

Northwood Health Systems

Clinical Psychology Training Program Handbook

Northwood Health Systems' mission is to be a world-class organization, dedicated to providing cost-effective, quality care for children, adolescents, adults, and senior citizens with emotional problems, intellectual developmental disorders, mental illness and drug and alcohol addictions. We are committed to helping people achieve their highest possible quality of life.

Training Philosophy

As Northwood Health Systems is committed to providing the highest quality clinical services to our clients, both now and in the future, we are also committed to providing high quality training to the next generation of clinicians, who will carry this work into the future.

In the context of this work, our clinical training program strives to develop well trained and effective practitioners to address the mental health needs of our socio-culturally diverse population. This is accomplished through gradually increasing clinical exposure and responsibility, combined with close supervision and training experiences.

Training activities build on previous education and experience and include assessing the strengths, needs, and areas of particular interest of each of the trainees, in order to design the most effective program for them.

The climate of reimbursement requirements is ever-changing within the context of managed care, as a result, trainees will be exposed to the business aspects of psychology to build upon their hard earned experience in training programs. Northwood Health Systems is a premiere mental health service provider with an outstanding business model. Trainees will gain experience in negotiating the complexities of being "audit proof" when it comes to the documentation and billing of services.

Organization Overview

Northwood Health Systems is a non-profit, comprehensive behavioral health center serving Ohio, Marshall, and Wetzel counties in the Northern Panhandle of West Virginia. Northwood was founded in 1967 as one of West Virginia's originally charted comprehensive community mental health centers.

Northwood Health Systems is licensed by the West Virginia Department of Health and Human Resources and is a member of the West Virginia Behavioral Healthcare Providers Association.

Serving approximately 3,000 clients annually, including children and adults with intellectual/developmental disability, mental illness, and/or substance abuse issues, Northwood has nearly 600 employees, including psychologists, psychiatrist, physician assistants, nurse practitioners, registered and licensed practical nurses, social workers, therapists, case managers, care coordinators, addiction counselors, crisis intervention specialists, and direct care workers. Northwood operates in more than 20 locations, including 4 outpatient clinics, 2 crisis stabilization units, 15 group homes, and a homeless shelter. Northwood also operates two apartment complexes for low income residents.

With four primary clinic sites, Northwood's primary and largest clinic site is located in Ohio County at 1819 Wood Street, Wheeling, WV. Northwood also operates smaller clinics in Marshall, Brooke, and Wetzel Counties, located at 10 Ash Avenue, Moundsville, WV, 353 American Way, Weirton, WV, and 307 Main Street, New Martinsville, WV respectively. While the Marshall, Brooke, and Wetzel County clinics are somewhat more rural than the Wood Street clinic, each serves a similar clientele. Most of Northwood's full-time clinicians work one or more days per week at the Marshall, Brooke, or Wetzel County clinics.

Northwood Health Systems provides a comprehensive continuum of care, including a broad range of high quality standard and specialized behavioral health programs and services. The Psychiatric Services department provides psychiatric evaluation, pharmacological management, and conducts special clinics to administer and manage certain medications, such as Clozaril and Suboxone. Our psychiatric services also conduct daily reviews for all clients being treated in our crisis stabilization units. Northwood employs a team of licensed psychologists and supervised psychologists who lead interdisciplinary teams to develop treatment plans and strategies for clients. Northwood psychologists also conduct psychological evaluations for a broad range of clients, train and supervise other clinical staff, and provide outpatient therapy to individuals, groups, and families. Psychologists work collaboratively with psychiatry

personnel, assessing and planning treatment for those clients who are receiving crisis stabilization services. Intake assessments for those seeking outpatient services as well as specialized services, including mental hygiene examinations for those thought to be a danger to themselves or others, are included in the daily duties of a psychologist at Northwood.

A more thorough description of Northwood and its services may be found by accessing our website at www.northwoodhealth.com.

Diversity Statement

Northwood Health Systems serves a diverse population in our four locations within the Northern Panhandle of West Virginia. In this largely Appalachian setting, we serve clients with a rural as well as a more urban identity, from various walks of life and family backgrounds, with various life experiences, ethnicities, nationalities, physical and mental abilities, sexual orientations, religious beliefs and practices, and political views. Our training program addresses the need for psychologists to be sensitive to differences among us, that do not need to divide us, but can serve to enlarge our horizons.

Goals and Objectives of the Training Program

A primary goal of the clinical training program is the preparation of public service psychologists who will practice as generalists in a variety of health care settings, including interdisciplinary community settings that serve poor and marginalized populations with multiple health and developmental needs. Trainees will gain experience working with a diverse population and a wide range of conditions, problems, and diagnoses. Northwood Health Systems strives to provide a planned, sequential training program that contributes to the field of psychology. Based on a scientist-practitioner model, Northwood's training program aims to further develop the student's appreciation for and skillful utilization of research-based theory guided intervention and evidence-based practices. Trainees become knowledgeable and increase their proficiency in the use of standardized, accepted assessment tools.

This training program provides supervised experience in the following nine major competency areas of professional psychology: ethics, legal and professional issues; individual differences, diversity and social justice issues; the development of a theoretical orientation and the conceptualization process; sensitivity to client issues; sensitivity to self as therapist issues; the counseling process and clinical intervention skills; assessment and diagnostic skills; intake and crisis intervention; (and) a contribution to current knowledge/practices along with a commitment to continuing education.

Trainees will develop the knowledge and skills necessary for entry level positions in the professional practice of psychology. They will develop competency in the assessment and diagnosis of clinical issues and conditions, will develop skills and competency in providing individual and group therapy, and will develop crisis intervention skills.

Trainees will also develop the knowledge and skills necessary for effective interdisciplinary collaboration on psychoeducational issues. They will develop the ability to work with and among individuals in Northwood Health Systems and other professional systems. Trainees will develop competency in treatment planning and in leading interdisciplinary team meetings.

The clinical training program focuses on the development of self-awareness, interpersonal skills, and attitudes to effectively function in an agency setting. Trainees will demonstrate professional and ethical behavior and self-awareness of personal characteristics that impact professional functioning.

Psychology trainees can expect to meet with staff prior to each semester to discuss an individualized training program and develop training goals for the upcoming semester. In addition, staff will work closely with trainees to monitor their progress in meeting any educational program requirements.

Program Overview

The primary purpose of the clinical training program is to prepare clinicians for the practice of professional psychology in a variety of health care settings including but not limited to public service settings. Northwood strives to provide a balanced apprenticeship experience where supervised direct clinical practice, formal training events, and science and practice are integrated through instruction and reflection. Clinical assignments are determined by primary supervisors in collaboration with the Director of Operations and matched to individual needs and interests. All trainees will have supervised experience with a range of case and activity assignments across the training experience. They will have the opportunity to do both brief and longer-term therapy with individuals, groups, and/or families throughout their training experience. Typically, 50% of a trainee's time is in face-to-face psychological services to clients. In addition, some trainees will participate in a weekend group therapy rotation on the Crisis Stabilization Unit. These individuals will work a modified schedule the week prior and the week following the assigned weekend to account for time spent providing group therapy. Trainees will be provided with regular supervision and didactic training.

In working in a community setting, trainees will have opportunities to experience working with a number of clients who present unique issues with regard to cultural sensitivity and application of ethical principles. The process of supervision will emphasize these areas as needed.

Northwood Health Systems provides services to a diverse population residing in the local catchment area and the regional area. This population includes individuals with severe and persistent mental illnesses, individuals experiencing a crisis in their lives, individuals with developmental disabilities and cognitive impairments, and individual with substance abuse issues. A significant percentage of individuals are members of more than one diagnostic or functional classification.

The ages of those served range from age three through the end of life. Services are provided individually, as well as to a couple or family, and in a variety of group settings.

Trainees will be encouraged to develop knowledge and skills in working with these populations, but will also be encouraged to develop specialties in their areas of interest.

Direct Service Experiences

Individual and Family Therapy

Trainees will develop a caseload of psychotherapy clients. They will work to develop a strong foundation in a specific theoretical orientation, but will also be exposed to other theories and techniques in the supervision process. Caseloads include diverse individuals who are experiencing a wide range of presenting problems.

Group Therapy

Northwood Health Systems offers a variety of groups including groups for those receiving stabilization services at one of our two 16 bed stabilization units, community focused treatment groups for individuals with severe and persistent mental illnesses, intensive outpatient groups for those with substance abuse problems, and intensive outpatient groups for those with chronic emotional and mental health issues. Psychology trainees may begin their group therapy experience observing and assisting a more experienced clinician before they assume primary responsibility for leading a group. Most trainees also get exposure in developing group therapy curriculum.

Intake Assessment

Northwood Health Systems maintains a practice of offering assessment, treatment planning and referral service for any individual who walks into the clinic and wishes to

begin receiving mental health or substance abuse services. These daily walk-in assessments provide an opportunity to conduct triage assessments with clients, to form and document clinical impressions, and then to route clients to the appropriate service (e.g. individual/family therapy, psychiatric consultation, stabilization services, substance abuse assessment/treatment, intensive outpatient services, community focused treatment, care coordination). Trainees are provided interdisciplinary training and the opportunity to observe a more experienced clinician before assuming responsibility for conducting intake assessments.

Crisis Stabilization Assessment Services

All clients admitted to a crisis stabilization unit are assessed by a psychologist as well as psychiatry personnel within 24 hours of admission. A detailed admission assessment by a psychologist includes the identification of the presenting problem(s) and any triggers to the crisis, current symptoms and behavioral changes necessitating crisis stabilization level of care, date or onset of crisis level symptoms, mental status examination including a thorough risk assessment, assessment for psychotic symptoms, assessment of mood, and a thorough substance abuse assessment including current use pattern, drug(s) of choice, date, frequency, amount, duration, method, and history of use, as well as previous treatment history. The psychologist admission assessment further includes an assessment of functional impairment and recidivism as well as diagnostic assessment, assessment of admission criteria, initial CSU plan of care, and the development of the initial discharge treatment plan. In addition to the admission assessment, psychologists do follow-up examinations and continuing stay assessments. Continuing stay assessments include mental status examination, clinical information impacting daily functional status, assessment for risk, assessment for recidivism, and continued discharge planning. An important part of the clinical training program is the assessment of individuals to determine appropriate admissions to the crisis stabilization units, and ongoing continuing stay assessments. Trainees are provided extensive orientation and training, including shadowing a senior psychologist for an extended period of time, before they are expected to assume responsibility for crisis stabilization admission and continuing stay assessments. Psychology trainees do not make discharge decisions for those clients admitted to stabilization services.

Standardized Testing

Northwood psychologists also conduct psychological evaluations for a broad range of clients. Trainees will be responsible for learning to administer, score, and interpret a number of standardized measures. Northwood Health Systems does not present opportunities to students for participation in forensic evaluations.

Treatment Planning

Northwood employs a team of psychologists who lead interdisciplinary teams to develop treatment plans and strategies for clients. Chairing these interdisciplinary team meetings, psychologists serve as the clinical leaders at Northwood. Trainees will be supervised in the process of integrating information from interview, assessment, and from all available resources, such as chart review and family interviews, into a case formulation. This process will lead to development of an empirically based treatment plan with interventions appropriate for the identified problem areas and for client functional capacities. Trainees are expected to become a part of the clinical leadership in treatment planning, and an integral part of the treatment team.

Training Activities

Individual Supervision

Each psychology trainee receives regularly scheduled individual supervision (typically two hours per week). Northwood's clinical level supervising psychologists possess a range, depth, and breadth of clinical experience and expertise. The supervising psychologists bring expertise in assessment by formalized testing instruments, assessment by clinical interview, crisis intervention and risk assessment, assessment and treatment of personality disorders, family assessment, individual therapy, group therapy, family therapy, cognitive-behavioral therapy, solution-focused therapy, the treatment of serious and chronic mental illness, trauma-focused therapy, child development, residential treatment, research, clinical supervision, and ethical and professional issues. Each trainee receives supervision from at least two different supervisors throughout the year. Evaluations are conducted on a regular basis, typically twice per year.

The supervising psychologist is clinically responsible for each client served by the psychology trainee. The primary supervising psychologist discusses each case, maintains a record of supervision and consultation on each case, and reviews and cosigns all documentation (i.e. therapy progress notes, testing, crisis assessments, etc.) completed by the trainee. Crisis cases require a greater level of supervision. In addition to the supervising psychologists, psychology trainees are encouraged to consult with the other staff psychologists telephonically or face-to-face at any time.

Didactic Training

Psychology trainees may be provided up to 2 hours of didactic training weekly, which may include case conferences, seminars, in-service training, or grand rounds. Training is provided by Northwood supervising psychologists serving as core faculty and adjunct faculty comprised of an interdisciplinary group of Northwood staff with representation from psychiatry, social work, counseling, nursing, and administration, as well as psychology. Topics may include suicide assessment, professional development, group therapy skill development, individual therapy skill development, treatment of trauma, treatment of long term persistent mental illness, psychological assessment, treatment of substance abuse, and development of case conceptualization skills. Throughout each training, trainees will examine issues with respect to potential ethical dilemmas as well as cultural diversity issues.

The Training Staff

Clinical Psychology Training Core Faculty:

Lisa Meyer, Ph.D.

Staff Psychologist

Education: Ph.D. in Counseling Psychology, West Virginia University

Licensure and Certification Status: Licensed Psychologist in WV; Certification in Traumatic Stress Studies at The Trauma Center at JRI

Orientation: Acceptance and Commitment Therapy

Emphasis: Trauma, grief and loss, spirituality, health

Michael Morreale, Psy.D.

Staff Psychologist

Education: Psy.D. in Clinical Psychology, Nova Southeastern University

Licensure and Certification Status: Licensed Psychologist in WV; Certification for CBT for Substance Use

Orientation: Psychodynamic

Emphasis: Trauma, Self-development

Andrea Lefebvre, Psy.D.

Staff Psychologist

Education: Psy.D. in Clinical Psychology, Union Institute and University

Licensure and Certification Status: Licensed Psychologist and LPC-ALPS in West Virginia

Orientation: CBT, CBTp, Bowen Family Systems

Emphasis: Trauma, psychosis spectrum disorders, spirituality, art therapy, and LGBTQIA related issues

Ryan Kalakewich, Psy.D.

Staff Psychologist

Education: Psy.D. in Clinical Psychology, Carlow University

Licensure and Certification Status: Licensed Psychologist in WV

Orientation: CBT/Psychodynamic/Attachment Therapy

Emphasis: Trauma, Neuropsychology, Autism

Clinical Psychology Training Adjunct Faculty:

Steve Corder, MD, DLFAPA, FASAM

Medical Director/Staff Psychiatrist

Education: WVU School of Medicine (1985), Residency in Internal Medicine and Psychiatry, WVU at CAMC, 1985-1990

Licensure and Certification Status: Board Certified in Psychiatry and Addiction Medicine.

Orientation: Psychopharmacology.

Emphasis: Psychopharmacology.

Mark Games, MBA

President & CEO

Education: Masters of Business Administration from West Virginia University (2000), Bachelors in Psychology from West Liberty State College (1991)

Licensure and Certification Status: None.

Orientation: Effective, efficient, responsive community mental health services.

Emphasis: Balancing a responsibility to adhere to the practice of sound business principles with a responsibility to provide the community with quality services.

Statement on Trainee Self-Disclosure

Northwood Health Systems adheres to Standard 7.04 of the APA Ethical Principles of Psychologists and Code of Conduct by identifying our expectations of trainees with respect to self-disclosure of personal information during training. We seek to create a safe environment in which trainees can explore the impact of their own life experiences and personal views on their clinical work and their experience of themselves as clinicians, without requiring any specific disclosure of personal information. We believe that this type of self-reflection is a critical feature of training as a clinician. As noted in the Ethical Principles, we may require self-disclosure of personal information if the information is necessary to evaluate or to obtain assistance for students whose personal problems could reasonably be judged to prevent them from performing their training or professionally related activities in a competent manner.

Trainee Benefits

Full time employees are eligible for employee benefit plans and programs offered by Northwood. Benefits include:

- Medical, dental and vision insurance options.
- Paid holidays and paid days off in accordance with published corporate policy.
- Group term life insurance in an amount of a maximum of two times annual base salary up to the maximum provided in the Corporation's group term insurance benefit
- Short term and long term disability coverage.
- Part time employees are not eligible for benefits.

Training Program Due Process Guidelines

I. Purpose

This guideline is intended to provide an overview of due process definitions and procedures for student trainees.

II. Definitions

Due process. A series of steps that provides a framework in which issues may be acted upon, corrected or contested. Problematic behavior. 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, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. It is a professional judgment as to when a trainee's behavior becomes problematic; however, problems are typically identified when they include one or more of the following characteristics: 1. A behavior is in violation of the company's corporate compliance plan or APA ethical standards; 2. The quality of services delivered by the trainee is sufficiently negatively affected; 3. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training; 4. A disproportionate amount of attention by training personnel is required; 5. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time; 6. The trainee does not acknowledge, understand, or address the problem when it is identified;

III. Guideline Statement

Due process is intended to ensure that decisions about trainees are not arbitrary or personality based. It also establishes a framework within which trainees can respond to allegations of problematic behavior and outlines a grievance procedure for addressing

disagreements over performance, quality or other problems which negatively impact the learning experience.

IV. Operational Procedure Steps

General

During orientation, trainees are presented with the information below:

1. The program's expectations related to professional functioning
2. Procedures for evaluation, including when and how evaluations will be conducted
3. That recommendations or decisions regarding the trainee's performance are made using input from multiple professional sources
4. Procedures and actions involved in responding to trainee performance problems or concerns
5. The importance of communicating with graduate programs about any suspected difficulties with trainees and, when necessary, seeking input from these academic programs about how to address such difficulties
6. That a remediation plan, when appropriate, will include a time frame for expected remediation and consequences for not rectifying problems
7. That actions taken by the program and rationale are documented in writing
8. Trainee grievance / conflict resolution procedures

Handling Trainee Performance Problems

The following steps are intended to address problematic behavior once it has been identified:

Verbal Warning - A verbal warning can be given to the trainee to communicate that a problem behavior exists, to explain the nature of the problematic behavior, to explain why it is problematic and/or inappropriate, and to emphasize the importance of discontinuing the behavior. While this is not a formal written acknowledgement, it serves as documentation that the issues were discussed and that a verbal warning was given. The trainee reviews and signs the verbal warning.

Written Warning - This is a formal, written directive to the trainee to improve performance or discontinue a problematic and/or inappropriate behavior. The trainee reviews and signs the written warning and a copy of this documentation will be kept in the trainee's file. The documentation will contain:

- a) A description of the trainee's unsatisfactory performance
- b) Actions needed by the trainee to correct the unsatisfactory behavior
- c) The time frame for correcting the problem
- d) Actions to be taken if the problem is not corrected, and
- e) Notification that the trainee has the right to request a review of this action when identified problems are not corrected.

After a written warning is given and the trainee does not correct the unsatisfactory behavior within the identified time frame, one or more of the following steps may be implemented.

Schedule Modification - This is a time limited, remediation-oriented, closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in correcting unsatisfactory behaviors, with the full expectation that the trainee will complete the training program. This period will involve more closely scrutinized supervision conducted by the regular supervisor in conjunction with the Training Director. Several possible, and perhaps concurrent courses of action, are possible. These include:

- a) Increasing the amount of supervision, either with the same or another supervisor
- b) Changing the format and focus of supervision to accommodate for the current trainee needs
- c) Recommending personal psychotherapy (a list of community practitioners will be provided to the trainee)
- d) Reducing the trainee's work load
- e) Requiring specific academic coursework

The length of the schedule modification will be determined by the Training Director in consultation with the Supervising Psychologist. After discussion with the trainee, the termination of the schedule modification will be determined by the Training Director in consultation with the Supervising Psychologist. At this time a letter will be sent to the trainee's Training Director/Placement Coordinator to notify the university of the trainee's status and issuance of a written warning. A copy of the written warning will also be sent.

Probation - This is also a time limited, remediation oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the clinical training program and to return the trainee to a more fully functioning state. Probation defines a relationship in which the Training Director systematically monitors for a

specified length of time the degree to which the trainee addresses and improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement that includes:

- a) The specific behaviors associated with the unacceptable rating
- b) The recommendation for rectifying the problem
- c) The time frame of the probation, during which the problem is expected to be resolved and/or performance to be at an acceptable level
- d) The procedures to determine whether the problem has been appropriately rectified

If the Training Director determines that there has not been sufficient improvement or resolution of the problematic behavior to remove the trainee from probation or a modified schedule, then the Training Director will discuss with the Supervising Psychologist possible courses of action to be taken. The Training Director will communicate in writing to the trainee that the conditions for revoking the probation or schedule modification have not been satisfied, along with communicating the next course of action that will be implemented. These may include continuation of remediation efforts for a specified time period or implementing another alternative. Additionally, the Training Director will communicate to the Supervising Psychologist and the Training Director/Placement Coordinator of the trainee's university graduate program that if the trainee's behavior does not change, or performance does not improve, the trainee will not successfully complete the training program.

Suspension of Direct Services – Some specific direct service activities may be suspended for a specified period as determined by the Training Director in consultation with the Supervising Psychologist and Human Resources Director. Suspension of services would occur immediately following direct observation or trainee reporting of inappropriate care. During this time, the trainee will be trained in providing the specific service(s) to an acceptable level. At the end of the suspension, the Training Director in consultation with the Supervising Psychologist will assess the trainee's capacity for effective functioning and determine when the specific direct service(s) can resume. If successful remediation does not occur after one week, the direct service(s) would not be resumed and Administrative leave would become the next line of intervention.

Administrative leave - This involves the temporary withdrawal of all of the trainee's responsibilities and privileges in the agency, including administrative, direct service, and training activities. The trainee would no longer remain on site during this period. If the Probation Period, Suspension of Direct Services or administrative leave interferes with the successful completion of the training hours needed for completion of the training program, this will be noted in the trainee file and the Training Director of the trainee's

university graduate program will be notified. The Training Director and Human Resource Director will also inform the trainee of the effects of the administrative leave on the trainee's stipend and accrual of benefits, as applicable. Administrative leave will occur immediately following unsuccessful remediation of direct service activities. Return to work would be variable, depending on need and issue(s), and could ultimately result in dismissal of the training program.

Dismissal from the training program - Dismissal involves the permanent withdrawal of the trainee's responsibilities and privileges. When specific interventions do not, after a reasonable period of time, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter his/her behavior, the Training Director will discuss with the Supervising Psychologist and Human Resources Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal from the program would be invoked in cases of serious violations of the company's corporate compliance plan, the APA Ethical Code, when imminent physical or psychological harm to a client is a major factor, or when the trainee is not able to complete the training program due to physical, cognitive/mental or emotional issues/illness. When a trainee is dismissed from the program, the Training Director will notify the Training Director/Placement Coordinator of the trainee's program of the trainee's dismissal and failure to complete the training program successfully.

Trainee Appeal Process - If the trainee wishes to appeal any of the above remediation steps, the Training Director must be notified in writing immediately. The written request for appeal should clearly identify elements of the remediation plan with which the trainee disagrees, any facts the trainee believes have been omitted or misrepresented, and additional or alternative remediation elements the trainee believes are fitting. A hearing will be scheduled within 10 working days from the date the written appeal request is received by the Training Director and will include the trainee, the Training Director, the supervisor and the Human Resource Director. A final decision will be made by the appeal panel and shall take one of the following courses of action:

1. Remediation as amended by the trainee shall be accepted and instituted.
2. Remediation shall be amended as seen appropriate by the appeal panel, accepted for final approval, and instituted.
3. Remediation as originally determined will be sustained.

The final remediation determination shall be provided in writing and signed by the Training Director and trainee. The original copy should be placed in the trainee's file and a second copy provided to the trainee. If, however, the trainee still rejects the committee's decisions, he or she will be offered release from the training program. If

accepted, the trainee's sponsoring academic program will be promptly and officially notified.

Trainee Grievance / Conflict Resolution Procedure Notice - If a trainee experiences problems with their supervision, training, or other aspects of their training experience, they may follow the procedures outlined below:

1. The trainee may discuss the issue informally with the staff member(s) involved.
2. If the issue cannot be resolved at this level, the trainee should discuss the issue and seek resolution with the Training Director.
3. If discussion with the Training Director does not resolve the problem, the trainee should formalize the grievance by submitting it in writing to the Training Director. The written grievance should identify the parties involved, the basic facts on which the grievance is based, and the trainee's expectations regarding how the complaint might be resolved. If the Training Director is the focus of the complaint, the written grievance should be submitted to the trainee's supervisor.

Hearing - A review panel comprised of the Training Director, supervisor and one other psychologist staff member requested by the trainee will meet to review the grievance within 10 working days. The review panel will endorse a remediation plan which will then be presented to the trainee by the Training Director. If the trainee accepts the panel's remediation plan, the plan will be implemented as recommended. If the trainee does not accept the panel's decision, the trainee may file an appeal.

Appeal - If the trainee wishes to appeal the decision of the review panel, the Training Director must be notified in writing immediately. The written request for appeal should clearly identify elements of the remediation plan with which the trainee disagrees, any facts the trainee believes have been omitted or misrepresented, and additional or alternative remediation elements the trainee believes are fitting. A second hearing will be scheduled within 10 working days from the date the written appeal request is received by the Training Director and will include members of the original review panel in addition to the trainee. A final decision will be made by the appeal panel and shall take one of the following courses of action:

1. Remediation as amended by the trainee shall be accepted and instituted.
2. Remediation shall be amended as seen appropriate by the committee, accepted for final approval, and instituted.
3. Remediation as decided upon at the first hearing will be sustained.

The final remediation determination shall be provided in writing and signed by the Training Director and trainee. The original copy should be placed in the trainee's file and

a second copy provided to the trainee. If, however, the trainee still rejects the committee's decisions, he or she will be offered release from the training program. If accepted, the trainee's sponsoring academic program will be promptly and officially notified.

Northwood and Greater Wheeling

Wheeling, with a population of 28,000 people, is approximately 60 miles from Pittsburgh, Pennsylvania, 128 miles from Columbus, Ohio. Located in the Northern Panhandle of West Virginia, almost half of the employment in the United States is within a 500 mile radius of Wheeling. Rated one of the safest cities in the United States, Money Magazine has rated Wheeling one of the three best places to live.

Health care costs in Wheeling are 25% lower than the national average. High quality medical care is close to home with two major hospitals located in Wheeling, both of which are designated trauma centers, innovative, and have state-of-the-art equipment and technology.

Education is highly valued in the Wheeling area, with a teacher/student ratio of 1:18. The public schools have earned the "National Schools of Excellence" award. The Ohio County Public School System was rated one of America's 25 premier public school systems by Women's World magazine. There are also many private and Catholic schools, including the well-recognized Linsly School. Several good quality, affordable, higher-education opportunities exist in the Wheeling area including Belmont College, Bethany College, Ohio University Eastern, West Liberty University, and West Virginia Northern Community College.

Within a one and two-hour drive to Pittsburgh and Columbus respectively, Wheeling offers its own array of cultural, sports, and recreational activities.

Wheeling is the nation's smallest city to support a metropolitan class Symphony Orchestra. The Capitol Music Hall, home of Jamboree USA, is located in downtown Wheeling and hosts various music acts and Broadway shows, as well as the Wheeling Symphony.

Oglebay Park, a 1,640-acre city park and family resort, is one of the largest city parks in the United States and is frequently cited as being a model city park. Founded in 1930, Oglebay Institute is the nation's oldest arts council. Oglebay Institute's Towngate Theatre, a church-turned-theatre located in Wheeling's historic Centre Market district, offers a yearly season of plays for adults and children, critically acclaimed films, as well as performances by favorite musicians and bands. Wheeling and Oglebay Park is home to the Festival of Lights. With one million visitors, the Festival of Lights is rated among the Top 22 Internationally Known Events in North America by the American Bus Association.

Wheeling is a sports oriented town. It is home to the Wheeling Nailers, an ECHL hockey team affiliated with the Pittsburgh Penguins of the National Hockey League. Wheeling is the site of the West Virginia (WVSSAC) Super Six Football Championships as well as the Beast of the East Baseball Tournament. In addition to the availability of several golf courses within an easy driving distance, there are four golf courses in the local park system, including two championship level courses. Once serving as the site of the TAC US Championship 20k and rated by Runners World magazine as one of the top 25 distance races in the United States, the Elby's Distance Race, now the Ogden Newspaper Half Marathon Classic, remains a popular annual event. The Wheeling Heritage Trail System is an important part of Wheeling's vitality and represents the evolution of our city. Once filled with railroad tracks, the City of Wheeling is now home to more than 18 miles of paved walking/bicycle trails that run along the Ohio River and throughout the city. The Annual Wheeling Heritage Trail Bicycle Tour, celebrated by riders from surrounding states, offers flat to hilly distances ranging from 10 to 62 miles, music and food.

Other Wheeling events include the Upper Ohio Valley Italian Heritage Festival, Wheeling Heritage Port Sternwheel Festival, Heritage Blues Fest, Celtic Festival, Oglebay Park's Oktoberfest, and Waterfront Wednesdays.

Application Procedures/Program Information

Northwood Health Systems is an Equal Opportunity/Affirmative Action Employer. Qualified Women, Minorities, Veterans, and Individuals with Disabilities are encouraged to apply.

Those interested in training opportunities at Northwood Health Systems are encouraged to contact Lisa Meyer, Ph.D. at trainingdirector@northwoodhealth.com.

APPENDICES

APPENDIX 1

Copy of Training Director's License

WEST VIRGINIA BOARD OF EXAMINERS OF PSYCHOLOGISTS

The duly licensed individual below has met the requirements of the law and is entitled to practice in the state of West Virginia as a:

PSYCHOLOGIST

Lisa Meyer, Ph.D. #1175

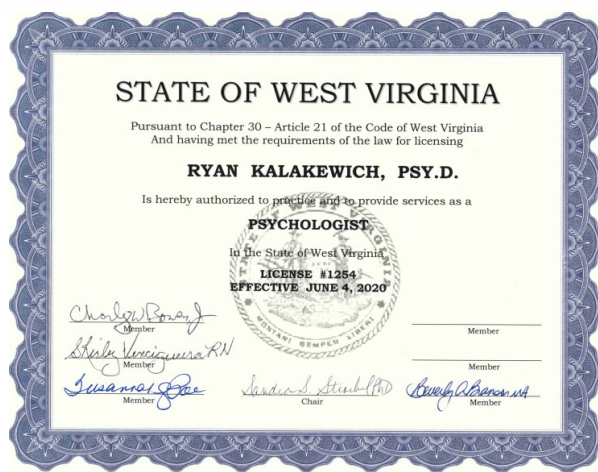
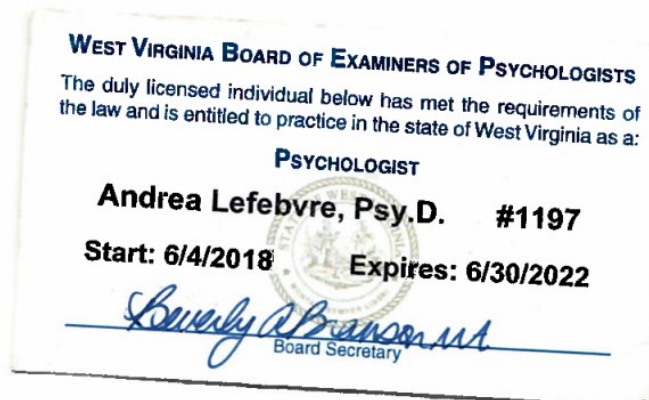
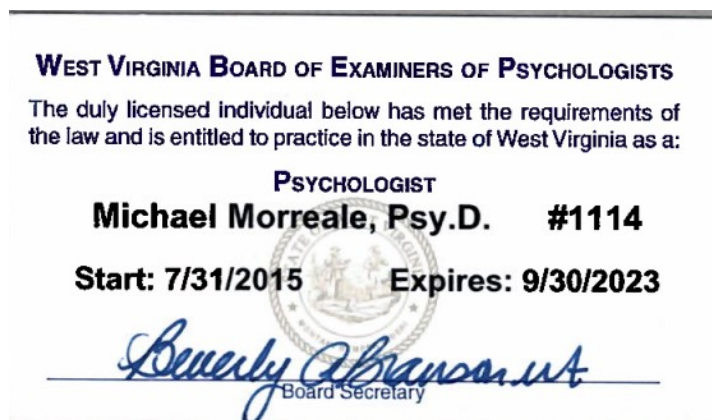
Start: 10/23/2017

Expires: 12/31/2023


Board Secretary

APPENDIX 2

Copies of Supervisors' Licenses



ATTACHMENT 3

Table A
for
Three of Northwood's Sites

Listing of Clinical Supervisors and Credentials (include only licensed Psychologists)

Table A-1 SITE: Wood Street Clinic

Name of Supervisor	Highest Degree and Field	License (State & #)	Licensed to Practice Independently ?	Hours present on site/week (#)	Hours/ week in direct supervision
Lisa Meyer	Ph.D. Counseling Psychology	WV #1175	Yes	45	3
Michael Morreale	Psy.D. Clinical Psychology	WV #1114	Yes	36	3
Andrea Lefebvre	Psy.D. Clinical Counseling	WV # 1197	Yes	18	2
Ryan Kalakewich	Psy.D. Clinical Psychology	WV #1254	Yes	18	2

Table A-2 SITE: Brooke County Clinic

Name of Supervisor	Highest Degree and Field	License (State & #)	Licensed to Practice Independently?	Hours present on site/week (#)	Hrs/week in direct supervision	Hrs/week in other training activities (#)
Andrea Lefebvre	Psy.D. Clinical Counseling	WV # 1197	Yes	36	2	varies
Ryan Kalakewich	Psy.D. Clinical Psychology	WV #1254	Yes	36	2	varies

Table A-3 SITE: Wetzel County Clinic

Name of Supervisor	Highest Degree and Field	License (State & #)	Licensed to Practice Independently?	Hours present on site/week (#)	Hrs/week in direct supervision	Hrs/week in other training activities (#)
Michael Morreale	Psy.D. Clinical Psychology	WV #1114	Yes	9	3	varies

ATTACHMENT 4

Didactic Training Topics

Overview of Training Program/Services
Evolve NX/Documentation
Psychological Assessment
Group Therapy
Suicide Assessment
Treatment of Addictions
Family Systems
Vicarious Trauma/Self-Care
Treatment of Trauma
Treatment of Psychosis
Neuropsychological Assessment
Involuntary Hospitalization
Special Populations: LGBTQ+
Special Populations: Post Incarceration Syndrome
Special Populations: Autism Spectrum Disorder
Business in Psychology
Supervision
Self-as-Instrument
Continuing Professional Development

ATTACHMENT 5

Program Evaluation Form

Northwood Health Systems

**Psychology Trainee
Evaluation Form**

Psychology Trainee: _____

Supervising Psychologist: _____

Supervisor's Highest Degree: _____

Supervisor's Licensure Status (Please list license and state): _____

Evaluation Period: _____

Please check the appropriate category that best reflects your status as the evaluator:

_____ Primary Clinical Supervisor

_____ Secondary Clinical Supervisor (group supervision, consults, case conferences, etc.)

_____ Other (please specify): _____

Evaluation based on (please check all that are relevant):

_____ Individual Supervision

_____ Group Supervision

_____ Case Discussion (team or unit meetings, case conferences, etc.)

_____ Training Sessions

_____ Review of Tapes (Audio or Video)

_____ Observation of Sessions

_____ Co-Therapy of Cases

_____ Other (please specify): _____

For each item, evaluate the psychology trainee to students at the same level of training. For any question that is not applicable or appropriate please indicate: **NA**. For any item in which there is not enough information to adequately evaluate the psychology trainee, mark **NI**.

Significantly Below Average 1	2	3	On Par with Level of Training 4	5	6	Significantly Above Average 7
I. Professional Responsibilities:						
A. <u>Ethics and Social Justice Issues</u>						
1. Demonstrates knowledge of APA Ethical Principles, Guidelines for Providers of Psych. Services to Ethnic, Linguistic, and Culturally Diverse Populations, and APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change.						
2. Shows application of these principles and guidelines.						
3. Manifests knowledge of other statutes regulating professional practice.						
4. Shows application of other statutes regulating professional practice.						
5. Exhibits concern for client welfare.						
6. Recognizes and demonstrates concern for issues of social justice, discrimination, and oppression.						
Comments/Training Recommendations:						
B. <u>Professional Demeanor</u>						
1. Manifests professional identity, attire, behavior, etc.						
2. Shows involvement in professional development activities.						
Comments/Training Recommendations:						

Significantly Below Average		On Par with Level of Training			Significantly Above Average	
1	2	3	4	5	6	7
II. The Conceptualization Process:						
1. Focuses on specific behaviors and their consequences and implications.						
2. Recognizes and pursues discrepancies and meaning of inconsistent information.						
3. Includes a cultural analysis in case conceptualizations.						
4. Uses relevant case data in planning both immediate and long-range goals.						
5. Uses relevant case data in considering various strategies and their implications.						
6. Bases decisions on a theoretically sound and consistent rationale of human behavior.						
7. Is perceptive in evaluating the effects of own therapy techniques.						
Comments/Training Recommendations:						
III. Sensitivity to Client Issues—deal effectively with clients:						
1. Dependency						
2. Resistance						
3. Transference						
4. Cultural differences						
5. Cultural and sex-role stereotypes						
6. Conflicts between value systems of Client/therapist						
7. Sexual attraction						
8. Intense affect (e.g. anger, pain, depression/hurt)						

Comments/Training Recommendations:

Significantly Below Average		On Par with Level of Training			Significantly Above Average	
1	2	3	4	5	6	7
IV. Sensitivity to Self as Therapist						
1.	Shows awareness of impact on Self on client					
2.	Shows awareness of one’s own ethnic culture and of one’s racial and cultural biases					
3.	Tolerant of ambiguity					
4.	Has ability to reflect upon and analyze the activities of the therapy hour.					
5.	Is willing to explore personal issues which impact the counseling process.					
6.	Is willing to look at one’s strengths.					
7.	Is willing to look at one’s weaknesses.					
8.	Can process experiences of discrimination, bias, and miscommunication in cross-cultural situations					
Comments/Training Recommendations:						
V. The Therapeutic Process						
A. <u>Clinical Intervention Skills</u>						
1.	Researches the referral prior to the first interview.					
2.	Keeps appointments on time.					
3.	Begins the interview smoothly.					
4.	Explains the nature and objectives of counseling when appropriate.					
5.	Explains the concepts of confidentiality and privacy to clients.					
6.	Is relaxed and comfortable in the interview.					
7.	Communicates interest in and acceptance of the client.					
8.	Facilitates client expression of concerns and feelings.					
9.	Recognizes and resists manipulation by the client.					
10.	Recognizes and addresses positive affect of the client.					
11.	Recognizes and addresses negative affect of the client.					
12.	Is spontaneous in the interview					
13.	Uses silence effectively in the interview.					
14.	Is aware of own feelings in the counseling session.					
15.	Communicates own feelings in the counseling session when useful.					
16.	Recognizes and skillfully interprets the client’s covert messages.					
17.	Facilitates realistic goal-setting with client.					
18.	Encourages appropriate action-step planning with the client.					
19.	Employs judgment in the timing and use of different techniques and strategies.					
20.	Employs evidence-based practices and interventions which are consistent with client problems and diagnoses.					

21. Initiates periodic evaluation of goals and action-steps during counseling.	
22. Terminates the interview smoothly.	
23. Is able to demonstrate these skills across a broad range of client problems and in various cross cultural situations.	
Comments/Training Recommendations:	

Significantly Below Average		On Par with Level of Training			Significantly Above Average	
1	2	3	4	5	6	7
B. <u>Diagnostic Skill/Use of Assessment</u>						
1. Is knowledgeable about and skilled in use of assessment procedures:						
a. career						
b. psych diagnostic						
c. intake						
2. Integrates assessment data with other knowledge of client.						
3. Shows written and verbal organizational skills in reporting assessment findings.						
4. Shows knowledge of formal diagnostic categories (DSM-IV-TR/DSM-V)						
5. Is able to apply DSM-IV-TR/DSM-V schematic to specific clients.						
6. Is able to use DSM-IV-TR/DSM-V schematic in culturally appropriate and sensitive ways.						
Comments/Training Recommendations:						

Significantly Below Average 1	2	3	On Par with Level of Training 4	5	6	Significantly Above Average 7
VI. General Supervision Comments: Trainee's Contributions to Current Knowledge and Practices						
1. Demonstrates a personal commit to develop professional competencies further.						
2. Invests time and energy in becoming a psychologist.						
3. Accepts and uses constructive criticism to enhance self-development and counseling skills.						
4. Engages in open, comfortable and clear communication with peers and supervisors.						
5. Recognizes own competencies and skills and shares these with peers and supervisors.						
6. Recognizes own deficiencies and skills and shares these with peers and supervisors.						
7. Completes case reports and records conscientiously and in a timely way.						
8. Keeps abreast of new literature and development in the field.						
9. Actively contributes knowledge and expertise in team meetings and case conferences.						

Comments/Training Recommendations:

I have reviewed this evaluation with my supervisor.

Comments:

Psychology Trainee's Signature

Date

Signature of Supervising Psychologist

Date