Clinical Psychology Postdoctoral Residency Program

Handbook

July 2024

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ACGHealth Clinical Psychology Postdoctoral Residency Program Handbook

July 2024 Update

The Mission of ACGHealth is as follows:

Working for and within populations adversely affected by stigma, poor access to care, discrimination and poverty, ACGHealth is dedicated to using its resources to provide comprehensive and compassionate clinical care and social services to persons living with leading public health conditions including, but not limited to, sexually transmitted diseases, HIV/AIDS, hepatitis C, mental illness, and opioid use disorders.

I. Program Description

ACGHealth treats the whole person, bringing together medical and psychological services in a team-based approach to effectively care for individuals with chronic conditions. Residents are primarily trained in clinical psychology, with the skills to provide psychotherapy to a wide array of individuals recovering from co-occurring psychological and health conditions. Beyond this, the residency program provides advanced training in integrated medicine and addiction treatment. Individual psychotherapy is the primary treatment modality within the residency program, with additional training offered in group psychotherapy as well. Residents work in an outpatient setting, predominantly using a long-term model of psychotherapy.

The residency program's focus on an integrated medical model of practice helps residents to meet the unique needs of individuals recovering from substance use disorders and severe mental illness. The Residency Program at ACGHealth has several clinical tracks, based upon our agency's programming: 1. Addiction psychology (medication-assisted treatment for opiate use disorder), 2. HIV/AIDS psychology, and 3. LGBTQ+ psychology. Residents have the opportunity to request a primary and secondary program in which to focus their training. At least 50% of the resident's time will be spent in the addiction psychology track. The residents are given an opportunity to identify their second area of interest. Every effort will be made to accommodate this request, however the final decision will be based on the needs of the agency.

The program at ACG includes one hour of formal didactic training per week. Didactic training focuses on general clinical psychology, working with the underserved, integrated care, and addiction. The curriculum integrates behavioral health, primary care, and public health. It has included in its weekly topics an overview of integrated medicine , confidentiality, teamwork, recovery-oriented treatment, trauma-informed care, motivational

interviewing, family therapy, cultural competency, health literacy, and mental illness management.

Throughout the year, residents are paired with a mentor with whom they work with on meeting their own goals related to engagement in administrative functions to build this skill set for their future careers. There are a variety of working groups and committees that residents may engage with on issues of program planning and evaluation, and residents are encouraged to participate in opportunities for community outreach and education.

On a weekly basis, residents receive two hours of individual supervision with two licensed psychologists. Residents also lead a one-hour peer consultation group every week with student trainees. One hour per week is devoted to group supervision of group psychotherapy, and one hour is devoted to group supervision of psychology residents. Psychology residents also engage in at least 2 hours of interdisciplinary team case conferences. As a supplement to training within ACG, residents are required to complete an online certificate program in primary care behavioral health through the University of Massachusetts. In addition, all residents complete an 8- hour, APA sponsored training in teletherapy, as well as 5 hours of training in motivational interviewing, lead by Director of Integrative Medicine, Dr. Nick Wood. Residents are required to either submit an abstract for a conference presentation, or a journal publication on time during their residency year. Residents are financially supported by the agency in attending a conference if they will be presenting. Finally, residents are required to identify a full time staff mentor to serve as their mentor for the duration of their residency and meet with this person on a monthly basis.

a. Training Structure
    i. Clinical hours
        1. Residents act primarily as individual therapists and are expected to maintain a caseload of individual therapy patients and facilitate at least one group.
        2. Clinical hours account for a minimum of 51% of the work week (at least 21 hours of direct patient care per week based on a 40 hour work week).
    ii. Individual Supervision
        1. 2 hours per week is spent in individual supervision with 2 different licensed psychologists. Should one of the supervisors be unavailable for the full 2 hours of weekly supervision, a delegated supervisor will provide up to 1 hour of supervision per week.
        2. Supervision is focused directly on patient material and direct clinical work as well as larger topics of intervention, diagnosis, addiction, consultation, ethics, and professional development.
        3. Residents have access to a video camera for session recordings and are expected to present audio and video material throughout the residency year, with live observation either in-person or on video

at least once per quarter. The supervising psychologist maintains professional liability for the resident's patient caseload.

iii. Group Supervision of Group Psychotherapy
    1. 1 hour per week, facilitated by a licensed psychologist with expertise in group psychotherapy. This supervision is held with all clinical staff and trainees. Supervision of group psychotherapy introduces educational concepts in addition to clinical analysis of group sessions.

iv. Group Supervision of Residents
    1. 1 hour per week, facilitated by The Director of the Residency Program. This supervision is held exclusively for postdoctoral residents, as a space to discuss professional development, including preparing for licensure. Residents also use this supervision for case presentation and discussion with clinicians at their same level of training.
        a. Quarterly seminars on topics of professional development are structured throughout the year as a means of facilitating entry into the professional world. Core topics of discussion are as follows:
            i. EPPP and State Exam Preparation
            ii. Financial Planning and Loan Repayment
            iii. CV/Cover Letter Workshop & Job Searching
            iv. Career Planning and Credential Banking

v. Team Case Conferences
    1. Each resident attends at least one 2 hour case conference every week. These meetings are interdisciplinary and co-led by a licensed psychologist and a medical professional. Decisions regarding patient medical treatment are made in these meetings. This is a space in which residents are expected to consult with and to medical professionals in addition to fellow mental health clinicians.

vi. Didactic Training
    1. 1 hour per week during which the Director of Integrative Medicine, medical providers, training supervisors, psychology trainees and outside presenters present on topics related to clinical psychology, integrated medicine, addiction, and other special topic areas. Sessions are generally lecture-based or discussion-based.
    2. At least once during the residency year, the resident will present a didactic session on a topic of their choosing within the scope of clinical psychology.
        a. Dates and topics are arranged in collaboration with training supervisors and didactic coordinator by the end of the first residency month.

b. Resident presentations will be reviewed and scored by the psychology supervisors. These reviews will be discussed with the residents by their direct supervisor. Prior to their presentation, all residents will be given a copy of the didactic scoring rubric (See Appendix XIV).

b. Role and Responsibilities
    i. Direct Patient Care
        1. The majority of a resident's time is spent in direct patient care. Patients are typically seen once per week for individual psychotherapy.
    ii. Treatment Team Member/Care Coordination
        1. Residents are expected to engage in team case conferences as active members of the team, through which they will gain skills in interprofessional collaboration and consultation.
    iii. Peer Consultant
        1. The postdoctoral resident acts as peer consultant to a group of student trainees and other unlicensed mental health clinicians during a weekly hour-long group consultation. Topics of discussion are dependent on group needs, but center around professional development, clinical content with focus on the integrative approach at ACG, as well as case conceptualization and treatment.
    iv. Maintenance of Records
        1. Residents are expected to maintain record of their notes for all psychotherapy encounters, patient phone contact, external care coordination, and case conference discussions of patients
        2. All notes are to be completed by the next working day in the agency's Electronic Health Record following all agency policies and protocols.
        3. Paper psychotherapy and medical charts, when they exist, are kept in the main office.
    v. Programmatic Roles
        1. In addition to clinical work, residents are expected to participate in a number of additional opportunities to supplement their training as psychologists. These include:
            a. Residents are expected to work closely with one or more training supervisors throughout the year on special projects related to program planning and evaluation.
                i. Residents are expected to identify their special project by the end of the first month of training.
            b. Residents are expected to participate in at least one working group and/or committee during the training year.
                i. Examples of such groups have included:
                    1. A working group related to revamping intake procedures as well as discharge processes.

2. The LGBTQ+ Advisory Council that engages in program planning and outreach.
3. The ACGHealth Diversity Committee

ii. Residents are expected to identify their working group/ outreach committee by the end of their first month of training.

c. Residents are expected to identify a mentor to work with on issues related to professional development. This mentor may not be their primary supervisor.
   i. The resident is expected to work with their primary supervisor to identify an appropriate mentor within their first month of residency.

d. Residents are expected to either submit an abstract to one professional conference during their residency year or submit a paper for publication in a professional journal. Acceptance of the presentation abstract/ paper is not required for successful completion of the residency program.

c. Successful Completion of Requirements
   i. Completion of 1-year full-time work (40 hours / week), totaling over 2000 hours, meeting requirements for licensure as a psychologist in Pennsylvania.
   ii. Satisfactory formal evaluations – at a minimum, rated as displaying "Advanced Proficiency" (a score of 4) on all competency elements on the Postdoctoral Resident Evaluation by the completion of the residency (Appendix I).
   iii. Completion of the certificate program in Primary Care Behavioral Health through the UMASS Medical School's Center for Integrated Primary Care by the end of the fourth month of residency.

II. Training Aims and Competencies

a. Advanced training in clinical psychology: The training program at ACG will educate, train, and supervise residents in the following clinical psychology competencies:
   i. Individual and Cultural Diversity
      1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
      2. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
      3. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g.,

research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

4. Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aims.
5. Seek out appropriate consultation when diversity issues influence clinical decision making.

ii. Ethical and Legal Standards

1. Be knowledgeable of and act in accordance with each of the following:
    a. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
    b. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
    c. Relevant professional standards and guidelines.
2. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
3. Conduct self in an ethical manner in all professional activities.
4. Seek out appropriate consultation when ethical dilemmas arise.
5. Work within the scope of psychology practice, guiding patients to appropriate medical team members for answers to medically specific questions or issues.

iii. Integration of Science and Practice

1. Develop and implement evidence-based intervention plans specific to the service delivery goals and populations served.
2. Demonstrate knowledge of relevant public health epidemics, health disparities, and integrated medicine research, and be able to apply this literature to clinical decision making.
3. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
4. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
5. Be sensitive to issues of individual and cultural diversity within the scope of science and clinical practice.

b. Advanced training in addiction treatment: The training program at ACG will also educate, train, and supervise residents in the following addiction treatment competencies:
    i. Biopsychosocial treatment of addiction
        1. Use differential diagnostic skills in the diagnosing of substance use disorders and common comorbid conditions.
        2. Be able to implement evidence-based approaches to substance use treatment, including motivational interviewing, harm reduction, and relapse prevention
        3. Interdisciplinary Care Coordination
            a. Ability to communicate patient needs to health providers from diverse disciplines, and gain effective ways of explaining clinical information in a primary care setting
            b. Consulting to medical professionals and allied health professionals, and educating patients on psychosocial topics
    ii. Integration of medical and social variables within addiction
        1. Have knowledge of medication-assisted therapy for opiate use disorder, as well as knowledge of overdose prevention, including training in the use of Narcan.
        2. Use knowledge of harm reduction and abstinence-based treatment philosophies in clinical practice.
        3. Be sensitive to issues of individual and cultural diversity within the biopsychosocial treatment of addiction.
c. Advanced training in integrated medicine: The training program at ACG will also educate, train, and supervise residents in the following integrated medicine competencies:
    i. Psychological Practice within a Primary Care Setting
        1. Identify psychological factors that impact the management of common comorbid health conditions
        2. Monitor side effects and medication adherence related to psychiatric medication
        3. Be knowledgeable of and act in accordance with principles of integrated medicine including biopsychosocial and/or mind/body case formulations, the central role of medical and psychological care coordination, the interconnectedness of integrated treatment planning, and use of the full multidisciplinary team in providing holistic treatment.
        4. Be sensitive to issues of individual and cultural diversity in psychological practice within a primary care setting.

III. Evaluation of progress

a. Evaluation with a licensed psychologist every 3 months with written numerical scores and comments on each area of competency
    i. Residents are expected to attain a minimum rating of 4 (Advanced Proficiency) on all areas of competency by the completion of the training year.
    ii. Remediation will take place should a resident be identified at any quarterly evaluation as receiving a 0 or 1 on any of the outlined competency standards.
    iii. Evaluations are based, in part, on live observation of the resident's clinical work. Live observations are conducted through either in-person observation or video review.
    iv. The resident may at any time take the opportunity to ask questions, make suggestions, or discuss any matters relating to their position within ACG regarding this evaluation and make written comments that are part of the evaluation form.

IV. Due Process in Resident Remediation and Grievances

i. The residency program at ACG is committed to finding meaningful ways of addressing problematic or inadequate performance of a resident once it has been identified. The residency program has a primary responsibility to the safety, health, and wellbeing of ACG's patients and must balance this need with the training needs of its residents. The following is a standardized procedure for resident remediation and grievances, which has been put into place to ensure that each resident is granted a fair and just process.

ii. Residents are provided a copy of these policies and procedures at the beginning of the training year. The residency program director is also to verbally communicate these procedures for remediation and grievances during initial orientation.

a. Resident Rights and Responsibilities

    i. Remediation
        1. The resident has the right to be provided with timely written notices of remediation, subsequent remediation, decision of retention or termination, appeal resolution, and final appeal resolution.
        2. The resident has the right to be provided with a timely written plan of remediation, as well as substantive written feedback on the resident's fulfillment of the plan.
        3. The resident has a right to participation in remediation and subsequent remediation hearings, as well as the right to provide their input in the creation of the remediation plan.

4. The resident is responsible for cooperating with supervisory and managerial staff throughout the remediation process, including responding to notices, attending hearings, and fulfilling the terms set forth in the remediation plan
5. Non-retaliation Policy
    a. All grievances, both informal and formal, shall be protected. Employees need to feel free to state their grievances so there can be open communication and opportunities to address issues. Grievances and the contents of those grievances will not be used to retaliate or punish an employee in any way. Please note ACGHealth has a separate Whistleblower Protection policy which mutually reinforces this non-retaliation policy.

ii. Grievance

1. The resident has the right to verbal updates on the status of an investigation, and the right to written grievance and appeal resolutions
2. The resident has the right to choose another member of the leadership team to present their grievance to should it be more appropriate than filing with the residency program director.
3. The resident is responsible for cooperating with supervisory and managerial staff throughout the grievance process, inclusive of responding to resolutions in a timely manner

b. Residency Program Rights and Responsibilities

i. Remediation

1. The residency program has the right to determine a need for remediation based on performance outlined in quarterly evaluations, as well as any concern regarding the resident's performance or conduct brought forth by any training supervisor or managerial staff
2. The residency program has the right to terminate a resident as an outcome of subsequent remediation.
3. The residency program is responsible for not making judgements regarding remediation based on bias toward the resident, and to rely on fact as much as possible
4. The residency program is responsible for providing timely notices of remediation, subsequent remediation, decision of retention or termination, appeal resolution, and final appeal resolution.
5. The residency program is responsible for providing a timely written plan of remediation, as well as substantive written feedback on the resident's fulfillment of the plan.

ii. Grievance

1. The residency program is responsible for providing verbal updates on the status of an investigation, as well as providing written grievance and appeal resolutions

c. Remediation Policy and Procedures

i. Initial Remediation:

1. Remediation will take place should a resident be identified at any quarterly evaluation as receiving a 0 or 1 on any of the outlined competency standards. Remediation will also take place in the event that the resident displays problematic behavior that is not consistent with ACG's standards of conduct or standards set forth by the APA Ethical Principles of Psychologists and Code of Conduct. Remediation may also take place at any point in the year should a training supervisor or other member of management have a concern about the resident's performance or conduct not otherwise specified.
2. Step One: Notice
    a. Program supervisors are to provide notice of remediation to the resident – both verbally and in writing – outlining the identified area(s) of concern as soon as is possible, with written notice occurring within one week's time from verbal notice. A meeting with the resident and direct supervisors will be scheduled at that time, within one week of written notice; the resident is to review the concern(s) presented for remediation beforehand.
3. Step Two: Hearing and Intervention
    a. At the scheduled meeting, the resident will first be given a chance to respond to the remediation notice, providing their view of the identified concern(s). The resident will then collaboratively discuss a plan for intervention with the resident's direct supervisors, which is put in writing at the meeting.
    b. Following the resident's completion of all steps laid out in the remediation plan, the resident's direct supervisors are to provide substantive written feedback to the resident, noting whether the corrective steps taken have or have not adequately addressed the problem, and why.
    c. The resident will be given a chance to remedy any unresolved steps within the remediation plan, to be completed by the next scheduled quarterly evaluation.

ii. Subsequent remediation:

1. Step One: Notice of Subsequent Remediation

    a. At any quarterly evaluation following remediation, should the resident receive a 0 or 1 on any of the outlined competency standards, a verbal and written notice of subsequent remediation will be provided to the resident by the program supervisors. At that time another meeting will be scheduled, within a week of notice.
2. Step Two: Hearing
    a. The subsequent remediation meeting is inclusive of the resident, team supervisor, residency program director, residency co-director, and medical director. At this meeting, the resident will be given a chance to provide their input on why they have not met the minimum competency standards, what challenges they face within the program, and whether they feel this training program is a proper fit for them.
3. Step Three: Decision of Retention or Termination
    a. Direct training supervisors, including the residency program director, and medical director will then deliberate based on available information and make a formal decision regarding retention or termination of the resident. This formal decision will be provided to the resident both verbally and in writing within one week of the subsequent remediation meeting. Written formal decisions will outline the factors which contributed to the decision of termination or retention.
4. Step Four: Appeal
    a. If the resident is not satisfied with the decision made, they will be provided with the opportunity to appeal the decision to the Executive Director (ED). The resident has one week from the written retention/termination decision to file an appeal. The appeal must be written and should specify what contributing factors within the decision the resident objects to and why. The ED will respond with an update one week from the submission of the appeal and will give updates on subsequent weeks until the ED has reached a decision. The ED will provide a written appeal resolution to the resident.
5. Step Five: Appeal of Appeal Resolution
    a. If the resident is not satisfied with an appeal resolution, the resident will be provided with the opportunity to appeal the appeal resolution to the President of the Board of Directors of ACGHealth. Again, the resident has one week from the written appeal resolution to file this appeal. The President will respond with an update one week from the submission

of the appeal and will give updates on subsequent weeks until the President has reached a decision. The President will provide a written final appeal resolution. The President's decision will be the final and binding decision of the agency.

d. Grievance Policy and Procedures

i. The aim of this Grievance Procedure is to settle grievances or complaints fairly and it is intended to operate simply and quickly. Every effort will be made to resolve the issue at the earliest possible stage, and at each stage efforts will be made in order to avoid proceeding to the next stage and to settle the issue amicably.

ii. Step One: Informal

1. Should a resident have an issue or concern regarding their evaluation, remediation plan, collegial relationships, or any other aspect related to their training at ACG, residents are first encouraged to try to resolve the issue informally. Informal approaches are encouraged as a quiet word or asking for support from a supervisor and may be all that is needed to resolve an issue. But if the issue cannot be resolved informally, the employee will be provided with the opportunity to raise a formal grievance.

iii. Step Two: Formal Written Grievance

2. If the matter is unable to be resolved informally, the resident should be instructed by the residency program director to write a formal grievance. The written grievance should specify names, dates, problem behaviors, effects of problem behaviors, and any requested actions to remediate the problem. Written grievances are shared by the residency program director with the residency program co-director, and a decision is made on how to proceed. They and possibly other management will carry out an investigation and establish the facts of the situation. The resident will be updated on the decision or other actions within one calendar week of the submission of the formal grievance. This update may not resolve a grievance as some situations take time to resolve, but updates shall be given in subsequent weeks until the residency program director and residency program co-director determine that the matter is resolved. Upon determining a matter resolved, either the residency program director or residency program co-director will provide a written grievance resolution that addresses the points in the formal grievance.
3. In the event that a resident would feel it appropriate to direct the grievance elsewhere, they are able to choose another member of the leadership team to present it to. ACG maintains an open-door

policy so that any employee has the right to discuss matters directly with any member of management he or she selects.

iv. Step Three: Appeal of Grievance Resolution
    4. If the resident is not satisfied with a grievance resolution, they will be provided with the opportunity to appeal the grievance resolution to the Executive Director (ED). The resident has one week from the written grievance resolution to file an appeal. The appeal must be written and should specify what parts of the grievance resolution were not satisfactory and why. The ED will respond with an update one week from the submission of the appeal and will give updates on subsequent weeks until the ED determines the matter to be resolved. The ED will provide a written appeal resolution.

v. Step Four: Appeal of Appeal Resolution
    5. If the resident is not satisfied with an appeal resolution, the resident will be provided with the opportunity to appeal the appeal resolution to the President of the Board of Directors of ACGHealth. Again, the resident has one week from the written appeal resolution to file this appeal. The President will respond with an update one week from the submission of the appeal and will give updates on subsequent weeks until the President determines the matter to be resolved. The President will provide a written final appeal resolution. The President's decision will be the final and binding decision of the agency.

V. Applicant Eligibility Standards

a. Resident Recruitment
    i. Recruitment of future residents occurs through several channels:
        1. Distribution of program information through a regional network of psychologists currently training students.
        2. Engagement with local and national professional organizations
        3. Recruitment of current interns on rotation at ACGHealth through Widener University's captive internship program
        4. Membership and listing in APPIC's directory (DoL) as well as its Universal Psychology Postdoctoral Directory (UPPD)
        5. Participation in the APPA CAS

b. Education and Training Requirements
    i. Psy.D. or Ph.D. from an APA-accredited program
    ii. Successful completion of an APA-accredited clinical internship
    iii. Some prior coursework or clinical experience within the scope of integrated medicine and/or addiction

c. Application Process

i. Interested candidates may apply through the APPA CAS (APPIC Psychology Postdoctoral Application).
    1. Information on this process can be found at: https://www.appic.org/Postdocs/Postdoctoral-Selection/APPA-CAS-Postdoc-Application-Information
    2. Applicant portal: https://appicpostdoc.liaisoncas.com/applicant-ux/#/login

d. Required Materials for Application
    i. CV and letter of interest
    ii. 2-3 letters of reference, with at least one having been a direct supervisor of the applicant's clinical work
    iii. Official transcript of completed doctoral coursework

e. Resident Selection
    i. ACG accepts up to five postdoctoral residents per training year
        1. Priority will be given to applicants from Widener University and Chestnut Hill College
    ii. The ideal candidate:
        1. Has an interest in working with underserved communities and culturally diverse populations
        2. Has a desire to engage in long-term psychotherapy work
        3. Is committed to pursuing a career in addiction treatment, working with high need and high demand and/or underserved patient populations, integrated medicine, HIV care, and/or LGBTQ mental health.
    iii. Selection Process
        1. Applications are reviewed by the Residency Program Director
        2. Those submitted without all required application materials will not be considered until all materials are received.
        3. The Residency Program Director will conduct a preliminary phone interview with candidates deemed a potentially good fit for the program. Some of these candidates will then be asked to participate in an interview, either in person or via video conference.
        4. Those applicants selected for an interview can expect to meet with the Residency Program Director and the Residency Program Co-Director to discuss the applicant's experience and interests in more detail.
        5. Please note that ACG will be adhering to the postdoctoral selection guidelines put forth by APPIC. To learn more about those guidelines, please click here or copy and paste the following link: https://www.appic.org/Postdocs/Postdoctoral-Selection/Postdoctoral-Selection-Guidelines

a. Residents are offered positions on the Uniform Notification Date (UND) set forth by APPIC
b. Candidates will be notified via email on the UND and are expected to respond to an offer of employment within an hour to either accept or decline the offer.
c. Candidates may request a 2 hour hold on an offer, during which time the position will be held and will not be offered to any other candidate.

f. Non-discrimination Statement
    i. The residency program at ACG believes in equitable hiring practices to ensure that the program admits qualified residents of a diverse set of backgrounds and experiences. ACG incorporates social responsibility into its values as a training program for future psychologists, and actively cultivates a program culture in which diversity is valued, considered, and seen as an integral factor in good clinical work. With these values in mind, the residency program at ACG not only strives for equal hiring, but for diverse hiring in order to enact these values at every level of the program.
g. Equal Opportunity Employer
    i. ACG is an equal opportunity employer. It is our policy to grant equal employment opportunities to qualified persons. All recruiting, hiring, training, compensation, promoting for all job classifications, discipline and discharge/termination is done without regard to age, creed, color, disability, gender/gender identity, national origin, pregnancy, race, religion, sex, sexual orientation/preference, veteran or military status, or other classification protected by applicable federal, state, or local laws.

VI. Maintenance of Resident Records
a. Record contents and length of maintenance
    i. Resident records are kept in their entirety forever, electronically in a secured drive. The human resources manager maintains paper and electronic copies of application materials, and offer letters for hired residents. The residency program director maintains paper copies of the current and last two cohorts of residents' records, in addition to their being stored electronically. At a minimum, resident records maintained by the residency director include: application materials, supervision contract(s), clinical training plan, evaluations, UMASS PCBH program completion certificate, certificate of residency program completion, and any remediation and/or grievance documentation as applicable.
b. Confidential storage
    i. All paper records are stored in locked filing cabinets, in the offices of the HR manager and Residency Director, accordingly. Electronic records are maintained on the agency's secure Google drive, which is a part of its HIPAA compliant GSuite contract. The folders containing residency

applications, and resident files are shared only with those that require access to that information (i.e. the residency director, HR manager, and chief psychologist for applications, and supervisors, residency director, and chief psychologist for applicable resident records).

c. Accessing resident records
    i. Toward the end of the residency year, residents are guided in using credential banking, through which their residency information will be banked for their future use. PsyPro, a free credential banking management system offered through ASPPB, allows for financially accessible storage of records for future use. By the end of the residency year, residents will bank all credentials and documentation related to residency, to be validated by the residency director immediately following program completion. Residency alumni may also request agency-maintained records by contacting either the residency program director or HR manager.

VII. Administrative Assistance and Training Materials

a. Access to a selection of psychological testing materials.
b. Access to a video camera for session recordings
c. ACG uses an electronic health record system, Practice Fusion, which is used to document clinical care and view patient information, further streamlining clerical tasks for the resident.
d. Residents are provided with a cell phone and laptop computer.
e. WiFi and full access to an all-in-one printer/scan/fax machine is available in all buildings.

VIII. Cross-cultural Consultation

a. Residents are provided access to consultation and support in their professional development related to diversity and cross-culture issues. Residents of diverse backgrounds are also encouraged to utilize this support as a forum for discussion of their own identity experiences in the field of clinical psychology.

IX. Program Training and Supervisory Staff *(Training and Supervisory Staff Subject to Change)*

a. Director of Mental Health and Residency Program Director/Chief Psychologist: Nicholas Wood, PsyD
b. Training Supervisors: Nicholas Wood, PsyD; Candace Irabli, PsyD, MEd; Taisier Elessawi, PsyD, MACJ; Kris Winiarz, PsyD, MBA
c. Non-psychologist Training Supervisors: Richard Alan Mitteer, MHS, PA-C; Jennifer Stahl, PharmD

X. Program Setting

a. Located in Sharon Hill and Chester, suburbs of Philadelphia, in Delaware County, Pennsylvania, ACG is an outpatient setting that provides mental health services to adults. ACG is strategically located within an area accessible to many low-income, underserved communities, and is an area in the midst of an opiate addiction crisis. ACG functions as an integrated primary care practice, complete with medical offices and many social and psychosocial supports. Practicing psychology within a primary care setting allows ACG to reach and holistically treat individuals who may otherwise be lost in the cracks of poorly connected healthcare systems.
b. ACG is situated on two campuses of buildings, with five main buildings that are used by residents. Buildings are referred to by their number addresses, as most share a common road. Residents may be assigned an office to use within any one of these buildings based on schedule and room availability.
    i. The first building (921) houses 6 therapy offices.
    ii. Another one of these buildings (904) has dedicated offices for several training supervisors and trainees. There is also a large meeting/training space in this building, which is equipped wyith a large flat-screen television and projector to facilitate audio-visual presentations in didactic sessions.
    iii. Another building (940) hosts the art therapy program and three therapy offices.

    iv. In Chester, our main building (422) hosts the ACGRecovery program and has 4 therapy offices and a group room.

XI. Compensation and Benefits

a. Salary
    i. 2022-2023 salary for psychology residents is $70,340
    ii. Hours and Payroll Practices
        1. ACG employees are paid every 2 weeks, on a Friday, with 26 total pay periods in the year.
b. PTO Days
    i. PTO is vacation, sick and or personal time other than designated work holidays. ACG provides a maximum of 20 days of PTO in a given year to Full-Time employees who work at least 35 hours a week.
    ii. An employee may request of their supervisor, under exceptional circumstances, additional time off. The supervisor, in consultation with the Executive Director, may grant additional time off – but this time off will be unpaid.
    iii. PTO is presented to staff on an annual basis, based on the calendar year; and without rollover from one year to a subsequent year.
    iv. Holidays

1. Regularly scheduled paid holidays are granted to all regular, full-time employees each year. Paid holidays include:
    a. New Year's Day *
    b. Martin Luther King Day
    c. Memorial Day
    d. Juneteenth
    e. Independence Day
    f. Labor Day
    g. Thanksgiving Day
    h. Day After Thanksgiving
    i. Christmas Day *
    j. *If day falls on a Saturday the Friday before will be given as the holiday. If the day falls on a Sunday, the Monday after will be given as the holiday.

c. Group Health Insurance
    i. All full-time employees are eligible for our Group Health Insurance Plan. The ACG 's Group Health Plan is offered through Keystone Health Plan East. Consult the Company's Group Insurance Benefits booklet for complete details and benefits.

d. Group Life Insurance
    i. All full-time employees are eligible for the ACG 's Group Term Life Insurance, including accidental death and dismemberment coverage. The cost of the group life insurance is paid entirely by ACG. When an employee becomes eligible for the insurance program, all they need to do is fill in the application card naming a beneficiary. Complete details concerning these coverages are contained in the ACG 's Group Insurance Benefits booklet available in the Human Resources Department.

e. Workers' Compensation Insurance
    i. Should an employee become injured on the job, ACG carries workers' compensation insurance. The policy requires that all injuries be reported immediately, in person to the direct supervisor in order that proper medical attention can be obtained from the employee and reports made to the proper governmental authorities. For injuries requiring medical attention, the supervisor or management will assist the employee in making any additional arrangements.

f. 403(b) Retirement Plan
    i. ACG maintains a 403(b) retirement plan. The plan was established to create an incentive for long-term retirement savings, in addition to providing tax advantages. The Human Resources Department can offer additional information on eligibility and participation in this Plan.

g. Licensure Assistance
    i. ACG can help in the attainment of licensure by providing financial assistance for the cost of EPPP/ PPLE study materials and test registration,

as well as documentation required for licensure application. Financial assistance for licensure-related testing will be provided, within reason, one time.

XII. Ongoing Professional Development

a. Attending external trainings: financial assistance for registration may be available
b. Presenting at external trainings: financial assistance for registration, travel, and accommodations may be available pursuant to ACG's travel policy
c. Residents complete an online certificate program in Primary Care Behavioral Health through the UMASS Medical School's Center for Integrated Primary Care, paid for by the agency

d. Residents complete an 8-hour, APA accredited online course in teletherapy, paid for by the agency.

XIII. Fulfillment of PA Psychology Licensure Requirements

a. Supervision: ACG provides 2 hours of individual supervision per week with licensed psychologists
b. Evaluation: Quarterly written evaluations with primary and secondary supervisors
c. Hours: Provides over 2000 hours – based on one year full-time
    i. Direct Patient Care: Accounts for at least 51% of the work week (20+ hours)
    ii. Supervision and Consultation: Accounts for at least 4 hours per week
    iii. Other training activities: Accounts for 4 hours per week
d. Financial Assistance: ACG provides financial assistance for the costs associated with licensure application and examinations, one time.

Appendix I: Postdoctoral Resident Evaluation

ACGHEALTH

POSTDOCTORAL RESIDENT EVALUATION

CONFIDENTIAL

Date:_____

Name of Resident: _____

Name of Primary Supervisor: _____

Name of Delegate Supervisor: _____

Instructions: The evaluation process is of utmost importance and an integral part of the training. As such, it is requested that you complete this form with great care. It is also requested that with each numerical rating, the commentary piece is completed; the numerical rating is clearer with this information.

Scale of Measurements:

(5) Master Proficiency: Possesses a high level of knowledge and skill, well beyond what is expected for licensure, and is more than capable of training others in this competency

(4) Advanced Proficiency: holds a significant understanding and an advanced skill level beyond what is expected for licensure. Demonstrates this competency with relative ease

(3) Intermediate Proficiency: Has a level of knowledge and skill beyond what is adequate for licensure

(2) Entry Level Proficiency: skills comparable to an entry level psychology resident – adequate for licensure

(1) Low Level Proficiency: needs minimal supervision. Skills comparable to a mid-level psychology intern. Remediation required to elevate to entry level proficiency

(0) Underdeveloped Proficiency: needs routine supervision. Skills comparable to an entry-level psychology intern. Remediation required to elevate to entry level proficiency

Please summarize the following areas:

Resident's areas of strength:

1._____

_____

2. _____

_____

3. _____

_____

Areas in need of development:

1_____

_____

2. _____

_____

3._____

_____

Ethical and Legal Standards

1. Be knowledgeable of and act in accordance with APA ethical principles and code of conduct, as well as all relevant laws, policies, and standards for ethical practice:	0	1	2	3	4	5
2. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.	0	1	2	3	4	5
3. Conduct self in an ethical manner in all professional activities.	0	1	2	3	4	5
4. Seek out appropriate consultation when ethical dilemmas arise.	0	1	2	3	4	5
5. Work within the scope of psychology practice, guiding patients to appropriate medical team members for answers to medically specific questions or issues.	0	1	2	3	4	5

Individual and Cultural Diversity

6. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	0	1	2	3	4	5
7. Knowledge of the current scientific knowledge base as it relates to addressing diversity in all professional activities.	0	1	2	3	4	5
8. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	0	1	2	3	4	5
9. The ability to independently apply knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency (e.g. Individuals that: are living in poverty, are addicted to substances, are mentally ill, were formerly incarcerated, have infectious diseases, are disabled, hold opposing political beliefs, or have different racial, ethnic, sexual, gender, or religious identities).	0	1	2	3	4	5
10. Seek out appropriate consultation when diversity issues influence clinical decision making.	0	1	2	3	4	5

Integration of Science and Practice

1. Develop and implement evidence-based intervention plans specific to the service delivery goals and populations served	0	1	2	3	4	5
2. Demonstrate knowledge of relevant public health epidemics, health disparities and integrative medicine research and is able to apply this literature to clinical decision making.	0	1	2	3	4	5
3. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	0	1	2	3	4	5
4. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.	0	1	2	3	4	5
5. Sensitivity to issues of individual and cultural diversity within the scope of science and clinical practice	0	1	2	3	4	5

Psychological Treatment of Addiction

17. Diagnosing substance use disorders and common comorbid conditions.	0	1	2	3	4	5
18. Able to implement evidence-based approaches to substance use treatment, including motivational interviewing, and relapse prevention	0	1	2	3	4	5

Integration of Medical and Social Variables Within Addiction

19. Have knowledge of medication assisted therapy for opiate use disorder, as well as overdose prevention (naloxone).	0	1	2	3	4	5
20. Utilize knowledge of harm reduction and abstinence-based treatment philosophies in clinical practice.	0	1	2	3	4	5
21. Sensitivity to issues of individual and cultural diversity within the biopsychosocial treatment of addiction	0	1	2	3	4	5

Interdisciplinary Care Coordination

21. Ability to communicate patient needs to health providers from diverse disciplines, and gain effective ways of explaining clinical information in a primary care setting	0	1	2	3	4	5
22. Consulting to medical professionals and allied health professionals, and educating patients on psycho-social topics	0	1	2	3	4	5

Psychological Practice within a Primary Care Setting

23. Identify psychological factors which impact management of common comorbid health conditions	0	1	2	3	4	5
24. Monitor side effects and medication adherence related to psychiatric medication	0	1	2	3	4	5
25. Be knowledgeable of and act in accordance with principles of integrative medicine including biopsychosocial and/or mind/body case formulations, the central role of medical and psychological care coordination, the interconnectedness of integrative treatment	0	1	2	3	4	5

planning, and use of the entire multidisciplinary team in providing holistic treatment.						
26. Sensitivity to issues of individual and cultural diversity in psychological practice within a primary care setting.	0	1	2	3	4	5

Practical Skills to Maintain Effective Clinical Practice

26. Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports): arriving promptly at meetings and appointments	0	1	2	3	4	5
27. Developing an organized, disciplined approach to writing and maintaining notes and records.	0	1	2	3	4	5
28. Self-care	0	1	2	3	4	5
29. Willingness to acknowledge and correct errors	0	1	2	3	4	5

Live Observation

Did the Resident engage in live observation since their last evaluation?	Yes	No
On what date(s) did this observation occur?		
Who engaged in live observation of the Resident?	Primary Supervisor	Delegate Supervisor
Was feedback on this observation provided to the resident?	Yes	No

Resident: The resident is invited to make any comments they wish concerning the evaluation (attach additional pages if needed). After reviewing the evaluation with the supervisor and making any necessary comments, the resident is asked to sign the evaluation and return it to the team supervisor and then residency program director.

Supervisor: Please review this evaluation with the resident. After this review, please sign the evaluation and provide the resident with a copy for their records.

_____ _____

Signature of Primary Supervisor Date

_____ _____

Signature of Resident Date

Appendix II: Resident Summary Evaluation

Resident Summary Evaluation

Resident Name: _____

Name and credentials of person completing this evaluation: _____

Date: _____

Evaluate and describe the psychology resident's level of professional competence and theoretical knowledge in the following areas:

Assessment

_____

_____

_____

_____

Diagnosis

_____

_____

_____

_____

Effective Interventions

_____

_____

_____

_____

Consultation

_____

_____

_____

_____

Evaluation of Programs

_____

_____

_____

_____

Supervision of Others

_____

_____

_____

_____

Strategies of Scholarly Inquiry

_____

_____

_____

_____

Cultural/Individual Diversity

_____

_____

_____

_____

Professional Conduct

_____

_____

_____

_____

In your professional opinion, as evaluated through direct supervision and live observation of the resident's clinical work, has the resident achieved the level of professional competence and theoretical knowledge necessary for independent practice? Yes ☐ No ☐

_____ _____

Program Director **Date**

_____ _____

Primary Clinical Supervisor **Date**

Appendix III: Resident Clinical Training Plan

POSTDOCTORAL RESIDENT CLINICAL TRAINING PLAN

DATE: _____

RESIDENT'S NAME: _____

Areas of strength:

1. _____
   _____
2. _____
   _____
3. _____
   _____

Areas in need of development:

1. _____
   _____
2. _____
   _____
3. _____
   _____

TRAINING GOALS:

4. _____
   _____
5. _____

6. _____

_____

7. _____

_____

METHODS TO ACHIEVE GOALS:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

_____ _____

Primary Supervisor Date

_____ _____

Resident Date

Appendix IV: Supervision Contract

Supervision Contract

I. Goals of Supervision

a. Monitor and ensure welfare and protection of patients of the Supervisee.
b. Gatekeep for the profession to ensure competent professionals enter.
c. Promote development of Supervisee's professional identity and competence.
d. Provide evaluative feedback to the Supervisee.

II. Structure of Supervision

a. The primary supervisor during this training period will be _____, who will provide 1 hour of supervision per week. The delegate supervisor during this training period will be _____, who will provide 1 hour of supervision per week. If either supervisor is unavailable to fulfill a supervision requirement, then the Residency Director, Nicholas Wood, PsyD, will provide up to 1 hour of supervision per week as needed.
b. Structure of the supervision session: supervisor and supervisee preparation for supervision, in-session structure and processes, live or video observation at least once every 3 months.
c. Limits of confidentiality exist for supervisee disclosures in supervision (e.g., supervisor normative reporting to graduate programs, licensing boards, training teams, program directors, upholding legal and ethical standards).
d. Supervision records are available for licensing boards, training programs, and other organizations/individuals mutually agreed upon in writing by the supervisor and supervisee.

III. Duties and Responsibilities of Supervisor

a. Assumes legal responsibility for services offered by the supervisee.
b. Oversees and monitors all aspects of patient case conceptualization and treatment planning, assessment, and intervention including but not limited to emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, management of supervisee reactivity or countertransference to patient, strains to the supervisory relationship.
c. Ensures availability when the supervisee is providing patient services.
d. Reviews and signs off on all reports, case notes, and communications.
e. Develops and maintains a respectful and collaborative supervisory relationship within the power differential.
f. Practices effective supervision that includes describing supervisor's theoretical orientations for supervision and therapy and maintaining a distinction between supervision and psychotherapy.
g. Assists the supervisee in setting and attaining goals.
h. Provides feedback anchored in supervisee training goals, objectives and competencies.
i. Provides ongoing formative and end of supervisory relationship summative evaluation on forms available in the residency program handbook.
j. Informs supervisee when the supervisee is not meeting competence criteria for successful completion of the training experience and implements remedial steps to assist the supervisee's development. Guidelines for processes that may be implemented should competencies not be achieved are available in the residency program handbook.
k. Discloses training, licensure including number and state(s), areas of specialty and special expertise, previous supervision training and experience, and areas in which he/she has previously supervised.
l. Reschedules sessions to adhere to the legal standard and the requirements of this contract if the supervisor must cancel or miss a supervision session.
m. Maintains documentation of the clinical supervision and services provided.

n. If the supervisor determines that a case is beyond the supervisee's competence, the supervisor may join the supervisee as co-therapist or may transfer a case to another therapist, as determined by the supervisor to be in the best interest of the patient.

IV. Duties and Responsibilities of the Supervisee

a. Understands the responsibility of the supervisor for all supervisee professional practice and behavior.
b. Implements supervisor directives, and discloses clinical issues, concerns, and errors as they arise.
c. Identifies to patients his/her status as supervisee, the name of the clinical supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records) obtaining patient's informed consent to discuss all aspects of the clinical work with the supervisor.
d. Attends supervision prepared to discuss patient cases with completed case notes and case conceptualization, patient progress, clinical and ethics questions, and literature on relevant evidence-based practices.
e. Informs supervisor of clinically relevant information from patient including patient progress, risk situations, self-exploration, supervisee emotional reactivity or countertransference to patient(s).
f. Integrates supervisor feedback into practice and provides feedback weekly to supervisor on patient and supervision process.
g. Seeks out and receives immediate supervision on emergent situations.
h. If the supervisee must cancel or miss a supervision session, the supervisee will reschedule the session to ensure adherence to the legal standard and this contract.

A review of this contract will be done at each quarterly evaluation, along with review of the specific goals laid out in the resident's clinical training plan.

We, _____ (supervisee) and _____ (supervisors) agree to follow the parameters described in this supervision contract and to conduct ourselves in keeping with the American Psychological Association Ethical Principles and Code of Conduct. The supervision contract will remain in effect from the date of signing until _____, unless otherwise stated.

_____ _____
Supervisor (Primary) Date

_____ _____
Supervisor (Delegate) Date

_____ _____
Supervisee Date

Appendix V: Live Observation

Live Observation of Clinical Work

Name of Resident: _____

Date of Observation: _____

Means of Observation: In Person □ Video Review □ Other □ _____

Clinical Work Observed: Individual Therapy □ Group Therapy □ Intake □ Testing Feedback □

Feedback on Observed Material:

_____
_____
_____
_____
_____
_____
_____
_____

Ethical Concerns (if any):

_____
_____
_____

Resident Comments:

_____
_____
_____
_____

Learning Objectives for Next Quarter:

_____
_____
_____
_____

_____ _____
Resident Signature Date

_____ _____
Team Clinical Supervisor Signature Dat

Appendix VI: Didactic Schedule

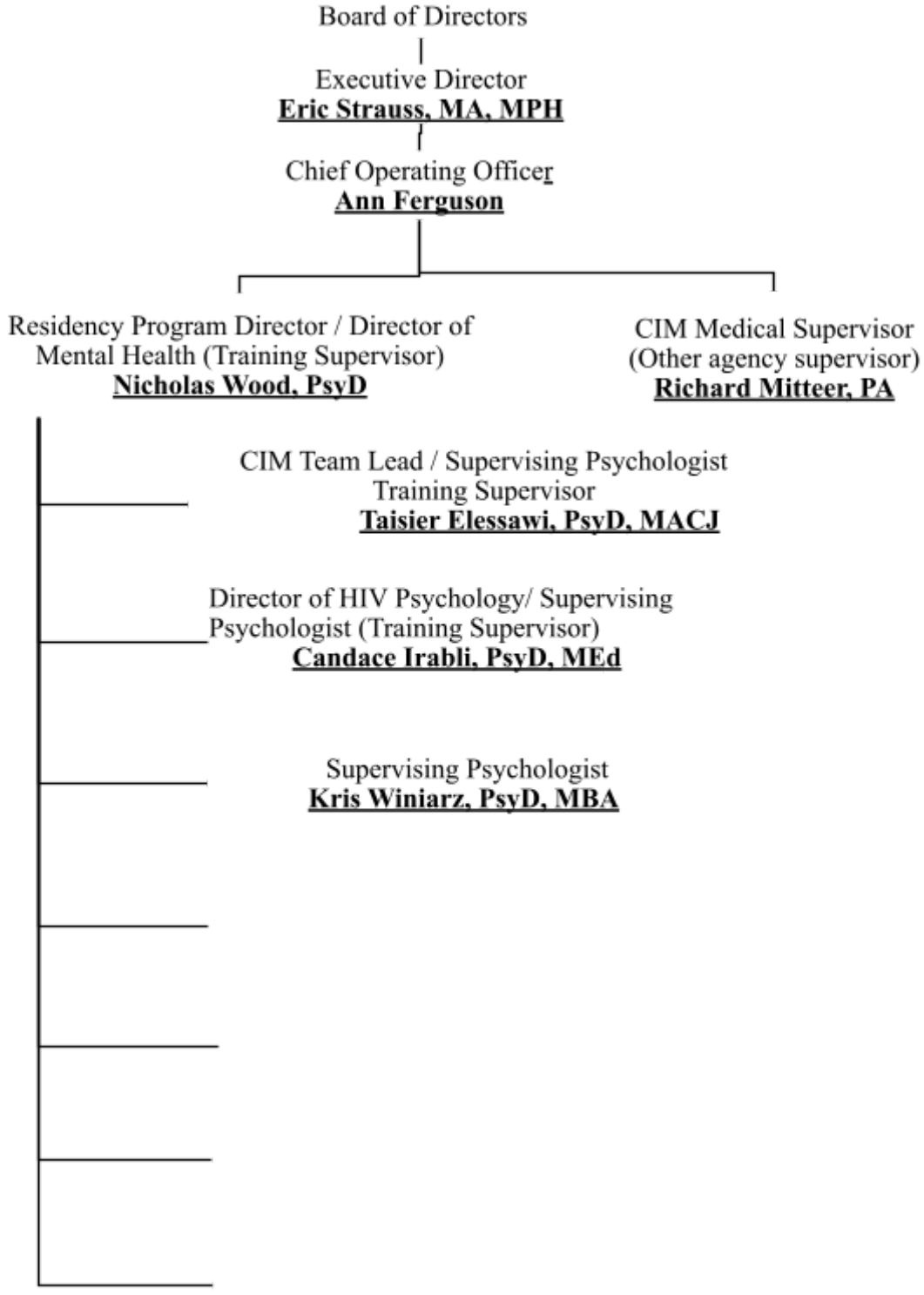
ACGHealth
Didactic Schedule
2024-2025

The Didactic Schedule for the 2024-2025 training year is currently being developed and will be available soon. The year will consist of a mix of didactic training presented by supervising psychologists and other full-time therapists, medical providers, psychology interns and residents, as well as a myriad of external speakers.

**Psychology Interns as well as Psychology Residents will choose at least 1 didactic slot throughout the year to present on a topic of their choosing, within the scope of clinical psychology*

Topics that will be covered throughout the year pertain to the fields of clinical psychology – differential diagnosis, personality disorders, anxiety, insomnia, suicide assessment, addiction psychology/addiction medicine, integrative medicine/interdisciplinary collaboration, HIV psychology, and many more. We welcome ideas for future didactic training sessions and suggestions of guest speakers for training as well.

Appendix VII: ACGHealth Clinical Psychology Residency Program Organizational Chart



Appendix XIII: Residency Leadership

Residency Program Director:

The Residency Program Director (Director) acts as the primary point of contact for issues regarding residency program planning and implementation, as well as matters concerning accreditation or reaccreditation by the CoA. The Director maintains records and engages in communication with entities such as the CoA, APPIC, and any other entity involved with the planning and implementation of ACG's residency program. The Director conducts the initial review of residency applications and performs phone interviews with qualified candidates. In conjunction with the residency program co-director, the Director also performs interviews of candidates and makes decisions regarding acceptance of applicants.

Additional duties inclusive of the Director's roles in planning and implementation:

- Acts as supervisor for resident-only supervision group
- Acts as the liaison for grievances made by residents
- Participates in the resident remediation process
- Writes and amends documents as needed for accreditation, advertising, and agency processes related to residents
- Acts in the role of delegate supervisor to residents when the resident's primary supervisor is unable to fulfill the full 2 hours of required individual supervision

Residency Program Co-Director:

The Residency Program Co-Director (Co-Director) acts as a secondary point of contact for issues regarding residency program planning and implementation, as well as matters concerning accreditation and re-accreditation by the CoA. The Co-Director engages in interviews of qualified applicants, and aids in decisions regarding acceptance of applicants.

Additional duties inclusive of the Co-Director's roles in planning and implementation:

- Participates in grievance and remediation processes related to residents
- Reviews and edits documents related to accreditation, advertising, and agency regulations put forth by the Director
- Acts in the role of delegate supervisor to residents when the resident's primary supervisor is unable to fulfill the full 2 hours of required individual supervision, and the Director is unavailable as a delegate.

Appendix IX: Notice of Remediation

Notice of Remediation

Resident Name: _____

Date of Notice: _____

You are receiving this notice in response to concerns about your progression within the residency program. In order to best aid in your training as a clinical psychologist, it has been determined that remediation is necessary at this time. You and your direct supervisors will arrange a meeting time within the next week to discuss a plan to remediate the identified area(s) of concern. Please review this notice and prepare to provide your input on the identified concern(s) along with how it may be remedied.

Reason for remediation:

Failure to meet minimum levels of achievement on quarterly evaluation

Other: _____

Identified area(s) of concern:

_____

_____

_____

_____

_____

Resident Rights and Responsibilities

As a Resident…

You have the right to be provided with timely written notice of remediation.

You have the right to be provided with a timely written plan of remediation, as well as substantive written feedback on your fulfillment of the plan.

You have the right to participate in remediation and subsequent remediation hearings, as well as the right to provide your input in the creation of the remediation plan.

You are responsible for cooperating with supervisory and managerial staff throughout the remediation process, inclusive of responding to notices, attending hearings, and fulfilling the terms set forth in the remediation plan

Appendix X: Plan for Remediation

Plan for Remediation

Resident Name: _____

Date of Initial Notice: _____

Date of Hearing: _____

Reason for remediation:

Failure to meet minimum levels of achievement on quarterly evaluation

Other: _____

Identified area(s) of concern:

_____

_____

_____

_____

_____

_____

Resident response to identified concern(s):

_____

_____

_____

_____

_____

_____

Collaborative Plan for Remediation:

- € _____
  _____
- € _____
  _____
- € _____
  _____
- € _____
  _____
- € _____
  _____
- € _____
  _____

The resident agrees to remedy the identified concern(s) by following the steps within this remediation plan – to be completed by the next scheduled quarterly evaluation.

_____ _____
Resident Signature Date

_____ _____
Team Supervisor Signature Date

_____ _____
Program Director Signature Date

Remediation Resolution

Resident Name: _____

Date of Hearing: _____

Date of Feedback: _____

Has the resident successfully remedied the identified area(s) of concern?

- € Yes, all concerns have been remedied
- € No, some concerns have not been remedied
- € No, none of the concerns have been remedied

If no, what further action is required of the resident to remedy unresolved concern(s)?

_____

_____

_____

_____

_____

_____

Feedback on progress toward resolution of the identified area(s) of concern:

_____

_____

_____

_____

_____ _____

Resident Signature Date

_____ _____

Team Supervisor Signature Date

_____ _____

Program Director Signature Date

Appendix XII: Employee Grievance Policy

Purpose and Goal

ACGHealth is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. We recognize that employee workplace behavior can be a significant threat to our goals. We have established an employee grievance that balances variety in employee behavior and the need to prioritize safety, health, and the well-being of all employees.

Introduction

The aim of this Grievance Procedure is to settle grievances or complaints fairly and it is intended to operate simply and quickly. Every effort will be made to resolve the issue at the earliest possible stage, and at each stage efforts will be made in order to avoid proceeding to the next stage and to settle the issue amicably.

Grievance Procedure- Step 1 (Informal)

If an employee has a problem with any other staff member, and is unable to sort it out informally, the matter should be referred to the supervisor. Informal approaches are encouraged as a quiet word or asking for support from a supervisor may be all that is needed to resolve an issue. But if the issue cannot be resolved informally, the employee will be provided with the opportunity to raise a formal grievance.

Grievance Procedure- Step 2 (Formal Written Grievance)

If the problem is serious or remains unresolved or the employee wishes to raise the matter formally, the employee should be instructed by the supervisor to write a formal grievance. The written grievance should specify names, dates, problem behaviors, effects of problem behaviors, and any requested actions to remediate the problem. Written grievances are shared by the supervisor with the Chief Operating Officer (COO) and a decision is made on how to proceed. They and possibly other management will carry out an investigation and establish the facts of the situation. The employee will be updated on the decision or other actions within one calendar week of the submission of the formal grievance. This update may not resolve a grievance as some situations take time to resolve, but updates shall be given in subsequent weeks until the supervisor and COO determine that the matter is resolved. Upon determining a matter resolved, either the supervisor or the COO will provide a written grievance resolution that addresses the points in the formal grievance.

Grievance Procedure- Step 3 (Appeal of Grievance Resolution)

If an employee is not satisfied with a grievance resolution, they will be provided with the opportunity to appeal the grievance resolution to the Executive Director (ED). The appeal must be written and should specify what parts of the grievance resolution were not satisfactory and why. The ED will respond with an update one week from the submission of the appeal and will give updates on subsequent weeks until the ED determines the matter to be resolved. The ED will provide a written appeal resolution.

Grievance Procedure- Step 4 (Appeal of Appeal Resolution)

If an employee is not satisfied with an appeal resolution, the employee will be provided with the opportunity to appeal the appeal resolution to the President of the Board of Directors of ACGHealth. The President will respond with an update one week from the submission of the appeal and will give updates on subsequent weeks until the President determines the matter to be resolved. The President will provide a written final appeal resolution. The President's decision will be the final and binding decision of the agency.

Non-retaliation Policy

All grievances, both informal and formal, shall be protected. Employees need to feel free to state their grievances so there can be open communication and opportunities to address issues. Grievances and the contents of those grievances will not be used to retaliate or punish an employee in any way. Please note ACGHealth has a separate Whistleblower Protection policy which mutually reinforces this non-retaliation policy.

Counter-grievances

In the case of a grievance being taken out as a counter-grievance, or in response to the start of disciplinary action, it may be appropriate to deal with both issues at the same time. If appropriate, the disciplinary procedure may be temporarily suspended in order to deal with the grievance. It is the discretion of management as to when a counter-grievance is dealt with another grievance or when the issues are kept separately.

Grievances with Supervisors

If an employee has a grievance with their supervisor, it is the policy to use the procedure outlined above only skipping the initial reporting to a supervisor. Thus, after informal efforts have not been effective, the employee files a written grievance with the Chief Operating Officer. If the complaint is with the Chief Operating Officer, the employee files a written grievance with the Executive Director. If the complaint is with the Executive Director, the employee files a written grievance with the Board President. The Board President's decision is final in all matters on behalf of the agency.

Non-Conflict of Interest

As ACGHealth is an agency that employs multiple members of multiple families, it is important that grievances can be filed with a supervisor who is not a family member or partner of someone involved in the grievance. In instances where an employee believes that there might be a conflict of interest, the employee should follow the procedure for Grievances with Supervisors until the issue can be handled by someone who does not have a conflict of interest.

Appendix XIII: Written Grievance

ACG Formal Grievance

ACGHealth is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. We recognize that employee workplace behavior can be a significant threat to our goals. We have established an employee grievance that balances variety in employee behavior and the need to prioritize safety, health, and the well-being of all employees.

Employee Name: _____

Date: _____

Names of parties involved in this grievance:

_____

_____

Dates of the event(s) related to this grievance:

_____

_____

Problem Behaviors identified as part of this grievance:

_____

_____

_____

_____

_____

_____

Effects that these problem behaviors have had on you:

_____

_____

_____

_____

_____

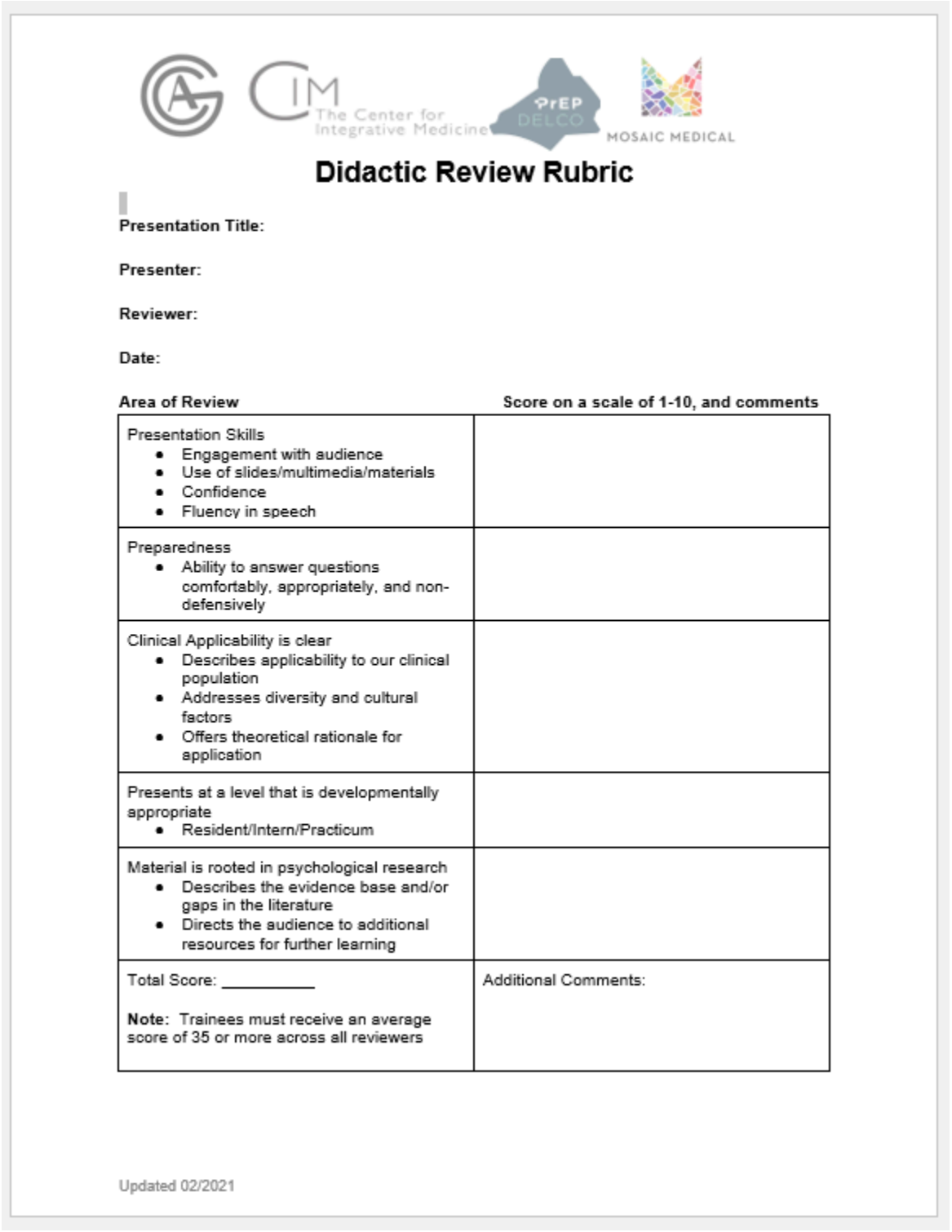
Requested actions to remediate the identified problem:

_____

_____

_____

Appendix XIV: Didactic Scoring Rubric



Didactic Review Rubric

Presentation Title:

Presenter:

Reviewer:

Date:

Area of Review	**Score on a scale of 1-10, and comments**
Presentation Skills • Engagement with audience • Use of slides/multimedia/materials • Confidence • Fluency in speech	
Preparedness • Ability to answer questions comfortably, appropriately, and non-defensively	
Clinical Applicability is clear • Describes applicability to our clinical population • Addresses diversity and cultural factors • Offers theoretical rationale for application	
Presents at a level that is developmentally appropriate • Resident/Intern/Practicum	
Material is rooted in psychological research • Describes the evidence base and/or gaps in the literature • Directs the audience to additional resources for further learning	
Total Score: _____ **Note:** Trainees must receive an average score of 35 or more across all reviewers	Additional Comments:

Updated 02/2021