

SMART LOVE[®]

FAMILY SERVICES

Doctoral Clinical Psychology Postdoctoral Fellowship Program 2021-2022 Training Brochure

Agency Overview

Smart Love Family Services (SLFS) is a 501c3 non-profit organization that offers outpatient counseling, psychological testing, parenting programs, community programs and early childhood education.

Agency Mission and History

The mission of Smart Love Family Services is to help children, youth, parents, couples and adults achieve greater inner well-being, sustain closer relationships, and reach their full potential in life. Our services include counseling, early childhood education and parenting programs. We also provide training and consultation to agencies, schools and organizations, helping their childcare personnel positively influence children's social and emotional outcomes.

Diversity, Equity and Inclusion Statement

Everyone in our country has a part in making change happen. Those who've benefitted can use the power they have to push for a more equitable system. Those who are suffering can continue to voice their concerns, and everyone must continue to listen and learn from each other. Smart Love Family Services remains committed to helping create a truly just society where every person has a chance to live a long, safe, and fulfilling life.

Creating a future that is free from racism and hate of all kinds begins with how we treat our children today. Children grow into open-minded, patient, caring, and loving adults through the relationship they experience with their parents and caregivers. When parents offer kindness, acceptance, and love even when children display mad, angry, or other unhappy behaviors, children will grow up to show that same kindness, acceptance and love towards others. Smart Love's programs are designed to help create that future for the children of today and the children of tomorrow.

The not-for-profit Smart Love Family Services was founded in July 2002 by a small group of parents and professionals who wanted to help families benefit from the positive approach described in the book *Smart Love, A Comprehensive Guide to Understanding, Regulating and Enjoying Your Child* by Martha Heineman Pieper, Ph.D. and William J. Pieper, M.D. The Smart Love[®] approach offers parents and professionals an understanding of children's behaviors and

emotions at each age and stage as well as solutions for regulating children's immature behavior within a close, warm relationship. The organization began by offering parenting talks on a range of topics of most interest to parents, such as sleep, toileting, discipline, self-esteem, etc. In 2007, Smart Love expanded by opening a counseling program serving children and families using the inner humanism psychotherapy approach also developed by the Piepers. In 2010, we expanded again to establish our early childhood education programs that offer a stimulating curriculum emphasizing social and emotional health that expands on the State of Illinois early childhood education benchmarks. Our teaching staff is trained in how to respond to children positively by incorporating therapeutic responses to children's behavior in the classroom. In 2012 we launched *Little Feet, Big Fun!* a gala benefit to raise financial aid funds to enable more low income families to get clinical care or enroll their children in our early childhood education programs.

Description of Current Programs

The programs at SLFS serve a broad spectrum of individuals of varied ages, races/ethnicities, genders, cultural backgrounds, and socioeconomic levels. SLFS' areas of specialization include child and adolescent treatment, as well as parent counseling. Our agency services include:

Therapeutic Services: Individual Therapy, Play Therapy, Family Therapy, Couples Therapy, and Group Therapy

Parenting Services: Parent Coaching, Parent Counseling, Parent Support Groups, and Parent Education Seminars

Testing and Evaluations: Psychological Testing, Neuropsychological Testing, Kindergarten Readiness Assessments, Attention Deficit/Hyperactivity Evaluations, and Learning Disability Evaluations. Testing services are offered to adults and children.

Research Program: Outcome based research program measuring the effectiveness of child and adolescent therapy on SLFS clients.

Community Services: Psychoeducational Webinars; Attendance at Community Health and Wellness Fairs; Grant based community work including a Parent Support Group for Parents of Minority Children in It Takes a Village Program; Presentations and Consultation to Schools and Community Agencies

Early Childhood Education Programs:

- *The Natalie G. Heineman Smart Love Preschool: A private education setting, guided by the principles of Smart Love, that offers families half-day and extended day preschool and Kindergarten*
- *Parent and Toddler, and Mom and Baby Programs*

SLFS is located in the Chicago suburb of Oak Park, Illinois and in the Logan Square neighborhood on the north side of Chicago.

Program Philosophy and Training Model

Overall Philosophy of Training

The training model at SLFS is based on a Practitioner-Developmental-Apprentice model of training. This model is based on a training mission emphasizing direct clinical practice (practitioner), facilitating the developmental transition from fellow to professional psychologist (developmental), and providing consistent guidance for quality clinical service delivery, as well as, personal and professional growth (apprentice). We strive to understand the experiences, strengths, and growth areas of trainees and support them accordingly through the supervisory relationship and other learning activities, such as training seminar, clinical consultation, and intake and testing opportunities. Our clinical and training experiences are designed to have greater structure and oversight early on in the fellowship experience, moving toward increased autonomy as the year unfolds. The postdoctoral fellowship at SLFS builds upon a fellow's prior training in psychology and provides a training experience that is sequential, cumulative, and graded in complexity. Fellows will be prepared for professional practice upon completion of postdoctoral fellowship and display intermediate to advanced skill level across the specified competencies.

Our supervisory models emphasize the value of developing a strong, available, and consistent relationship between fellows and supervisors. In addition, supervisors help fellows enhance their ability to be self-reflective about their own identities, experiences, and values and how these affect their assumptions and reactions. Supervision provides fellows with constructive feedback about areas of strength and further development in an ongoing process throughout the training year so that fellows can consistently continue to be aware of and to work on furthering their development.

Through individual supervision, clinical consultation, and group seminars, we focus on the teaching of advanced relationship based psychotherapy skills using a psychodynamic and humanistic model of treatment (i.e., Inner Humanism approach to psychotherapy). This unique opportunity to learn and practice from a specific psychological and treatment approach is an "immersion" experience. It helps fellows learn a depth psychology that can be applied across modalities, populations, and presenting problems. Fellows that will be the best fit for this fellowship are those who embrace a lifelong process of learning to deepen their professional development, as well as have a strong interest in psychodynamic relationship based psychotherapy and long term treatment. Fellows are provided with a plethora of supportive experiences to aid in their learning process of more advanced dynamic relational techniques.

Training goals are outlined at the beginning of the year and continually revisited in a fluid manner. Formal evaluation and feedback is provided to fellows both at the mid-year and end of the training year using the formal Evaluation form. However, SLFS supervisors believe in the importance of continuing to discuss progress and areas of development in a fluid, non-judgmental and supportive manner as part of the supervisory relationship and experience and to best take care of fellows and their clients.

Clinical practice with clients is the primary modality that the training program uses to facilitate educational and professional growth of fellows while at SLFS. Additionally, the SLFS postdoctoral fellowship program strives to provide fellows with the opportunities to develop a diversity of skills and competencies related to being a professional psychologist including but not limited to: individual child, adolescent, and adult psychotherapy, parent counseling, assessment and evaluation, psychological testing, crisis intervention, supervision, program development, and marketing/community outreach.

Supervision and Training Activities

To bolster fellows' learning, fellows concurrently receive extensive, high quality supervisory support to best facilitate their developmental needs and training goals. Students will receive over **5 hours of training activities per week** (see chart below under **Supervision and Learning Activities**) including 2 hours of weekly face-to-face, individual supervision by a licensed clinical psychologist, and over 2 hours of various training activities including didactic training seminars and group consultation.

SLFS supervisors have "an open door" policy, making themselves available to the supervisee for consultation or assistance throughout the weekdays, weeknights, and weekends if needed. All individual supervisors carry cell phones and are available even when they are off-site or after designated work hours. Fellows are expected to utilize this approach to help them learn how to recognize when they need support and to recognize that seeking consultation is best practice and in the best interest of the clients they serve. Fellows are also informed to contact another licensed therapist if their immediate supervisors are not available and it is an imminent issue that needs to be addressed. In sum, SLFS strives to provide a rich and very supportive training environment along with exposure to a full breadth of clinical experiences.

Training Program Brochure Overview

Overarching Training Goal:

To train postdoctoral fellows to be competent, ethical, self-reflective, and culturally informed mental health practitioners of the Intrapsychic Humanism and Smart Love approach to care at Smart Love Family Service's outpatient counseling agency in Oak Park and Chicago.

Advanced Relationship Based Psychotherapy Skills Training

The full-time Clinical Psychology Post-Doctoral Fellowship Program at Smart Love Family Services (SLFS) is designed to facilitate the growth of fellows to becoming self-reflective, competent, and culturally humble and informed outpatient clinical psychologists. Fellows will work with clients of all ages but also receive a specialization in child and adolescent therapy and parent guidance. The training program at SLFS presents the unique opportunity for fellows to receive extensive supervision and support in learning and practicing a psychodynamic humanistic relationship based treatment model (*Inner Humanism*®) and parent guidance principles based on a positive parenting approach (*Smart Love*®) informed by the latest child development research.

Through our comprehensive intake process, fellows will be scheduled with a caseload of approximately 25 psychotherapy clients. A fellow's caseload consists of a diverse group of clients that include children, adolescents, adults, families, and couples. The IH model will provide fellows with advanced relationship intervention skills. The psychology orientation we use integrates psychodynamic, humanistic, and strength-based philosophies. IH recognizes that all people are born with an innate desire and a potential to be happy, to feel good about themselves, and to experience meaningful close relationships. IH psychotherapy helps individuals of all ages develop an inner well-being that allows them to be in charge of their choices and moods, and to live up to their full potential. IH shows that with the right kind of care and therapeutic support, people can turn away from self-sabotaging behaviors and inner unhappiness, and can learn to turn to self-caretaking choices for a more fulfilling life. The Smart Love approach is a kind and effective approach to parenting that is both based on clinical research and the latest child development studies. Smart Love offers compassionate and kind caregiving responses to managing children's unsafe, immature, or challenging behaviors. Smart Love helps children learn to regulate their own behaviors while still preserving a loving, close relationship with their caregivers.

The fellow will participate at least 5 hours per week in learning activities. A minimum of 50% of the fellow's time will be spent in provision of direct professional

psychological services to clients including psychotherapy, psychological assessment, and group program services. Fellows will also learn to partake in many dynamic and varied roles that a psychologist plays including including but not limited to community outreach, intake, program development, research in outcome evaluation, and exposure to learning supervision skills. SLFS also values receiving fellows' input on what additional training opportunities they want and work to make that happen when possible.

Planned Sequenced Training curriculum/ Training Methods to Help Fellows Achieve Competencies

Sequence, Intensity, Duration, and Frequency of Training Activities

SLFS' Practitioner-Developmental-Apprentice model of training is accomplished through a variety of carefully planned and sequenced activities related to the practice of professional psychology. In order for each fellow to experience a degree of depth and intensity in their time at SLFS, training activities run concurrently for the entire training year. Fellows are oriented during the first four weeks of year and receive several training materials, including a Clinical Training Handbook, at the start of their postdoctoral fellowship. Training materials cover written policies and procedures regarding program requirements, expectations, and procedures, and theoretical consideration and practice guidelines.

In the initial months, fellows receive in-depth orientation to Inner Humanism theory, starting with new child therapy cases, guidelines to child therapy, parent guidance and support, case documentation guidelines, crisis intervention, doctoral trainee expectations, HIPAA compliance training, extensive training to the intake department and assessment, and clinic and supervisory policies. These frequent meetings/trainings during the first month of the postdoc is facilitated by the Director of Training (DOT), Director of Clinical Services (DOCS), and Clinical Coordinator. Fellows are also meeting for two hours per week with their individual supervisors for support on starting with therapy cases which typically begin at the 2-week mark and continue with a gradual buildup throughout the remainder of the training year. These initial meetings help the fellow acclimate to their position at SLFS as well as help to begin to formulate relationships with other students in the training cohort before their schedule picks up in the fall.

During the initial phase of the training year, fellows are orientated to the agency and are closely guided through their case assignments and activities. Throughout this phase, supervisors are available any time the fellow has questions about policy, procedure,

and practice. Fellows are encouraged and welcomed to contact their supervisor, or any other agency supervisor, at any time during the week or after hours if they should need to.

Fellows write weekly process recordings of the sessions from memory for supervision. This allows the supervisor to closely monitor interactions with clients and to help the fellow begin to learn and apply the Inner Humanism psychotherapeutic approach as well as to begin to become reflective and aware of his/her own practice and internal reactions, etc. Processing recordings are a written transcript of the session that the fellow writes from memory. Support and guidance is provided by supervisors about what the fellow can expect from supervision and how to be best prepared to utilize supervision.

As the year progresses, fellows are expected to balance their need for close guidance with a developing sense of confidence and competence in the decisions they make and the services and interventions they provide. Fellows should come to feel integrated into the agency in a manner consistent with staff clinicians. During the final phase of postdoc, the fellows' role at SLFS should be almost indistinguishable from that of a staff member.

Clinical Professional Activities

Estimated Average of Weekly Fellowship Hours Distribution: 40 hours per week

- Direct Service Delivery: 25 hours (Individual, Group, and Testing Clients)
- Supervision & Training Hours: 5 hours (average)
- Professional Development and Support/Administrative Activities: 10 hours

Direct Service

Each fellow is assigned clinical and direct service responsibilities within the following areas at SLFS. Assignments are 12 months and occur concurrently.

Counseling Services

The Counseling Program at SLFS is an outpatient mental health clinic that provides an array of services including: individual psychotherapy to adults, children, parents, and couples, play therapy, parent guidance and support, psychological and neuropsychological testing, group therapy, and psycho-educational services. SLFS has two offices in the Chicago metropolitan area (Chicago and Oak Park). The populations served represent a wide range of cultures, presenting problems, diagnoses, family structures, and socio-economic levels. Each fellow is assigned a caseload of 25 cases.

Clients are seen typically once per week for 45-55 minutes. Clients are carefully chosen and assigned to fellows to ensure that clients seen by fellows are appropriate for their level of development and experience level. **Fellow activities in the Counseling Program include but are not limited to: child/adolescent psychotherapy, parent guidance (including parent feedback meetings with parents of child and adolescent clients), adult psychotherapy, couples/family therapy, and group therapy (when group programs are running).**

Psychological Services: Testing and Evaluation

SLFS Psychological Services provides psychological testing, evaluation, and case consultation to staff clinicians. All requests for psychological testing are directed to the Testing Coordinator who then provides case assignments to fellows, staff members, or practicum students. Specific testing services include: full battery psychological assessment, assessment of intellectual/cognitive and academic functioning, assessment of emotional functioning, psycho-educational testing, early childhood assessment, differential diagnostic assessment, assessment of autism spectrum disorders, and consultation on assessments done previously. Fellows are expected to complete up to 4 testing batteries on child and adolescent referrals during their training year. Fellows receive supervision from SLFS' Testing Supervisor. The fellows are trained in the administration, scoring, and interpretation of a variety of testing instruments while at SLFS. They are expected to write comprehensive reports and provide in person, verbal feedback to the client and/or family and other professionals as part of the evaluation process. **Fellow's activities in this area include: the administration, scoring, and interpreting of psychological tests, report writing, and feedback sessions.**

Intake Assessment Team

Intake is a central responsibility for each fellow. Fellows are responsible for establishing a positive experience for each client in their initial contact with the agency and for completing a thorough and comprehensive intake assessment via phone. This is completed through working collaboratively with the Clinical Coordinator, and communicating this information to the therapist who is assigned the new case. Fellows receive extensive training, supervision and support in learning how to conduct an intake and all of the responsibilities that comprise an intake shift. **Fellow activities in this area include: conducting comprehensive intake assessments via phone with potential clients to the agency, conducting risk assessments and making appropriate referrals and providing crisis intervention when necessary, collaborating with Clinical Coordinator to refer cases to appropriate outside resources or assign cases internally, complete tracking and follow-up communication, attend weekly intake meetings led by Clinical Coordinator.**

Group Therapy

Fellows may have the opportunity to conduct weekly therapy groups with children, adolescents or parents (when group programs are running in the agency). The groups are held through the outpatient clinic and often focus on topics related to developing social skills, building friendships, strengthening self-esteem, learning and practicing more positive coping techniques, and effective parenting from the Smart Love model for parents. Outpatient groups may be a mix of structured and process-oriented depending on the group topic and makeup of the group. Fellows co-facilitating groups will also be provided weekly supervision on running groups. If interested, fellows can also develop their own group therapy curriculum for a specific population. **Fellow activities in this area include: facilitating groups, learning and implementing group curriculum, and developing new group curriculum.**

Indirect Service

Each fellow participates in a wide variety of indirect service activities that are relevant to their development as a professional psychologist.

Marketing/Community Outreach

Fellows may participate in marketing activities such as weekend resource fairs, physician office and school visits, and other outreach activities (e.g. presentations to local organizations). Fellows meet with the Director of Marketing to assist them with learning how to market themselves and SLFS in the community. **Fellows activities in this area include: providing information to potential referral sources or community partners about the services SLFS provides, build relationships in the community, completing tracking documentation after each marketing activity, collaborating with agency administration and office manager related to marketing activities.**

Community Services

Fellows may participate in community service activities such as health and wellness fairs, presentations to local schools or community organizations, parent education seminars, psychoeducational webinars, and participating in grant funded work in the community. **Fellows activities in this area include: Attendance at Community Health and Wellness Fairs; Grant based community work including in the It Takes a Village Program for racially diverse families; Presentations/Webinars and Consultation to Schools and Community Agencies.**

Program Development

SLFS is a developing agency with many opportunities for program development and growth. Fellows may participate in current program development projects and may be encouraged and supported in creating and implementing their own ideas. Program

development projects have included developing community partnerships with agencies to provide therapeutic services to underserved populations (e.g. refugees, children in the foster care system) and providing parenting support to racially diverse families.

Supervision and Learning Activities

Students will receive over **5 hours of training activities per week** including 2 hours of weekly face-to-face, individual supervision by licensed clinical psychologist(s), 1 hour of supervision for clinical intake, plus an average of 2.42 additional hours per week of varied learning activities including didactic training seminars, group consultation, outside presentations/trainings, staff in-services, and a DEI training meeting.

The following is a calendar snapshot of all the learning activities:

Learning Activity	Description	Day	Time	Hours	Frequency	Weekly Average Time in Hours
Individual Supervision	Supervision with Primary Clinical Psychologist	TBD	TBD	1	Weekly	1
Individual Supervision	Supervision with Clinical Psychologist (also includes testing supervision as needed)	TBD	TBD	1	Weekly	1
Clinical Psychology Training Seminar	Didactic seminar led by DOT	Wednesday	1:00	1	3x/month	.69
Parent Training Seminar	Didactic seminar lead by Parent Consultant	Wednesday	2:00	1	3x/month	.69
Case Conference with Agency Consultant	Case Presentations led by Agency Consultant	1 st and 2 nd Wednesdays of the month	9:30	1.25	2x/month	.57
Clinical Intake Group Supervision	Group supervision by Clinical Coordinator	Thursdays	1:00	1	Weekly	1
Committee on Racial and Social Equity	DEI training meetings lead by DOCS	4 th or 5 th Wednesday of the month	9:30	1	Monthly	.23
Intrapsychic Humanism CE Programs	Outside Presentations on various topics organized by IH Society	Saturdays	1:30	3	3x a year	.17
Staff In-Service Trainings	Trainings for staff only on various topics led by DOCS or outside expert	Varied	Varied	2	2x a year	.07
Total Average						5.42

The following is a more thorough description of all the learning activities:

Individual Supervision

Each fellow receives at least two hours of weekly scheduled clinical supervision from clinical psychologists for treatment cases. Fellows are expected to write weekly process recordings on at least one therapy case for each of their supervisors as well as complete a monthly caseload review of all their therapy cases to be reviewed monthly with their supervisor. Fellows also receive professional development and administrative supervision at the beginning of their year until the fellow shows a comfort and proficiency in managing their responsibilities. *(Note about Additional Supervision for Additional Professional Activities:* Additional supervision is available for psychological testing and assessment cases and group therapy during provision of these activities. Supplemental supervision may be provided by additional agency supervisors who are licensed clinical social workers, licensed clinical professional counselors, and postdoctoral fellows).

Training Seminar

The training seminar meets weekly for 1 hour and is led by the Director of Training, a clinical psychologist. The seminar is a combination of didactic and discussion and includes discussion of theory and its implication to clinical work. There are guest speakers who have presented on topics such as child development, treatment, and psychopathology, psychological testing, evidence-based literature discussions and critique, discussion of diversity and clinicians' awareness of self and other, ethics, group therapy work, and a fellow presentation of evidenced-based research that supports clinical work provided at SLFS.

Parent Training Seminar

The training seminar meets weekly for 1 hour and is led by Parent Consultant. The seminar is a combination of didactic and discussion and includes discussion of the Smart Love parent approach, parent guidance, and how to engage parents while their children receive treatment at SLFS.

Group Case Conference

Each fellow attends twice monthly clinical consultation meetings for 1.25 hours with the agency consultant, Dr. Martha Heineman Pieper, who is the creator of IH and Smart Love. Staff therapist and trainee cases are presented in-depth and the agency consultant provides consultation and guidance to the group on each case presented, allowing all members of the consultation group to learn from each case that is presented. Each

fellow will have the opportunity to present their own therapy cases 2 times in the training year to the agency consultant, Dr. Martha Heineman Pieper.

Clinical Intake Group Supervision

Each fellow attends an intake meeting weekly for .5 hours with the Clinical Coordinator to review intakes and discuss relevant training issues such as assessing risk over the phone, handling challenging interactions, how to help new callers feel supported and at ease in starting mental health services, and coming up with an accurate disposition.

Committee on Racial and Social Equity (CORSE) DEI Meetings

The primary focus of a fellow's training experience is providing direct clinical service to diverse clientele. Students will receive training in culturally informed psychotherapy interventions. They will become more culturally informed therapists through DEI trainings (see below) and in-services and a monthly DEI meeting (Committee on Racial and Social Equity).

Intrapsychic Humanism Society Professional Programs and In-Service Presentations

Fellows are required to attend agency wide IH professional clinical presentations hosted by the Intrapsychic Humanism Society as well as SLFS Staff In-Service trainings. Topics have included presentations and trainings on Diversity, Anti-Racism, Self-Disclosure, DSM-V, Testing, Charting, IH Psychotherapy with special populations, Dealing with Pandemic Fatigue, and Ethics.

Additional Administrative and Support Meetings:

Staff Meetings

Each fellow attends a monthly 30-minute multi-disciplinary staff meeting. These meetings are led by the Director of Clinical Services. All clinical staff, including the fellows' supervisors, are in attendance. The purpose of these meetings is to discuss and review agency policy and procedures and to provide staff and trainee support on administrative and clinical issues.

Director of Training Meetings

To ensure fellows have an opportunity to discuss how their training is progressing or any concerns they may have, the Director of Training formally meets with each fellow individually 2-3 times in the training year. Additionally, the DOT has an open door policy and fellows are encouraged to access the DOT throughout the year any time they have questions or concerns.

In-Service and Didactic Seminar Topics Include:

Child and Adolescent Therapy	Parent Guidance and Feedbacks
Crisis Intervention and Risk Assessment	Therapist Self-Care
Adult Psychotherapy	Ethical Issues in Psychotherapy Practice
Smart Love Parenting	Cultural and Diversity Awareness
Neurobiology of Attachment	Group Therapy with Children
Intake Interviews	Crisis Intervention
Efficacy of Psychodynamic Therapy	Working with Children in Foster Care
Psychological Testing and Assessment	Therapist Use of Self-Disclosure
Intrapsychic Humanism Treatment	Professional Development
Couples Therapy	Risk Management
Eating Disorders	Self-Harm Behaviors

The following is a calendar of the Training Seminars:

Date	Training and Parent Seminars 2021-2022
July 7	<p>Dr. Garrity: 1pm-2pm Overview of Orientation and of Training Year: Professional Dev./Training Goals</p> <p>Ms. Johnson: 2pm-3pm Welcome and Introductions <i>Read How to Parent Successfully Now So Your Child Will Thrive in the Long Run</i> Article by Dr. Pieper on her website Include discussion on cultural differences in parenting and how to respond sensitively to all forms of diversity in families</p>
July 14	<p>Dr. Garrity: 1pm-2pm Getting started with child clients: Initial Sessions <i>Read Handbook, Part 4, Sections A and B</i></p> <p>Ms. Johnson: 2pm-3pm <i>Read Understanding Child and Adolescent Therapy-Handout in Handbook; parents get this and so it's important to understand it</i></p>
July 21	<p>Dr. Garrity: 1pm-2pm Risk Assessment and Crisis Intervention-Guest Speaker, Ashley Curry <i>Read Handbook, Part 4, Section E</i></p> <p>Ms. Johnson: 2pm-3pm <i>Read Looking Beyond Behavior Smart Love Presentation Slides and Smart Love flyers in Handbook</i></p>
July 28	<p>Dr. Garrity: 1pm-2pm Continue Risk Assessment with discussion and cases <i>Read Handbook, Part 4, Section E</i></p> <p>Ms. Johnson: 2pm-3pm</p>

	<p><i>Discuss Looking Beyond Behavior Smart Love Presentation Slides and Smart Love flyers in Handbook</i></p> <p><i>Thorough discussion on understanding children’s behavior and use of loving regulation (review Handbook, Part 4, Section D specifically notes on loving regulation examples!)</i></p>
August 4	<p>Dr. Garrity: 1pm-2pm Children and Play therapy: Read “Monsters in The Bedroom” article Video, Talk by Dr. Pieper</p> <p>Ms. Johnson: 2pm-3pm How to Conduct Parent Feedback Meeting Case Example of Process of Initial PF Meeting Read Handbook, Part 4, Sections C and D and Review Child Therapy Handout again</p>
August 18	<p>Dr. Garrity: 1pm-2pm Diversity Presentation-Guest Speaker, Dr. Owens</p> <p>Ms. Johnson: 2pm-3pm How to Conduct Parent Feedback Meeting Continued Read Handbook, Part 4, Sections C and D and Review Child Therapy Handout again</p>
August 25	<p>Dr. Garrity: 1pm-2pm Smart Love Parenting Book—Read Chapter 1/Chapter 2</p> <p>Ms. Johnson: 2pm-3pm Importance of Self-Care for Therapists! (Guest Speaker, Dr. Terrill)</p>
Sept. 1	<p>Dr. Garrity: 1pm-2pm Smart Love Parenting Book—Read Chapter 3</p> <p>Ms. Johnson: 2pm-3pm General Discussion on how to help parents keep their children in treatment (dealing with aversive reactions up front; children saying they don’t want to come; cancelled appointments etc) Preparation: Handbook, Part 4, Sections C and D and Child Therapy Handout</p>
Sept. 15	<p>Dr. Garrity: 1pm-2pm Read Efficacy of Psychodynamic Psychotherapy Article</p> <p>Ms. Johnson: 2pm-3pm Case Presentations of Trainee’s Process of initial parent feedback meetings</p>
Sept. 22	<p>Dr. Garrity: 1pm-2pm Smart Love Parenting Book—Read Chapter 4, 5-case consult</p> <p>Ms. Johnson: 2pm-3pm Case Presentations of Trainee’s Process of initial parent feedback meetings</p>
Sept. 29	<p>Dr. Garrity: 1pm-2pm Smart Love Parenting Book—Read Chapter 6, 7-case consult</p>

	<p>Ms. Johnson: 2pm-3pm Discussion on Quarterly Feedback Meetings and Talking about Therapy Progress with Parents <i>Read Handbook, Part 4, Section D</i></p>
Oct. 6	<p>Dr. Garrity: 1pm-2pm Epigenetics and IH- Guest Speaker -Katherine Knight, PH.D. Ms. Johnson: 2pm-3pm Review and discuss Dr. Knight's presentation</p>
Oct. 20	<p>Dr. Garrity: 1pm-2pm Risk Assessment and Suicide prevention review <i>Review Clinical Handbook, Part 4, Section E</i> Ms. Johnson: 2pm-3pm Case Presentations of Process on Parent Guidance or Parent Feedback sessions (<i>in the area of crisis management Suicide prevention if possible</i>)</p>
Oct. 27	<p>Dr. Garrity: 1pm-2pm Understanding and Treating Self-harm Behaviors Ms. Johnson: 2pm-3pm Case Presentations of Process on Parent Guidance or Parent Feedback sessions (<i>in the area of crisis management Self-Harm if possible</i>)</p>
Nov. 3	<p>Dr. Garrity: 1pm-2pm <i>Read Raising a Successful Student from Birth through Adolescence, Article by Dr. Pieper</i> Ms. Johnson: 2pm-3pm Case Presentations of Process on Parent Guidance or Parent Feedback sessions</p>
Nov. 17	<p>Dr. Garrity: 1pm-2pm Holiday Stress, Reactions to Loss, and Treatment Interruptions due to Vacations, Substitute therapists Ms. Johnson: 2pm-3pm Case Presentations of Process on Parent Guidance or Parent Feedback sessions</p>
Nov. 24	HAPPY THANKSGIVING-OFF
Dec. 1	<p>Dr. Garrity: 1pm-2pm IH Theory: Reactions to Loss, Aversive Reactions to Pleasure Fixated and Non-Fixated motives, Caregiving vs. Personal Motives Ms. Johnson: 2pm-3pm Case Presentations of Process on Parent Guidance or Parent Feedback sessions</p>
Dec. 15	<p>Dr. Garrity: 1pm-2pm Heading into the Holidays: Supporting Self-Care in Therapists! Ms. Johnson: 2pm-3pm No Seminar</p>
Dec. 22	HAPPY HOLIDAYS!-OFF

Dec. 29	NO TRAINING SEMINAR-OFF
Jan. 5	<p>Dr. Garrity: 1pm-2pm Welcome back! Helping clients with consistent attendance/Regulating missed sessions especially after the holiday break</p> <p>Ms. Johnson: 2pm-3pm Check in on how relationships are going with parents and helping them support children's treatment</p>
Jan. 19	<p>Dr. Garrity: 1pm-2pm Clinical examples of Loving Regulation</p> <p>Ms. Johnson: 2pm-3pm <i>Read Helping Foster Parents Manage the Addiction to Unhappiness in Their Foster Children article</i></p>
Jan. 26	<p>Dr. Garrity: 1pm-2pm Psychological Evaluations- Guest Speaker, Dr. Terrill</p> <p>Ms. Johnson: 2pm-3pm Follow up to testing discussion: How to help parents advocate for their child's needs at school</p>
Feb. 2	<p>Dr. Garrity: 1pm-2pm Diversity Presentation-LGBTQIA* talk</p> <p>Ms. Johnson: 2pm-3pm Topic: Supporting parents of transgender youth. <i>When Children Say They Are Transgender Article</i></p>
Feb. 16	<p>Dr. Garrity: 1pm-2pm Addicted to Unhappiness—Main Concepts</p> <p>Ms. Johnson: 2pm-3pm Follow up discussion on Addicted to Unhappiness: How to talk to parents about not blaming themselves for child's unhappiness but using this understanding to help their children</p>
Feb. 23	<p>Dr. Garrity: 1pm-2pm Eating Disorders and IH treatment</p> <p>Ms. Johnson: 2pm-3pm How to help parents support children's healthy lifestyle <i>Read AMA Healthy Outcomes SLFS Article</i></p>
March 2	<p>Dr. Garrity: 1pm-2pm Strengthening Girl's and Women's Voices in Treatment <i>Read #MeToo Movement: Raising Strong Girls Using Intrapsychic Humanism and Smart Love (IPA Talk), Presentation Slides in Handbook First Section on Treatment</i></p> <p>Ms. Johnson: 2pm-3pm Helping Parents Raise Strong Girls <i>Read #MeToo Movement: Raising Strong Girls Using Intrapsychic Humanism and Smart Love (IPA Talk), Presentation Slides in Handbook, Second Section on Parenting</i></p>
March 16	Dr. Garrity: 1pm-2pm

	<p><i>Read Treating Violent “Untreatable “ Adolescents: Applications of IH, article</i> Ms. Johnson: 2pm-3pm <i>Read It’s Not Tough, It’s Tender Love article</i> <i>(Include discussion on how to apply with racially diverse families)</i></p>
March 23	<p>Dr. Garrity: 1pm-2pm Group consultation-clinical cases Ms. Johnson: 2pm-3pm Case presentations of parent feedbacks or parent guidance</p>
April 6	<p>Dr. Garrity: 1pm-2pm Group consultation-clinical cases Ms. Johnson: 2pm-3pm Case presentations of parent feedbacks or parent guidance</p>
April 20	<p>Dr. Garrity: 1pm-2pm Group Consultation-clinical cases Ms. Johnson: 2pm-3pm Case presentations of parent feedbacks or parent guidance</p>
April 27	<p>Dr. Garrity: 1pm-2pm Group Consultation—clinical cases Ms. Johnson: 2pm-3pm Case presentations of parent feedbacks or parent guidance</p>
May 4	<p>Dr. Garrity: 1pm-2pm Group consultation-clinical cases Ms. Johnson: 2pm-3pm Case presentations of parent feedbacks or parent guidance</p>
May 18	<p>Dr. Garrity: 1pm-2pm Terminations, Transferring Clients, Mourning Loss within Ct Process Ms. Johnson: 2pm-3pm Additional support for helping parents transfer child/teen cases</p>
May 25	<p>Dr. Garrity: 1pm-2pm Open discussion/last minute questions on IH treatment! Ms. Johnson: 2pm-3pm Open discussion/last minute questions on Smart Love parenting!</p>
June 1	<p>Dr. Garrity: 1pm-2pm Review of Training Year and Feedback Ms. Johnson: 2pm-3pm Review of Parent Training Seminar and Feedback</p>
June 15	<p>Dr. Garrity and Ms. Johnson: 1pm-2pm Celebration and Wrap up Party!</p>

Training Faculty

Clinical Psychologists Training Faculty

Tamara T. Garrity, Psy. D.

Director of Training & Clinical Supervisor

Dr. Tamara Garrity received her Psy.D. at the Chicago School of Professional Psychology. She is a bilingual Spanish-speaking clinical psychologist with over 15 years experience as a clinician. She has worked with children, adolescents, adults and families in a variety of settings including hospital inpatient units, outpatient counseling centers, and therapeutic day schools.

Carla M. Beatrici, Psy.D

Director of Clinical Services & Clinical Supervisor

Dr. Carla Beatrici received her Psy.D. at the Illinois School of Professional Psychology. She is a clinical psychologist with over 25 years clinical experience working with children, adolescents, parents and adults and also has experience directing an outpatient, non-profit counseling agency. Dr. Beatrici is an Assistant Professor at Loyola University Medical Center in the Department of Psychiatry, where she treats patients, supervises interns and teaches child development to psychiatry residents.

Kari Terrill, Psy. D.

Director of Assessment and Learning Services, Clinical Supervisor & Testing Supervisor

Dr. Kari Terrill is a licensed clinical psychologist with experience providing therapeutic services to children, adolescents, parents, and adults in a variety of settings including community mental health agencies, schools, and outpatient clinics. She has extensive training in conducting neuropsychological and psychological evaluations for children, adolescents, and adults, and she is passionate about helping children and young adults receive the necessary support to achieve success in academic settings. Dr. Terrill received her Psy.D. from the Illinois School of Professional Psychology.

Michael Zakalik, Psy. D.

Clinical Psychologist and Clinical Supervisor

Dr. Michael Zakalik received his Psy.D. at The Illinois School of Professional Psychology. He has over 17 years of experience working with diverse populations of children, adolescents, couples, parents, and adults. He has worked within residential facilities, public and therapeutic day schools, inpatient psychiatric hospitals, and outpatient services. Dr. Zakalik has experience in all these settings with helping children and families effectively cope with trauma and loss. He has also provided

parent education seminars on important mental health topics to parents in the community.

Amy Krutky, Psy.D.

Clinical Psychologist and Testing Supervisor

Dr. Amy Krutky is a clinical psychologist with over 10 years of experience in providing therapeutic services to children, adolescents, parents, and adults in a broad range of settings including community based, inpatient, outpatient settings and therapeutic day schools. She is also experienced in conducting neuropsychological and psychological evaluations for children and adolescents. Dr. Krutky received her Psy.D. from The Chicago School of Professional Psychology.

Additional Adjunct Training Faculty

Laura Bentley, LCPC

Clinical Coordinator, Intake Supervisor

Laura Bentley, is a Licensed Clinical Professional Counselor who graduated from The Chicago School of Professional Psychology with a M.A. in Counseling Psychology. She is experienced working with children, adolescents, and families involved with the juvenile justice system and has provided individual therapy, family therapy, parent guidance and group therapy in other outpatient settings. Laura is committed to helping clients have a positive experience getting started with services at SLFS as the intake and Clinical Coordinator.

Carol Johnson, LCSW

Parent Consultant and Parent Training Seminar Leader

Ms. Carol Johnson received her MSW from Loyola University Chicago School of Social Work. She is a psychotherapist with 25 years of clinical experience with children, teens, families, and adults in diverse settings, and an experienced parent educator. She was a teacher and school social worker in elementary schools, and a consultant for Easter Seals Head Start Program. Ms Johnson was also an adjunct professor at Loyola University Chicago School of Social Work.

Martha Heineman Pieper, Ph.D.

Author and Group Consultant

Dr. Martha Heineman Pieper is an author and psychotherapist in private practice in Chicago. She and her husband, William J. Pieper, M.D., developed the Smart Love approach and its underlying theory of psychology and philosophy of mind, Intrapsychic Humanism. They co-authored Smart Love: The Comprehensive Guide to Understanding Regulating and Enjoying your Child, Intrapsychic Humanism: An

Introduction to a Comprehensive Psychology and Philosophy of Mind, Addicted to Unhappiness, and two compilations of parenting Q & A's previously published in Chicago Parent. Dr. Pieper writes and publishes children's picture books. Her first book, Mommy, Daddy, I Had a Bad Dream! won numerous awards. She also provides consultation to mental health professionals and agencies that work with children. Dr. Pieper received a Ph.D. from the University of Chicago and a B.A. from Radcliffe College.

Marian Sharkey, Ph.D.

Consultant and IH Society Board Member/Liaison

Dr. Sharkey is a Licensed Clinical Social Worker in private practice with over 25 years experience working with adults, children and families in a variety of inpatient and outpatient community mental health and hospital settings. Dr. Sharkey received her M.S.W. and Ph.D. from the School of Social Work at Loyola University Chicago where she was the founding editor-in-chief of the school's journal, Praxis: Where Reflection & Practice Meet. She is an adjunct faculty member in the School of Social Work at Loyola University and has also taught at the School of Social Service Administration at the University of Chicago. Dr. Sharkey has presented at local and national conferences on the topics of the reflective use of theory in clinical practice, trauma-informed treatment, promoting student scholarship in social work education, and the theoretical principles and practice of Inner Humanism.

Education and Training Objectives and Competencies

The Developmental-Practitioner-Apprentice model serves as a foundation of the SLFS clinical training program educational philosophy. By the end of the training year, each post-doctoral fellow will be able to demonstrate an advanced level of knowledge and proficiency--receiving a minimum level of achievement of 3 or higher on their evaluation--in each of our related training goals, objectives, and competencies as follows:

Goal #1:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *provide outpatient psychotherapy using Intrapsychic Humanism and Smart Love models* to a diverse range of clients with the ultimate aim to decrease their psychological suffering, promote their inner self-worth/well-being, and improve their quality of life.

Objective 1 for Goal #1:

- To provide and implement a wide range of therapeutic interventions based on the models of Intrapsychic Humanism and Smart Love that respond to and address clients' mental health treatment needs.

Competencies:

1. Effectively engages the client to create a safe, positive therapeutic alliance at the outset of treatment.
2. Demonstrates a respect for the client's agenda without pressure and expresses an emotional availability and openness to hear a client's full range of experience, motives, and feelings.
3. Conceptualizes the client's psychological internalized pain and how it's being expressed in symptoms or problematic behaviors and patterns.
4. Communicates an awareness, sensitivity to, and interest in a client's sociocultural values and experiences, including the impact of racism, sexism and homophobia on a client's mental health.
5. Writes a thorough treatment plan with appropriate therapeutic interventions that take into consideration client's age, ability level and sociocultural background.
6. Demonstrates availability to recognize, hear, and welcome both sets of a client's motives: constructive self-caretaking (non-fixated) and non-constructive self-defeating (fixated), and provides interpretations of both parts of a client, not ignoring either part.

7. Notices when a client is experiencing reactions either to losses or progress/pleasure (aversive reactions) and helps client understand and learn to regulate them over time.
8. Demonstrates knowledge of Inner Humanism psychotherapy model and consistently applying it to the therapeutic process.

Outpatient Inner Humanism psychotherapy competencies are observed and measured through individual clinical supervision, group consultation, training seminars, and feedback from agency supervisors.

Goal #2:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who possess *skills in psychological assessment and evaluation*.

Objective 1 for Goal #2:

- To develop skills in the area of evaluation and assessment. This area includes the ability to provide ongoing psychological evaluation of clients throughout the treatment process as well as the ability to conduct formal psychological evaluations.

Competencies:

1. Develops a thorough understanding of the reasons a client is seeking services upon intake and comes to an accurate disposition of initial referral and treatment needs including when a higher level of care is needed.
2. Establishes rapport and a working alliance with therapy clients to facilitate the information gathering process that will aid in making a proper diagnosis and treatment plan.
3. Demonstrates the ability to accurately assess where the client is at in terms of comfort level in sharing personal information and the ability to respect client's pace of sharing (outside of imminent risk concerns).
4. Identifies important dynamic information about the client including the process meanings of their communications--their experience of coming to therapy/getting help and how they might be feeling about the treatment relationship that is forming.
5. Identifies client's constructive self-caretaking (non-fixated) motives that facilitate growth and their non-constructive self-defeating (fixated) motives that maintain maladaptive patterns for the client, and how they respond/react to loss and pleasure/progress.

6. For more formal assessment/psychological evaluations, conducts a thorough clinical interview with client and multiple collateral sources including parents and teachers for child cases.
7. Effectively chooses the proper tests and testing battery to answer the referral question.
8. Accurately administers, scores, and interprets psychological tests.
9. Effectively integrates test data and conceptualization into a clearly written report.
10. Effectively provides recommendations that speak to the referral question and provide the proper resources the client needs.

Assessment and evaluation competencies are observed and measured through individual clinical supervision, group consultation, training seminars, testing supervisors, observing testing feedback sessions, and review of written reports.

Goal #3:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists with a specialty in *Advanced Relationship Interventions using Intrapsychic Humanism and Smart Love models*.

Objective 1 for Goal #3:

- To possess a deep value and enjoyment of the therapeutic relationship, the ability to form genuinely available therapeutic relationships with clients, and the skill to implement advanced relationship therapeutic interventions based on the models of Intrapsychic Humanism and Smart Love.

Competencies:

1. Recognizes the central importance of the therapeutic relationship in creating meaningful change in clients' lives.
2. Values the importance of focusing on the client's needs/experiences (caregiving motives) and not one's own (personal motives) and the knowing the difference while conducting therapy.
3. Remains available to client during periods of backsliding, dysphoria, or negativity even towards treatment/therapist.
4. Regulates expression of any negative feelings towards client or client's progress level.
5. Successfully identifies caregiving lapses or treatment ruptures and addresses to repair them and seeks outside help in supervision or treatment to regulate problem areas of personal motives.

Outpatient Inner Humanism Advanced Relationship psychotherapy skills are observed and measured through individual clinical supervision, group consultation, training seminars, and feedback from agency supervisors.

Goal #4:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who possess *specialized psychotherapy skills to treat children, adolescents, parents, and families* using Intrapsychic Humanism and Smart Love models.

Objective 1 for Goal #4:

- To possess advanced skills working with children and adolescents and their parents; to understand children's communications through metaphorical play therapy; to provide parent support using the Smart Love parenting approach; and to collaborate with other providers such as teachers and pediatricians.

Competencies:

1. Effectively engages parents in the initial phase of treatment with children to create a working alliance with parents throughout the process.
2. Possesses a developmentally informed understanding of children and adolescents including their developmental levels (emotionally, socially and cognitively).
3. Warmly engages children and adolescents in developmentally appropriate, child-centered conversations to help them feel comfortable starting therapy.
4. Understands and responds to metaphorical play as a means of communicating feelings, needs, and conflicts to help children feel understood and to connect with their feelings and concerns.
5. Offers positive reflections to support children and adolescent clients turning to the therapeutic relationship as a main coping strategy for their feelings and to cope with losses in their lives.
6. Remains positive and available when children or adolescents demonstrate backsliding or difficult behaviors, and uses loving regulation (non-punitive responses) to manage difficult behaviors.
7. Assesses for parent or family dynamics contributing to the child's problems including potential forms of abuse.
8. Engages parents and provides necessary parent guidance to improve effectiveness of parenting.
9. Makes DCFS reports when indicated to keep child clients safe.

10. Collaborates with teachers, pediatricians and other providers when needed to fully address treatment needs of child or adolescent.

Specialization in child and adolescent psychotherapy and parent guidance competencies are observed and measured through individual clinical supervision, group consultation, training seminars, and feedback from agency supervisors.

Goal #5:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *value a commitment to be culturally informed and aware, and to respect, incorporate, and respond to diversity factors and individual differences into clinical work.*

Objective 1 for Goal #5:

- To demonstrate awareness of one's personal identities (e.g., race, ethnicity, ability, social class, age, religion, gender, sexual orientation etc) and how they intersect working with clients from diverse backgrounds, as well as a commitment to show respect, appreciation, and understanding for the cultural and/or individual differences of clients, colleagues, and peers.

Competencies:

1. Demonstrates an awareness of personal cultural biases, values, and assumptions and the impact of these on relationships with clients, and seeks to protect clients from them.
2. Demonstrates sensitivity to cultural and individual differences as they impact on outcomes related to assessment, treatment, and consultation.
3. Seeks relevant information and knowledge pertaining to cultural and individual differences as indicated by a particular case.
4. Addresses in supervision any issues and personal reactions to cultural and individual differences that may arise.

The development of Diversity competencies is observed and measured through individual supervision, case reviews, attendance at DEI trainings, written reports, and training seminars.

Goal #6

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *possess a lifelong commitment to professional development-- learning, growing and developing as a psychologist.*

Objective 1 for Goal #6:

- To possess and demonstrate an open attitude to flexibly learn and grow as a therapist throughout the training year and over the course of one's professional career. This includes openness to feedback regarding the implementation of Inner Humanism psychotherapy; a willingness to develop reflectiveness about personal motives; and the desire and ability to regulate personal motives and care from caregiving motives in the provision of client services.

Competencies:

1. Maintains an open and committed attitude towards self-evaluation and learning.
2. Completes necessary case documentation accurately and in a timely manner including writing regular process recordings for supervision.
3. Maintains client confidentiality.
4. Conducts professional activities in a conscientious, energetic, and responsible manner.
5. Presents themselves in a professional manner.
6. Regulates personal issues and emotional stress so as to not interfere with professional functioning.
7. Remains open to feedback from peers, colleagues, and supervisors.
8. Incorporates feedback from others in a meaningful and appropriate manner.
9. Actively and constructively participates in training seminar, group consultation, staff meetings, and other trainings.

Professional Development competencies are observed and measured through individual supervision, staff meetings, group consultation, training seminars, feedback from agency supervisors and other service providers.

Goal #7

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *conduct themselves in accordance with the APA Ethics Code and seek to maintain a high level of professional conduct associated with that of a clinical psychologist.*

Objective 1 for Goal #7:

- To demonstrate knowledge and application of the *APA Ethics Code as well as the level of professional conduct associated with that of a clinical psychologist*. Professional conduct relates to the ability to establish and maintain professional alliances and relationships with colleagues, peers, supervisors, and professionals from other disciplines or the community. To possess an ability to conduct oneself in a manner that promotes personal and professional growth.

Competencies:

1. Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines.
2. Independently utilizes an ethical decision-making model in professional work.
3. Independently integrates ethical and legal standards with all competencies.
4. Monitors and independently resolves situations that challenge professional values and integrity.
5. Independently accepts personal responsibility across settings and contexts.
6. Independently acts to safeguard the welfare of others.

Professional and Ethical Conduct competencies are observed and measured through individual supervision, staff meetings, group consultation, training seminars, feedback from agency supervisors and other service providers.

SLFS Policy on Fellow Recruitment and Selection

Post-Doctoral Fellowship Eligibility Requirements

In accordance with APPIC guidelines, admission requirements include completion of all professional doctoral degree requirements from a regionally accredited institution of higher education or an APA/CPA accredited program and doctoral internship meeting APPIC standards. This is defined as having the first day of the fellowship with the diploma in hand or a letter from the Director of graduate studies verifying the completion of all degree requirements pending graduation ceremony. Previous clinical training experience working with children and adolescents, psychological testing, relevant graduate academic coursework in child and adolescent development and treatment, as well as an emphasis on a humanistic and/or psychodynamic theoretical approach to clinical work is strongly preferred. Applicants with diverse backgrounds and experiences are encouraged to apply.

Logistics of the Training Year

The full-time fellowship year generally begins in July and runs for a full calendar year. Fellows are expected to be on site five days a week, totaling 40 hours, and are typically required to work approximately two evenings per week (until 8/9 PM) and a Saturday (e.g. 9 AM – 1 PM), or three evenings until 8/9 PM per week.

Application Process

The following documents should be included in the doctoral fellowship application.

1. Cover Letter
2. Curriculum Vitae
3. One writing sample of a full, de-identified psychological assessment report
4. Three letters of recommendation
5. Official graduate school transcripts
6. One de-identified processing recording
 - a. Applicants should include a maximum 5 page typed process recording/excerpt from a client session, with all identifying information removed. A process recording is an excerpt from one client session typically written from memory (though you may transcribe parts of the session from a recording). The process recording details what the client communicates and how the therapist responded to the client in one therapy session (e.g. the dialogue between the client and therapist). Also include the age of the client and a sentence about why they sought treatment.

*** Application Packets Are Due by December 1**

The SLFS training committee will review application packets, and selected applicants will be contacted via email to schedule an in-person interview, typically in January.

Interview Process

SLFS will host interview days for selected candidates. The interview day will consist of rotating interviews in which applicants will be provided with an overview of SLFS and the training experience and then will meet with SLFS staff members for rotating individual interviews. Fellows will finish by meeting with current and/or former trainees to get a better understanding of what a training experience at SLFS is like. The on-site interview process typically takes three hours. Once the interview process is complete, the SLFS Training Committee meets together to review applicant interviews. Currently, SLFS has one full-time fellowship positions available. SLFS adheres to APPIC Uniform Notification Date and will extend an offer on that date.

Respect for Cultural and Individual Differences

SLFS is committed to a policy of equal opportunity for all applicants for employment and/or training in a manner that is consistent with applicable local, state, and federal laws. In addition, the SLFS training program is committed to promoting respect for and understanding of cultural and individual diversity. This is achieved through the agency's personnel policies, the fellowship and agency's didactic programming, the issues discussed and processed in supervision and training seminars, and the experience of working with the agency's client population which represents a diverse population.

SLFS makes every effort to recruit postdoctoral candidates, graduate trainees, and staff from diverse backgrounds. Position openings are posted at local graduate programs that have a diverse student body. Understanding human diversity issues is an integral part of the training program provided to fellows. Competency in this area is one of the core goals of the postdoctoral fellowship program.

Stipend

Fellows will receive an annual salary of \$50,000

Overview of Benefits

- 15 days of vacation
- 60 hours of paid sick time
- 8 National holidays

- Direct deposit (monthly payroll)
- Option to enroll in group coverage plan after 60 days (BCBS PPO)
- Participation in all agency in-services and IH seminars free of charge

Program Resources:

Fellows have access to agency desktop computers in staff office (fellows need to bring their own laptop if want to work independently in therapy office), internet, printers, and land line phones (fellows need to use personal cell phones but are given a secure work extension via Ring Central app on their cell phones) when they are on-site.

Technology support is provided as needed. Each fellows is assigned their own office which is equipped with necessary items to conduct psychotherapy with children, adolescents, and adults. SLFS' office manager, billing specialist and clinical coordinator are all available for assistance with billing, filing, copying, requesting authorization for treatment sessions, and ordering supplies. Training videos and written materials, as well as testing materials, are readily available to further support fellows' training and learning needs.

SMART LOVE[®]

FAMILY SERVICES

Smart Love Family Services Post-Doctoral Psychology Fellowship

Formal Evaluation Process

POSTDOCTORAL FELLOW EVALUATION FORM

Student Name: _____

Date: _____

Supervisor(s): _____

Rating Standards

- 5 **Distinguished:** Performance is consistently superior to standards expected for this level of training. Demonstrates the willingness to assume additional responsibilities.
- 4 **Exceeds Expectations/Excellent:** Performance is consistently above the standard of performance expected at this level of training.
- 3 **Meets Expectations/Satisfactory:** Performance consistently meets the standard of performance expected for this level of training.
- 2 **Improvement Needed:** Performance does not consistently meet the standards of performance for this level of training. Serious effort is needed to improve performance.
- 1 **Unacceptable/Unsatisfactory:** Performance is inadequate and inferior to the standards of performance required for this level of training. Performance level cannot be allowed to continue and formal remediation is required.

NA Not Applicable: Responsibility does not apply to trainee or there is insufficient data to rate.

Goal #1: Outpatient Psychotherapy using IH/Smart Love

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *provide outpatient psychotherapy using Intrapsychic Humanism and Smart Love models* to a diverse range of clients with the ultimate aim to decrease their psychological suffering, promote their inner self-worth/well-being, and improve their quality of life.

Objective 1 for Goal #1:

- To provide and implement a wide range of therapeutic interventions based on the models of Intrapsychic Humanism and Smart Love that respond to and address clients’ mental health treatment needs.

Outpatient Inner Humanism psychotherapy competencies are observed and measured through individual clinical supervision, group consultation, training seminars, and feedback from agency supervisors.

Competencies:

1 2 3 4 5 NA Comments:	Effectively engages the client to create a safe, positive therapeutic alliance at the outset of treatment.
1 2 3 4 5 NA	Demonstrates a respect for the client’s agenda without pressure and expresses an emotional availability and openness to hear a client’s full range of experience, motives, and feelings.
1 2 3 4 5 NA	Conceptualizes the client’s psychological internalized pain and how it’s being expressed in symptoms or problematic behaviors and patterns.
1 2 3 4 5 NA	Communicates an awareness, sensitivity to, and interest in a client’s sociocultural values and experiences, including the impact of racism, sexism and homophobia on a client’s mental health.
1 2 3 4 5 NA	Writes a thorough treatment plan with appropriate therapeutic interventions that take into consideration client’s age, ability level and sociocultural background.

1 2 3 4 5 NA	Demonstrates availability to recognize, hear, and welcome both sets of a client's motives: constructive self-caretaking (non-fixated) and non-constructive self-defeating (fixated), and provides interpretations of both parts of a client, not ignoring either part.
1 2 3 4 5 NA	Notices when a client is experiencing reactions either to losses or progress/pleasure (aversive reactions) and helps client understand and learn to regulate them over time.
1 2 3 4 5 NA	Demonstrates knowledge of Inner Humanism psychotherapy model and consistently applying it to the therapeutic process.

Goal #2: Assessment and Evaluation

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who possess *skills in psychological assessment and evaluation*.

Objective 1 for Goal #2:

- To develop skills in the area of evaluation and assessment. This area includes the ability to provide ongoing psychological evaluation of clients throughout the treatment process as well as the ability to conduct formal psychological evaluations.

The development of Assessment and Evaluation competencies are observed and measured through discussion in individual supervision, process recordings, consultation presentations, and case documentation as well as the ability to conduct formal psychological evaluations.

Competencies:

1 2 3 4 5 NA	Develops a thorough understanding of the reasons a client is seeking services upon intake and comes to an accurate disposition of initial referral and treatment needs including when a higher level of care is needed.
Comments:	
1 2 3 4 5 NA	Establishes rapport and a working alliance with therapy clients to facilitate the information gathering process that will aid in making a proper diagnosis and treatment plan.
1 2 3 4 5 NA	Demonstrates the ability to accurately assess where the client is at in terms of comfort level in sharing personal information

	and the ability to respect client's pace of sharing (outside of imminent risk concerns).
1 2 3 4 5 NA	Identifies important dynamic information about the client including the process meanings of their communications--their experience of coming to therapy/getting help and how they might be feeling about the treatment relationship that is forming.
1 2 3 4 5 NA	Identifies client's constructive self-caretaking (non-fixated) motives that facilitate growth and their non-constructive self-defeating (fixated) motives that maintain maladaptive patterns for the client, and how they respond/react to loss and pleasure/progress.
1 2 3 4 5 NA	For more formal assessment/psychological evaluations, conducts a thorough clinical interview with client and multiple collateral sources including parents and teachers for child cases.
1 2 3 4 5 NA	Effectively chooses the proper tests and testing battery to answer the referral question.
1 2 3 4 5 NA	Accurately administers, scores, and interprets psychological tests.
1 2 3 4 5 NA	Effectively integrates test data and conceptualization into a clearly written report.
1 2 3 4 5 NA	Effectively provides recommendations that speak to the referral question and provide the proper resources the client needs.

Goal #3: Advanced Relationship Intervention Skills:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists with a specialty in *Advanced Relationship Interventions using Intrapsychic Humanism and Smart Love models*.

Objective 1 for Goal #3:

- To possess a deep value and enjoyment of the therapeutic relationship, the ability to form genuinely available therapeutic relationships with clients, and the skill to implement advanced relationship therapeutic interventions based on the models of Intrapsychic Humanism and Smart Love.

Outpatient Inner Humanism Advanced Relationship psychotherapy skills are observed and measured through individual clinical supervision, group consultation, training seminars, and feedback from agency supervisors.

Competencies:

1 2 3 4 5 NA Comments:	Recognizes the central importance of the therapeutic relationship in creating meaningful change in clients' lives.
1 2 3 4 5 NA	Values the importance of focusing on the client's needs/experiences (caregiving motives) and not one's own (personal motives) and the knowing the difference while conducting therapy.
1 2 3 4 5 NA	Remains available to client during periods of backsliding, dysphoria, or negativity even towards treatment/therapist.
1 2 3 4 5 NA	Regulates expression of any negative feelings towards client or client's progress level.
1 2 3 4 5 NA	Successfully identifies caregiving lapses or treatment ruptures and addresses to repair them and seeks outside help in supervision or treatment to regulate problem areas of personal motives.

Goal #4: Therapeutic Intervention Specialization to Treat Children, Adolescents, Parents, and Families:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who possess *specialized psychotherapy skills to treat children, adolescents, parents, and families* using Intrapsychic Humanism and Smart Love models.

Objective 1 for Goal #4:

- To possess advanced skills working with children and adolescents and their parents; to understand children’s communications through metaphorical play therapy; to provide parent support using the Smart Love parenting approach; and to collaborate with other providers such as teachers and pediatricians.

The development of Therapeutic Intervention competencies are observed and measured through discussion in individual supervision, process recordings, consultation presentations, and case documentation.

1 2 3 4 5 NA	Effectively engages parents in the initial phase of treatment with children to create a working alliance with parents throughout the process.
Comments:	
1 2 3 4 5 NA	Possesses a developmentally informed understanding of children and adolescents including their developmental levels (emotionally, socially and cognitively).
1 2 3 4 5 NA	Warmly engages children and adolescents in developmentally appropriate, child-centered conversations to help them feel comfortable starting therapy.
1 2 3 4 5 NA	Understands and responds to metaphorical play as a means of communicating feelings, needs, and conflicts to help children feel understood and to connect with their feelings and concerns.
1 2 3 4 5 NA	Offers positive reflections to support children and adolescent clients turning to the therapeutic relationship as a main coping strategy for their feelings and to cope with losses in their lives.
1 2 3 4 5 NA	Remains positive and available when children or adolescents demonstrate backsliding or difficult behaviors, and uses loving regulation (non-punitive responses) to manage difficult behaviors.
1 2 3 4 5 NA	Assesses for parent or family dynamics contributing to the child’s problems including potential forms of abuse.
1 2 3 4 5 NA	Engages parents and provides necessary parent guidance to improve effectiveness of parenting.
1 2 3 4 5 NA	Makes DCFS reports when indicated to keep child clients safe.
1 2 3 4 5 NA	Collaborates with teachers, pediatricians and other providers

	when needed to fully address treatment needs of child or adolescent.
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Goal #5: Diversity:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *value a commitment to be culturally informed and aware, and to respect, incorporate, and respond to diversity factors and individual differences into clinical work.*

Objective 1 for Goal #5:

- To demonstrate awareness of one’s personal identities (e.g., race, ethnicity, ability, social class, age, religion, gender, sexual orientation etc) and how they intersect working with clients from diverse backgrounds, as well as a commitment to show respect, appreciation, and understanding for the cultural and/or individual differences of clients, colleagues, and peers.

The development of Diversity competencies is observed and measured through individual supervision, case reviews, written reports, and training seminars.

Competencies:

1 2 3 4 5 NA	Demonstrates an awareness of personal cultural biases, values, and assumptions and the impact of these on relationships with clients, and seeks to protect clients from them.
Comments:	
1 2 3 4 5 NA	Demonstrates sensitivity to cultural and individual differences as they impact on outcomes related to assessment, treatment, and consultation.
1 2 3 4 5 NA	Seeks relevant information and knowledge pertaining to cultural and individual differences as indicated by a particular case.
1 2 3 4 5 NA	Addresses in supervision any issues and personal reactions to cultural and individual differences that may arise.

Goal #6 Professional Development:

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *possess a lifelong commitment to professional development-- learning, growing and developing as a psychologist.*

Objective 1 for Goal #6:

- To possess and demonstrate an open attitude to flexibly learn and grow as a therapist throughout the training year and over the course of one’s professional career. This includes openness to feedback regarding the implementation of Inner Humanism psychotherapy; a willingness to develop reflectiveness about personal motives; and the desire and ability to regulate personal motives and care from caregiving motives in the provision of client services.

Professional Development competencies are observed and measured through individual supervision, staff meetings, group consultation, training seminars, feedback from agency supervisors and other service providers.

Competencies:

1 2 3 4 5 NA Comments:	Maintains an open and committed attitude towards self-evaluation and learning.
1 2 3 4 5 NA	Completes necessary case documentation accurately and in a timely manner including writing regular process recordings for supervision.
1 2 3 4 5 NA	Maintains client confidentiality.
1 2 3 4 5 NA	Conducts professional activities in a conscientious, energetic,

	and responsible manner.
1 2 3 4 5 NA	Presents themselves in a professional manner.
1 2 3 4 5 NA	Regulates personal issues and emotional stress so as to not interfere with professional functioning.
1 2 3 4 5 NA	Remains open to feedback from peers, colleagues, and supervisors.
1 2 3 4 5 NA	Incorporates feedback from others in a meaningful and appropriate manner.
1 2 3 4 5 NA	Actively and constructively participates in training seminar, group consultation, staff meetings, and other trainings.

Goal #7 APA Ethics Code Competency

- To train post-doctoral fellows to become competent, self-aware clinical psychologists who *conduct themselves in accordance with the APA Ethics Code and seek to maintain a high level of professional conduct associated with that of a clinical psychologist.*

Objective 1 for Goal #7:

- To demonstrate knowledge and application of the *APA Ethics Code as well as the level of professional conduct associated with that of a clinical psychologist.*

Professional conduct relates to the ability to establish and maintain professional alliances and relationships with colleagues, peers, supervisors, and professionals from other disciplines or the community. To possess an ability to conduct oneself in a manner that promotes personal and professional growth.

APA Ethics Code competencies are observed and measured through individual supervision, staff meetings, group consultation, training seminars, feedback from agency supervisors and other service providers.

Competencies:

1 2 3 4 5 NA Comments:	Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines.
1 2 3 4 5 NA	Independently utilizes an ethical decision-making model in professional work.
1 2 3 4 5 NA	Independently integrates ethical and legal standards with all competencies.
1 2 3 4 5 NA	Monitors and independently resolves situations that challenge professional values and integrity.
1 2 3 4 5 NA	Independently accepts personal responsibility across settings and contexts.
1 2 3 4 5 NA	Independently acts to safeguard the welfare of others.

Additional Supervisor comments:

Trainee comments:

This evaluation has been shared and discussed with the trainee on _____
(date)
and a copy of the evaluation was given to the trainee.

Supervisor signature

Fellow signature

Director of Training signature

Director of Clinical Services signature

Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor or any other agency staff member raises a concern about the functioning of a postdoctoral fellow. The fellowship's Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

Rights and Responsibilities

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program; and they carry responsibilities for both.

Fellows: The fellow has the right to be afforded with every reasonable opportunity to remediate problems while training at SLFS. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the fellow to receive support and assistance in order to remediate concerns so the fellow can be successful. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having his/her viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the agency in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program: The program has the right to implement these Due Process procedures when they are called for as described below. The program and its staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning. These areas are also reflected in the 7 competency areas that postdocs need to develop over the course of the year.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

- 1) the fellow does not acknowledge, understand, or address the problem when it is identified;
- 2) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- 3) the quality of services delivered by the fellow is sufficiently negatively affected;
- 4) the problem is not restricted to one area of professional functioning;
- 5) a disproportionate amount of attention by SLFS training personnel is required;
- 6) the trainee's behavior does not change as a function of feedback, and/or time;
- 7) the problematic behavior has potential for ethical or legal ramifications if not addressed;
- 8) the fellow's behavior negatively impacts the public view of SLFS;
- 9) the problematic behavior negatively impacts other trainees at SLFS;
- 10) the problematic behavior potentially causes harm to a patient; and/or,
- 11) the problematic behavior violates appropriate interpersonal communication with agency staff.

Informal Review

When a SLFS supervisor or other staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or staff member who raises the concern should monitor the outcome.

Formal Review

If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a fellow receives a rating below a "3" on any competency of the 7 identified goal areas on a supervisory evaluation, the following process is initiated:

A. **Notice:** The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

B. **Hearing:** The supervisor or staff/staff member will hold a Hearing with the Director of Training (DOT) and fellow within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the DOT is the supervisor who is raising the issue, an additional staff member who works directly with the fellow will be included at the Hearing. The fellow will have the opportunity to present his/her perspective at the Hearing and/or to provide a written statement related to his/her response to the problem.

C. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Director of Training and other staff/staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within 5 working days of the Hearing:

- 1) Issue an "Acknowledgement Notice" which formally acknowledges:
 - a) that the staff is aware of and concerned with the problem;
 - b) that the problem has been brought to the attention of the fellow;
 - c) that the staff will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
 - d) that the problem is not significant enough to warrant further remedial action at this time.

- 2) Place the fellow on a "Remediation Plan" which defines a relationship such that the staff, through the supervisors and DOT, actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the DOT. A

written Remediation Plan will be shared with the fellow in writing and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated;
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

Remediation considerations: It is important to have meaningful ways to address a problem once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

- 1) increasing supervision, either with the same or other supervisors,
- 2) changing in the format, emphasis, and/or focus of supervision,
- 3) recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the fellow evaluation process.
- 4) reducing the fellow's clinical or other workload and/or requiring specific academic coursework,

At the end of this remediation period as specified in 'c' above, the DOT will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the fellow's permanent file. If the problem has not been remediated, the Director of Training may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3) Place the fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the DOT. A written Suspension Plan will be shared with the fellow in writing and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;

- c) the time frame during which the problem is expected to be ameliorated;
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the DOT will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation place the fellow on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the fellow's permanent file.

D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the fellow's placement within the fellowship program may be terminated. The decision to terminate a fellow's position would be made by the DOT and represent a discontinuation of participation by the fellow within every aspect of the training program. The DOT would make this determination during a meeting convened within 10 working days of the previous step completed in this process. The DOT may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted. All time limits mentioned above may be extended by mutual consent within a reasonable limit.

APPEAL Process

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an Appeals Hearing before the DOCS. This request must be made in writing to the DOT within 5 working days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by the DOCS. The Appeals Hearing will be held within 10 working days of the fellow's request. The DOCS will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The DOCS may uphold the decisions made previously or may modify them. The DOCS has final discretion regarding outcome.

Grievance Procedures

Grievance Procedures are implemented in situations in which a psychology fellow raises a concern about a supervisor or other staff member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the fellowship program:

Informal Review

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the DOT in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the DOT. If the DOT is the object of the grievance, the grievance should be submitted to the Director of Clinical Services (DOCS) at SLFS. The individual being grieved will be asked to submit a response in writing. The DOT (or DOCS, if appropriate) will meet with the fellow and the individual being grieved within 10 working days. In some cases, the DOT or DOCS may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the DOT and DOCS will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a) the behavior/issue associated with the grievance;
- b) the specific steps to rectify the problem; and,
- c) procedures designed to ascertain whether the problem has been appropriately rectified.

The DOT or DOCS will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the DOT or other DOCS in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the DOT or DOCS will convene a review panel consisting of him/herself and at least two other members of the training staff within 10 working days. The fellow may request a specific member of the training staff to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The

review panel has final discretion regarding outcome. If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Executive Director in order to initiate the agency's due process procedures.

Please sign this acknowledgement page and return to the fellowship Director of Training. Acknowledgment I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the SLFS Fellowship Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

_____ Print Name
_____ Signature
_____ Date