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APPENDIX

- Rights and Responsibilities of Residents
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- Resident Competency-Based Evaluation
- Supervisor Evaluation
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Nebraska Mental Health Centers Psychology Residency Program (NMHC-PRP)

Nebraska Mental Health Centers is a member of APPIC. Applicants can expect that the NMHC-PRP meets APPIC membership standards. APPIC Membership insures the postdoctoral applicant that the APPIC member site has met a certain level of quality and training standards, such as having due process procedures in place, and providing adequate and qualified supervision. APPIC Member sites are required to provide an organized sequence of training experiences that meet or exceeds membership criteria for APPIC. Training materials accurately reflect the training experiences at the site. Members are reviewed by the APPIC Postdoctoral Membership Committee every 3 years to ensure that programs continue to meet APPIC standards.

The NMHC-PRP provides residents the opportunity to assume a comfortable, yet challenging degree of responsibility for carrying out major professional psychological functions while maintaining a high level of supervisory support, professional role modeling, mentorship, guidelines for ethical practice and awareness of administrative structures.

The NMHC-PRP is not accredited by the Commission on Accreditation of the American Psychological Association (APA).

*Questions related to the program's accredited status should be directed to the
Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Our Mission

The mission of the Nebraska Mental Health Center (NMHC), the sponsoring agency, is to strive for excellence in meeting the dynamic behavioral health needs, in terms of assessment, diagnosis and treatment, of a diverse society while keeping abreast of the latest scientific discoveries in the field of health service psychology.

The overall aim of the NMHC-Psychology Residency Program (NMHC-PRP) is to provide residents with advanced skills and competencies at a more integrated and complex level of training than that achieved at the end of the internship training year. This aim is accomplished by providing an open and research informed learning environment in which to train competent, ethical and reflective psychologists who have acquired the awareness, knowledge and skills fundamental to the practice of health service psychology. There is particular emphasis on

developing the resident's ability to develop clinically relevant and standardized assessment batteries, empirically informed diagnosis, and evidenced based treatment methodology. The NMHC-PRP values diversity and believes that psychologists must be sensitive and responsive to cultural and ethnic diversity and emphasizes training experiences to enhance the residents' abilities to understand and work with people of different cultures, backgrounds, and life experiences.

Our Setting

NMHC-PRP utilizes a multi-site community mental health practice that serves eastern and southeastern Nebraska communities. A broad ethnic and cultural diverse population is provided services in each of the clinic sites. An emphasis of the program is to provide significant opportunities for residents to work with interdisciplinary teams including parents (biological, adoptive, and foster), schools, caseworkers, and medical and psychiatric members. Residents have the opportunity to provide services in schools, hospitals, long-term and memory care facilities, residential treatment facilities and day treatment programs.

The primary site in Lincoln, NE provides services for a population center of 277, 00. A cooperative and collaborative working relationship with area medical practices and with NMHC's part time psychiatric service provider enriches the training experience. Lincoln, Nebraska has been designated as "refugee friendly" due to its stable economy, educational institutions, and size. Lancaster County, in which this city is located, is the nations' 18th largest resettlement community for refugees and immigrants.

Residents each have a private office and computer and have use of a large group room for training purposes, and for group and family therapy, play area, and testing room. The clinic also has extensive psychological testing resources, with secure storage for tests and paper records. NMHC uses an electronic medical record system on which residents are trained. Clinic administration and support services, which is situated in the same building, provides support for scheduling, medical records, client insurance and payments, and other needs.

Satellite clinics are located in the communities of Fremont and Beatrice, Ne. Each locations comes with its own socioeconomic, cultural, and community resource considerations for treatment services. Residents have the use of a private office for therapy and assessment purposes in each of the satellite clinics. These clinics have self-contained patient reception areas and are administratively supported by the primary office staff. Residents working in the satellite clinics have opportunities to provide supervised leadership for DBT groups and group therapy focusing on adults within the probation system with anger and impulse control challenges and to co-facilitate a group for men with histories of committing adult domestic violence.

The clinic in Fremont, NE serves a community of approximately 26,000 and has a rural catchment area of the surrounding small communities and extended Omaha suburb. A NMHC psychologist and residents have privileges at the Fremont Community Hospital psychiatric unit. Psychological assessment, psychometric testing, diagnostic opinion and consultation to medical staff are provided. Clinicians provide assessment, diagnosis and treatment of a wide variety of behavioral health disorders and neuropsychological conditions for individuals and families within the office setting and also within long term care and assisted living facilities.

The Beatrice satellite clinic serves a rural community of approximately 13,000 and the surrounding communities that contain a large population of socially and economically challenged families. Clinicians provide assessment, diagnosis and treatment of a wide variety of behavioral health disorders and neuropsychological conditions for individuals and families within the office setting and also within long term care and assisted living facilities. Residents also provide contracted services with the Beatrice Public Schools that include behavioral health interventions in the classroom and to address the needs of the interdisciplinary educational teams. The agency is also participating in a grant with Beatrice Public Schools to provide Parent-Child Interaction Training (PCIT).

Overall, area medical practices, court systems, Department of Health and Human Services, and the Nebraska Probation System provide over 40% of the patient referral.

Our Approach to Training

Philosophy and Model of Training

Residents integrate theoretical, clinical, and professional issues in health service psychology into the service delivery model of Nebraska Mental Health Centers. A science-informed practice model of training provides the guiding framework for the transition from student to professional by capitalizing on prior strengths, experience, and expertise while supporting the attainment, expansion, and implementation of conceptual, professional, and pragmatic skills. Toward this end, the residency emphasizes the use of critical thinking skills and the thoughtful and systematic evaluation of clinical work using a variety of best practices informed by current trends in health service psychology as they evolve over time.

The program has a logical training sequence that builds upon the skills and competencies acquired during doctoral training and internship. The process strives to be organized, individualized, sequential and integrated, and progresses along a continuum from internship, post-doctoral experience and through early career licensed psychologist. Our culture, values and training philosophy are designed to create an environment of challenge and warmth in equal measure. In addition to building further competence in therapy, assessment, and consultation, we

encourage formal and informal interactions between interns, residents, supervisors, and staff both during and after work hours.

SoA's Professional Competencies

Initially all residents are assessed for meeting the profession-wide competencies appropriate to the internship level (entry level of competence). Goals for the residency year(s) are then identified for each resident in terms of what they should expect to accomplish to achieve advanced levels of competencies. By the end of training, residents will be able to perform at an advanced level in the following competency areas:

I. Communication and Interpersonal Skills

- A. Communicates effectively
- B. Develops and maintains effective relationships with a wide range of individuals,
- C. Manages complex interpersonal situations
- D. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated
- E. Demonstrates self-awareness as a professional

II. Individual and Cultural Diversity

- A. Demonstrates awareness of diversity and its influence
- B. Develops effective relationships with culturally diverse individuals, families, and groups
- C. Applies knowledge of individual and cultural diversity in practice
- D. Pursues professional development about individual and cultural diversity

III. Professional Values, Attitudes and Behavior

- A. Displays professional behavior
- B. Engages in self-assessment and self-reflection
- C. Demonstrates accountability
- D. Demonstrates professional identity

IV. Ethical and Legal Standards

- A. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research
- B. Recognizes and manages ethical and legal issues in Health Service Psychology practice, training, and research
- C. Adheres to the APA Ethical Principles and Code of Conduct
- D. Conduct self in an ethical manner in all professional activities.

V. Assessment

- A. Conducts clinical interviews
- B. Appropriately selects and applies evidence-based assessment methods
- C. Collects and integrates data using multiple sources

- D. Interprets assessment results to inform case conceptualization, classification, and recommendations

VI. Intervention

- A. Establishes and maintains effective therapeutic relationships
- B. Formulates case conceptualizations and treatment plans specific to the service delivery goals
- C. Implements evidence-based interventions
- D. Monitors the impact of interventions

VII. Consultation, Interprofessional/Interdisciplinary and Systems-Based Practice

- A. Provides consultation (e.g. case-based, group, organizational systems)
- B. Engages in interprofessional/interdisciplinary collaboration
- C. Engages in systems-based practice

VIII. Supervision

- A. Seeks and uses supervision effectively
- B. Uses supervisory feedback to improve performance
- C. Facilitates peer supervision/consultation
- D. Provides individual supervision (if applicable)

IX. Research and Scholarship

- A. Displays critical scientific thinking
- B. Uses the scientific literature
- C. Implements scientific methods

Overview

Basic Requirements of the Residency Program

NMHC-PRP requires applicants to have completed all professional doctoral degree requirements from an APA Accredited Program or Regionally Accredited Institution and an APA or APPIC-member psychology internship.

Nebraska Mental Health Centers, the sponsoring agency for the NMHC-PRP, is an Equal Opportunity Employer and thus, is committed to ensuring a range of diversity among the psychology training classes and strives to select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

Prior to beginning the residency, residents are assisted by the NMHC Human Resources Office to obtain licensure (i.e., minimally provisional licensed psychologist) required by the State of Nebraska to meet the requirements of their professional activities and professional needs of the agency. All residents are expected to attend the program full-time. Additional requirement for residents completing the two-year program is to be independently licensed (i.e., licensed psychologist) within the first 16 months of residency.

NMHC-PRP requires a 40 – 50 hour work week for a total of approximately 2000 + clinical hours each year. Residents are required to have 75% of their total time involved in direct patient service delivery including direct patient therapy, testing, patient reports and documentation, and consultation, with 1,000 or more of these hours in direct patient contact hours. The remaining 25% of time is spent in formal supervision, seminars, research, and administrative activities.

Residents are required to attend all supervisions, trainings, and professional development seminars that are provided by NMHC-PRP, complete in a timely fashion psychological testing, assessment and diagnostic evaluations, comply with NMHC-PRP and NMHC policies and procedures, provide all clinical services, including accurate and comprehensive clinical record for their patients, and maintain professional behaviors within APA ethical guidelines.

Residents successfully completing the program are required to obtain a minimum of 2000 hours each year, including 1,000 or more hours of direct patient contact hours each year and have completed all clinical patient reports and documentation. Additionally, NMHC-PRP requires residents to receive a rating of 3 or above on all competencies on the final evaluation to successfully complete the program.

Clinical /Training Director of Residency Program

The NMHC Clinical Director, Dr. Leland Zlomke, serves as the Residency Program Training Director and is responsible for the integrity and quality of the psychology residency program. Dr. Zlomke is responsible for coordinating and directing all activities of the residency program and resources, including, but not limited to the following:

- Providing oversight for interviews and selection of residents
- Providing overall oversight for resident supervision
- Conducting resident competency-based evaluation and review of progress
- Documenting and maintaining resident records
- Monitoring and evaluating program goals and activities
- Providing oversight and management of NMHC-PRP Due Process and Grievance Policy
- Serving as the representative of NMHC-PRP to affiliated agencies (e.g., APPIC)

Training Program Structure and Core Clinical Opportunities

The residency program is designed to be offered as either a one-year or a two-year residency experience. Throughout the program each resident benefits from a planned, programmed sequence of supervised training experiences.

The first year serves as the post-doctoral year required by most states for licensure. Each resident is evaluated as to their experience, training and level of competency in clinical services, with training activities then tailored to meet each resident's needs. As each resident becomes more competent and knowledgeable, more opportunity and independence is sequentially given and residents initiate, under supervision, more complex cases. Additionally, residents have the opportunity to assume increased responsibility at one of the satellite offices, serving as an on-site mentor to clinical staff, exploring outreach opportunities within the community, or assisting in the development of new services/programs within the community.

The second year of the program serves to prepare the resident in greater depth in the areas of psychological assessment, diagnosis, psychotherapy, psychotherapy supervision, consultation/liaison, clinical team management, and mental health administration. The second year serves to meet the licensure requirements in some states and is of benefit regarding board certification. The second year offers increased opportunity for residents to:

- Provide supervision and training to interns, practicum students and other behavioral health professionals,
- Deliver consultation to outside groups /meetings/professional trainings,
- Participate in mental health administration,
- Provide a variety of forensic services and neuropsychological/rehabilitation services.

Training activities are designed to encourage excellence by ensuring that residents are guided and supported with supervision (both scheduled and just-in-time availability), mentoring, and a developmentally informed sequence of relevant training experiences. Residents are exposed to a wide range of experiences on a weekly basis rather than participating in specialized rotations. Training is tailored to the skills and competencies demonstrated by the resident at the beginning of the residency and his/her increased knowledge and skills throughout the year.

Clinical supervision is the core training modality used, with the residents having the opportunity to directly observe and receive feedback from experienced health service psychologists, engage in direct one-on-one teaching that is bi-directional and conversational in nature, and receive direct feedback about written and psychotherapeutic work from an experienced practicing health service psychologist. Residents have training on providing supervision through seminar training on supervision and whenever possible, providing supervision to master's-level practicum students.

In line with the philosophy of training scientist-practitioner health service psychologists, residents are expected to hone skills integrating research into clinical practice, through use of empirically validated treatment modalities and integration of psychological science into clinical

practice. Cultural diversity, broadly defined, is also a core philosophical pillar and goal of the psychology residency. Understanding a patient from his/her cultural background and context is essential. Multicultural awareness is infused from assessment to case conceptualization and tailoring of psychology interventions.

The residency training program is structured such that the resident, with appropriate supervision, assumes clinical responsibilities for their patients. Indeed, residents assume responsibilities similar to those of a staff psychologist working within the same work site. However, the residents are closely supervised on their work with the mission of helping them to achieve independence in their clinical practice by the end of the first training year. To this end the weekly residency group supervision focuses on professional growth and development and attends to the need for residents to become supervisors. Residents are introduced to the methods of supervisory practice and are all involved whenever possible in supervising either psychology interns or master's-level practicum students. Our teaching faculty believes that the residents need to be responsive to the changing context of health delivery systems throughout the country, and are provided all the administrative tools in the practice, including detailed updates on administrative goals and changes throughout the year. Opportunities to gain expertise in administrative psychology are provided in individual supervision and seminars, including the residency weekly seminar.

The goals and objectives of NMHC-PRP's training activities ensure that each resident is provided the opportunity to develop their breadth as a psychologist through the following experiences and training.

General Psychological/Psychometric Assessment and Diagnostic Interviewing

Goal: Residents will be able to independently and proficiently administer, interpret and synthesize data from a wide array of psychological assessments for all ages and the entire range of psychological presenting problems.

Objectives:

- To enhance skills in utilizing and understanding various tests, test battery selection, and writing skills
- To gain an interactive grasp and appreciation for the assessment mentality which characterizes clinical psychology
- To further develop an ability to utilize the information generated by testing for specific requested purposes
- To enhance familiarity with a variety of assessment instruments, processes, and applications
- To enhance skill in applying assessment findings to assign accurate diagnoses
- To provide support and training on psychological/psychometric assessment and diagnostic interviewing to interns and other behavioral health professionals.

Outpatient Psychotherapy

Goal: Residents will be able to establish therapeutic alliances with a wide range of clients, identify therapeutic problems and apply theoretical/conceptual understandings to interventions.

Objectives

- To enhance skills in rapport building, psychotherapy, consultation, emergency intervention, and supervision
- To continue to familiarize the psychological resident with a wide array of psychological disorders.
- To increase knowledge and enhance skills required for practice in an outpatient setting
- To provide support and training to others in the application of theoretical, scientifically validated models of treatment and on a wide array of psychological disorders

Child, Adolescent and Family Specialization

Goal: Residents will be able to independently and proficiently administer neuropsychological, psychoeducation, and psychological assessments of children and adolescents and effectively utilize behavioral interventions, psychotherapy, school involvement and family interventions.

Objectives

- To further understanding of accurate diagnosis of children within the influence of a dynamic family structure
- To enhance ability to identify the sequence of behaviors in individual and family functioning and intervene for therapeutic change
- To provide support and training to others on family therapeutic interventions and on the administration of neuropsychological, psychoeducational and psychological assessments of children and adolescents

Alcohol and Substance Abuse Assessment, Diagnosis and Treatment

Goal: Residents will be able to participate in chemical dependency evaluations, drug/alcohol education classes, as well as outpatient and intensive outpatient substance abuse programs.

Objectives

- To gain a greater understanding of dual diagnosis patients and underlying pathology that serves to maintain substance abuse disorders
- To further enhance skills of group psychotherapy
- To enhance skill in utilizing strategies of intervention for substance abusing patients
- To gain further experience in teaching patients about the medical, psychological, and social implications of substance abuse
- To provide support and training to others in alcohol and substance abuse assessment, diagnosis and treatment

Supervision

Goal: Residents will be able to competently serve in a supervisory role for groups and individuals, effectively and competently.

Objectives:

- To learn how to assess the developmental levels of supervisees and determination of what they require
- To further knowledge of transference and counter-transference issues
- To further leadership skills
- To understand and practice effective communication skills when problems arise with supervisees or within the supervisor/supervisee relationship

Rural Behavioral Health Practice

Goal: Residents will be able participate in the administration of mental health services including therapeutic interventions, psychological assessments, and community based interventions within a rural setting.

Objectives:

- To gain a greater appreciation for the diversity of culture in rural populations
- To gain a greater understanding of ethical principles of practice that may differ from traditional outpatient practice
- To provide support and training to others on typical modifications of intervention that are common to rural practice on providing psychological services in nontraditional settings

Developmental Disabilities

Goal: Residents will provide services, which are coordinated with the individual's residential and day treatment services, to a wide variety of ages of individuals with diverse developmental disabilities.

Objectives:

- To increase knowledge about the symptoms, diagnosis and treatment of common developmental disorders
- To provide support and training to others on providing effective treatment plan strategies with individuals with developmental disabilities.

Forensic Psychology

Goal: Residents will participate in conducting court ordered evaluations, parental assessments, risk assessments, and other forensic services such as commitment, competency to stand trial, and mediation.

Objectives:

- To increase knowledge and skills related to psych/legal testimony and court practice
- To provide support and training to others on the use of psychometrics of assessment instruments of forensic psychology and how to format evaluations to be used in the court system

Neuropsychology/Rehabilitation

Goal: Residents will be able to provide support and training to others on the intricacies of neuropsychological tests and psychometric properties.

Objectives:

- To enhance understanding of neuroanatomy, neuropathology, and neurotransmitter function
- To increase knowledge regarding the most common neuropsychological symptoms associated with traumatic brain injury, neurodegenerative disorders, neurotoxic exposure, developmental disorders and more

Geriatric Mental Health

Goal: Residents will be able to provide effective and appropriate therapeutic interventions, complete assessments to identify appropriate level of care, consultations, behavior plans, medication recommendations and staff development.

Objectives:

- To further knowledge of degenerative brain diseases commonly found in long term care populations
- To become proficient at introductory behavioral psycho-pharm commonly used with the elderly
- To provide support and training to others regarding the specific needs of geriatric individuals and facilities and in planning effective strategies for intervention

Mental Health Administration

Goal: Residents will be able to participate in the day-to-day operations, policy and procedure development, budget planning, program/service development, and staff oversight of an out-patient mental health clinic.

Objectives:

- To further develop leadership skills
- To gain a greater understanding of management/clinical structures
- To enhance skills in relation to employee development, enhancement, and management
- To gain a global understanding of how departments work together for the common good of the organization
- To prepare residents for the idiosyncrasies of administrating a mental health practice
- To engage in a scheduled and consistent community outreach program

Cultural/Individual Differences Incorporated into Training Practices

As a clinical and training facility, NMHC is motivated to addressing issues of prejudice and discrimination and the influence of those issues on the lives of the individuals that are encountered in practice and training. Awareness and understanding of diversity and individual

differences are crucial to professional development and practice and the program strives to integrate these into every aspect of the training program, including recruitment, supervision, trainings/seminars and clinical experiences. Training begins with awareness of one's own beliefs, assumptions, values, and socio-cultural identity, awareness of and sensitivity to others, and a working understanding of how these intersect in the therapeutic relationship. More concretely, residents are asked to continue to address contextual, systemic, and cultural factors within their clients and as embodied in their treatment access and delivery. This is particularly emphasized in conversation at the onset of the training year, as residents may be challenged by some of the cultural differences that present within more rural settings than they are familiar with through their graduate program and internship.

An important component of the supervision, both formal and informal, is the opportunity for discussion of culturally sensitive topics. This begins by supervisor staff modeling the ability to engage in collegial dialogue in a respectful manner and introducing the cultural components that may be present and that may have an impact on conceptualization. Residents are encouraged and prompted to further engage in the process of personal introspection to explore personal beliefs, attitudes and values, and to engage in conversations with supervisors as it pertains to patient care and professional development. Discussion often encourages the application of theoretical knowledge and integration of professional role with cultural differences.

Supervision and Learning Experiences

Two (2) hours of scheduled, face-to-face individual supervision is provided to each resident weekly. A primary focus is supervision of the psychological services provided directly by the resident by the clinician who is responsible for the case. Specific attention is also given to caseload volume and diversity, as well as time management and clinical intervention.

Supervision will also require the resident to:

- Read, discuss, and evaluate practice relevant research and applied articles
- Develop treatment plans informed by best practices; and
- Discuss the therapeutic, ethical, and legal aspects of current findings.

Two (2) hours of additional learning experiences are provided each week through (1) clinical group supervision and consultation (CGS) which involves case conferences, group supervision activities and seminars; and (2) weekly residency group supervision which includes, but is not limited to, more in depth case conferences and development of and discussion of clinical professional and individual/cultural diversity issues. The residents are looked upon by other staff as educators and are expected to present scholarly material as part of their case conferences, citing relevant scholarly and research issues related to empirically informed and guided treatment, best practice models, and up-to-date information on practice standards.

Residents' non-billable training hours are scheduled to occur weekly, with provisions that protect these supervision and training hours from being scheduled for a billable service. In addition, the

hours dedicated to education, training, and resident development can be increased based on the resident's level of need.

Additionally, much of the work is initially accomplished alongside a supervisor, to address resident questions. Such activities as briefing and debriefing group therapy, team meetings, treatment and discharge planning conferences provide rich learning and supervisory experiences. Supervision will be flexible and oriented around the learning interests of the individual resident while ensuring that all basic professional competencies are achieved.

Residents are provided with the cell phone number of all supervisors, as well as the NMHC Practice Administrator and Chief Executive Officer.

There is an open door policy that encourages questions and collaboration amongst all staff to assist with familiarity to the location of the clinics, consult regarding clinical questions, brainstorm community resources, and provide support for fellow staff members.

Psychology residents also have the opportunity to "lead" the Clinical and Professional Didactic Training and Psychometric Assessment Didactics for the psychology interns according to their interests, skills and experiences. They also are provided the opportunity to provide psychometric testing supervision/consultation for interns covering a broad range of instruments, including neuropsych, cognitive, substance abuse, objective, projective, behavioral, development and adaptive instruments.

Resident's Concerns Regarding Training Experience

The scheduled weekly supervision and the "just in time training" and "supervisors' open door periods" provide opportunities for ongoing and continuous identification and discussion regarding any questions or concerns the resident has regarding their training experiences. Residents have the responsibility to raise any issue as soon as feasible with the involved supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem informally. Supervisors are responsible for working to resolve or mediate resident's concerns regarding their training experience. This process should be documented in writing in supervision notes and discussed with the Training Director but will not become part of the resident's professional file

The NMHC PRP is aware of the Informal Problem Consultation that is available through APPIC and if needed, will utilize these services to obtain guidance, consultation, and assistance in resolving problems and challenges that may be encountered by concerned parties (e.g., resident, supervisors, director) in the residency context.

Telesupervision Policy

NMHC-PRP uses videoconferencing in the event that a primary supervisor is not on-site to conduct a weekly individual face-to-face supervision. Every effort is made to limit the necessity

to conduct supervision using videoconferencing. If the primary supervisor is not able to meet at the scheduled time (due to illness, for example), residents schedule supervision for an alternate day/time, if possible, or supervision is conducted by the secondary supervisor. In all cases, videoconferencing does not account for more than one (1) hour of individual supervision each week.

The use of videoconferencing technology for supervisory experiences is consistent with NMHC-PRP's model and training philosophy in that the program places great value on the supervisory relationship and on supervision being provided by the most appropriate supervisor to meet the resident's supervision needs.

All residents are eligible to participate in supervision via videoconferencing. At the beginning of the year and as needed throughout the year, the Training Director determines the appropriateness of videoconferencing for supervision being utilized. The resident and the supervisor take great care and precaution to ensure that confidentiality of patient information is maintained.

NMHC-PRP recognizes the importance of supervisory relationships. It is expected that the foundation for the supervisory relationship will be cultivated initially during the orientation period and first weeks of the year, such that residents will have formed relationships with the entire training team and all supervisors, prior to use of videoconferencing becoming necessary.

The primary supervisor conducting the videoconferencing continues to have full professional responsibility for all clinical cases discussed. As needed and appropriate, on-site guidance and support is provided through communication between the primary supervisor, the resident, and an on-site supervisor. Residents are provided the contact information for program supervisors, including email and phone numbers. Any crises or other time sensitive issues are immediately reported to an on-site supervisor or other training team staff member immediately.

Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees.

All NMHC-PRP videoconferencing is provided using high-quality real-time transmission of simultaneous video and audio. All residents and supervisors are given instruction regarding the utilization of videoconferencing for supervision purposes at the onset of the training year. Assistance for technical difficulties is directed to the NMHC Practice Administrator, Thomas McPherson.

The Evaluation Process and Criteria for Successful Completion

The evaluation process is designed to provide both evaluative feedback and suggestions and recommendations for improvement. It is also at this time the resident can discuss their perceptions and any concerns on their experience within the program and to call attention to any problems felt with their supervisors.

Evaluation is ongoing and is focused on providing feedback early and often to residents, on identifying and building upon strengths, as well as addressing areas for growth. The NMHC-PRP requires that residents demonstrate minimum levels of achievement across all of the SoA's nine professional competencies and associated training elements. The Training Director meets semi-annually with residents to evaluate progress in meeting competencies. Evaluations are based in part on direct observation of practice during each evaluation period. In most cases this involves in-room observation or co-facilitation of an intake interview, assessment, or individual or group intervention. The evaluation form includes a section in which the supervisor indicates the methods used to observe the intern's work, which includes direct observation.

Evaluations are conducted using a standard rating form and comment spaces for specific written feedback regarding performance and progress. The Training Director, as the primary supervisor, obtains feedback from secondary supervisors, as applicable, prior to completing the evaluations. The Training Director reviews the evaluation with each resident and provides an opportunity for discussion at each time-point. The director and the resident each sign the evaluation. Evaluation forms are maintained and stored permanently in the resident's training file in the NMHC Human Resources (HR) Manager's office. Access is limited to the HR Manager, Training Director and members of the Training Committee.

A minimum level of achievement on each evaluation is defined as a rating of "3" for each competency. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1= Significant Development Needed – Functions well below expected for level of training; 2= Development Needed – Improvement in functioning needed to meet expectations; 3= Intermediate Skill- Functions adequately and meets expectations based on level of training; 4= Exceeds Expectations - Functions above average and exceeds expectations based on level of training; 5= Advanced – Consistent high-level demonstration of competency and independence; N/A + Not Applicable/Not Observed/Cannot Say. If a resident receives a score less than 3 on any competency, or if supervisors have reason to be concerned about the resident's performance or progress, the program's Due Process procedures is initiated. The Due Process guidelines can be found in the NMHC-PRP Manual.

Criteria for Successful Completion of Residency Program

Residents successfully completing, as applicable, the one-year or two-year program are required to obtain 2000 clinical hours each year that includes a minimum of 1,000 direct patient contact hours, and have completed all clinical patient reports and documentation. Additionally, NMHC-PRP requires residents to receive a rating of 3 or above on all competencies on the final evaluation to successfully complete the program.

Program Evaluation

NMHC-PRP demonstrates a commitment to excellence through self-study, which assures that its goals and objectives are met, and enhances the quality of professional education and training

obtained by its residents and training staff. NMHC-PRP values residents' participation in developing their training goals and their feedback about program components, structure, and the day-to-day functioning of the training program. Residents are formally involved through:

- Supervisor Evaluations – completed at mid-point and at the end of each year.
- Program Evaluation – completed at the end of each year.
- Exit Interview – completed at the end of the year, as applicable.

The Training Director prepares reports based on the above evaluations for review by the Training Committee. These reports are reviewed extensively by the Training Committee and may be used as a basis for making program adjustments and improvements.

Informally, residents have the opportunity to discuss any problems, concerns, or suggestions for program development and improvement with the Training Director during the weekly resident-specific group supervision/professional development.

Benefits, Stipends and Resources

The annual stipend for a first year resident with a provisional psychologist license issued by the State of Nebraska is \$36,000. Residents are provided with professional malpractice insurance, pro-rated health insurance, six (6) paid holidays, ten (10) vacation/personal leave days, bereavement leave and three (3) EPPP/professional development days. Questions regarding specific benefits packages can be directed to NMHC's Human Resources manager at nmhc@nmhc-clinics.com.

Residents request time off by submitting the NMHC Leave Request form to NMHC's Practice Administrator a month in advance of the anticipated leave date. In the event of unforeseen circumstances and the month notice cannot be given, the Practice Administrator and supervisor will review the request and honor the requested leave whenever possible. Residents are responsible for communicating anticipated absences to the Practice Administrator and their primary supervisor. Sick leave must be communicated to the resident's primary supervisor as soon as the resident is physically able to do so. NMHC's Practice Administrator is available for any questions related to time off or release time via office email: tmcpherson@nmhc-clinics.com or by phone at (402) 483-6990.

Residents are expected to keep track of their leave (i.e., hours earned/accumulated, hours used) to ensure that he/she is not requesting leave that has not been earned. Residents are also cautioned that taking time off in excess of the 17 paid days may jeopardize being able to obtain the required 1,000 direct patient contact hours for successful completion of the program. NMHC-PRP reserves the right to extend the length of program on a case by case basis, to provide the needed time to cover excessive time off.

NMHC-PRP residents have access to numerous resources. All residents are provided with individual office space, desk, computer, office phone, voicemail, software, business cards, and

access to printers, and basic office supplies. A large group room for training purposes and groups or family therapy, play area, and testing room is also available. Intervention manuals, assessment materials, other training materials, and access to the DSM 5 and ICD-10 are also provided. Additionally, each resident has access to administrative and IT support, as well as client scheduling support. Clinic administration and support services, which is situated in the same building, provides support for scheduling, medical records, client insurance and payments, and other needs.

Additional Training Resources

The residency program utilizes NMHC's Practice Administrator to ensure all office information technology, and other administrative responsibilities of the program are met. Additionally, NMHC's Quality Assurance/Credentialing Manager assists in assuring that program documentation and records' requirements are met, and provides ongoing monitoring of clinical documentation, patient satisfaction and NMHC quality assurance data.

Program Administration

Administrative Structure

Dr. Leland Zlomke serves as the Director and is responsible for coordinating and directing all educational and training activities of the internship program and resources. Dr. Zlomke is also the Clinical Director for Nebraska Mental Health Centers (NMHC), the program's sponsoring agency. As such, Dr. Zlomke provides oversight of all clinical activities, including providing recommendations on the hiring of clinical staff, serving as the overall professional supervisor, and providing oversight of professional development of the clinical staff members. He also is a member of NMHC's management team and reports directly to the Chief Executive Officer.

Jill Zlomke McPherson is NMHC's Chief Executive Officer and is responsible for providing oversight of all business activities, including providing budget for the training programs, the hiring of administrative and clinical staff and has the overall responsibility for the entire practice, including maintaining staff appropriate to meet client needs.

Thomas McPherson serves as NMHC's Practice Administrator, is a member of the NMHC management team and reports directly to the CEO. Mr. McPherson has the responsibility for the day-to-day administration management of NMHC, including facilitating the hiring of and providing direct supervision of administrative staff, and acts on behalf of the CEO, Clinical Director and clinical staff for administrative duties and concerns. His responsibilities also include protecting and promoting safety and security of patients and NMHC staff, which includes implementation of NMHC procedures for reporting and investigating abuse, neglect or

exploitation and the practices' emergency evacuation and building safety plans. This position is also designated as the Privacy Officer, who is responsible for the development and implementation of the policies and procedures to protect Patient Health Information (PHI) in accordance with the Health Information Portability Accountability Act (i.e., Privacy Act of 1996). Additionally, the Mr. McPherson manages the practice's public relations and marketing activities and serves as the technical coordinator for computer/network issues. He is available to all personnel 24 hours a day seven days a week either by telephone or on the premises.

Rose Zlomke, serves as NMHC's Human Resources/Quality Assurance Manager and reports directly to the CEO. Ms. Zlomke assists NMHC's management's team by providing oversight of the quality of patient care services, helping to facilitate the hiring of administrative and clinical staff, employee training, credentialing and re-credentialing of clinical staff, completion and submission of provider insurance applications, and assists the clinical director in managing the internship and residency programs. Ms. Zlomke also serves as staff assistant for the training programs and supports the directors with their responsibilities.

Training Committee

The Training Committee collaborates to oversee programmatic issues, including development, implementation, and oversight of all policies regarding training and education, goals of training, interviews of applicants and all matters involving graduation and/or termination from program. Committee decisions are made by consensus. The committee also has the prime responsibility to make program adjustments and improvement based on continuing evaluation of the training program. The Training Committee is composed of:

- Internship Training Director – Lisa Logsdon, Psy.D
- Clinical/Residency Training Director – Lee Zlomke, Ph.D.
- Staff Psychologist – Alexandra Munet, Psy.D.
- Psychology Resident – Melissa Lafferty, Ph.D.

The Training Committee meets at least six (6) times per year. Additional Committee meetings are scheduled on an as-needed basis. The Committee meets to review and discuss psychology interns' and residents' progress in meeting training goals and/or successfully completing the program. Additionally, the Committee meets in January to discuss psychology intern applicants for the next year and to make a decision on applicants to extend an invitation for interview. Following completion of interviews, the Committee meets to discuss intern interviews, applicant characteristics, skills, potential fit with program and to develop the ranking list. Finally, the Training Directors prepare reports based on the intern and resident competency-based evaluations, supervisor and program evaluations and the didactic training survey for the Training Committee to review and discuss. These reports are reviewed extensively by the committee and may be used as a basis for making program adjustments and improvements.

The Training Committee, as part of its' annual evaluation of the psychology internship and residency programs, reviews the effectiveness of the programs in training interns and residents to

successfully meet minimum requirements across all competencies, including the Competency on Individual and Cultural Diversity. The Training Committee also evaluates how the program is doing and ways in which improvements can be made to the programs' cultural competence. This includes recruitment of diverse interns, residents and staff, the cultural composition of training staff, program culture and atmosphere of support, and multicultural issues within the training curriculum, supervision, and service delivery. The Committee further evaluate the findings of the Individual and Cultural Diversity Committee regarding (1) supervision and didactic activities related to diversity, (2) diversity competency on intern evaluations, (3) the program's effectiveness in training interns to integrate awareness and knowledge of individual and cultural differences with their professional role. Information obtained from this evaluation is utilized to further advance the program's commitment to diversity.

The Training Committee values highly its' responsibility to ensure that the training program's individual and cultural diversity values are held as a standard for the programs. The committee's diversity objective includes the following activities:

- Discussion of recruitment and retention strategies for persons of differing backgrounds to consider application and employment in the Midwest. This includes understanding and addressing the stereotypes of Nebraska, openly and proactively.
- Announcing job openings and encouraging committee members to share these opportunities with anyone they feel might be a good candidate, and especially persons from differing backgrounds.
- Providing the feedback gathered from the Individual and Cultural Diversity Committee meeting that may include the following:
 - ✓ Discussion of education, training, or problem-solving efforts within the program and/or agency to address any feedback received from interns or staff regarding development, demonstration, and/or communication of cultural competence.
 - ✓ Discussion of how the "diversity climate" within the agency affects the training programs.
 - ✓ Discussion of relevant topics as they relate to the community's current cultural climate, local agency contacts to collaborate for training, and/or specific intention to utilize resources to address noted gaps in the program's "diversity climate".

NMHC puts forth active effort to retain psychologists active within the Training Committee to provide a diverse representation of race, ethnicity, color, age, gender, sexual orientation, religion or physical disability. The Training Directors, in coordination with the Chief Executive Officer, strives to facilitate the clinical interests of training staff in their pursuit of developing educational opportunities and services in diverse and/or underserved communities. There has been ongoing effort to facilitate education for increased cultural competence, specifically as it applies to the cultures interns and residents are being exposed to within the training programs. Additionally, utilization of community collaboration and resources to provide training and opportunity for

provision of services with a cultural context is ongoing and encouraged for all staff to develop areas of interest and passion.

Training Staff

Lee Zlomke, Ph.D., NMHC-PRP Training Director and Training Committee Member, NMHC Clinical Director, Associate Director of Internship Training, Primary Supervisor and Staff Psychologist

Dr. Zlomke received his doctorate from the University of Nebraska-Lincoln and has been a Nebraska licensed psychologist since 1987. He has provided leadership to psychological departments in several facilities and has been a supervisor and a director of APA approved and APPIC listed internships in health psychology. Dr. Zlomke has served as the Clinical Director and training director the NMHC residency program for the past 9 years.

He has 30-plus years of experience in the provision of psychological services both within in-patient and out-patient settings. He has provided clinical direction and special consultations for numerous agencies regarding individuals with severe and persistent mental illness and persons with developmental disabilities. Dr. Zlomke is a registrant in the National Register of Health Care Providers, is a member of the Nebraska Psychological Association. He is also a recognized clinical provider by the Nebraska Probation Services System and is an approved provider of behavioral health services by the Nebraska Department of Education for School Services and as an examiner for the Federal Social Security Disability Determination Division. Dr. Zlomke specializes in behavioral psychology and interventions for a wide array of clinical presentations. He has specialty in child/family, developmental disabilities and forensic psychology.

In addition to Dr. Zlomke, three (3) additional Nebraska licensed psychologists offer expertise in specific program focus areas and serve as additional program supervisors, carrying the clinical responsibility for cases being supervised. These psychologists are significantly involved in NMHC-PRP by assisting with the monitoring the progression of each resident toward training goals, determining appropriate policies and procedures, and in the recruitment and selection of future residents.

Lisa Logsdon, Psy.D. . Director of Internship Training and Training Committee Member, Secondary Supervisor and Staff Psychologist

Dr. Logsdon is a fully-licensed psychologist who completed her doctorate at the California School of Professional Psychology at Alliant International University in San Francisco. She completed her psychology internship at Colorado Western Regional Mental Health Centers in Grand Junction, Colorado and a two-year residency at Nebraska Mental Health Center's Psychology Residency Program. She has been on staff at NMHC since that time, serving on the Training Committee, as a training supervisor and responsible for conducting assessment didactic training, and as the Psychology Program Internship Training Director since April 2016.

Dr. Logsdon provides treatment and psychological evaluations at both the Lincoln and Fremont locations. She specializes in children and families, adolescents, autism spectrum disorders,

severe and persistent mental illness, and substance abuse treatment. She also coordinates the services provided at the Fremont office and is on staff at the Fremont Hospital.

Alexandra Munet Ginorio, Psy.D. , Secondary Supervisor, Training Committee Member, Staff Psychologist

Dr. Munet a licensed clinical psychologist providing mental health services for people of all ages. She joined Nebraska Mental Health Center's practice as a Psychology Resident in November, 2017, and completed the two-year residency in 2019. She was appointed to the Psychology Programs' Training Committee in 2018 and serves as a secondary supervisor with the NMHC-PRP.

She completed her doctorate at Ponce School of Medicine and Health Sciences in Ponce, Puerto Rico and has been a licensed psychologist in Puerto Rico providing mental health services in a private practice setting, correctional settings, and for children with special needs enrolled in the Department of Education of Puerto Rico. She has extensive experience providing group and individual psychotherapy, court-ordered assessments, psychological assessments, and clinical consultation. Dr. Munet also supervised doctoral students in their first year of clinical practice for Centro Sico terapéutico Multidisciplinario, INC. and supervised psychology interns in a correctional setting.

Sean Thomas, Psy.D., Secondary Supervisor

Dr. Thomas is a licensed psychologist with several years of experience assessing and treating persons with sexual offending behaviors and dangerous aggressive behaviors. He has expertise and interests in neuropsychological assessment and treatment planning for persons with cognitive impairments. Dr. Thomas provides didactic and assessment training and serves as a secondary supervisor with the NMHC-PRP.

Additional Training Resources

Jill Zlomke McPherson, MA, LIMHP, is a Licensed Independent Mental Health Practitioner and graduated with a Masters in Educational Psychology-Community Counseling from the University of Nebraska in 2005. She began her career as a therapist at NMHC before serving as Treatment Coordinator at Excelsior Youth Centers in Aurora, Colorado and later Director of Outpatient Therapy for Pediatric Psychology Associates in Beatrice. Her areas of specialization include domestic violence program services, cognitive behavioral therapy, interpersonal relationships and healthy communications, PTSD, and general mental health services surrounding issues of depression, anxiety, and adjustment disorders. She is also a Parent Child Interaction Therapy (PCIT) trained clinician.

The residency program utilizes NMHC's Practice Administrator to ensure all office, information technology, and other administrative responsibilities of the program are met. Additionally, NMHC's Quality Assurance (QA)/Credentialing Manager assists in assuring that program documentation and records' requirements are met, and monitoring clinical documentation, patient satisfaction and NMHC QA data.

To increase the diversity of professional theoretical orientations and experience, the residency program also employs adjunct faculty to lead didactic interactions and increase the resident's exposure to the complex professional interactions occurring as a full-time clinical psychologist (e.g., medical doctors).

Records

Resident records include a copy of the application materials, residency program agreement, performance evaluations, state licensure documents, certificates of completion, due process and grievance related documents, and documents related to verification of the residency and supervision hours required for licensure. Records are stored permanently in the resident's confidential file located in the NMHC's Human Resources (HR) Manager's office who serves as the staff assistant for the Training Director. Access is limited to the HR Manager, Training Director and members of the Training Committee.

Diversity and Affirmative Action Policy

NMHC-PRP is sensitive and committed to the importance of diversity and the richness of human diversity. Services and training focus on respectful and non-prejudicial treatment to people of all backgrounds. It is of utmost importance that NMHC-PRP promotes the value and strength of diversity to all employees, applicants, trainees, and individuals served. As a clinical and training facility, NMHC is motivated to addressing issues of prejudice and discrimination and the influence of those issues on the lives of the individuals that are encountered in practice and training.

NMHC-PRP welcomes applicants from diverse backgrounds. The training program believes that a diverse training environment contributes to the overall quality of the program. Every effort is made by NMHC to create a climate in which all staff, residents and interns feel respected, comfortable, and in which success is possible and obtainable. Nebraska Mental Health Centers, the sponsoring agency for the NMHC-PRP, is an Equal Opportunity Employer and thus, both NMHC and the NMHC-PRP are committed to ensuring a range of diversity among the psychology training classes and strives to select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

NMHC takes affirmative action to assure fair and equitable treatment of all employees and applicants for training without regard to race, color, religion, national origin, age, gender, disability, political affiliation or any other factor that is irrelevant to success as an employee or psychology intern. . Affirmative action policies address, but are not limited to: recruitment, training, performance evaluation, promotion, and termination. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the training

program. If an applicant requires accommodations, he or she should contact the training director to initiate this process.

NMHC-PRP's goal in diversity training is to ensure that residents continue to develop the knowledge, skills, and awareness necessary to provide competent psychological services to all members of the public. To this end, the NMHC-PRP training program requires an expected competency in individual and cultural diversity. These competencies were developed to comply with the APA's statement on Preparing Professional Psychologists to Serve a Diverse Public: "professional psychology training programs strive to ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals." Diversity experiences and training are interwoven throughout the training program to ensure that residents are both personally supported and well-trained in this area.

Ethical Standards

Residents are educated about and are expected to adhere to accepted ethical standards for the practice of psychology as defined by the American Psychological Association. Ethics as applied to research as well as ethical concerns in clinical practice are emphasized both in training experiences and in supervision. NMHC staff members are expected to serve as role models for ethical behavior in the practice of psychology. All residents receive a copy of the APA's *Ethical Standards of Psychologists and Code of Conduct* at orientation.

Professionalism

Positive relationships among staff, residents, interns, and administrators is encouraged and emphasized. The NMHC-PRP recognizes the right of residents to be treated with courtesy and respect. In order to maintain the quality and effectiveness of learning experiences, all interactions among residents and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession. The program educates residents about these principles and about procedures should problems arise with regard to them. NMHC's Code of Conduct policy that is reviewed with all staff members upon hire and residents during orientation addressed professionalism and staff interactions. All NMHC staff members are expected to serve as role models for professional behavior.

Administrative Policies

Authorized Leave: The NMHC-PRP policy on Authorized Leave is consistent with the national standard. In the course of the year, residents accrue 10 vacation days and receive 6 paid personal days and 6 paid holidays. Residents may request up to 3 days of paid educational leave for EPPP activity or approved Continuing Education.

Due Process and Grievance Procedures: All residents are afforded the right to due process in matters of problematic behavior and grievances.

Privacy policy: NMHC-PRP collects no personal information from applicants when they visit the training or agency Website.

Self-Disclosure: The program does not require residents to disclose sensitive personal information unless the information is necessary to evaluate or obtain assistance for residents whose personal problems could reasonably be judged to be preventing them from performing their training-related activities in a competent manner or posing a threat to others.

Reasonable Accommodations: It is the policy of NMHC to provide reasonable accommodations to qualified applicants and employees with disabilities in compliance with the Americans with Disabilities Act (ADA).

Liability Protection for Trainees: When providing professional services at NMHC, psychology residents within the scope of their educational programs are protected from personal liability. All clinical staff are highly encouraged to obtain personal professional malpractice insurance.

Application and Selection

Application

Upon acceptance for NMHC-PRP, applicants need to complete the process for becoming a provisional licensed psychologist in Nebraska. Selection is based upon quality of the application and level of fit between applicant's interests and level of fit between applicant's interest and NMHC-PRP goals and objectives. NMHC-PRP abides by all rules and regulations set forth by APPIC in regard to application for residency as well as the entire conduct of the program.

Interested applicants should email Lee Zlomke, Ph.D. at lzlomke@nmhc-clinics.com.

Applications are reviewed as they are received, with positions remaining open until filled by qualified applicants.

Rights and Responsibilities of Residents

Resident's Rights

1. To expect ongoing feedback regarding performance
2. To expect early identification of deficiencies, performance inadequacies, and concerns regarding behavior
3. To expect formal evaluations at least two times during the training year.
4. To expect cooperative efforts to develop a Performance Improvement Plan if needed
5. To consult with the Training Director
6. To expect availability of supervisors and the Training Director
7. To expect a clear description of responsibilities, quantitative expectations of performance, and a hierarchy of authority
8. To expect due process
9. To expect a clear identification of possible reasons for disciplinary action
10. To have a representative participate in hearing or appeals meetings as outlined in the due process and grievance procedures
11. To expect an impartial investigation of any reports of rules violation or identified problematic behavior
12. To expect clear policy regarding grievance procedures
13. To initiate grievances about training or supervision
14. To expect expeditious efforts at resolution of grievances
15. The right to appeal one time any formal grievance initiated by the resident
16. The right to be treated with professional respect, that recognizes the training and experience the resident brings with him/her.

Resident's Responsibilities

1. To abide by the APA Code of Ethics
2. To comply with APPIC policies.
3. To become knowledgeable of and abide with NMHC-PRP and NMHC's rules, policies and procedures
4. To abide by lawful program, office, department, county, and state regulations
5. To demonstrate personal maturity and honesty
6. To communicate with clinical and administrative co-workers and agency management in a respectful and professional manner.

7. To become knowledgeable of and to utilize the clinical and administrative hierarchy of the agency when communicating concerns, questions and to seek guidance in remediating issues.
8. The responsibility to meet training expectations by developing competency in all nine SoA's professional competencies as delineated in the evaluation form
9. The responsibility to actively participate in the training, clinical services, supervision activities and the overall activities of the agency including community outreach activities
10. To utilize supervision to discuss concerns regarding his/her performance or agency practices, to obtain guidance regarding clinical cases, his/her working relationships, or personal issue that may have an impact on their professional functioning.
11. To respond in a timely manner to directives and/or requests from supervisors, the director, or applicable agency management.
12. The responsibility to inform the Training Director of any significant concerns he/she may have regarding the Training Program
13. To participate in the development of a Performance Improvement Plan if one were needed
14. To become knowledgeable of and to comply with due process and grievance procedure and to comply with final decisions and actions as a result of grievance procedures being utilized
15. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that these responsibilities will be exercised and their implementation is viewed as a function of competence
16. The responsibility to give constructive feedback that evaluates the training experience or other experiences at the agency

By signing below, I agree that I have read, understand and agree to abide by the rights and responsibilities of a psychology intern with NMHC-PIP. I also agree that if I had any questions, they were addressed and adequately explained by the Training Director.

Psychological Resident

Date

Due Process and Grievance Procedures Policy

Introduction

The Nebraska Mental Health Centers (NMHC) Psychology Residency Program (PRP) is committed to maintaining a harmonious working relationship with its residents and believes that this is best accomplished by maintaining open lines of communication, fair and consistent application of policies, rules and regulations and, when needed a formal complaint process.

All NMHC staff members and residents are inserviced on the agency's administrative and clinical hierarchy and on procedures to follow should they have a question or concern about agency practices, personal issues affecting their own performance, or about a co-workers' behavior or performance to ensure clear, honest and respectful communications, effective care to patients, and a pleasant working environment. All staff members and interns are expected to work toward problem solving as needed and contributing to "solutions".

All residents receive a written statement of program expectations for professional function.

1. Evaluation procedures are clearly stipulated, including when and how evaluation will be conducted.
2. The procedures and actions for making decisions about problematic performance or conduct are outlined in written documents given to all residents.
3. Remediation plans (e.g., performance improvement plans) are instituted for identified inadequacies, and they include time frames for remediation, expectations and specify consequences for failure to rectify inadequacies.
4. Residents are given sufficient time to respond to any action taken by the program.
5. Decisions or recommendations regarding the resident's performance or conduct are based on input from multiple professional sources.
6. Program actions are documented in writing to all relevant parties.

Records

Resident records related to implemented due process procedures, formal complaints and grievances are located and stored permanently in the resident's file located in the NMHC's Human Resources (HR) Manager's office. Access is limited to the HR Manager, Director of Training and members of the Training Committee.

DUE PROCESS

Due Process Procedures are implemented in situations in which a supervisor or other NMHC staff member raises a concern about the functioning of a psychology resident.

These procedures are a protection of resident rights and are implemented in order to afford the resident with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive and include (1) Notice (2) Hearing and (3)Appeal

Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency and/or
3. An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Residents may exhibit behaviors, attitudes or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1. Resident does not acknowledge, understand, or address the problem when it is identified;
2. Problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
3. Quality of services delivered by the resident is sufficiently negatively affected;
4. Problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required;
6. Resident's behavior does not change as a function of feedback, and/or time;
7. Problematic behavior has potential for ethical or legal ramifications if not addressed;

8. Resident's behavior negatively impacts the public view of the agency;
9. Problematic behavior negatively impacts the clinical and/or administrative staff;
10. Problematic behavior potentially causes harm to a patient; and/or,
11. Problematic behavior violates appropriate interpersonal communication with agency staff.

NMHC-PIP Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

Informal Review

The scheduled weekly supervision and the “just in time training” and “supervisors’ open door periods” provide opportunities for ongoing and continuous identification and discussion of performance and/or conduct concerns. Supervisors are responsible for discussing any inadequacies in performance or instances of improper behavior, clarifying what constitutes satisfactory performance or behavior, what action may need to take to correct the performance or improper behavior, additional supports and/or training that may be provided on a temporary basis to help alleviate the problem, and what action may be taken in the future if expectations are not met. This process should be documented in writing in supervision notes but will not become part of the intern’s professional file.

Formal Review and Due Process

If the problem behavior persists following an attempt to resolve the issue informally, or if a resident receives a rating below a “3” on any competency on a supervisory evaluation, the following process is initiated:

1. The resident is notified verbally, during the evaluation or supervision meeting, as applicable, and given the opportunity to provide a statement regarding the rating or problem behavior.
2. After reviewing the area(s) of concern and considering the resident’s response, the training director has three (3) working days from the evaluation or supervision meeting to meet with the resident and provide one of the following verbal and written notices:

Formal Notice

- That a formal warning notice is not being issued and no further action will be taken due to extenuating circumstances.
- That a formal warning notice is being issued and that a Hearing will be scheduled to provide resident a meeting to discuss the problematic behavior

3. Hearing

- The resident meets with the training director and the entire training committee within three (3) working days.
- Resident shall invite a faculty member of their choice to attend the hearing.
- Training Director and Resident presents information regarding the problematic behavior.
- Following the Hearing meeting, the Training Director solicits impressions and recommendations from faculty attending the Hearing.
- Within 24 hours of Hearing, Training Director provides the Resident with one of the following written notices:

(1) That no further formal action will be taken

(2) That a Performance Improvement Plan (PIP) is being developed that formally acknowledges serious concern regarding the performance or behavior and that acknowledges that the serious concern has been brought to the attention of the resident.

The training director/supervisor will meet with the resident within 7 working days of the Hearing meeting to present the performance improvement plan (PIP).

4. Performance Improvement Plan (PIP)

Written plan that actively and systematically monitors, for a specific length of time, the degree to which the resident addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor/Training Director. The plan will specify (a) the actual behaviors or skills associated with the problem; (b) the specific recommendations for rectifying the problem; (c) the time frame during which the problem is expected to be ameliorated; and, (d) the procedures designed to ascertain whether the problem has been appropriately remediated.

The plan is dated and signed by the resident and the supervisor/director. At the end of the specified timeframe, the Training Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the resident's permanent file and also will be shared with the resident.

5. If the problem is not rectified through the above processes, the Director of Training/Supervisor may direct that a 2nd formal warning notice be written and given to the resident. Subsequently, the resident will have the opportunity to present their side at a second Hearing meeting. Actions to be taken may include modifying and/or extending the timeframe for the PIP. The director/supervisor will meet with the resident and provide a written plan detailing actions to be taken. The plan is dated and signed by the director/supervisor and resident.

6. If the problem continues to not be rectified or if it represents gross misconduct or ethical violations that have the potential to cause harm, the resident's placement within NMHC-PRP may be terminated. The Training Director/Supervisor may decide to temporarily suspend a resident's clinical activities during this period prior to a final decision being made, if warranted.

Resident Appeal

1. An resident may choose to appeal any decision and request an Appeals Hearing. If this decision is made, it must be presented in writing (an email will suffice) to the Chief Executive Officer (CEO) no longer than three (3) working days following the receipt of the decision or action plan.
2. An Appeals Hearing panel must be scheduled within five (5) working days of receipt of the written appeal. The panel will be composed of one (1) staff member chosen by the resident, the Clinical Director and the CEO. The resident has the right to attend the hearing.
3. The panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information.
4. A decision will be made within three (3) working days by popular vote to uphold, modify or abdicate the decisions made previously. The panel has final discretion regarding the outcome.
5. Once a final decision has been made, the resident is provided a written copy of the decision made and any actions to be taken.
6. An original will be placed in the resident's file and a copy provided to the resident.

GRIEVANCE PROCEDURES

Grievance Procedures are implemented in situations in which a psychology resident raises a concern about a supervisor or other faculty member, trainee, or the residency training program. These guidelines are intended to provide the psychology resident with a means to resolve perceived conflicts. Residents who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a resident raises a grievance about a supervisor, staff member, trainee, or the residency program:

Informal Review

The scheduled weekly supervision and the "just in time training" and "supervisors' open door periods" provide opportunities for ongoing and continuous identification and discussion regarding any questions or concerns the resident has regarding their training experiences. Residents have the responsibility to raise any issue as soon as feasible with the involved supervisor, staff member, other trainee, or Clinical Director in an effort

to resolve the problem informally. Supervisors are responsible for working to resolve or mediate resident's concerns regarding their experience. This process should be documented in writing in supervision notes and discussed with the Training Director but will not become part of the resident's professional file.

Formal Review

Residents are entitled to challenge actions taken informally to resolve complaints about the training program, supervisors or other staff member or his/her status in the training by initiating a grievance procedure. The resident must submit a written Notice of Resident Grievance to the Director of Training within 7 days of being informed of the actions that have or will be taken. The Notice will contain detailed information regarding the grievance.

1. The Director of Training will investigate the complaint and will render a written decision within 7 working days of receipt of the formal complaint documentation. Should the resident disagree with the decision rendered regarding the complaint, he/she is entitled to initiate the grievance procedures within three (3) working days of receipt of the director's decision regarding the complaint.
2. A Review Panel will then be formed consisting of the Director of Training, one (1) staff persons selected by the resident, and if applicable to the grievance, the Practice Administrator. The Review Panel hearing is convened within three (3) working days of receipt of the written notice of grievance. The resident has the right to attend the hearing and present his/her evidence. If the grievance involves a NMHC staff person, he/she also has the right to attend the hearing and present his/her evidence. The hearing is chaired by the Director of Training and the challenge is heard and evidence presented. Decisions by the Review Panel will be made by a majority vote.
3. The Director of Training then makes a decision regarding what action is to be taken and that decision is final.

Resident Appeal

1. A resident may choose to appeal any decision made by the Review Panel and/or Training Director. If this decision is made, it must be presented in writing to the Chief Executive Officer (CEO) no longer than five (5) working days following the receipt of the decision.
2. An Appeals Hearing Panel must be scheduled within five (5) working days of receipt of the written appeal. The panel will be composed of one (1) staff member chosen by the resident, the resident's primary supervisor, the Director of the Training Program/Clinical Director and the CEO.

3. The panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information.
4. A decision will be made within three (3) working days by popular vote to either uphold, modify or abdicate the original decision.
5. Once a final decision has been made, the resident is provided a written copy of the decision made and any actions to be taken.
6. An original will be placed in the resident's file and a copy provided to the resident.

Note: In the event the focus of the resident's grievance is the current Director of the Training Program, the CEO will assume the role of the Director of the Training Program in the processes delineated above.

**DUE PROCESS AND GRIEVANCE PROCEDURES SIGNATURE PAGE AND
ACKNOWLEDGEMENT OF
RECEIPT AND UNDERSTANDING**

By signing below, I agree that I have read, understand and agree to adhere to the due process and grievance procedures of NMHC-PRP. I also agree that if I had any questions, they were addressed and adequately explained by the Training Director.

Psychological Resident

Date

**Nebraska Mental Health Centers
Residency Competency-Based Evaluation**

1st 2nd YEAR 1
1st 2nd YEAR 2

Resident Name:

Date:

Observation of Resident’s Work: How did you observe intern’s work (circle all that apply)

- | | |
|--------------|-----------------------------|
| 1. Reports | 4. Direct Observation |
| 2. Audiotape | 5. Review of Progress Notes |
| 3. Videotape | 6. Other, please specify: |

Resident has completed her/his contracted hours

EVALUATION SCALE: Please use the following response scale for this evaluation: *

- 1=Significant Development Needed** – Functions well below expected for level of training.
2=Development Needed–Has introductory knowledge; improvement in functioning needed to meet expectations
3=Intermediate Skill – Functions adequately in most situations & meets expectations based on level of training
4=Exceeds Expectations – Functions above average and exceeds expectation based on level of training
5=Advanced – Consistent high-level demonstration of competency and independence.
N/A= Not Applicable/Not Observed/Cannot Say.

A. Research and Scholarship	
1. Displays critical scientific thinking	
2. Uses the scientific literature	
3. Implements scientific methods	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

B. Ethical and Legal Standards	
1. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research	
2. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research	
3. Recognizes and manages ethical and legal issues in Health Service Psychology practice, training, and research	
4. Adheres to the APA Ethical Principles and Code of Conduct	
5. Conduct self in an ethical manner in all professional activities	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

C. Individual and Cultural Diversity	
1. Demonstrates awareness of diversity and its influence	
2. Develops effective relationships with culturally diverse individuals, families, and groups	
3. Applies knowledge of individual and cultural diversity in practice	
4. Pursues professional development about individual and cultural diversity	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

D. Professional Values, Attitudes and Behaviors	
1. Displays professional behavior	
2. Engages in self-assessment and self-reflection	
3. Demonstrates accountability	
4. Demonstrates professional identity	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

E. Communication and Interpersonal Skills	
1. Communicates effectively	
2. Develops and maintains effective relationships with a wide range of individuals	
3. Manages complex interpersonal situations	
4. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated	
5. Demonstrates self-awareness as a professional	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

F. Assessment	
1. Conducts clinical interviews	
2. Appropriately selects and applies evidence-based assessment methods	
3. Collects and integrates data using multiple sources	
4. Interpret assessment results to inform case conceptualization, classification, and recommendations	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

G. Interventions	
1. Establish and maintain effective therapeutic relationships	
2. Formulates case conceptualizations and treatment plans specific to the service delivery goals	

3. Implements evidence-based interventions	
4. Monitors the impact of interventions	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

H. Supervision	
1. Seeks and uses supervision effectively	
2. Use supervisory feedback to improve performance	
3. Facilitates peer supervision/consultation	
4. Provides individual supervision (if applicable)	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

I. Consultation and Inter-professional/Interdisciplinary Skills	
1. Provides consultation (e.g. case-based, group, organizational systems)	
2. Engages in interprofessional/interdisciplinary collaboration	
3. Engages in systems-based practice	
Overall Rating	

Additional comments optional, comments on scores below 3 required.

F. Overall Evaluation and Comment
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1. **Strengths:** What strengths does the resident bring to their work?

2. **Areas for Improvement:** What areas need improvement and development?

3. **Goals for Next Stage of Training:** Please note goals for resident for the next stage of clinical training.

PLEASE SIGN:

Training Director: _____ **Signature:** _____ **Date:** _____

Resident: _____ **Signature:** _____ **Date:** _____

Supervisor Evaluation

Resident _____ Supervisor: _____

Resident's Signature: _____ Date of Evaluation: _____

Scoring Guide

- 1 = Training Needs Not Met**
2 = Training Needs Somewhat Met
3 = Training Needs Adequately Met
4 = Training Needs were Exceeded
N/A = Not Applicable/Not Observed/Cannot Say

GENERAL CHARACTERISTICS OF SUPERVISOR

1. Is accessible for discussion, questions, etc.	
2. Treats supervisee with respect and courtesy.	
3. Presents as a positive professional role model consistent with the program's aims.	
4. Schedules supervision meetings and is available at the scheduled time.	
5. Keeps sufficiently informed of case(s).	
6. Is up-to-date in understanding of clinical populations and issues.	
7. Sets clear objectives and responsibilities throughout supervised experience.	
8. Maintains appropriate interpersonal boundaries with patients and supervisees.	
9. Provides constructive and timely feedback on supervisee's performance.	
10. Encourages appropriate degree of independence.	
11. Communicates effectively with supervisee.	
12. Maintains clear and reasonable expectations for supervisee.	
13. Provides a level of case-based supervision appropriate to supervisee's training needs.	
14. Demonstrates concern for and interest in supervisee's progress, problems, and ideas.	

15. Interacts respectfully with supervisee.	
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Comments:

DEVELOPMENT OF CLINICAL SKILLS

1. Assists in coherent conceptualization of clinical work.	
2. Assists in translation of conceptualization into techniques and procedure.	
3. Is effective in providing training in behavioral health interventions.	
4. Is effective in providing training in assessment and diagnosis.	
5. Supports learning of writing well organized psychological reports that answer the referral question(s).	
6. Supports supervisee in navigating and responding to clients' cultural and individual differences.	
7. Is effective in helping to develop therapeutic short-term and long-range treatment goals in collaboration with patients.	
8. Promotes clinical practice in accordance with ethical and legal standards.	
9. Promotes supervisees' general acquisition of knowledge, skills, and competencies.	

Comments:

SUMMARY

Overall rating of supervision with this supervisor.	
Describe how the supervisor contributed to your learning.	
Describe how supervision or the training experience could be enhanced.	
Any other suggestions/feedback for your supervisor?	

Supervisor's Signature

Date

NMHC-PRP PROGRAM EVALUATION

Resident:

Evaluation Period: 1 st Year <input type="checkbox"/> 2 nd Year: <input type="checkbox"/>
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This Program Evaluation is utilized by NMHC-PRP to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any rating of “poor” or Fair” will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments whenever applicable in order to help us respond more effectively.

OVERALL RESIDENCY EXPERIENCE

Overall quality of training	Poor	Fair	Good	Excellent
Opportunities for professional socialization with peers:	Poor	Fair	Good	Excellent
Breadth of clinical intervention and assessment experience:	Poor	Fair	Good	Excellent
Satisfaction with number of client contacts:	Poor	Fair	Good	Excellent
Clarity of expectations and responsibilities:	Poor	Fair	Good	Excellent
Case load was appropriate to meet educational needs:	Poor	Fair	Good	Excellent

Please provide any additional comments/feedback about your experience and provide explanations for any “poor” or “fair” ratings.

AGENCY EXPERIENCE

Management Organization:	Poor	Fair	Good	Excellent
Communication of Agency Happenings:	Poor	Fair	Good	Excellent
Collaboration with Administrative Staff:	Poor	Fair	Good	Excellent
Inclusion into Clinical Team:	Poor	Fair	Good	Excellent

Please provide any additional comments/feedback about your experience and provide explanations for any “poor” or “fair” ratings.

QUALITY OF TRAINING WITHIN REQUIRED COMPETENCY AREAS

For the following questions, please consider training you have received through didactic seminars and professional development opportunities, as well as experiential training.

Evidence-Based Practice in Assessment:

Poor	Fair	Good	Excellent
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Comments:

Evidence-Based Practice in Intervention:

Poor	Fair	Good	Excellent
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Comments:

Ethical and Legal Standards:

Poor	Fair	Good	Excellent
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Comments:

Individual and Cultural Diversity:

Poor	Fair	Good	Excellent
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Comments:

Research: (Application, Review or Opportunities)

Poor	Fair	Good	Excellent
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Comments:

Supervision:

Poor	Fair	Good	Excellent
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Comments:

Professional Values and Attitudes:

Poor	Fair	Good	Excellent
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Comments:

Interprofessional and Interdisciplinary Consultation:

Poor	Fair	Good	Excellent
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Comments:

Communication and Interpersonal Skills:

Poor	Fair	Good	Excellent
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Comments: