

Internship Information Packet



THE ALLENDALE ASSOCIATION

APA-ACCREDITED *

PSYCHOLOGY INTERNSHIP

PROGRAM MANUAL

2010-2011

*** APA Committee on Accreditation
750 First Street NE
Washington, DC 20002-4242
202-336-5979**

INTRODUCTION TO ALLENDALE

The Allendale Association is a private, not-for-profit organization located in Lake Villa, Illinois, 50 miles north of Chicago. Founded in 1897, Allendale serves troubled youth and their families. Allendale's main programs include the following: (1) residential treatment services, (2) educational services, and (3) clinical and community services. In addition to providing services to our residential treatment program clients, Allendale's educational services include a day education treatment program (Stepping Stone) that serves troubled students from the local area school districts. The clinical and community services program consists of independent living, specialized foster care, mentoring services, community support program (CSP), and outpatient counseling for children, adolescents, and adults in the community.

The Allendale Association is directed by a distinguished board of trustees comprised of 36 men and women representing various races, religions and creeds. The trustees govern the policies and programs of the Association. They are also responsible for raising private funds to support the capital and operational needs of the Association's programs. The Association is very fortunate to have the support of women's auxiliary groups, as well as the generous support of hundreds of "friends" who financially aid Allendale in providing youth and families with high quality programs and services.

All three main treatment programs serve male and female clients and their families. In our residential treatment program, nearly 60% of the clients are African-American, 30% are Caucasian and 10% are Hispanic. For the day treatment program approximately 45% of the students are African-American, 45% are Caucasian, and 10% are Hispanic. Ninety percent of the clients in our outpatient program are Caucasian. The clients served by Allendale represent suburban, urban and some rural populations and range in pathology from those who are severely disturbed and psychotic to those experiencing family conflicts, marital conflicts, personality disorders, conduct disorder, PTSD, depression, anxiety, ADHD, and adjustment problems.

Residential Treatment and Transitional Living Services

The residential treatment program provides intensive treatment to youth who have severe emotional and behavioral disorders. There are nine units on the Lake Villa campus; two group homes located in Waukegan, Illinois; a girl's group home in Highland Park, Illinois; and the Benet Lake residential treatment unit, just over the Illinois-Wisconsin border. There are also two transitional living sites in Zion, Illinois. The total residential capacity is approximately 148, not including transitional living. The transitional living program's capacity is 20.

Clients are boys and girls aged 7 to 17 at admission who cannot be maintained, treated, and/or educated in their communities for a variety of reasons. A major contributing factor to the need for out-of-home placement is the existence of severe behavioral dysfunction, mental illness, or both. Some clients have multiple diagnoses, but only clients with a primary diagnosis of mental illness are considered for admission. Many of the residential clients have histories of physical and/or sexual abuse.

The main source of referrals to the residential program includes the Department of Children and Family Services (DCFS), the Department of Human Services (DHS), and the Illinois State Board of Education (ISBE). The residential program also receives referrals from the court system, insurance companies, and private pay.

Stepping Stone (Day Education Treatment Program that is part of Allendale's Educational Services)

Stepping Stone is an extended-day, education treatment alternative provided to youth from the surrounding communities who have serious emotional and behavioral disabilities. The program emphasizes academic, diagnostic, and instructional intervention, as well as psychotherapy. These students are not able to be maintained in the special education program of their local school districts because of their emotional and behavioral problems. Due to the severity of their problems they require a highly specialized "day only" therapeutic program. This program serves approximately 120 boys and girls from ages 8 to 21. This includes a satellite campus (LINC) in Woodstock. The main source of referrals is the Illinois State Board of Education.

Clinical and Community Services

All clinical services for the agency (residential, day treatment, outpatient, and community services) are provided by therapists and trainees who are housed in this department.

Bradley Counseling Center (Outpatient Services): This program includes a community-based, outpatient counseling center with locations in Lake Villa and Gurnee, Illinois. Designed to serve troubled children and adolescents, families, and adults, the center employs clinicians and diagnosticians in the fields of psychology, social work, psychiatry, and other allied mental health fields. Individual, group, family, marital, or play therapy is utilized to provide remediation and relief and to help clients develop more adaptive ways of dealing with personal difficulties. In addition, the counseling center provides parenting skills groups, counter-response groups, and anger management groups. Comprehensive diagnostic evaluations and psychological assessments are also provided, as well as community consultation and education.

Specialized Foster Care: Allendale's specialized foster care program serves children with special needs. These children range in age from predominantly 7 to 18 years and have a variety of problems, including emotional and behavioral difficulties. Most of these youth are wards of DCFS and referred by this agency. Therapists, caseworkers, and trained foster parents form a treatment team that addresses the needs of this specialized population. Children are generally in foster care from three months (emergency placements) to three years with one of four outcome goals - return home, adoption, subsidized guardianship, or independent living. This program serves approximately 10 to 15 youth and helps to provide a means of "stepping-down" youth in our residential treatment center to a less restrictive treatment setting.

Independent Living Program: The Allendale Association's independent living opportunity (ILO) is designed for youth 17 to 21 years old who are "stepping down" from residential's TLP or foster care to a less restrictive treatment setting. The youth are placed in scattered site apartments and given a small allowance. These youth typically come from unstable family situations and have behavioral and emotional difficulties. Individual therapy is available for the youth. Independent living skills are taught through individual modules facilitated by the youth's caseworkers. ILO aims to provide youth with specific skills for independent living, as well as emotional stability in the transition to adulthood. They are required to work and to further their education, whenever possible. ILO also serves young adult mothers with children. The current program census is about 10-15 young adults.

Therapeutic Mentoring Services: This program also serves as an adjunct to other treatment programs. Mentoring is provided by bachelor-level individuals. The purpose is to help clients learn social skills and independent living skills. The mentoring program currently serves about 20 youth over the course of the year.

Community Support Program: The Community Support Program is a grant project of the Department of Human Services. This program is designed to prevent residential or other out-of-home placement for children ages 7 to 17 years old. The services are delivered within a model that brings the needed support to the youth in their home or community environment. The program provides aggressive outreach, in-home counseling, and case management. This program currently serves 90 youth and families over the course of a year.

DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

The doctoral internship in clinical psychology is a 12-month, full-time program accredited by the American Psychological Association. The internship is administered by the Director of Psychology Training, along with the Chief Psychologist and the Training Committee. At Allendale, trainees in the internship program are referred to as doctoral psychology interns. The internship program is dedicated to preparing individuals for the practice of clinical psychology and includes year-long involvement in all three of Allendale's main programs: residential treatment, day treatment, and outpatient treatment.

Stipend and Benefits

The Allendale Association funds six psychology internships with a yearly stipend of \$23,600. Medical and dental insurance is provided. Interns receive two weeks paid vacation, holiday and sick day benefits. Professional time is available for research/dissertation activities (five days) and conference attendance.

Internship Applications

The deadline for all application materials is November 1, 2009.

Intern Requirements

Interns must be accepted for doctoral candidacy in psychology prior to beginning the internship. Applicants must have satisfied all academic requirements for their program except internship and dissertation. They must have passed their comprehensive exams and have completed at least two clinical practica, one in therapy and one in psychological testing. Two thousand hours are required to complete the internship.

Intern Selection Procedures

The Allendale Association is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and follows APPIC guidelines for intern selection.

Training Model

Our theorist-practitioner model involves a balance between understanding and change, that is, a balance between the theorist/scholar and the practitioner. Theory that is supported by current research is used to generate and test hypotheses about the meaning of a client's behavior based on session material. The psychology practitioner then uses this theory-based understanding to develop interventions designed to effect changes in the client. The effectiveness of these interventions is determined by the degree to which these predicted changes occur following the interventions. The ability of the psychology practitioner to be aware of and to manage his/her own reactions in the therapeutic process in order to maintain this balance between understanding and change is an important component of the theorist-practitioner model.

Program Philosophy and Objectives

The Allendale Association internship program is dedicated to the thorough training of interns in the areas of psychological assessment, diagnosis, intervention, consultation, professional conduct, and methods of scholarly inquiry. It offers intensive training and experience with diverse treatment populations and exposes the interns to a variety of treatment modalities, including individual, group, family, and play therapy. The internship is predicated on the belief that a competent psychologist must have a thorough knowledge and understanding of the theoretical and research basis of clinical psychology and the ability to apply that knowledge to a variety of clinical situations.

Although the program has a strong psychodynamic influence, it does not advocate any single theoretical orientation. The goals of the training program are to provide interns with a foundation in theory, intervention, and experiences essential to the practice of clinical psychology; to use self examination as a way to understand one's impact on the therapeutic process; to foster the ability to critically examine the efficacy of interventions; and to promote the development of a professional identity. The program encourages interns to continually reflect upon the complex relationship among psychological theory, practice, and individual differences, while paying close attention to their own reactions to the client.

Training Plan

Orientation: During the first two weeks of the training year, the interns are oriented to the outpatient, day treatment, and residential programs. The goal of orientation is to acclimate each intern to the Allendale Association at the professional and interpersonal level. During this period, the interns are introduced to supervisors, seminar instructors, and staff members, and become familiar with the clinical and administrative functioning of each program, and with the goals and objectives of each training seminar. Particular emphasis is placed upon the role of the intern in each treatment program. Following the orientation training, the interns begin their assignments.

Outpatient Assignment: This twelve month experience at Allendale's Bradley Counseling Center includes direct service hours in the areas of individual, family, play, group, and possible marital therapy. Clients come to the agency through a variety of referral sources including schools, court system, physicians, EAP providers, DCFS, BCC foster care and independent living programs. Clients seen in outpatient include children, adolescents, and adults who present with a wide range of psychological problems. The clients come from variety of socioeconomic and ethnic backgrounds. Each intern is assigned to a primary outpatient supervisor with whom they meet for one hour weekly throughout the training year. This supervisor is a licensed clinical psychologist, who is responsible for working with interns on all aspects of their clinical work, with outpatient and community services clients. Additionally, interns may have the opportunity, based on referral availability, to co-lead anger management groups in the outpatient program. Interns work with externs or other interns in providing these services. Interns attend a weekly supervision group regarding anger management groups.

Interns also spend two to four hours per week on intake. The primary duties consist of taking calls from people seeking treatment, identifying the presenting problems, and collecting identifying and background data. Based on this information the interns determine the person's appropriateness for outpatient treatment. The intern also assesses the need for more immediate attention (a "high-priority intake") based on issues of safety such as suicidal ideation and reports of abuse. Interns are supervised on each intake case for the first half of the training year by the assigned shift supervisor. Thereafter, they are no longer required to have their intake work supervised, but are encouraged to seek consultation on an as-needed basis from the shift supervisor, provided they have achieved the required competency.

Additionally, interns provide one month of on-call coverage. During this period, interns are available by phone if clients are in need of crisis intervention after hours and the client's therapist is not available.

Each intern attends bi-weekly case staffings in which the outpatient cases are staffed at admission, discharge, and during the course of treatment. The cases are reviewed by the clinical staff, interns, and practicum students to ensure accuracy of diagnosis, appropriateness of treatment plan, and progress toward stated goals. The interns participate through case presentations and feedback to other presenters.

Day Treatment Assignment: Interns are also assigned year-long duties in the day treatment program. The interns see Stepping Stone individual and family clients, co-lead community classroom groups with teachers (if available), and provide clinical consultation to each of the students' families in conjunction with the teacher. The individual and family case assignments are supervised by the primary residential/day treatment supervisor, who is a licensed psychologist. This supervisor works with the interns on all aspects of their clinical work with day treatment and residential clients, including consultation to the school and residential staff. The group work is supervised by a licensed psychologist and the Director of the Stepping Stone program. Interns are also active in the multi-disciplinary staffings held every six months on each of their individual and family cases. Participants in the multi-disciplinary staffings include day treatment school staff and administrators, school district representatives, and parents. In these staffings, interns provide information regarding the meaning of a client's behavior, treatment goals and progress, as well as recommendations through written reports and verbal feedback. Additionally, interns may have the opportunity, based on referral availability, to co-lead anger management or substance abuse groups in the day treatment program. Interns work with externs, other interns, or a consultant from a local substance abuse treatment facility in providing these services. Interns attend a weekly supervision group regarding anger management groups, and supervision regarding substance abuse groups is scheduled as needed.

Residential Treatment: Interns maintain a case load of residential clients, each of whom is seen weekly throughout the training year. Interns may also provide family therapy for residential clients. Each intern is assigned to work with a licensed clinical psychologist who serves as the primary residential/day treatment supervisor. Interns work with this supervisor on all aspects of their clinical work with residential and day treatment clients, including consultation to the residential and school staff. This supervisor meets with the intern for an hour each week. Additionally, interns may have the opportunity based on referral availability, to co-lead anger management or substance abuse groups in the residential program. At times, interns may have the opportunity to provide trainings on working with multicultural families for the residential staff. Interns work with externs, other interns, or a consultant from a local substance abuse treatment facility in providing these services. Interns attend a weekly supervision group regarding anger management groups, and supervision regarding substance abuse groups is scheduled as needed.

Interns begin receiving residential case assignments during orientation week. Their individual, family, and group therapy sessions, as well as clinical consultations, begin after orientation is completed. Interns are responsible for developing treatment plans and implementing interventions with their individual cases. They also provide feedback and consultation regarding the treatment through participation at weekly residential team meetings. Additionally, interns provide clinical consultation to each residential client's family, doing so with the teacher and representatives from the unit.

Interns are active participants in the six-month comprehensive treatment plan review held on each individual case. This multi-disciplinary staffing meeting is attended by the client's individual and family therapists, teacher, legal guardian, administrative staff, recreational worker, and milieu counselor. The intern's function in this meeting is to provide feedback regarding clinical and management issues and placement decisions, as well as treatment goals, progress, and the meaning of the client's behavior.

Psychological Assessment: Each intern is expected to complete a minimum of six psychological evaluations during the training year. Interns receive weekly supervision on their assessments from their diagnostic supervisor, a licensed psychologist, as well as receiving feedback on test protocols that they present in a weekly diagnostic seminar. Through this direction, interns receive guidance in selecting, administering, scoring, and interpreting assessment measures, organizing test findings, integrating the findings into a written report, and providing feedback and recommendations to referral sources.

Consultation and Supervision: Interns provide consultation to residential unit staff and school personnel on an as-needed basis throughout the year. They participate in residential team meetings and residential and school clinical meetings where individual clients are discussed. Additionally, they provide clinical consultation to residential and day treatment families on their caseload in a multidisciplinary team. Interns may have the opportunity to supervise therapeutic mentors on their work with clients or psychology externs on anger management assessments. Group supervision of supervision occurs weekly, and interns work with the other interns and primary supervisors of any externs they supervise as a "training team" in training the externs on assessments.

Seminar and Didactic Training

In addition to their individual supervision, interns participate in the following seminars and training features:

Diagnostic Seminar: This seminar meets weekly for one hour throughout the year. The goal of this seminar is to provide participants with didactic and experiential opportunities needed to develop keen psychological assessment skills and an ability to write a well-integrated psychological report. Objectives of the seminar include developing frameworks to organize and integrate data, and write thorough, concise reports; learning to identify factors that should be considered when assessing clients from diverse backgrounds; exposure to the most commonly used objective, projective, cognitive, and self-report measures; a forum to present and discuss test protocols; identification of current theoretical and empirical findings regarding the reliability, validity, and utility of psychological tests.

Play Therapy Seminar: This seminar meets weekly for one hour throughout the year and focuses on the use of play as a distinct therapy modality used primarily in working with children. Participants are exposed to a variety of theoretical perspectives on play therapy with an emphasis on psychodynamic and developmental perspectives. Seminar members rotate in presenting audio tapes of play therapy sessions in sequence over a period of three weeks. Participants work on developing the following skills: understanding a child client by considering developmental, intrapsychic, family systems, socioeconomic and cultural issues; developing an accurate DSM-IV diagnosis of a child client; evaluating the child's developmental attainment; developing an appropriate treatment plan and therapy goals attending to both manifest and latent content of the child client's verbal and play communications; and consulting with parents/guardians. Participants are also exposed to research pertaining to play therapy.

Family Therapy Seminar: This seminar meets weekly for two hours throughout the year. In this seminar, participants will develop knowledge and skill in working with families and couples. The seminar activities will focus on use of a theory to assess family functioning, identifying cultural issues, developing a diagnosis for the identified child client in the family, intervening in the family's system toward improved outcomes, and evaluating

the effectiveness of interventions. The seminar will begin with didactic instruction regarding key activities of healthy families, how to engage children and families in family therapy, an overview of family therapy theories, and a brief summary of current research on the effectiveness of family therapy. Each participant is invited to apply a chosen theoretical orientation toward improvement of the identified client's presenting problem. In addition, presenters utilize Allendale's Counter-ResponseSM model as means of understanding and intervening in family conflict cycles. Participants present a family over three sessions in a live supervision format. Seminar supervisors and members serve as a consultation group for the presenting therapist, providing feedback during and following each session for consideration and implementation in following sessions.

Disorders of the Self Seminar: This seminar meets one hour weekly throughout the year. In this seminar participants are presented with the developmental, self and object relations model of psychoanalytic psychotherapy developed by Dr. James Masterson as a means of understanding and treating disorders of the self (i.e. personality disorders). The seminar begins with a didactic overview of theory and technique. Participants present audio-taped sessions of a therapy case for three consecutive weeks. Through case presentation, each intern learns to make a differential diagnosis of character structure; to demonstrate the use of interventions for the particular diagnosis; and to identify the accuracy of diagnosis and the effectiveness of interventions based on client response in and out of session. Research regarding this model of treatment for character disorders is also presented. Additionally, issues of culture and diversity are explored as they relate to the client's personality structure.

Professional Issues Group: This meeting is led by the Director of Psychology Training and meets monthly. The interns, director, and intern supervisors meet for one hour to exchange information regarding training, professional development, career opportunities, and scholarly material related to the field of clinical psychology.

In-Service Training: The interns attend bi-weekly in-services throughout the training year. These two hour presentations cover a wide range of topics in the field of psychology, including assessment, treatment interventions, supervision, professional conduct and ethics, specialty topics, and cultural and human differences. The majority of the presentations are provided by outside speakers with an expertise in their topic area.

Quality Improvement and Research

Allendale has a continuing quality improvement (CQI) program that includes peer review and a study of outcome indicators. Thus Allendale has a particular interest in program evaluation and outcome studies. The Allendale Association supports any type of quality research and scholarly inquiry. Research studies are carried out from time to time and interns are welcome to avail themselves of the opportunities to do research in any of the program areas at Allendale.

Training Experiences

Each psychology intern will be expected to perform the following tasks:

- Maintain a case assignment of 2 individual clients who are seen once a week in the residential treatment program.
- Maintain a case assignment of 2 individual therapy clients who are seen once a week in the day treatment program.
- Maintain a caseload of 2 families in the day treatment and/or residential program.
- Provide clinical consultation for their residential/day treatment clients in conjunction with the multi-disciplinary team.
- Maintain a caseload of 4-6 clinical hours per week (individual, family, and group) in the outpatient program, which may include foster care and independent living.
- Opportunities to supervise externs on anger management assessments or therapeutic mentors based on program needs.

- Conduct a minimum of 6 psychological evaluations in the residential, day treatment, and/or outpatient programs.
- Co-lead anger management or substance abuse groups in the residential, day treatment, or outpatient (anger management groups only) programs as available.
- Participate as part of a multi-disciplinary team for all residential, day treatment, and community services clients, including staffings, team meetings, and clinical meetings.
- Document in clinical records and write reports.
- Make formal case presentations in the various seminars.
- Fulfill any or all other clinical responsibilities, as assigned.

Clinical Supervision

Supervision and training are integral components of the internship program. Through intensive supervision and training in a variety of psychological services, professional competence in the practice of clinical psychology is fostered and developed. Individual and group supervision are provided in each of the three treatment settings by licensed doctoral-level psychologists.

Supervision is provided weekly as follows:

Individual Supervision: 3 hours

1 hour per week therapy supervision - outpatient/community services cases

1 hour per week therapy supervision - residential /day treatment cases

1 hour per week diagnostic supervision - diagnostic assessment cases

Group Supervision/Consultation: 6 hours per week

1 hour per week play therapy seminar

2 hours per week live family training seminar

1 hour per week psychoanalytic treatment of personality disorders seminar (Masterson Model)

1 hour per week diagnostic assessment seminar (Intellectual, Objectives, Projectives)

1 hour per week supervision of group work (Anger Management)

1 hour per week supervision of supervision

Expected Competencies

After completing their training, interns are expected to demonstrate competence in the following areas:

- Diagnosis, treatment planning, and intervention with individuals, families, and groups.
- Psychological assessment and testing (selection and administration of assessment instruments, scoring and interpretation of test data, and writing integrated reports).
- Supervision of and consultation to other mental health professionals.

Successful completion of the internship program and achievement of the competencies are demonstrated by the following:

- Successful completion of 6 psychological evaluations.

- Evidence of progress on expected competencies (psychological testing skills, therapy skills, supervision skills, consultation skills, professional attitude and development skills) as reflected on the intern evaluation.
- Overall score of 2.0 or higher at the end of the training year for each of the four seminars (family therapy seminar, play therapy seminar, disorders of the self seminar, diagnostic seminar).

Performance Evaluation

A variety of opportunities for mutual evaluation of the intern's training progress and outcome are provided through:

- Weekly individual supervision and training seminars utilizing audio tapes and/or live observation (i.e. family therapy sessions).
- Mid-year and end-of-the-year formal evaluations with supervisors and seminar instructors.

Remediation

If an intern is experiencing problems that interfere with attainment of sufficient progress, a remediation plan may be developed. The remediation plan identifies the problem areas as well as the desired goals towards resolving the deficiency. Implementation of a remediation plan is determined by the Director of Training and the individual's supervisors. The intern is actively involved in the process. Length of remediation can vary depending on the identified areas. Decisions regarding successful completion of the remediation plan are determined by the Director of Training and supervisors following a formal review with the intern. The intern's academic training director is involved throughout the process.

Grievance Procedures

Any disciplinary action taken shall be fair and just based on careful consideration of all relevant information and consistency applied.

The administration recognizes that certain grievances may from time-to-time arise out of the interpretation and/or application of the agency's policies and practices. All such situations are to be handled according to the following steps:

- a. Communicate verbally with the immediate supervisor requesting to resolve the problem in a formalized meeting.
- b. If the situation is still unresolved, communicate verbally with immediate supervisor and next line supervisor in a formal meeting.
- c. If the situation is still unresolved, communicate complaint in written form to both the supervisor and the next line supervisor and meet with the Vice President and the Vice President, Human Resources and Quality Assurance, who will investigate all sides of the issue and respond to the employee.
- d. If the situation is still unresolved, request a formal hearing with the President. The President will hear all sides of the issue and make a final determination for the agency.

Bypassing any of the above procedural steps may jeopardize the employee's position.

In no instance is the employee to communicate complaints or dissatisfaction directly to the members of the Board of Trustees or outside agencies without notification to the President.

APPLICATION PROCEDURE

Eligibility

Requirements for clinical psychology internship candidates follow guidelines established by A.P.A. (750 First Street, NE, Washington, DC 20002-4242 (202) 336-5500), and A.P.P.I.C.:

The doctoral students must be “in good standing” and:

- Will be/have been accepted for doctoral candidacy in a clinical or counseling psychology program of an accredited institution (preferably an APA-accredited program), prior to beginning the internship;
- Have completed supervised psychotherapeutic and psychodiagnostic practicum experiences in psychology.
- Have obtained a letter from their graduate program’s clinical training department certifying their eligibility to pursue a clinical internship program and stating whether the student has ever been on a corrective action/remediation plan or similar process.
- Have successfully passed comprehensive exams/tasks.

Application

To complete the application procedure, the following materials are to be submitted, via uploading the information to the APPIC server, to the Director of Clinical Training no later than November 1, 2009:

- The APPIC Application located at www.appic.org.
- The Allendale Clinical Psychology Internship Application located at www.allendale4kids.org
- A current curriculum vitae.
- Three letters of reference from professionals best able to provide information about clinical and professional skills and potential.
- The Internship Eligibility and Readiness Form and a letter from the clinical training director, providing the above-mentioned information.
- Official Transcripts from graduate programs.
- A work sample of a completed diagnostic report with identifying information deleted.

Selection Process

The initial screening process will begin upon receipt of all materials requested on the application form. Following receipt and review of this material, the eligible applicants will be contacted for a personal interview.

STUDENT EVALUATION GUIDELINES

Psychology interns are evaluated on an ongoing basis throughout their training. They are given weekly feedback by the clinical supervisors. Written evaluations are completed with the supervisee by the primary clinical supervisors every six-months.

Clear learning and service delivery objectives are established with interns. In situations where an intern is not making sufficient progress at the level required for his/her position and level of training, the intern may be put on immediate probationary status.

At the time of probation, written goals will be established with the student to determine the steps needed to improve the student's performance via a remediation plan.

Probation may be invoked at any point during the intern's training. Length of probationary status will be reviewed by the Allendale committee on psychology training or by the intern's clinical supervisor(s), the Director of Psychology Training, the Chief Psychologist., and the intern's Training Director from his/her school.

Decisions about the intern's professional or clinical potential are made on the basis of the judgment by the team of clinical supervisors of the student's work as presented in audio tapes, direct observations, and written report.

The student's internship may be terminated if the student's clinical work or professional potential falls below the standards of clinical work that are required by Allendale and remediation has been ineffective.

When an intern violates Allendale policy, makes inappropriate clinical decisions without supervision, which adversely affects the client or the welfare of the agency, or engages in unprofessional conduct, the student may be subject to immediate dismissal.

An intern who wishes to appeal probation or dismissal should follow the Allendale Association due process.