



2022- 2023 Manual



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APPENDIX

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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.

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 psychology.

The overall aim of the NMHC-Psychology Residency Program (NMHC-PRP) is to provide 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 professional psychology, and are able to work with children, adolescents and families across multiple settings. Knowledge and understanding of evidence-based practices is a key component of training throughout the residency experience. 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. Additionally, fostering the belief that psychologists must be sensitive and responsive to cultural and ethnic diversity, training experiences are provided that enhance the residents' abilities to understand and work with people of different cultures, backgrounds, and life experiences.

Our Setting

NMHC is a private, outpatient mental/behavioral health clinic that provides services within populated city limits and underserved rural settings in eastern and southeastern Nebraska. A broad ethnic and cultural diverse population is provided services in each of the clinic sites. Assessment, diagnosis and treatment of a wide variety of behavioral health disorders and neuropsychological conditions are provided to children, adolescents, adults and seniors. All services are provided under the direction of the Training Directors and the NMHC Clinical Director.

The primary site in Lincoln, NE provides services for a population center of 277, 00. A cooperative and collaborative working relationship with various medical practices in the community and with NMHC's part time psychiatric service provider enriches the residency 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.

Satellite clinics are located in the communities of Fremont, Wahoo and Beatrice, NE. Within each of the locations comes their own socioeconomic, cultural, and community resource considerations for treatment services. 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. In addition to the office setting, clinicians also provide assessment, diagnosis and treatment of a wide variety of behavioral health disorders and neuropsychological conditions within an assisted living facility. The Wahoo satellite clinic is newly being established in the 2022-2023 training year. At this time there is a combination of telehealth and in-person appointment options, and the opportunities for the range of clinical services to be provided and impact within the immediate community are and ongoing development within the internship training year. 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 one long term care facility. Residents also provide contracted services with the Beatrice Public Schools that include behavioral health interventions in the classroom in order 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). Residents also have the opportunity to provide supervised leadership for group therapy focusing on adults within the probation system with anger and impulse control challenges. Residents are also provided the opportunity to co-facilitate a group for men with histories of committing adult domestic violence.

Our Approach to Training

Training Model and Philosophy

Residents integrate theoretical, clinical, and professional issues in psychology into the service delivery model of Nebraska Mental Health Centers. The scientist-practitioner model 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. Additionally, to ensure the transition to autonomous practicing professional, specific supervision and training goals have been set in each of the relevant areas including group supervision, case consultation, professional development, and didactic activities.

Program Structure

The residency program is designed to be completed over a twenty-four month period. It is intended to prepare the resident in a great many of the facets of clinical psychology that cannot be accomplished in a 1-year residency program. Throughout the two (2) year program each resident will benefit from a planned, individualized, sequential and integrated program 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.

The second year of the program will 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 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.

Aims of the Residency and Expected Competencies

The overall aims of the residency experience are to help early career psychologists:

1. Develop advanced knowledge and skills in the assessment and treatment of diagnostically and culturally diverse client population
1. Meet all of the supervisory and clinical requirements for licensure eligibility in Nebraska
2. Solidify professional identity as an early career psychologist and be prepared to practice independently, and in leadership positions, as clinical psychologist within community health settings.

By the conclusion of the residency, in order to meet the **first aim** related to assessment and treatment of a diverse client population, it is expected the resident will achieve advanced competency in the following areas:

- Awareness of their own individual and cultural diversity characteristics, including personal biases;
- Achieve good rapport with most clients;
- Collaboratively develop service plans with achievable goals and measurable objectives;
- Provide culturally sensitive services;
- Conduct a thorough risk assessment and document appropriately;
- Independently develop case conceptualizations that are based on preferred theoretical orientation; and
- Provide well-timed and culturally appropriate evidence based interventions; and
- Demonstrate positive clinical outcomes

In order to meet the **second aim** of being eligible for licensure as a psychologist in Nebraska by the conclusion of the residency, the resident will have accumulated 2,000 hours of practice, received at least 100 hours of individual supervision from licensed psychologists over a 12 month period, and will have passed or be prepared to pass the EPPP.

In reference to the **third aim** of solidifying professional identity as an early career psychologist who is able to practice clinical psychology independently and be prepared for leadership role in community health settings, the resident will be expected to demonstrate advanced competencies in the following areas:

- Professional interpersonal behavior such as having smooth working relationships and be able to resolve differences in an open, tactful and effective manner;
- Use positive coping techniques to manage personal stress and thus maintain professional functioning and high quality client care;
- Demonstrate compliance with documentation standards within required timelines;
- Demonstrate good knowledge of ethical principles and state law;
- Demonstrate an ability to accomplish administrative tasks in a timely and professional manner;
- Demonstrate a high level of self-awareness and to recognize and respectfully account for differences between self and others as it relates to cultural background and variances in values and beliefs;
- Display necessary self-direction in gathering clinical and research information necessary to integrate science and clinical practice; and
- Demonstrate good knowledge and application of supervision skills.

Successful completion of the NMHC Psychology Residency Program requires residents to demonstrate competency in the following areas:

- Assessment and Diagnosis that is grounded in scientific theory and research. Training activities that will support the attainment of this competency include: conducting diagnostic intake evaluations; testing interviews, test selection and administration; test result interpretation and report writing.
- Case Conceptualizations and Interventions that are empirically supported and use of outcome measures to guide the continuation or modification of the interventions. Fellows will conduct individual, family, and/or group psychotherapy; review theoretical and intervention literature; develop treatment plans; and measure outcomes (e.g., outpatient teams use measurement based care tools).
- Consultation and Interdisciplinary Collaboration that demonstrates knowledge of the relevant professional literature and which is informed by attention to individual and cultural diversity, ethical guidelines, and legal standards and which demonstrates good communication, effective team planning, and respect for the contributions and perspectives of other disciplines. Training activities that will support the attainment of this competency may include: testing feedback to clients/guardians; supervised experience consulting with other public and private human service and social service organizations (e.g. hospitals, medical clinics, schools, department of human services, probation department, and nursing homes); and collaboration with multidisciplinary staff in the development of treatment plans.
- Evidence-based Practices (Research) which includes scholarly inquiry and the application of scientific knowledge in the provision of clinical care, consultation and supervision. Each resident engages in demonstration of evidence-based practices in their clinical work, case consultations, and delivery of content in formal presentations to the doctoral psychology interns.
- Professionalism and Reflective Practice as demonstrated by behaviors and values that adhere to professional standards and indicate ongoing attention to increasing self

awareness and knowledge, including through the use of supervision and consultation. Supervisors will support, monitor, and evaluate the professional development and self awareness of residents, and as appropriate utilize the observations and feedback from other staff members who regularly interact with the residents.

- Individual and Cultural Diversity - Knowledge, sensitivity, and skill in working with individuals, groups, and communities that are representative of individual and cultural diversity. Residents have abundant opportunities to assess and treat Latinx, African American, and Caucasian individuals and families, and refugees from Asia, Africa, and the Middle East. Residents expand their knowledge of individual and cultural differences by reviewing the literature and receiving supervision and consultation.
- Ethical and Legal Practice that is demonstrated by the knowledge and application of APA ethical principles and standards of practice, and Nebraska mental health law in decision making and practice implementation. Ethical dilemmas and legal standards are reviewed during supervision and case conferences.
- Supervision - Knowledge and teaching of supervision roles, models, and procedures to doctoral psychology interns. Residents assist in facilitating the Clinical Group Supervision group that is conducted for the doctoral interns and clinical staff. Residents review theories and research on supervision and delineate the supervision competencies that are required for good practice. Fellows apply this knowledge and skill in their provision of supervision to graduate practicum students.

Goals and Objectives

The goals and objectives of NMHC-PRP's training activities ensure that each resident will be provided the opportunity to develop through both experience and training, as they further develop their breadth as a psychologist.

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, as well as outpatient treatment interventions.

Objectives

- To gain a greater understanding of dual diagnosis patients and underlying pathology that serves to maintain substance abuse disorders
- 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

Overview

Basic Requirements of the Residency Program

NMHC-PRP requires applicants to have completed all professional doctoral degree requirements from an APA or APA-equivalent doctoral program and an APA or APPIC-member psychology internship. Prior to beginning the residency, residents are required 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 and reach completion in 24 months for the advanced clinical program. Additional requirement is to be independently licensed (i.e., licensed psychologist) within the first 16 months of residency.

Residents successfully completing the two year program have obtained 2000 + hours each year, including 1,000 or more hours (50% of resident's time) of direct face-to-face clinical service hours each year, and have completed all clinical patient reports and documentation. Additionally, residents have received a rating of 3 or above on all competencies on the final evaluation to successfully complete the program.

Resident Program Training Director

Dr. Leland Zlomke serves as the 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 selection of residents, resident supervision, monitoring and the evaluation of program goals and activities, documentation and maintenance of resident records. He is a Nebraska licensed psychologist since 1987. He has 40-plus years of experience in the provision of psychological services both within in-patient and out-patient settings. He has provided leadership to psychological departments in several facilities and has been a supervisor and director of APA approved and APPIC listed internships in professional psychology. He has served as the training director the NMHC residency program since 2011 and has been a supervisor of resident training in several facilities for over 25 years. His specialties include behavioral psychology, child/family, developmental disabilities and forensic psychology. Dr. Zlomke is a registrant in the National Register of Health Care Providers, a member of the Nebraska Psychological Association, is a recognized clinical provider by the Nebraska Probation Services System, an approved provider of behavioral health services by the Nebraska Department of Education for School Services and is an examiner for the Federal Social Security Disability Determination Division.

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 intern recruitment, supervision, didactics, 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 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 many of the residents are challenged by some of the cultural differences that present within more rural settings than the more metropolitan areas that residents are familiar with through their graduate programs and internships.

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 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 Policy

Supervision is provided primarily by Dr. Lee Zlomke, the NMHC PRP Director. Supervision and "just in time" consultation may also be provided by other NMHC supervisors that are all Nebraska Licensed psychologists. These supervisors have primary clinical responsibility for resident's cases. For all clinical cases discussed with a supervisor other than the resident's scheduled supervisor, full professional responsibility remains with the scheduled supervisor.

The resident's supervisor meets with the resident at least twice per month for a minimum of four (4) total hours. Such meeting may be face-to-face consultation, telephone, video or other electronic means. Supervision will be flexible and oriented around the learning interests of the individual resident while ensuring that all basic professional competencies are achieved.

Additional learning and mentoring experiences are provided each week through the clinical group supervision. Group supervision provides a forum for multi-disciplinary consultation, case presentations, business considerations of psychological practice, development of professional relationships and individual/cultural diversity issues and seminars.

Psychology residents have the opportunity to “lead” the didactic training 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.

Performance Evaluations

Evaluation forms are maintained and stored permanently in the resident's training file in the NMHC Human Resources (HR)/Credentialing Manager’s office. Access is limited to the HR Manager, Training Director and members of the Training Committee. The 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 competencies and training elements. The Training Director meets semi-annually with residents to evaluate progress in meeting competencies and goals. The Training Director reviews the evaluation with each resident and provides an opportunity for discussion at each timepoint.

Evaluations are conducted using a standard rating form which includes comment spaces where supervisors include specific written feedback regarding the resident’s performance and progress. 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=Below Expected Level – Some improvement in functioning is needed to meet expectations, 3=Intermediate Skill – Functions adequately and meets expectations based on level of training; 4=Above Expected Level - 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.

A minimum level of achievement on each evaluation is defined as a rating of “3” for each competency. 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.

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 resident’s participation in

developing their training goals and their feedback about program components, structure, and the day-to-day functioning of the training program.

Benefits, Stipends and Resources

The annual stipend for a first year resident is \$46,000. Residents are provided with professional malpractice insurance, pro-rated health insurance paid holidays, vacation/personal leave days and bereavement leave.

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.

NMHC-PRP residents have access to numerous resources. All residents are provided with individual office space, a desk, networked computer, office phone, voicemail, email, software, business cards, and access to printers, and basic office supplies. Intervention manuals, assessment materials, other training materials, and access to the DSM 5 and ICD-10 are also provided. Each resident additionally has access to administrative and IT support, as well as client scheduling support. A large meeting room is available for seminars and other didactic activities, group therapy sessions, and socialization.

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

Jill Zlomke McPherson is NMHC's Chief Executive Officer and Clinical Director and is responsible for providing oversight of all business activities, including providing budget for the training programs and has the overall responsibility for the clinical program.

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, building safety plans and infectious disease policy. 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, 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.

Training Committee

The NMHC Training Committee, under direction from the training director, collaborates to oversee programmatic issues, including development, implementation, and oversight of all policies regarding training and education, goals of training, interviews of potential interns, intern ranking, 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 internship program. The Training Committee is composed of:

- Resident Program Training Director – Lee Zlomke, Ph.D.
- Internship Training Director – Lisa Logsdon, Psy.D
- Clinical Director - Jill Zlomke McPherson, M.A., LIMHP
- Psychologist – Melissa Lafferty, Ph.D.
- Psychology Resident – Ashleigh Carter, Psy.D. (Consultive Role)

The Training Committee meets at least six (6) times per year. Additional Committee meetings are scheduled on an as-needed basis. Reports based on the competency-based evaluations, supervisor evaluations, program evaluation and the didactic training survey are reviewed by the committee and may be used as a basis for making program adjustments and improvements.

The Training Committee reviews the effectiveness of the program 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 program's cultural competence. This includes recruitment of diverse interns and residents, 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 will further evaluate the findings of the Individual and Cultural Diversity Committee regarding (1) supervision and didactic activities related to diversity, (2) diversity competency on performance evaluations, (3) the program's effectiveness in training interns and residents 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 residency program's individual and cultural diversity values are held as a standard for the program. 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, residents or staff regarding development, demonstration, and/or communication of cultural competence.
 - ✓ Discussion of how the "diversity climate" within the agency affects the internship and residency 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-PRP 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 Clinical Director, 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 are being exposed to within the internship program. 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 Team

Lee Zlomke, Ph.D., Director of Psychology Residency Training Program, Associate Director of the Psychology Internship Program, Supervisor, , Training Team Member

Dr. Zlomke serves as the Associate Director and as a supervisor for the internship training program. Dr. Zlomke is also the director of the NMHC Psychology Residency Program and is a Nebraska Licensed psychologist. Dr. Zlomke received his doctorate from the University of Nebraska-Lincoln. He has 35-plus years of experience in the provision of psychological services and providing professional leadership and training. He specializes in behavioral psychology and interventions for a wide array of clinical presentations and has a specialty in child/family, developmental, forensic and school psychology. He has provided clinical direction and special consultations for numerous agencies regarding individuals with severe and persistent mental illness and persons with developmental disabilities.

Lisa Logsden, Psy.D., Psychology Internship Training Director, Supervisor and Staff Psychologist

Dr. Logsden is a Nebraska Licensed psychologist and has an independent license in clinical psychology. She completed her doctorate at California School of Professional Psychology at Alliant International University in San Francisco in Clinical Psychology. She completed her internship at Colorado Western Regional Mental Health Centers, and a two-year residency at Nebraska Mental Health Center's (NMHC) Psychology Residency Program in Clinical Psychology. She has been on staff at NMHC since that time, serving on the NHHC-PIP Training Committee, as a primary training supervisor, and responsible for conducting the assessment didactic training. Dr. Logsden has served as the Internship Training Director since April, 2016 and serves as a primary supervisor for NMHC-PIP. Additionally, she provides treatment and psychological evaluations at both the Lincoln and Fremont offices and specializes in children and families, adolescents, autism spectrum disorders, severe and persistent mental illness, and substance abuse treatment .Dr. Logsden also coordinates the services provided at the Fremont office and is on staff at the Fremont Hospital.

Melissa J. Lafferty, Ph.D, LP, Psychologist, Supervisor, Training Team Member

Dr. Lafferty is Nebraska native and a graduate of NMHC's Psychology Internship and Residency Programs and the University of Nebraska-Kearney and Walden University. She focuses her services within the Lincoln and Beatrice office sites. Dr. Lafferty provides and coordinates NMHC-provided services for Beatrice Public Schools Special Education Department and the Domestic Violence Program group in the Beatrice office. She also serves as a mental health provider/consultant with the Blue Valley Community Action Partnership that provides Headstart

services and Early Intervention Services for Southeast Nebraska. Dr. Lafferty has experience conducting psychological, psychoeducational, social security disability, and court-ordered evaluations. She is certified to provide specialized Parent Child Interaction Training (PCIT) and provides this specialized intervention with a number of families. She also serves as a supervisor, a member of the Training Committee, facilitates the weekly Early Career Supervision group and provides clinical professional and psychometric assessment didactic trainings.

Jill Zlomke McPherson, MA, LIMHP, Executive Director, Clinical Director, Training Team Member

Ms. Zlomke is a Licensed Independent Mental Health Practitioner 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 (a residential treatment center), in Aurora, Colorado, and later, as Director of Outpatient Treatment at Pediatric Psychology Associates in Beatrice, Nebraska. Her areas of specialization include cognitive behavioral therapy, interpersonal relationships and healthy communications, PTSD, and general mental health services surrounding issues of depression, anxiety, and adjustment disorders. Ms. Zlomke has specific expertise in assessing and treating adolescent females and young women with severe symptoms including traumatic histories such as domestic violence, abuse and sexual offense victims. Ms. Zlomke serves as the primary supervisor for provisionally licensed mental health practitioners and for Master's-level psychology practicum students. Additionally, she serves as coordinator of the Domestic Violence Program, a psycho-educational group based upon the Duluth Model. She is also certified to provide specialized Parent Child Interaction Training (PCIT) and provides this specialized intervention with a number of families.

Ashleigh Carter, Psy.D., Psychology Resident, Training Team Member

Dr. Clarke obtained a Master's Degree in counseling psychology from Pacific University and a second Master's Degree from Marywood University in Clinical Psychology. She is a 2018-2019 graduate of NMHC's Psychology Internship Program. Her doctoral program dissertation addressed "College Adjustment of Post-911 Student Veterans". She completed the doctoral program at Marywood University this year and is participating in NMHC's Psychology Residency Program. Dr. Clarke utilizes a client-centered and strength based orientation integrating Interpersonal and Cognitive-Behavioral approaches with her patients. She has a passion for working with adolescents, young adults and women who have experienced trauma or are experiencing stress related to life changes and adjustments.

Additional Training Staff/Program Contributors

Sean Thomas, Psy.D., Adjunct Training Staff, Secondary Supervisor

Dr. Thomas is a licensed psychologist with extensive experience assessing and treating persons with sexual offending behaviors and dangerous and aggressive behaviors. He has expertise and interests in neurological assessments and treatment planning for persons with cognitive impairments and providing assessments and treatment for persons with sexual offending behaviors. Dr. Thomas serves as a didactic training presenter and as a secondary supervisor,

providing supervision in the absence of a primary supervisor or when his expertise is of benefit to the intern.

Kristi Weber, APRN, Psychiatric Nurse Practitioner

Ms. Weber is a Certified Family Psychiatric Mental Health Nurse Practitioner who has provided behavioral health services to incarcerated individuals, chronically mentally ill adults and mentally challenged individuals in the community since 2008. Ms. Weber joined NMHC in 2014.

Records

Resident records include a copy of the resident program agreement, description of the current year training experiences, 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 internship file located in the NMHC's Human Resources (HR) office. These records are limited to the CEO/Clinical Director, Practice Manager, Administrative Coordinator, Training Directors 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 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 interns and resident. 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 internship. 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 interns and residents 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 interns and 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 didactics and in supervision. NMHC staff members are expected to serve as role models for ethical behavior in the practice of psychology. All interns 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 throughout the internship program. The NMHC-PRP recognizes the right of interns and residents to be treated with courtesy and respect. In order to maintain the quality and effectiveness of learning experiences, all interactions among interns, 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 training programs educate interns and 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 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 6 vacation days and receive 6 paid personal

days and 6 paid holidays. Residents may request up to 3 days of paid educational leave for off-site educational activities, including conferences, presentations at professional meetings, and EPPP activities.

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 acting within the scope of their educational programs are protected from personal liability. Psychologists-in-training risk potential legal, governmental, or regulatory actions every time they provide psychological services. However, being insured through someone else's malpractice policy doesn't guarantee that the intern or resident will be a priority or receive personal coverage when you need it the most. Trust Insurance has made personal protection affordable with liability insurance just for graduate students.

<https://www.trustinsurance.com/Insurance-Programs/Student-Liability>

Accreditation Status

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

Application and Selection

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 Policy

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.

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

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 notices:
 - That a formal warning notice is being issued and directing the resident to work to rectify the problem within a specified time frame.
 - That a formal warning notice is being issued and 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.
 - That a formal warning notice is being issued and no further action will be taken due to extenuating circumstances.
4. The training director/supervisor will meet with the resident within 7 working days of the evaluation meeting to present the performance improvement plan (PIP) or other actions to be taken.

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 intern 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. 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 intern may choose to appeal any decision (#3, #4, #5 or #6 above) 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 intern 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 intern, 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’s progress toward obtaining 2000 clinical hours/direct patient contact hours) for the year?

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 and Reflective Practices	
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 and Diagnosis	
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. Case Conceptualization and 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 Collaboration	
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
--

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:** _____