload,
- e) extending the length of internship training, and/or
- f) requiring specific academic coursework or other intervention (to be paid for by the intern)

5. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines an intern's status that the TD systematically monitors for a specific length of time, the degree to which the intern addresses the impairment or problem associated with the inadequate rating.

The intern is informed of the probation in a written statement which includes the following:

- a) identification of the specific impairment associated with the unacceptable rating,
- b) actions required for rectifying the problem,
- c) the timeframe for the probation during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been adequately rectified.

If the TD determines that there has not been sufficient resolution of the intern's impairment or problem to remove the Probation or modified schedule, then the TD will discuss the issue with the rotation supervisor(s) and the Directory of Ambulatory Services. The TD will communicate, in writing, to the intern that the condition(s) for revoking the Probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period, or implementation of another alternative.



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Additionally, the TD will communicate to the Directory of Ambulatory Services that if the intern's impairment or problem is not sufficiently resolved, the intern will not successfully complete the internship. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD.

6. Suspension of Direct Service Activities requires a determination that the welfare of the person for whom the intern is providing professional services has been jeopardized, or is likely to become jeopardized. Once this determination has been made, direct service activities will be suspended for a period as determined by the TD in consultation with the Directory of Ambulatory Services. At the end of the suspension period, the

intern's rotation supervisor(s), in consultation with the TD and the Directory of Ambulatory Services, will assess the intern's capacity for effective functioning and determine when direct service can be resumed. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The TD will inform the intern of the effect the Administrative Leave will have on the intern's stipend and other benefits. This action, and reason(s) for the action, will be communicated to the intern's academic department by the TD.

7. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, result in a rectification of the problem or impairment and the trainee seems unable or unwilling to resolve her/his impairment or problem, the TD will discuss with the Directory of Ambulatory Services the possibility of termination from the training program and dismissal from the agency. Either Administrative Leave or Dismissal from the Internship would occur in cases of severe violation of the APA Code of Ethics, when imminent physical or psychological harm to a patient is a major factor, when remediation efforts have not resulted in adequate resolution of a problem or impairment, or when the intern is unable to complete the internship within a reasonable time frame due to



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physical, mental or emotional illness. When an intern has been dismissed, the action and reason(s) for the action will be communicated to the intern's academic department by the TD.

IV. Procedures for Responding to Inadequate Performance by an Intern

If an intern's performance is deemed inadequate by a rotation supervisor, or by another member of the faculty, or if the BR staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following process will be initiated:

1. The staff member will consult with the TD to determine if the behavior in question is being rectified, and the TD will determine if there is reason to take further action.
2. If the staff member who brings the concern to the TD is not the intern's rotation supervisor, the TD will discuss the concern with the intern's rotation supervisor(s).
3. If the TD and rotation supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought about the complaint.
4. The TD will meet with the BR psychology staff to discuss the performance rating or the concern.
5. The TD will meet with the Directory of Ambulatory Services and, if deemed appropriate, the Assistant Clinical Director to discuss the concern and possible course of action to be taken to address the issue.
6. The TD, rotation supervisor(s), and Directory of Ambulatory Services may meet to discuss possible courses of action.
7. Whenever a decision has been made by TD about an intern's training program or status in the agency, the TD will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's rotation supervisor(s). If the intern accepts the decision, any formal action taken by the Training Program may be communicated verbally or in writing to the TD or other faculty member(s) of the intern's academic program; however, the intern's academic program TD or other faculty member(s) may be notified regarding intern issues of any nature at any point during the internship. This notification can include a discussion of possible concern(s) regarding the



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intern's inadequate performance, problem, or impairment, a discussion of specific action taken to address the concern(s), progress being made by the intern, and/or exchange of other information deemed relevant to the

intern's training.

8. The intern may choose to accept the condition(s) or may choose to appeal corrective or remedial action. The process for appealing corrective or remedial action is presented below.

V. Due Process: General Guidelines

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

1. During the orientation period, the interns are presented, in writing, with the Program's expectations related to professional functioning and performance (e.g., copies of rotation evaluation forms, case presentation evaluation forms, and other indicated material), and these materials are reviewed in detail during intern orientation. As materials are updated, interns will be provided with copies of the updates in a timely fashion.

2. Processes for evaluation are explained during orientation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals as determined by the TD.

3. Articulating the various processes and actions involved in making decisions regarding impairment.

4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and as needed, seeking input from these academic programs about how to address such difficulties.



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5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies in a sufficient manner.
6. Ensuring that interns have sufficient time, as outlined in this document, to respond to any action taken by the program.
7. Documenting, in writing and to all relevant parties, the actions taken by the Program and its rationale.

VI. Due Process:

Due process allows all relevant parties to have mutual understanding of procedures to address potential impairments, problems, or other issues of concern in a timely and thorough fashion. When a matter cannot be resolved between the TD and intern or staff, the steps to be taken are listed below.

A. Grievance Process

There are two situations in which grievance processes can be initiated. An intern can dispute the action taken by the TD or a staff member, or a member of the training staff may initiate action against an intern. These situations are described below.

Intern Grievance Process: If an intern wishes to formally dispute any action taken by the TD or staff member, the intern must, within five working days of receipt of the grievance, inform the TD, in writing, of the dispute. When a dispute is made, the intern must provide the TD information supporting the intern's position or concern. Within three working days of receipt of this notification, the TD will consult with the Directory of Ambulatory Services and will implement Review Panel processes as described below.



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Staff Grievance Process: If a training staff member has a specific intern concern that is not resolved by the TD, the staff member may seek resolution of the conflict by written request to the TD for a review of the intern's behavior. Within three working days of receipt of the staff member's review request, the TD will consult with the Directory of Ambulatory Services and a Review Panel will be convened.

B. Review Panel and Process

1. When needed, a review panel will be convened by the Directory of Ambulatory Services. The panel will consist of three staff members selected by the Directory of Ambulatory Services with recommendations regarding staff selection made by the TD and the intern involved in the dispute. If the TD and/or Director of Psychology Services were involved in the grievance, then the Assistant Clinical Director would convene over the panel comprised of staff not involved in the grievance. The intern and staff member involved in the grievance have the right to hear all facts with the opportunity to dispute or expound upon the issue of dispute.

2. Within five working days, a hearing will be conducted in which the dispute is heard and relevant material presented. Within three working days of the completion of the review, the Review Panel submits a written report to the Directory of Ambulatory Services (or Assistant Clinical Director if Director of Psychology Services is involved in the dispute), including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three working days of receipt of the recommendation, the Directory of Ambulatory Services will either accept or reject the Review Panel's recommendations. If the TD rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the TD may refer the matter back to the Review Panel for further deliberation and revised recommendations, or revise the Review Panel's recommendation to arrive at a final decision.

4. If referred back to the panel, the Review Panel will report back to the Directory of Ambulatory Services within five working days of the receipt of the Directory of Ambulatory Services' request for further deliberation. The Directory of Ambulatory



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Services then makes a final decision regarding what action is to be taken.

5. The Directory of Ambulatory Services, with the TD Present, informs the intern and, if necessary, the intern's academic training program of the decisions made.

6. If the intern disputes the Directory of Ambulatory Services' final decision (or that of the Assistant Clinical Director), both the intern and staff member have the right to contact the Department of Human Resources to discuss this situation. Any party involved in the dispute may also seek consultation with persons from the Association of Psychology Postdoctoral and Internship Centers or the American Psychological Association as appropriate.