CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING BROCHURE 2027 - 2028

Congratulations on reaching this step in your professional journey, and we're glad you've chosen to take the time to review our materials for our APA-accredited Clinical Psychology Doctoral Internship for individuals completing their doctoral degrees! Below you will find information about MiraCare, followed by more specific information about the internship program, admission criteria, and so on. Please feel free to reach out to us with any questions!

MIRACARE NEURO BEHAVIORAL HEALTH OVERVIEW

MiraCare Neuro Behavioral Health, an outpatient mental health practice designed to assess and treat behavioral health challenges in a patient-focused, collaborative environment, strives to help every patient achieve their highest potential. MiraCare Group is the vision of Christopher Higgins, Licensed Clinical Psychologist, and founder of MiraCare (previously Palos Behavioral Health Professionals), a practice that has cared for children, adolescents, adults, and their families for over 20 years.

MiraCare Group represents over 500 years of combined experience in child and adolescent behavioral treatment. The shared aim of its seasoned team is to provide an extensive, multidisciplinary, and coordinated continuum of care for our patients. The organization provides individual, marital, family, and group psychotherapies; psychiatric evaluation and medication management; psychological and neuropsychological assessments; psycho-neurotherapy; and school consultation. We treat a diverse range of patients in terms of race, sexual orientation, gender, age, diagnosis, and acuity.

MiraCare's Mission Statement & Values

MiraCare Neuro Behavioral Health aspires to be the premier provider of comprehensive, multi-interventional, and competent mental health treatment options for individuals and families. Our mission is to increase our patients' ability to accomplish a sense of security, self-value, and connectivity by honoring one's culture and individuality as they process life's challenges and opportunities.

MiraCare upholds the following values:

- Patient & Family Centered: Honoring YOUR voice and choice
- Rowing in the Same Direction: A continuum of care that is dynamic, defined, and dependable
- Committed to Each Other: Listening, bridging, and sharing
- Integrity in ALL We Do: Doing what we say
- Always Chasing More: Empowering through growth & knowledge

MiraCare believes that the competent provision of mental health treatment combines the individual treatment provider's abilities with that of a multi-interventional approach. Our multidisciplinary team and style are core components of the practice. As patients and families require multiple levels of treatment, traditional psychotherapy services, play therapy, psychiatric services, group therapy, psychological testing, and neuro-enhancement services are combined in the provision of comprehensive and compassionate care.

MiraCare Group is committed to promoting an atmosphere of inclusivity and respect for each other. We want our staff, including our interns, to not only represent the diversity of our community, but to feel safe and secure bringing their culture and background to work.

MiraCare Services

Psychotherapy – We currently combine the knowledge of more than 25 clinical staff to offer individual, couples, family, and group therapies. We emphasize the treatment of children, adolescents, and families. Many of our referrals come from primary care physicians, local school districts, other mental health/medical providers, and as recommendations from other patients.

Psychiatry – Psychiatric services are available for children, adolescents, and adults at MiraCare for the evaluation of medication and follow-up medication management. Psychiatrists and advanced nurse practitioners work closely with other MiraCare therapists to enhance patients' treatment plans receiving psychotherapy services.

Neuropsychological & Psychological Assessment – Neuropsychological and assessments at MiraCare are based on a combination of cognitive, intellectual, personality, and neuropsychological instruments. These evaluations are utilized for diagnostic clarification, as well as assisting in the development of treatment planning for both MiraCare providers and external referral sources.

Psycho-neurotherapy (PNT) – PNT involves combining psychotherapy with techniques that work to directly affect the neural functioning of the brain by stimulating or enhancing cognitive functioning while decreasing symptoms.

MiraCare is accredited through APA to provide Continuing Education credits. We offer a wide variety of training experiences and presentations, including but not limited to ethics and legal trainings, specialized therapeutic and assessment topics, and professional issues. While we weave multicultural and diversity into each presentation, we also offer specific diversity seminars focused on bringing awareness and understanding to our providers.

CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP PROGRAM

MiraCare Neuro Behavioral Health is committed to providing comprehensive training and believes that the internship is an integral part of the practice. The training experience includes clinical exposure, supervision, didactic training, theoretical exploration and development, and consultations with multiple members of the clinical team. We strive to develop early-career psychologists who will competently and compassionately provide psychological health services as part of the MiraCare team to treat mental illness, especially in children, adolescents, and family systems. Our ability to offer in-depth training within a large group private practice setting at the internship level differentiates us from many other sites.

MiraCare's Clinical Psychology Doctoral Internship Training Program Mission Statement

MiraCare's Internship Training Program strives to be a superior clinical psychology internship in both private practice and hospital settings. We are unique and able to offer multiple experiences within the full continuum of care. We train competent health service psychologists who provide evidence-based therapy and assessment services to a variety of clientele of children, adolescents, and their families in the south suburbs of Chicago. Our diverse supervisory staff is committed to providing a supportive environment for interns to meet competency-based goals in clinical skills, multiculturalism, and professional development on an interdisciplinary team.

Our APA-accredited Clinical Psychology Doctoral Internship Program is a significant component in the development of exceptional and independently licensed clinical psychologists. Our internship, based upon the Practitioner-Scholar training model, provides a challenging combination of experiences, offering interns both breadth and depth in their training that is rooted in a balance of theoretical orientation, empirically-based methods, and our staff's wealth of clinical experience. Through exposure to various theoretical orientations, clinical experiences, and feedback from clinicians within the practice, interns learn and develop proficiency in core clinical and professional competencies; treat a broad range of clinical presentations as a provider and member of a team; and develop their own clinical psychology identity. Clinical experiences

include exposure to multiple types of modalities (individual, group, and family psychotherapy), psychological assessment, supervision, case conferences, didactic training, and consultations with multiple members of the clinical team.

Competencies

All Clinical Training tracks will train to the following competencies and objectives, as they form the foundation of the internship program:

Competency #1: Research

Objectives: Demonstrate an ability to investigate, evaluate, integrate, and disseminate clinically relevant research and material to others via case presentations and other scholarly activities

Competency #2: Ethical & Legal Standards

Objectives: Demonstrate an understanding and application of clinical psychological services within accordance of the APA Code of Ethics and Illinois law; be able to recognize ethical dilemmas and apply an appropriate decision-making process to ethical and legal issues; and act in an ethical manner in all professional activities

Competency #3: Individual & Cultural Diversity

Objectives: Demonstrate an awareness of and show respect for individual and cultural diversity issues; reflect upon how one's own culture and bias may affect our beliefs and methods; and integrate this knowledge within the provision of various psychological services

Competency #4: Professional Values, Attitudes, & Behaviors

Objectives: Demonstrate the attitudes and behaviors that reflect the values of psychology, including but not limited to cultural humility, integrity, accountability, and concern for others; and demonstrate self-reflection, self-awareness, openness, and responsiveness across contexts and interactions

Competency #5: Communication & Interpersonal Skills

Objectives: Demonstrate effective communication and positive relationships with a range of individuals across professional settings and formats, including managing challenging situations; utilize appropriate verbal, non-verbal, and written communication skills throughout the various aspects of the profession

Competency #6: Assessment

Objectives: Demonstrate an understanding of human behavior and how that relates to individuals' functional and dysfunctional behaviors; demonstrate the ability to gather information and apply it appropriately to make informed clinical decisions, including but not limited to diagnostic impressions and level of risk and care assessments; and adaptively communicate such information with appropriate parties

Competency #7: Intervention

Objectives: Demonstrate proficiency in establishing positive therapeutic relationships; develop, implement, evaluate, and modify comprehensive treatment plans accordingly, using theoretically- and evidence-based interventions

Competency #8: Provision of Supervision

Objectives: Demonstrate an understanding of supervision models and application of observation, evaluation, and providing feedback to a supervisee in a simulated context

Competency #9: Consultation & Interprofessional/Interdisciplinary Skills

Objectives: Demonstrate an appreciation for and ability to work within and contribute to a multidisciplinary team to provide comprehensive treatment

Clinical Psychology Doctoral Internship Tracks

Our internship emphasizes the importance of building foundational skills to support competence for a generalist approach. While interns will gain experience with children, adolescents, and adults, our site's focus is on child/adolescent and family work. For the 2027-2028 training year, two tracks are being offered. Applicants may apply to one or both tracks; instructions

for making preferences clear is listed below and applicants will be considered individually for each track they indicate. We strongly encourage that interns' application and experience reflects and aligns with the track(s) to which they are applying.

Therapy Track

In addition to carrying a full therapy caseload, interns will be trained to utilize some assessment tools (including scoring, interpretation, and brief summaries) to enhance their appreciation, knowledge and skills in the application of testing to therapy services; they will not be completing full, integrated testing batteries. Candidates who want to focus on therapy services in a private practice and are interested in additional training about how to use testing data to support case conceptualizations and treatment planning are encouraged to apply to this track.

Testing Track

Interns matched to this track will spend about 75% of their clinical, patient-facing hours focused on neuropsychological and psychological testing services, and 25% of their clinical hours providing outpatient psychotherapy. This track requires and attracts candidates with strong writing skills who have a career interest in assessment services, while wanting additional training in psychotherapy.

Course of Internship

Our program follows a developmental model: it is sequential and cumulative clinical exposure and graded in complexity. At the beginning of the year, we expose and train in basic knowledge and skills at the doctoral internship level. This includes considerable time with didactics, seminars, reviews of lectures from masters in our field, scholarly articles, and training in MiraCare's philosophy and methods. Caseloads will then build respectively within each track, with the goal of interns building full caseloads as well as continued participation in required didactics, trainings, and group supervision.

Our Internship Program follows MiraCare's commitment to inclusivity as well, celebrating and embracing cultural differences, identities, and backgrounds. To support our interns, we continually review our processes and systems to mitigate unintentional bias knowing that change and growth are always necessary. We have also prioritized interns' individual and cultural diversity growth through intern participation on MiraCare's People & Culture Committee and in JEDI Seminar, which focuses on cultural awareness, cultural humility, and integrating diversity into treatment planning.

Towards the end of the internship year, interns are performing as competent members of our multi-disciplinary team and addressing clinical challenges. Upon completion of the year, interns are prepared to provide doctoral-level clinical psychological services.

Internship Training Supervisors and Faculty

- Christopher Higgins, Psy.D., Licensed Clinical Psychologist; Practice Founder/Owner & Seminar Leader
- Julie Johnson, Psy.D., SEP, Licensed Clinical Psychologist; Clinical Director, Training Director; Individual Therapy Supervisor, Group Supervision for Therapy Co-Leader, Facilitating Therapy Groups Supervisor, & Seminar Leader
- Jessica Mikulecky, Psy.D., SEP, Licensed Clinical Psychologist; Clinical Director, Co-Training Director; Individual Therapy Supervisor, Group Supervision for Therapy Co-Leader, Assessment Supervisor, & Seminar Leader
- Jessica Cruz, Psy.D, Licensed Clinical Psychologist; Individual Therapy Supervisor, Group Supervision for Therapy Co-Leader, & Didactic Presenter
- Breanne Gremillion, Psy.D., Licensed Clinical Psychologist; Training Coordinator; Individual Therapy Supervisor, & Group Supervision for Therapy Co-Leader
- Catherine Jackson, Psy.D., BCN, Licensed Clinical Psychologist; Individual Therapy Supervisor, & Justice, Equity, Diversity, and Inclusion (JEDI) Seminar/Supervision Leader
- Mandy Jenkins, Psy.D., Licensed Clinical Psychologist; Individual & Group Assessment Supervisor, & Seminar Leader
- Patrick Kaulen, Psy.D., Licensed Clinical Psychologist; Individual Therapy Supervisor, & Seminar Leader
- Tiffany Keller, Psy.D., Licensed Clinical Psychologist; Individual & Group Assessment Supervisor, & Seminar Leader

- Cynthia Rangel, Psy.D., BCN, Licensed Clinical Psychologist; Training Coordinator; Individual Therapy Supervisor, & Group Supervision for Therapy Co-Leader

As needed, other qualified Faculty may join to offer additional didactics and presentations, and we encourage applicants to review biographies on our website!

Admission Criteria

We encourage enthusiastic, team-oriented doctoral psychology students, enrolled in an APA- or CPA-accredited doctoral program, who wish to work children and adolescents to apply. Before internship starts, we look for applicants to have completed at least 3 practical experiences for a combined 550 direct-service clinical care hours with patients. The Training Directors, Supervisors and the entire Training Team encourage applicants of all identities and backgrounds to apply. Global applicants eligible to work in the United States are also encouraged to apply.

Application Process

We require the APPI Online Application with essays, three letters of recommendation, a sample psychological testing report that has been fully de-identified (for those applying to the testing track), graduate transcripts, a CV, and a cover letter describing how the applicant's experiences and/or future goals match our training program. We require at least two of the three recommendation letters to be from direct clinical supervisors, and we prefer one of these two are from an applicant's current clinical site. We are excited to review applicants' written work as part of their submission; while word-processing applications for spellchecking are allowed, using advanced AI programs to write essays or psychological sample reports is not permitted.

Our Training Committee reviews all applicants' "Anticipated Practicum Hours" section and factors this into our decision-making process when offering interviews. If an applicant has any questions or concerns about this, we encourage them to message us directly via email.

Applicants may apply to either or both tracks. **In the cover letter (submit one in the space indicated on the APPI), applicants are asked to clearly indicate which track(s) they would like to be considered for, as well as reasons why each track is of interest to them, a good fit, etc.** We strongly encourage that interns' application and experience reflect and align with the track(s) to which they are applying. If an applicant has not worked directly with children/adolescents in a clinical capacity and are still interested in our internship program, they are encouraged to address that this is a population of strong interest. If there are any questions about this, we hope prospective applicants do not hesitate to reach out and ask! Inquiries can be sent to Dr. Johnson (jjohnson.psyd@miracaregroup.com) or Dr. Mikulecky (jmikulecky.psyd@miracaregroup.com).

Internship applications are due on November 9, 2026. Applicants invited for interviews will receive an email notification by December 11, 2026, with additional information about our virtual interview process. We hope that by exclusively offering virtual interviews, applicants will be more likely to attend given reduced financial and time constraints that an in-person interview often requires.

Interviews will take place during January 2027, and applicants will have multiple days/times from which to choose. Applicants meet with various members of the Training Team, including supervisors, Training Director(s), and current trainees in group and individual formats. Due to the high number of candidates we interview, as a memory aid, we take pictures of interviewees; these are discarded after Match Day.

Selection Process

For the 2027-2028 training year, MiraCare plans to offer 8 full-time internship positions: 4 in the Therapy Track and 4 in the Testing Track.

As our site heavily services children, adolescents, and their families across both tracks, we look for applicants that have varied experience and interests treating these populations. We do not expect all interns' experiences to directly align with our track options, as we believe we can teach and develop these clinical skills through our training and supervision. We also strongly believe internship is a year of generalist training, so while applicants should expect the bulk of their caseload to consist of children and adolescents, we aim to expose all interns to clinical services for adults too as referrals allow. With

that in mind, interns who are enthusiastic, committed to learning and challenging themselves through new experiences and feedback, want to embrace a team-based clinical care approach, and are open to further developing self-awareness and cultural humility do well within our training program.

MiraCare Neuro Behavioral Health is a member of APPIC and designed to meet clinical psychology doctoral level graduate and licensing requirements. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. For a full description of the APPIC Match Policies, please refer to http://www.appic.org/.

Requirements for Completion

The training program start date is August 2, 2027, and requires 12 months to complete. Each intern will be provided with two weeks of vacation time (10 working days) and one additional day for dissertation defense, graduation, or an off-site training experience; they are required to take these prior to the last month of internship unless otherwise approved. Applicants are encouraged to check with their academic institution to understand the impact and, if needed, address any conflicts with completing internship requirements on July 30, 2028.

We believe that experiential learning is the most effective strategy to develop the attitudes, knowledge, and skills to become competent psychologists. Therefore, we expect interns to accrue a substantial proportion of their hours providing direct services to patients. We aim for interns on all tracks to build and maintain an average of 18 direct clinical care hours per week. Interns are expected to complete *at least 2,000 hours* with mandatory evening hours. This high number of hours supports our robust training program, allowing for didactics and trainings that previous cohorts have recommended be offered while maintaining a strong caseload.

We also believe that we best learn in an atmosphere of support and safety. Supervision and trainings are offered to support interns in their experiential work. All interns receive 4 weekly hours of supervision from licensed clinical psychologists: This includes 2 hours of individual supervision with a licensed clinical psychologist and 2 hours of group supervision with a cohort. Much of our supervision is in person; however, there are times when we determine telesupervision is beneficial and appropriate. Intern meetings, professional development seminars, cultural/diversity seminar, and all-staff meetings are attended by all interns. On a rotating basis, all interns will also spend six months of the year serving on MiraCare's People & Culture Committee, an institution-level committee focused on instilling a culture of belonging and creating a diverse and inclusive work environment while gaining program development experience.

We offer many psychological interventions along a continuum of care and support. Interns will, at minimum, be exposed via didactics to various services during Orientation while most of the service-specific trainings are completed within track cohorts. These may include:

- Level-of-Care Assessments
- Working with Self-Injury and Suicidality
- The Influences of Social Media
- Neuropsychological Testing Seminar
- Personality Patterns
- Play Therapy Series

While there may be times when the Training Director(s) determine distance learning is appropriate and accessible, this training program is an *on-site experience, which includes being on location for both service delivery and support hours*. This will be further reviewed during Orientation, including expectations and examples.

The minimum level of achievement for successful completion of internship is a "Proficient" rating for each element and overall competency listed on the "Clinical Psychology Doctoral Internship Evaluation." We believe this achievement prepares our graduates for success in becoming clinical psychologists.

Clinical Resources & Support

All interns, regardless of track, have access to clinical resources and support. These include technology (e.g., system emails, Microsoft 365, computers/laptops in workspaces), clerical and billing support, and devoted workspaces for clinical and administrative duties.

The stipend for the next training year is $31,000. Interns a W2 employees, which includes optional healthcare and long-term disability; there are also options for short-term disability and dental coverage. Additional benefits include 10 PTO days; an additional PTO day for a school-related function (e.g., graduation or dissertation defense); several banking holidays; and sick days. Interns are provided with professional liability insurance through MiraCare *and are also required* to maintain any private insurance they may carry and/or insurance coverage through their graduate school. Proof of coverage by academic institutions needs to be received prior to seeing patients.

Evaluations

Feedback is an essential element of learning and training. To support this, the Training Program offers written, quarterly evaluations during internship. Evaluations are based upon supervisors' case reviews, the training team's (including didactic, group supervisors and seminar leaders) observations and interactions with the interns during clinical case review, trainings, seminars, presentations, consultations, etc. At the end of the first quarter, a baseline evaluation is completed to identify the intern's strengths and growth edges. It is a time to discuss and plan for any notable challenges or concerns. At the six-month mark, interns are given a formal evaluation of all competencies that is also emailed to the intern's academic institution; feedback is provided regarding noted strengths and ongoing areas for further development during the second half of the training year. The nine-month evaluation is used to identify growth and any skills that need to be addressed in the last three months. During the last month of the training year, interns present a clinical case demonstrating their clinical style and professional growth to staff. Interns' final, formal evaluation is reviewed with the intern and provided to the academic institution at the conclusion of internship. The minimum level of achievement for successful completion of internship is a "Proficient" rating for each element and overall competency listed on the "Clinical Psychology Doctoral Internship Evaluation."

Clinical Psychology Doctoral Internship APA-Accreditation

MiraCare Neuro Behavioral Health's Internship Training Program has been APA-accredited since November 8, 2016 (at that time, our name was Palos Behavioral Health Professionals). We are pleased to share that as of August 14, 2025, we have been re-accredited and our next site visit is scheduled to be held in 2035.

*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: http://www.apa.org/ed/accreditation/

Questions regarding training at MiraCare can be directed to Dr. Julie Johnson at jjohnson.psyd@miracaregroup.com.

Clinical Psychology Post-Doctoral Fellow Opportunities

MiraCare also offers Clinical Psychology Post-Doctoral Fellowships. We strongly believe that this year of advanced training promotes early-career psychologists' growth and experience by offering support with greater independence. For those who join us as interns, they can apply for a position to continue their work and learn to navigate the process of longer-term psychotherapy. Post-doctoral fellows also are encouraged to develop professional niches, offer supervision to interns, and receive support navigating the licensure process.

Our post-doctoral program is designed to follow APA guidelines for this training level and meet licensure requirements in the state of Illinois. *Importantly, matching to our site for internship is not a guarantee from applicants or the site to make the commitment for a post-doctoral position. There is an interview and application process for these positions.*

STATEMENT OF NONDISCRIMINATION

MiraCare Group is committed to non-discriminatory practices, and this policy states MiraCare's position on nondiscrimination. This policy applies to all MiraCare employees, trainees, and clients.

MiraCare follows an equal employment policy; it does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, the hiring and firing staff and provision of services. We are committed to and successful in providing an inclusive and welcoming environment for all members of our staff and clients.

This policy also applies to internal promotions, training, opportunities for advancement, terminations, clients, and dealings with the general public. MiraCare will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant.

Any employee or client who believes that he or she or any affiliate of MiraCare Group has been discriminated against is strongly encouraged to report this concern promptly to the Clinical Director or Training Director.

Due Process and Grievance Policy for Clinical Psychology Doctoral Interns

This document provides interns and staff at MiraCare Neuro Behavioral Health an overview of the identification and management of intern problems/concerns. It begins with an overview of Due Process general guidelines, grievance procedures for interns to follow if they encounter a concern with an individual at MiraCare, professional standards that would elicit additional sanctions to improve performance, and instances when dismissal from the internship program would be warranted. For each sanction and the termination process, relevant parties notified, documentation, and interns' appeals process is made explicit. Information and the policy about the Training Program's retention of any formal complaints made against the program is also listed at the end of this document.

Section I. Due Process: General Guidelines

Due process ensures that decisions about interns are based on fairness, as decisions are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all interns, as well as provide appropriate appeal procedures available to interns. Each step taken is documented and implemented as described.

General due process guidelines include:

1. Discussing the program's expectations related to professional functioning, in individual and group settings, during the orientation period;
2. Stipulating the procedures for evaluation, including how and when evaluations will be conducted (such evaluations should occur at meaningful intervals);
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns;
4. Communicating, as listed below, with academic programs about any suspected difficulties with interns and, when necessary, seeking input from these academic programs about how to address such difficulties;
5. Instituting, as appropriate, various sanctions to address identified inadequacies, including an expected time frame to address and change the inadequacies, as well as the consequences of not rectifying the stated inadequacies;
6. Providing a written procedure to the intern describing how the intern may appeal the program's action(s) (included as Section II below);
7. Ensuring that interns have sufficient time to respond to any action taken by the program;
8. Using input from multiple professional sources as warranted (e.g., Training Team, intern's academic institution) when making decisions or recommendations regarding the intern's performance; and
9. Documenting, in writing and to all relevant parties, actions taken by the program and its rationale.

Section II. Due Process: Grievance Procedures

This section provides a formal framework to respond, act, and/or dispute actions taken by the training program, MiraCare, or individual faculty within the program and/or at MiraCare. (When the program utilizes co-training directors or multiple clinical directors, all will be involved in the process unless there is a conflict of interest.)

In the event an intern encounters concerns, difficulties, or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her/their training experiences, they are to follow the steps below:

1. Discuss the issue with the directly with the individual(s) involved. We encourage interns to consult with another professional at the practice (colleague, supervisor, TD, etc.) and/or a professional at their academic institution for guidance and support in doing so.
2. If the issue cannot be resolved informally, the intern should discuss the concern with a Training Director (TD; or the Clinical Director if the grievance is with a TD). At this time, the academic Director of Clinical Training may be contacted for assistance without beginning a formal process.
3. If the TD or Clinical Director cannot resolve the issue, the intern can formally challenge any action or decision taken by the TD, the supervisor, or any member of the training staff by following this procedure:
    a. The intern should file a formal complaint, in writing and with all supporting documents, with the TD. If the intern is challenging a formal evaluation, the intern must do so within 5 days of receipt of the evaluation.

b. The TD must consult with the Clinical Director(s), MiraCare's Owner, and a representative of the intern's choosing to review and discuss the issues. External consultation that maintains the confidentiality of the intern, which includes but is not limited to APPIC's Problem Consultation service, may occur to support a final decision made by MiraCare's Owner within three days of the formal complaint received.

It is MiraCare's and the Training Program's hope that disagreements can be processed through a cooperative effort of the intern, supervisor(s), TD, Clinical Director, and/or the intern's school Director of Clinical Training (DCT). ***Students are always encouraged to seek support and advice from their school's Director of Training***.

Section III. Professional Standards Requiring Additional Sanctions

MiraCare recognizes inherent challenges and growth edges for interns in a training program. There are times additional supervision or support is required to address exhibited attitudes, behaviors, or characteristics; this is expected within training. However, there are also instances, as determined by the professional judgment of members of the Training Team (e.g., primary and other supervisors, TD), when an intern's inadequate performance exceeds the scope of routine training issues and/or expected progress toward meeting professional standards at the doctoral level of training is not occurring. This is most often captured and documented on a quarterly *Intern Evaluation* as falling below a "(2) Entry Level" rating on any element within any competency. There are circumstances wherein deviation from these quarterly evaluations is warranted to provide corrective guidance to interns in a timely fashion. For example, if a staff member or patient submits a substantiated complaint about an intern to the Training Team, corrective action could be taken.

To support understanding of when such concerns rise to the level of requiring additional interventions and/or sanctions, problematic behavior 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, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

Section IV. Sanction Process, including Options/Interventions

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing sanction interventions, the Training Director must be mindful and balance the needs of the intern, any patients involved, members of the intern training cohort, the training team, and other agency personnel. While the order of steps listed in this section are appropriate for many circumstances that warrant implementing sanctions, there are instances of more severe problematic behavior wherein the training program reserves the right to employ any of the sanctions offered. The Training Director(s) are responsible for collecting the information from all relevant parties (verbal and written) and making determinations, with due diligence, for appropriate sanctions within each circumstance. Importantly, all of the steps below align with our Due Process Guidelines and added information about documentation are provided:

- ***Verbal Notice***: The purpose of a verbal notice is to clarify policies and expectations. This is the first step for correcting performance and/or behaviors.

  Parties notified: Training Committee, Intern, Supervisors
  Parties signature(s): None
  Documentation: Notation that verbal notice was given via a meeting with present parties is documented in the intern's Insync chart
  Appeal: Intern can verbally discuss any disagreements in the meeting and/or with TD at the time of the meeting or within 5 days after the notice is given

- ***Written Notice***: The purpose of a written notice is to document the gaps in performance and/or expectations while agreeing on next steps to address concerns.

  Parties notified: Training Committee, Intern, and Supervisors

Parties signature(s):	TD
Documentation:	A letter is uploaded in the intern's Insync chart and a copy is kept in the intern file; documentation of the intern being given the letter and any subsequent conversation is also noted in the Insync chart and on the intern file
Appeal:	Intern can discuss any disagreements in the meeting or with TD verbally or via written response within 5 days of the meeting (see Section II.1)

1.0 ***Remediation Plans:*** The purpose of a remediation plan is to document and develop a collaborative, coordinated plan to support an intern who has demonstrated significant gaps in their performance that are greater than expected at the internship training level. The plan specifies how additional remedial steps align with supporting the intern to correct deficiencies to the degree they meet minimum levels of achievement in all elements and competency goals, as outlined in the Internship Evaluation and required for successful completion of the internship.

Examples of intern conduct and circumstances (attitudes or behaviors) that may result in implementation of a Remediation Plan include, but are not limited to, the following:

a. Lack of acknowledgement, understanding, or addressing of the problem when it is identified.
b. The problem is not merely a reflection of a skill deficit which can be rectified by additional training.
c. The quality of services delivered by the employee is sufficiently negatively affected;
d. The problem is not restricted to one area of professional functioning;
e. A disproportionate amount of attention by training personnel is required; and/or
f. The employee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Specific actions that may be taken to address identified issues within remediation/improvement plans are listed below. Importantly, while these options are often part of a remediation plan, they can also be implemented as stand-alone modifications given the nature of the issue/deficit/concern identified (i.e., if the TD determines a formal remediation plan is not warranted given specific circumstances while recognizing the value of such modifications):

- Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying a schedule is an accommodation made to assist the intern, with the full expectation that they will complete the internship. This period will include more closely scrutinized supervision, often conducted by the regular supervisor in consultation with the TD. Several possible—and perhaps concurrent—courses of action may be included in modifying a schedule. These include but are not limited to:
    1. Increasing the amount of supervision, either with the same or other supervisors;
    2. Change in the format, emphasis, and/or focus of supervision;
    3. Recommending personal therapy (a list of community practitioners and other options will be provided);
    4. Reducing the intern's clinical or other workload;
    5. Requiring specific academic coursework.

  The time frame of a schedule modification period will be determined by the TD in consultation with the primary supervisor(s) and TD. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the primary supervisor(s) and the TD.
- Suspension of Direct Service Activities requires a determination that the welfare of the intern's patient(s) has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TD in consultation with the Clinical Director. At the end of the suspension period, the intern's supervisor, in consultation with the TD, will assess the intern's capacity for effective functioning and determine when direct service can be resumed. If the suspension of direct service activities interferes with the accrual of necessary training hours for successful completion of internship within the APPIC Match Contract dates, this will be documented and communicated with the intern and the intern's academic DCT, as well as an anticipated timeline for completion as much as able depending on the circumstances. In addition, if it is determined that the stipend will continue to be paid while an intern is on suspension of direct clinical services, there will not be additional financial compensation if more time (such as an extension) is needed to accrue required hours to complete the internship.
- Temporary Leave involves the temporary withdrawal of all responsibilities and privileges. To the degree that this temporary leave interferes with the successful completion of the training hours needed for completion of the internship in accord with the APPIC Match Contract dates, this will documented and communicated with the intern and the intern's academic DCT, as well as an anticipated timeline for completion as much as able depending on the circumstances. The TD will also inform the intern of the effects that the temporary leave will have on the intern's stipend.

For any remediation plan, the following will occur:

Parties notified:	Training Committee, Intern, Supervisors, Training Team, and Intern's DCT at their academic institution
Parties signature(s):	TD, Intern
Documentation:	Remediation Plan is placed in intern file(s) along with documentation about the meeting when the plan is reviewed; a copy is given to the intern; and a copy is sent/emailed to the academic institution by the TD. In addition, if other sanctions were previously utilized prior to a remediation plan, disclosure of these efforts will also be made to the DCT. The academic institution will be provided updates (via writing or documentation a conversation via phone occurred) about progress as warranted. Upon resolution of the concern (i.e., at the end of the remediation period or by the next evaluation), the intern and academic DCT will be notified in writing of successful completion of the remediation plan.
Appeal:	Intern can express disagreement within 5 days of the date the remediation plan was received in accordance with the Section II.1 (Grievance Procedures)

Section V. Dismissal from the Internship Program

Dismissal from the internship program indicates that, because of failing to meet performance expectations or another serious infarction, termination of the internship contract is warranted. All agency responsibilities and privileges are revoked. As indicated, there are two paths that may lead to dismissal:

1) When remediation plans and other accommodations have been implemented yet are not resulting in adequate improvement to render the intern ready to successfully meet the competencies of the training program, dismissal may occur.
2) Misconduct that involves dishonesty, violation of the law, and/or a significant risk to patient care and operations is grounds for immediate termination of the internship and employment from MiraCare; in these instances, a remediation plan may not have occurred yet termination is warranted given the severity of the infarction. Examples of misconduct that could lead to immediate termination include, but are not limited, to:

    a. Violations of anti-harassment, anti-discrimination, non-retaliation, and drug and alcohol policies
    b. Violence in the workplace
    c. Violation of APA Code of Ethics and/or other legal statutes
    d. Imminent physical or psychological harm to a patient

Whenever dismissal from the program is being considered, the TD will consult with APPIC prior to any final determination.

For either of these paths, the following will occur:

Parties notified:	TC, Intern, Supervisors, training team, Intern's TD at academic institution for, APPIC
Parties signature:	TD (and Intern if applicable)
Documentation:	A dismissal letter is placed in intern file(s), as well as documentation given to the intern, the intern's academic DCT, and completion of any required paperwork from APPIC
Appeal:	Intern is able discuss any disagreements in the meeting, or they may respond verbally or via written response to a TD within 5 days of the date of the letter and the decision will be reviewed. Intern is also able to complete any appeal process that APPIC has available.

Section VI. Retention of Records of Complaints and/or Grievances

In the event a formal complaint and/or grievance is made about an aspect of the Training Program is brought to the attention of its Directors, the program is committed to retaining such records to support ongoing fairness, accountability, and corrective action when necessary.

- Documentation/filings with copies of all associated correspondence will be maintained in a secure, shared electronic file that is only accessible to the Training Director(s) via a personal, password-protected productivity platform. Each specific complaint will have its own subfolder for clarity and ease of access/retrieval.
- In accordance with applicable institutional, accreditation, and state policy, any such complaints and associated correspondence will be maintained for a minimum of 10 years.