



## Post-Doctoral Fellow Handbook

Psychotherapy, Counseling and Technical Trainees

Revised July 2024

### 1. TRAINEE RECEIPT AND ACCEPTANCE

- a. I hereby acknowledge receipt of the AMANI Clinical Services (An assumed business name of Dr. Hastings and Associates LLC) Trainee Handbook. I understand that it is my continuing responsibility to read and know its contents. I also understand and agree that the Trainee Handbook is not a trainee contract for any specific period of training or for continuing or long-term training which is instead covered under the written training agreement that I have with AMANI Clinical Services. I have read, understand, and agree to follow the guidelines within the AMANI Clinical Services Trainee Handbook. I agree to return the Trainee Handbook upon termination of my training.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### 2. CONFIDENTIALITY POLICY AND PLEDGE

- a. Any information that a trainee learns about AMANI Clinical Services (An assumed business name of Dr. Hastings and Associates LLC), or its members, as a result of working for AMANI Clinical Services that is not otherwise publicly available constitutes confidential information. Trainees may not disclose confidential information to anyone who is not employed by AMANI Clinical Services or to other persons employed by AMANI Clinical Services who do not need to know such information to assist in rendering services. The disclosure, distribution, electronic transmission or copying of AMANI Clinical Services' confidential information is prohibited. Any trainee who discloses confidential AMANI Clinical Services information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information. I understand the above policy and pledge not to disclose confidential information. I will not share in part or whole this Trainee Handbook with anyone outside of AMANI Clinical Services.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_





## Trainee Handbook (Continued)

### 3. MISSION

- a. AMANI Clinical Services and Dr. Hastings and Associates LLC is dedicated to the provision of high-quality mental health care for our patients. We honor the inherent dignity of our patients to make informed health care decisions. We honor the role of the macro and micro systems that our patients are a part of and deeply value the role of dyadic and systems work in conjunction with evidence-based individual therapy. We seek to improve the intrapsychic and interpersonal functioning of our patients throughout the lifespan.
- b. **We chose AMANI as our new name because of its meaning in multiple languages, and how those meanings capture our mission.**

In Sanskrit, AMANI means *road and way*  
In Swahili (a language spoken throughout Eastern Africa and is deeply important to Dr. Hastings), AMANI means *peace, safety, and security*  
In Inuit, AMANI is a suffix that *notes presence and location*.  
In Arabic, AMANI means *love*
- c. Our value is to work with people of all ages (starting with newborns in parent-child dyads) all the way to geriatrics) to help sift through their life circumstances and symptoms. We help people find their way to a sense of peace, security, and wellbeing. Each one of us works hard to help our patients find peace, presence, and love in their most important relationships. We also talk a lot about cultivating each patients' "emotional GPS," so that patients learn to locate themselves, their needs, and the driving forces of their symptoms.
- d. We are warm, understanding...AND results-oriented. Our patients enjoy watching themselves change over time and we enjoy celebrating with them! As you can see, everyone's journey towards change, symptom reduction, and well-being is different. We tailor each patient's treatment plan to best fit their unique style of growth, goals, and life circumstances.
- e. The Clinical Director, Supervisor Team, Management, and Administrative Staff are dedicated to the development of our trainees. Our atmosphere values the professional and personal development of each of our employees, therapists, technicians, and staff. We aim to provide our trainees with warmth and support, as well as structure and challenge. AMANI Clinical Services provide a range of training and supervision services to mental health professionals and trainees. We also serve as a doctoral Post-Doctoral Fellowship-training site for institutions of higher education, a post-doctoral training site, a site for advanced psychology externs, and a site for provisionally licensed professionals to pursue fully independent licensure.
- f. Post-Doctoral Fellows: the length of the training will be 12 months and require 2080 hours. Trainees are expected to have a working knowledge of the major therapeutic techniques and strategies, a working knowledge of the DSM-V diagnostic criteria is also expected.
  - i. Post-Doctoral Fellows will be provided with at least 2 hours of individual supervision per week with a Licensed Clinical Psychologist.
  - ii. Post-Doctoral Fellows will be provided with therapy and assessment group supervision, totaling 2 hours.

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- iii. Post-Doctoral Fellows will be provided with at least an additional hour of didactics/seminar per week.
  - iv. Post-Doctoral Fellows will be provided with support and guidance from the Psychometrist manager in the mechanics of psychological and neuropsychological testing. Fellows will also receive live supervision and extensive training in report writing by a Clinical Psychologist.
  - v. The direct Clinical Supervisor, members of the Supervision Team, and the Clinical Director are available for as needed supervision and consultation.
- g. Fellows are expected to have an appreciation of multi-cultural issues, understand their own cultural biases, as well as individual differences exhibited by clients. The Post-Doctoral Fellowship is a valuable learning experience, which will assist in preparing the Post-Doctoral Fellow in professionalism and knowledge of psychotherapeutic and assessment strategies. The supervising psychologists, Supervisor Team, and Clinical Director are available to assist the Post-Doctoral Fellow in acquiring knowledge about the effects and the treatment of behavioral health. AMANI Clinical Services' goal is to provide the trainee with a broad clinical experience, to facilitate personal and professional growth in their respective fields.
- h. The Post-Doctoral Fellow will learn how to communicate findings in a manner such that non-psychologists will find useful and understandable.
- i. The Post-Doctoral Fellow is expected to have the following skills, knowledge and professional attributes upon beginning the Post-Doctoral Fellowship experience. These skills, attributes, and professional attributes will be further developed during the Post-Doctoral Fellowship experience:
- i. Knowledge: ACT, DBT, CBT models; stages of change; ethical provision of care; trauma-informed care and trauma treatment; treatment of substance use disorders; treatment of chronic health conditions; basic models of treatment of children and their families; basic models of evidence-based couple's therapy; basic knowledge of neuropsychological assessment
  - ii. Professional Skills: ACT, DBT, CBT, motivational interviewing interventions/techniques; Exposure Response Prevention Therapy; dyadic work; models of child and family treatment; appropriate documentation of care; referrals to higher level of care; building rapport, joining, setting boundaries, and discontinuation of care; case/treatment coordination and developing professional relationships; clinical assessment and accurate diagnosis; clinical judgement
  - iii. Professional Attributes: non-judgmental stance, professionalism, compassion, empathy, warmth, organized, responsive to organizational imperatives, advocates for self and supervision needs, takes responsibility for missteps and eagerness to learn
- j. Trainees will be evaluated via the following means:
- i. Supervision participation
  - ii. Live supervision
  - iii. Review of videos of sessions
  - iv. Interactions with other trainees, employees, staff, supervisors, management, and clinical director
  - v. Patient feedback
  - vi. The ability to demonstrate clinical skills with the patient, develop and follow treatment plans, conceptualize patient concerns, and articulate a theoretical orientation consistent with the chosen treatment plan.


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- vii. The ability to administer psychological tests, inventories, and questionnaires. These tests will assess intellectual, neuropsychological, personality, projective, dyadic, and achievement functioning.
  - viii. The ability to conduct a clinical interview, interpret the tests and questionnaires, integrate test data with relevant material from the interview, and to generate a treatment plan.
  - ix. The ability to integrate all the assessment data in a clear and professional manner and to write reports reflecting this integrated information, in conjunction with establishing treatment plans and developing therapeutic rapport.
  - x. The ability to interpret the results of assessments in a manner appropriate for client understanding.
  - xi. The ability to conduct self in a manner consistent with the professional standards of the APA ethical standards as applicable in this treatment setting.
  - xii. The ability to demonstrate knowledge of and appreciation for a patient's culture and how these cultural differences may influence or impact participation in the rehabilitation process.
  - xiii. The ability to establish productive working relationships including accepting and providing responsible feedback.
  - xiv. The ability to monitor and recognize one's own limitations, as well as pursuing personal and professional growth in developing a professional identity. We deeply value the trainee's appropriate acceptance of responsibility for missteps.
  - xv. The willingness to actively solicit and accept feedback from supervisor, to be assertive in supervision, to complete assignments from the supervisor, and to participate in supervision regularly, as scheduled.


#### 4. OVERVIEW

- a. The AMANI Clinical Services and Dr. Hastings and Associates LLC Trainee Handbook (the "Handbook") has been developed to provide general guidelines about AMANI Clinical Services policies and procedures for trainees. It is a guide to assist you in becoming familiar with some of the privileges and obligations of your training. None of the policies or guidelines in the Handbook are intended to give rise to contractual rights or obligations, or to be construed as a guarantee of training or benefit for any specific period of time, or any specific type of work.
- b. Additionally, these guidelines are subject to modification, amendment, or revocation by AMANI Clinical Services at any time, without advance notice.
- c. The policies of AMANI Clinical Services are established by the Owner and Director of Clinical Training, which has delegated authority and responsibility for their administration to "Management" (themselves and/or their management contractor.) Management may, in turn, delegate authority for administering specific policies. Trainees are encouraged to consult management for additional information regarding the policies, procedures, and privileges described in this Handbook.
- d. Questions about training matters may be reviewed with management. AMANI Clinical Services will provide each individual a copy of this Handbook upon training going forward. All trainees are expected to abide by it. The highest standards of personal and professional ethics and behavior are expected of all AMANI Clinical Services trainees. Further, AMANI Clinical Services expects each trainee to display good judgment, diplomacy and courtesy in their professional relationships with members of AMANI Clinical Services' Director, independent contractors, staff, and the general public.

#### 5. HIRING AND TRAINEE ORIENTATION

- a. Voluntary At-will Training

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- i. Unless a trainee has a written training agreement which provides differently, all training at AMANI Clinical Services is “at-will.” “At-will” means that trainees may be terminated from training with or without cause, and trainees are free to leave the training of AMANI Clinical Services with or without cause. Any representation by any officer or trainee contrary to this policy is not binding upon unless it is in writing and is signed by the Owner and Clinical Director. AMANI Clinical Services has formalized Due Process and Grievance Procedures in place. Please see the Due Process and Grievance Procedures in this Handbook.
  - b. Equal Training Opportunity
    - i. AMANI Clinical Services follows the spirit and intent of all federal, state and local training law and is committed to equal training opportunity. AMANI Clinical Services is committed to providing equal opportunity for all trainees and applicants without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, disability, political affiliation, personal appearance, family responsibilities, matriculation or any other characteristic protected under federal, state or local law. Each person is evaluated on the basis of personal skill and merit. AMANI Clinical Services will not tolerate any form of unlawful discrimination. All trainees are expected to cooperate fully in implementing this policy. Trainees who report, in good faith, violations of this policy and trainees who cooperate with investigations into alleged violations of this policy will not be subject to retaliation. Reasonable accommodations will be available to all qualified disabled trainees, upon request, so long as the potential accommodation does not create an undue hardship on the Practice. Trainees who believe that they may require an accommodation due to disability should discuss these needs with the management. If you have any questions regarding this policy, please contact management.
  - c. Background Checks
    - i. Background Checks and a period of review will be completed after an initial offer of training, AMANI Clinical Services will reserve the right to rescind an offer of training for any reason not associated with the above guidelines of equal opportunity training.
  - d. Orientation
    - i. An orientation within the office is required prior to any contact with patients. Therapists and technicians normally work autonomously within the office, and must have a strong grasp of practice culture, daily responsibilities, and standard of patient care. If orientation is not enough to clearly understand the basic operation of the office and daily office procedure, direct any questions to management.
  - e. Handbook
    - i. All new trainees are to read and sign this handbook in preparation for orientation. Any provisions not covered during orientation will continue to be expected to be understood by the trainee. Lack of understanding of the core values, rules and procedures of the practice will be the trainee’s own responsibility to rectify. **Active participation in training demonstrated by communicating needs and asking questions is highly important to, and valued by, the practice.** Management will be available to answer any questions relating to these rules and procedures, or to cover anything not outlined in this document.
    - ii. All trainees must read and sign this handbook before training begins. Any new revisions of this handbook will be provided to all trainees as soon as they have been finished, and must be signed within 7 days of receipt. All trainees must show an understanding of core values, current





business practices, standards and policies and may be subject to disciplinary action or termination when in violation of the guidelines in this handbook whether or not these standards have been acknowledged by the trainee.

- iii. Minor addendums to procedures and guidelines outlined in this handbook and detailed procedure documents will be provided to the trainees in their cloud service folders and will be expected to be read and understood.

## 6. PATIENT EXPERIENCE

- a. Patient Experience is among the first sections of this document for trainees to understand, because it is the first priority of this practice. Every aspect of the structure of AMANI Clinical Services is designed to foster a therapeutic experience for our patients. Trainees are to prioritize the therapeutic process and patient well-being in each of the decisions made on a daily basis. Everything we do beyond the actual practice of therapy or testing, from patient communication and scheduling, to our general office procedures and record keeping, is considered, informally but importantly, to be a part of treatment, a critical component of patient care, and must be taken as seriously as face-to-face patient interactions.
- b. Office Atmosphere
  - i. AMANI Clinical Services' office atmosphere is important to our patients. Every aspect of the office and office culture is intentional. Trainees are to make sure that at all times these aspects of the organization are respected, and uphold a consistent office atmosphere.
  - ii. Lights and displays: All lights must be kept at the level of the green line provided next to each switch. Waiting room ceiling "can" lights are to be kept off. Remotes are provided for fireplace, lamps and cabinet lighting. All lights must be turned on by the first person to arrive at the office for the day and turned off by the last person to leave the office for the day. Management should be notified within 24 hours if any light bulbs are out throughout the suite.
  - iii. Sound System: A remote button has been provided for the sound system. Sound system in waiting room and hallway is to be turned on by the first person to arrive at the office for the day and turned off by the last person to leave the office for the day. If the sound system is unable to turn on, contact management for other methods to access sound system.
  - iv. Cleanliness: Our building has a cleaning staff, and the cleaning staff only provide a superficial cleaning each evening. Due to the nature of trainees' schedules, the cleaning crew may be unable to regularly complete their cleaning in the late evening. Any areas where patients or accidents have created additional or unusual mess must be cleaned by trainees with the provided cleaning materials in the suite. All children's play and craft materials must be put away after each patient session in both therapy rooms and waiting room.
  - v. Aromatherapy Diffusers: Automatic aromatherapy diffusers are located in the waiting room and hallway and run on a program. If you notice that they are not working, you are expected to notify management within 24 hours.
  - vi. There is a neck wrap warmer in the closet that turns on and off automatically at the beginning and end of the day. You are expected to offer your patients a warm aromatherapy neck wrap before each session. When you take a wrap out of the warmer, add one of the neck wraps from the basket on top of warmer to the warmer. Spray the wrap liberally with the provided sanitizing spray and place in basket on top of warmer.

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- vii. Snacks are provided for patients in each therapy room. Trainees are responsible to offer patients snacks and beverages, refill their snack bins from the bins in the closet, and notify management if the snack bins in the closet need to be refilled.
  - viii. Fans and HVAC: The building can become very hot in the late fall/early winter, and in the early summer due to the poor ventilation and aging HVAC system of the building. Fans have been provided to improve air circulation in the event that the space has become uncomfortable, or for use at the request of patients. Fans must be turned off by the last trainee to leave for the day.
  - ix. Facial Tissues: Boxes of facial tissues are located throughout the office. If found to be empty, trainees should replace them with additional boxes provided in the suite.
  - x. Noise: (See the immediately following privacy provisions) Trainees, Therapists and Technicians are to ensure at all times that the calm and quiet atmosphere of the office is respected except in cases where excessive noise is a part of treatment (e.g. patients shouting). In cases of exception to the noise rule, Trainees, Therapists and Technicians are to plan ahead and ensure doors are properly closed and other parties have been informed as much as possible.
- c. Privacy
- i. See provisions below in the “PRIVACY AND HIPAA” Section
  - ii. Every effort should be made to ensure patients feel safe and that their privacy has been protected. Trainees must strive to maintain a professional and reassuring culture around patient privacy. Discussions with/regarding patients are to be treated as sensitive at all times.
  - iii. ***Hallway discussions are not allowed when patients are present anywhere in the office space.*** Patients often wait in therapy rooms, or families are seen in multiple rooms. Trainees are to be mindful of the patient experience and move inside a therapy room and close doors. Phone calls are to be conducted in therapy rooms/offices behind closed doors at all times. (During Telehealth, no discussions outside of the service being provided are to be within earshot or visible on camera to the patient).
  - iv. Waiting room discussions are to be treated the same as hallway discussions as outlined above. If patients are waiting to see a therapist or other family members are awaiting patients, loud discussions should be moved behind a closed therapy room door. Incoming or outgoing patient greetings should be quiet and respectful and be continued in-depth after patients have been taken out of the waiting room. Trainees are to instruct patients having loud conversations or loud phone calls to leave the office suite until the discussion is complete.
  - v. The waiting room door is to be kept closed at all times. No exceptions are to be made. The door code is **never** to be provided to any patient or person of any kind for any reason. The door has historically had a tendency not to latch and has been fixed for this more than once. It must be checked to ensure latching, and every effort should be made to ensure it is secure.
- d. Conduct and Professionalism
- i. All trainees are expected to be composed, courteous and professional in all patient and professional interactions. Trainees are representatives of AMANI Clinical Services. Trainees are required, therefore, to be courteous and considerate at all times with patients, visitors, and with fellow workers. The practice’s effectiveness in meeting the needs of patients depends to a large degree upon the confidence that the people we serve have in AMANI Clinical Services. It is extremely important that all trainees demonstrate professionalism and take an active interest in



promoting the best possible relationship between the practice and the public. If trainees have a complaint regarding their working conditions, they are expected not to discuss the issue with patients and visitors, but instead to utilize the internal complaint procedure described herein which has been established in order to resolve any differences trainees may have.

- ii. Dress code is professional. All trainees are to use their best judgement to ensure their clothing is appropriate for a professional setting while maintaining a clear sense of self-hood. Professional appearance is regarded as an important aspect of a trainee's overall effectiveness. All trainees are expected to keep themselves neat, clean and well-groomed keeping in mind that we work closely with others.
- iii. Excessive tardiness is unacceptable. If you are absent for any reason or plan to begin a session late, you must notify management as far in advance as possible and no later than one hour before the start of your scheduled session. In the event of an emergency, you must notify management as soon as possible.
- iv. Any trainee who practices under a professional or provisional license, under the license of another party, or performs duties subject to the regulations of IDFPR in the state of Illinois or any other governing body must adhere to the **strictest interpretation** of the legal and ethical guidelines provided by that governing body. Such a trainee must also adhere to the **strictest interpretation** of the American Psychological Association's ethical guidelines where it may be stricter than those provided by the state. These associations and governing bodies ethical and legal guidelines are to supersede any provision in this handbook associated with the performance of professional duties. Trainees are expected to keep themselves up to date on the standards, practices and ethical and legal responsibilities of their profession.
- v. The acceptance of money or inappropriate gifts by trainees from patients or from persons with whom the practice does business is cause for severe disciplinary actions. Soliciting of personal gifts or donations by trainees is strictly forbidden.
- vi. Eating during session can be seen by patients as an integral part of being comfortable together, or as an egregiously unprofessional violation. Any and all meals or snacks eaten during session must be with the express intent to value the patient's needs first. All members of the AMANI team who engage in patient contact must plan ahead to manage hunger. Eating in front of patients is not professional during assessment. Trainees must not eat in front of patients unless clearly useful in session and explicitly and enthusiastically consented to by the patient.
- vii. Any food with strong or distinctive smells (fish, fast food, etc.) cannot be eaten or kept out in the office at any time. A refrigerator is available in each closet for food storage, and the building has a lunch room with vending and microwaves.
- viii. Trainees, Therapists and Technicians who see patients must plan their bathroom use efficiently. Excessive use of the bathroom resulting in excessive lateness should be avoided, or cancellations made accordingly. Trainees and Therapists should avoid bathroom use during therapy sessions if possible. When conducting a Telehealth session, trainees and therapists must never use the bathroom while connected to a patient. In case of emergencies, all video and audio connections must be off, and devices must remain in a separate room.
- ix. See the above provisions on hallway and waiting room discussions under "Privacy" for more information on professional conduct within the office or during face-to-face contact with patients.





e. Scheduling

- i. The scheduling department will work hard to ensure patient experience around appointment offerings feels seamless and therapeutic. All schedule offerings must go through the scheduling department, and the scheduling department must be informed of any in-session discussions relating to appointment scheduling.
- ii. Patients are to be scheduled in recurring weekly time slots whenever possible unless deemed therapeutically unnecessary. Research on recurrent weekly therapy is conclusive in relation to outcomes. Trainees must work with scheduling to determine the best plan for recurrent sessions.
- iii. Trainees and Therapists are to make provisions in irregular schedule openings due to cancellation, patient termination, or changing schedules for as-needed appointments for waitlisted patients, new patients, or existing patients in need. Trainees and Therapists are to work with scheduling to ensure they are able to provide appointment offers in a timely fashion.

f. Trainee Cancellations


- i. When Trainees, Therapists or Technicians have approved time off, they must inform Scheduling immediately, and scheduling must be able to provide notice to patients more than one week in advance. Trainees, Therapists and Technicians must also remind recurrent patients of upcoming time off during the preceding session.
- ii. When cancellations occur with less than one week's notice, Scheduling is to be informed immediately, and Scheduling will cancel patients as soon as possible. If scheduling cannot be reached or the cancellation is immediately before the session, the trainee or therapist is to reach the patient directly as soon as possible and refer them to scheduling if a rescheduled appointment is necessary.

g. Patient Cancellations

- i. The Scheduling department is to be forwarded/referred/informed-of all patient cancellations immediately.
- ii. After being notified, the Scheduling department is to continue all patient contact regarding cancellations and rescheduling.
- iii. Patients who show a history of repeated short-term or late cancellations, or a significant number of cancellations in general, should be terminated and referred-out in most circumstances, and Scheduling is to be informed of their status.

h. Patient Billing

- i. Billing is often a sensitive topic with our patients. All Trainees are to forward or refer all billing questions to the Billing department.
- ii. Many trainees and therapists are often very lenient in charging their patients for late cancellations and no shows. Our policy is to charge a late cancellation fee for the second late cancellation and after unless the first instance clearly shows a lack of responsible management on the part of the patient. No-shows will be charged the fee on the first instance, except in cases of medical or personal emergency and leniency must be approved by management or ownership.
- iii. The billing contractors and management are responsible for all communication of client payment responsibilities. All patient questions that relate to payment must be directed to billing.

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- iv. If a patient is to pay in-person by check or cash, it must be provided in a sealed envelope and billing is to be informed of the payment. Trainees will then provide the envelope directly to management.
  - v. Trainees outside the administrative departments may never make direct arrangements for payment such as payment plans or discounts with patients. All payment procedures will be directed to the billing department.
- i. Email.
- i. Emails outside of the amaniclinical.com domain are not guaranteed to be secure. Any unsecured private health information must be sent through a password protected link to the file in our cloud service, and not over email. All trainees must have Management send any emails with private health information to ensure proper encryption.
  - ii. All trainees must include a signature and a disclaimer at the end of their emails.
  - iii. Emails to patients and third parties are to be professional and clear.
  - iv. Amani Clinical email addresses are not intended for personal use.
  - v. Amani Clinical email addresses and voicemails are monitored by clinical supervisors, clinical director, and management.

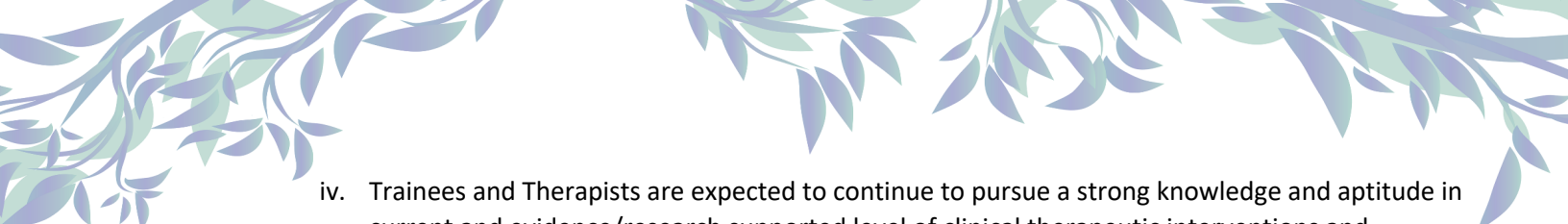
## 7. PRACTICE ORGANIZATION, TRAINEE AUTONOMY AND DAILY RESPONSIBILITIES


### a. Responsibilities

- i. Post-Doctoral Fellows are required to be on site during all scheduled hours regardless of whether patient sessions, supervision, didactics/seminars, or testing is scheduled. Down time in the milieu is a critical component of a formative training year. Interns are expected to utilize this time for their professional development and consolidation of learning. Interns may read items for seminars, read books available in the office, read psychological assessment manuals, practice administration of assessments, research techniques and strategies, read previous psychological assessment reports, work on report writing, informally consult with any member of the team, coordinate care with treatment providers and schools in the community, work on documentation and treatment planning....the list is endless when it comes to opportunities to enhance, integrate, and consolidate your learning!


### b. Therapy and Clinical Treatment

- i. For Trainees and Therapists, this is why you are training with us. You are gifted in providing appropriate clinical treatments for mental health related issues, and you will be held to the highest standard possible of patient care. Treatment in our practice is not simple talk therapy, this is a clinical setting and every aspect of a session with a patient(s) is treatment. We call our patients “patients” because we are providing a clinical treatment service. Trainees and Therapists are expected to employ appropriate evidence-based interventions.
- ii. Trainees and therapists must be committed to working with children in a clinical setting. The staff will work closely with trainees and therapists to find a healthy balance of demographics within the case load, as well as working to understand the therapist’s demographic preferences, but therapist may not refuse to see a patient based solely on age.
- iii. Trainees and Therapists working with children must work with parents as well. Our practice is known for our parent training and parental involvement. Our goal is to treat the family system whenever it is possible.

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- iv. Trainees and Therapists are expected to continue to pursue a strong knowledge and aptitude in current and evidence/research supported level of clinical therapeutic interventions and modalities.
  - v. Trainees and Therapists are expected to have afternoon and evening availability at least 4x per week or 3 evenings and 1 weekend day. Fellow schedule will be dictated by licensure/lack thereof and subsequent site supervisor availability.
  - vi. Therapists are expected to follow appropriate guidelines provided by the American Psychological Association regarding terminating therapy with a patient. See provisions for termination note procedures below under “Record Keeping” for additional information. Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.
- c. Testing, Assessments and Evaluations
- i. Psychologists, Post-Doctoral Fellows and Trainees, and Technicians are to follow all of the above provided guidelines for conduct and professionalism in the office when administering assessments.
  - ii. A full testing battery will require an intake appointment separate from the administration, and a feedback session. Technicians may not perform these services.
  - iii. Patients or their parents/guardians will be provided with a general timeline of what they can expect.
  - iv. Any trainee who performs administration of basic or neuropsychological tests must provide proof of an appropriate level of aptitude for each specific test prior to administration to patients.
- d. Daily Emails
- i. Every Trainee, Therapist or Technician must provide our billing staff (tasks.drhastingsandassociates@gmail.com) with a daily email verifying the accuracy of the schedule in Theranest, to ensure there are no errors in billing. Dr. Hastings must also be copied (drhastings@amaniclinical.com). This email must be completed within one hour of the completion of that day’s last patient contact. This information must be provided via email for tracking purposes. The following steps must be completed to send this email:
    - 1. Check Theranest for accuracy regarding times of appointments. Times listed should be what actually occurred.
    - 2. Check Theranest for accuracy regarding procedure codes. Each trainee, therapist or technician must be aware of the correct codes for the length and type of services they perform.
    - 3. Check Theranest for add-on code eligibility. Add-on codes must never be used automatically, each use must be justified in session.
    - 4. Check Theranest for accuracy regarding diagnosis codes. Any change in diagnosis must be clearly outlined in this email.
    - 5. Check Theranest that all late cancellations were recorded and ensure the description includes whether the cancellation warrants a charge.
    - 6. Include any and all applicable information outlined below in “New patients and Intake Procedures”.

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- ii. Repeated neglect of the duty to send these daily emails can be considered cause for due process as it has a significant affect on the accuracy of our billing and therefore every aspect of the practice. Trainees, Therapists and Technicians must be meticulous, prompt, and completely accurate in submitting this email.
  - e. New Patients and Intake Procedures
    - i. Every Patient must have an initial intake session. This session must normally be the first scheduled face-to-face contact with the patient (or remote interaction), however, on a rare occasion that the initial session requires crisis-related therapeutic intervention, or a pre-arranged service, a true intake session must be immediately scheduled.
    - ii. No services are to be provided without completion of all patient paperwork required. This is managed by the New Patient Concierge.
    - iii. Intake paperwork will be collected by administrative staff during the initial scheduling process. If this process is not complete by the time of the first session, the therapist should contact scheduling and direct the patient to the link in their email to use our portal.
    - iv. In the very unlikely event that the trainee therapist is required to collect paper versions of intake documents at the time of the first in-person face-to-face session with the new patient, these documents are to be reviewed prior to the start of the patient’s session to ensure that the appropriate identification (driver’s license and insurance card), signatures, and authorizations have been provided. These are to be scanned and uploaded to billing prior to leaving the office for the day. Trainee Therapists must then leave intake packets for management or admin to upload appropriately. **Trainees and staff may not keep any personal copies of intake paperwork or any personal copies of any documentation.**
    - v. Trainees and Therapists are responsible to add the appropriate diagnosis code to the new patient’s first appointment in Theranest prior to sending the day’s billing email.
    - vi. Therapists must send an email (subject: NP [First name and initial]) to scheduling ([scheduling@amaniclinical.com](mailto:scheduling@amaniclinical.com)) providing clinical direction for scheduling the new patient in terms of frequency and preferences.
    - vii. Therapists must upload the Goodnotes “Intake Chart Starter” to Billing prior to sending the day’s billing email.
  - f. Greeting Patients
    - i. All Trainees, Therapists and Technicians are responsible for any check-in procedures for each patient session. Patients are to be informed by scheduling that they will wait in the waiting room until greeted by the Trainee. It is the trainee therapist’s responsibility to greet the patient in the waiting room, bring them back to the therapy room, collect any necessary documentation, and remind patients of this process if necessary.
    - ii. See provisions for privacy relating to waiting room and hallway discussions under “PATIENT EXPERIENCE” section above.
    - iii. Remember that every part of the patient experience is treatment.
  - g. Record Keeping
    - i. Devices.

Currently, practice procedure requires use of the provided iPad device for record keeping. iPads are to be kept in provided protective cover and trainees are responsible for keeping batteries powered with cords provided. Management will ensure iPads are securely backed up on a



quarterly basis. Trainees are responsible to ensure that ALL new information relevant to the patient is uploaded as per company policy to the cloud service on a daily basis to keep patient medical records up-to-date and accurate. Trainees may be held responsible for the loss of private patient health information in the event of theft or damage. If a company device is malfunctioning or aging, contact management.

ii. Software.

The standard note taking software provided for in-session notes is called “Goodnotes 5.” Handwritten notes are often an effective memory tool, and trainees are provided a stylus to allow for non-intrusive note taking during patient sessions. Note templates are provided to allow for organized note taking, to ensure that session start and end times, and to ensure that all legally required and contractually required information is recorded appropriately. Additionally, cloud software has been provided for trainees to back up notes on a daily basis in PDF format.

iii. Personal Notes.


The official office policy on any note the trainee intends to keep as a personal record is that such notes shall be kept private by the trainee and shall not be made accessible to other trainees.

iv. Official Medical Record

1. Every document officially submitted to our cloud services pertaining to our patients shall become a part of that patient’s official medical record. Trainees, Therapists and Technicians are to carefully consider what to include in the official medical record and follow all legal and ethical guidelines. This record is a duty to our patients as well as a duty to the governing authorities.
2. Every document kept in paper files stored in the office must follow this same standard. Staff are to ensure that everything included in the paper file is scanned and uploaded to the cloud service.
3. Every aspect of a patient’s medical record must consider patient privacy and legal and ethical responsibility. Finalized notes are to be clear, concise, professional, and clinical. Finalized reports are to follow the same standard.
4. All supporting documentation must be scanned and included in the official medical record.
5. Each patient’s records are to be accessed only by their assigned providers and the appropriate administrative staff.

v. Transcription and Review

1. All Trainees who keep notes or records as part of a patient’s official medical record must work with administrative staff to keep the record current and perform a thorough review of what is included in the finalized official medical record for each of their patients.
2. Our policy for intake, termination, and session notes is to ensure each submitted handwritten note is transcribed and entered officially into the medical record by signature. This process should be performed as follows:
  - a. A fully completed note template (In Goodnotes 5) must be completed AT THE TIME OF SERVICE. Trainees, Therapists or Technicians completing a note may




choose to complete this note in session or shortly after. This process should take a very short amount of time in most cases.

- b. Completed templates for notes are expected to be submitted as a PDF file to the appropriate cloud service folder (“Billing to do”) for transcription on a daily basis. This file should be uploaded after each session. **ALL NOTES ARE DUE ABSOLUTELY NO LATER THAN 24 HOURS POST SESSION.** Late notes are cause for due process procedures training experience. Notes will be reviewed by the primary supervisor and the Risk Management Supervisor daily. Feedback on documentation and management of patient risk will be provided.
  - c. A weekly PDF of the transcribed note will be uploaded to each provider’s cloud folder for their review. This file is to be reviewed immediately and uploaded with any changes to the appropriate cloud service folder (“Billing to do”). Unless the Post-Doctoral Fellow has requested a second review, this will then be automatically be sent to the clinical supervisor for review. After the supervisor’s review, our charting department will automatically sign on the trainee’s behalf and enter into the official medical record. Drafts will be destroyed. Clinical supervisors will provide supervision on changes made.
3. All Notes entered into the official medical record must represent the service as it actually occurred. This is only ensured by timely completion of notes. Daily emails confirming the session to be billed are best sent **AFTER** initial notes completion, to provide appropriate direction to billing regarding diagnosis and service codes that were actually used. **NOTES ARE DUE NO LATER THAN 24 HOURS POST PROVISION OF SERVICE.**
- vi. Theranest.
    - 1. Theranest is currently the scheduling and billing software used by this practice. Each trainee will have their own account and password for Theranest, as well as access to the mobile app and website.
    - 2. The calendar in Theranest is to be accurate at all times. Trainees must change appointment statuses to reflect actual occurrences such as “kept” “Cancelled” “Late Cancel” etc. and verify times of appointments. See “Daily Emails” Above for more information.
  - vii. Google Drive (Formerly Box).
    - 1. Google Drive is our HIPAA compliant cloud service.
    - 2. Each trainee will have permissions to access specific folders applicable to their work. If a trainee does not have access to a file or folder they need to use, they must contact management.
    - 3. Each trainee, therapist or technician will have access to the medical record for each of their assigned patients. Patient files must be kept orderly, and all documents must be clearly named and organized.
    - 4. There are several shared drives each trainee has access to. These are the practice main way of securely transmitting files between members of the staff. Folders such as “Billing to do” and “Admin to do” are to be used to upload and download documents directly to and from appropriate staff members. These folders will be utilized for the note review

process, letter writing and other forms of documentation. **The majority of internal documents should not be sent over email.**

5. Files that patients are to be provided with shall be sent via direct links to their location in the cloud service and password protected.
  6. MANAGEMENT SENDS ALL EMAILS THAT REQUIRE PASSWORD PROTECTED DOCUMENTS.
  7. No one outside the practice may ever be given access to any folder or drive.
  8. No file is to be provided outside of the practice in an editable format. MANAGEMENT IS RESPONSIBLE TO ENSURE ALL PROTECTIONS AND PASSWORD SECURITY. All external digital documents should be in a secure PDF format. Digital PDF files provided to anyone outside of the practice that include signature images must be restricted for editing with a password that is only given to appropriate trainees within the practice, in order to protect signature images from misuse.
  9. Each trainee will have access to the appropriate templates drive. These files must not be edited by anyone but management, ownership, or admin.
  10. Cloud storage is not intended for personal use.
- viii. Assessments and Evaluations.
1. Assessment folders are to be kept organized and all forms and booklets are to be filled out in a way that can be easily understood by a technician or other trainee of the practice.
  2. Photos or scans of final scores or completed forms must be uploaded to the patient folder within one hour after the last patient contact of the day they are completed.
  3. Final Assessment Reports must be password protected as well as restricted for editing, to ensure digital signature images are secure, and no changes can be made by any party outside of AMANI Clinical Services. ONLY MANAGEMENT SENDS OUT FINAL ASSESSMENT REPORTS.
- ix. Termination notes.
1. Every single therapy case file must have a termination note to clarify the end of the therapeutic relationship (Testing only patients will have a note from the feedback session). Termination notes must be completed for the following circumstances:
    - a. Patient has terminated in session or via email or phone.
    - b. Trainees and Therapists terminate therapy in session when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
    - c. Trainees and Therapists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
    - d. After 60 days of no contact from the patient or their parent/guardian and no previously scheduled continuation date. Trainees and Therapists must regularly review open case files and submit termination notes when necessary.
- x. Closing patient files.
1. Scheduling and Admin will close a patient file when termination has been completed. The patient will receive verification that their file is closed, and they are no longer under



this practice's care. Trainees and Therapists should carefully communicate to their terminating patients that this will be the case.

2. Closing the file is an important step in ensuring that there is no ethical or legal responsibility remaining between the practice, the therapist, and the patient.

h. Assessing Risk

i. Assessing Danger to the Patient or Others

1. Assessment of Need for Higher Level of Care

- a. In the event that the patient's mental health is deteriorating, the trainee is to immediately seek supervisor support to assess need to refer patient to a higher level of care (Intensive Outpatient Program, Partial Hospitalization Program, or Inpatient Psychiatric Hospitalization).


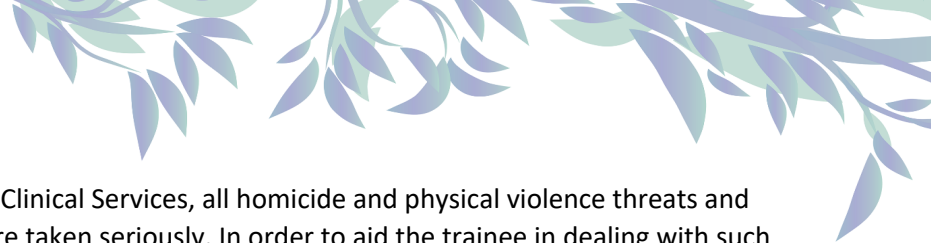
2. Assessment of Suicidality

- a. At AMANI Clinical Services, all suicide threats and ideation are taken seriously. In order to aid the trainee in dealing with such potential threats, the following guidelines are to be followed:

- i. The trainee will take every threat, even a passing comment or hint, seriously. The trainee will inquire regarding suicidal ideation and history with every client. A formal assessment of suicidal lethality will be performed utilizing the specific Suicidal Ideation note template in conjunction with the Columbia Suicide Severity Rating Scale.
- ii. If a client is indeed thinking about suicide, the Post-Doctoral Fellow will consult the site supervisor, clinical supervisor, the Clinical Director, or any member of the Supervisor Team immediately. Do not wait. Based on consultation, two things probably will happen: a) the client will be referred to the supervisor (the trainee may still be able to continue to work with the client under close supervision as part of training, however, the supervisor makes the decision); b) an evaluation will be made using the Columbia-Suicide Severity Rating Scale (subject to change).
- iii. For minors 17 years and under, the trainee will be supported in contacting the patient's family to discuss the suicidal ideation and create a safety plan.
- iv. Based on the evaluation, if potential for suicide is deemed real, either of the following will take place: a) a safety plan contract that the patient will not harm oneself will be made with the client by the trainee servicing the client, b) the client will be provided with a list of locations to seek assessment and a higher level of care, c) 911 will be called and the client will be committed to a hospital for observation and further evaluation. Sometimes police assistance is required.
- v. Guidance is provided electronically and printed in each office in the form of a decision tree outlining each step of assessment, notification, and referral.



3. Assessment of Homicidally and harm to others




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- a. At AMANI Clinical Services, all homicide and physical violence threats and ideation are taken seriously. In order to aid the trainee in dealing with such potential threats, the following guidelines are to be followed:
    - i. The trainee will take every threat, even a passing comment or hint, seriously. The trainee will inquire regarding homicidal ideation and history with every client. A formal assessment of homicidal lethality will be performed.
    - ii. If a client is indeed thinking about harming others the Post-Doctoral Fellow will consult their clinical supervisor, the Clinical Director, or any member of the Supervisor Team immediately. The client will be referred to the supervisor (the trainee may still be able to continue to work with the client under close supervision as part of training, however, the supervisor makes the decision).
  4. FOID Reporting
    - a. The FOID Act and The Firearm Concealed and Carry Act requires healthcare facilities and physicians, clinical psychologists and qualified examiners to report to the Illinois Department of Human Services (DHS) any person that is: adjudicated (Court Ordered) mentally disabled person; voluntarily admitted to a psychiatric unit; determined to be a "clear and present danger"; and/or determined to be "developmentally disabled/intellectually disabled."
      - i. Clear and Present Danger" means a person who: (1) communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or (2) demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.
  5. Health Concerns and need for immediate medical attention
    - a. In the event that a patient requires immediate medical attention, the Post-Doctoral Fellow will call 911 and then notify the Site Supervisor and/or the Supervisory Team
  6. Telehealth
    - a. Follow Procedure from Item #2. If the patient presents as a risk more than once, we will require the patient to be seen in person rather than via telehealth.

#### Assessing Danger to the Clinician/Trainee


7. This is an environment for healing. Any direct threats, aggressive or hostile behavior, or general physical or emotional harm to our clinicians and support staff by a visitor, patient, or patient's caregiver will not be tolerated. This includes yelling, insulting, any unsafe physical activity, hitting, kicking, biting, throwing any item, threatening, leering, making insinuations or advances, or any activity the clinician may feel uncomfortable, threatened or simply uneasy about.


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- a. The therapist, trainee or technician shall immediately terminate an ongoing session if there is any potential or perceived harm to themselves or to our support staff. If the threat or event occurs anywhere
  - b. Any immediate or imminent threat of violence should be handled by local authorities. The therapist, trainee or technician is to err on the side of caution and contact 911 immediately and make no effort to handle the situation alone. It is not our job to defuse a dangerous situation.
  - c. If a threat of violence, or aggressive or hostile behavior is NOT part of an ongoing pattern, but rather a single event that is clearly part of an established patient's illness currently under treatment by our staff, our staff may use their professional discretion in recommending continued care by our practice.
  - d. In the event that a threat of violence, or aggressive or hostile behavior IS part of an ongoing pattern, or is performed by a person(s) not under our treatment, no further relationship is to be maintained.
8. Clinical director, on-site supervisor, and management are to be informed immediately of any event, threat, or perceived danger.
- i. Treating Minors or Adults with Guardians
    - i. Add-on Codes
      1. Therapy sessions with minors or individuals with certain disabilities may require add-on codes in billing sessions in which play equipment is utilized, there is significant complexity of communication between minors/parents and guardians, and the therapist. The trainee or therapist is required to communicate clearly with billing staff when these codes may be appropriate.
      2. Add-on codes are not to be treated as automatic, rather, they must be assessed for appropriate usage for every session with a minor or individual with certain disabilities.
    - ii. Parent/Guardian Training
      1. Parent training sessions are a significantly important part of treating most cases involving minors. These are to be encouraged when appropriate to ensure the best care and practice in the interest of the original patient.
      2. Each parent or legal guardian must complete the full intake process as a new patient in order to participate in parent training, including all paperwork and a signed non-subpoena agreement, however, parents are generally not billed for an intake appointment because the session is for parent training, not individual work. As such, all treatment goals are to be related to the provision of parent management training. There must always be an identified patient directly involved in the current session. Therapists may assist the parents or guardians in assessing who is appropriate to be the identified patient.
    - iii. Recognizing Abuse and Mandated Reporting
      1. Every trainee is expected to complete mandated reporter training through the Illinois DCFS. <https://mr.dcfstraining.org/>
      2. Everyone who suspects child abuse or neglect is required by Illinois law to call the Illinois Department of Children and Family Services Child Abuse Hotline and make a report. Again, as Mandated Reporters our clinicians are required by law to do so. The hotline





number is 800-25-ABUSE (800-252-2873). To assist you in submitting the required CANTS 5 (Written Confirmation of Child Abuse/Neglect Report: Mandated Reporters), you have the option of emailing this document to:  
DCFS.mandatedreporterform@illinois.gov.



3. No other trainee, employer, employee, or supervisor is able to direct your actions in reporting. If a trainee suspects abuse or neglect they are required to call regardless of any direction received from another party. Trainees are expected to seek support and inform their clinical supervisors before making a report and keep the clinical supervisor updated on the report process.
  4. Documentation of all calls made and received and a thorough history of the suspected abuse must be kept in the patient file.
- iv. Separated parents and custody arrangements.
1. In arrangements where medical decision-making custody is shared between two or more parties, all parties must sign documentation agreeing to the treatment of a minor. This agreement is a part of the patient intake packet. Trainees and Therapists must ensure with parents/guardians the existence of any multiple custodian arrangement prior to continuing treatment and discontinue treatment if any parties have not provided consent. If applicable, AMANI Clinical Services must have a copy of current court decrees.
  2. If parents are divorced, trainees and therapists must make an effort to include the non-residential and/or non-custodial parent in treatment.
  3. Trainees and Therapists are to be clear with all support staff if there is a concern regarding parental communication and advise all associated staff regarding the appropriate contact person(s) and information to be provided.
  4. All staff must consider a patient's status as a minor or individual with privacy rights in Illinois (over the age of twelve) before communicating with parents or guardians and be careful to double check for any situation where communication should be limited or a signed release of information has not been received. We expect that Releases of Information will be gathered at the beginning of treatment for children 12 and older authorizing us to release information to their parents.
  5. Similarly, we expect updated releases of information for patients who turn 18 allowing us to communicate with their parents.
  6. In cases where a minor patient has a right to confidentiality in Illinois, the trainee or therapist must use discretion to ensure parents/guardians are still included and active participants in their child's therapeutic care.
- j. Use Of Multiple Therapy Rooms
- i. In situations where multiple members of a family or multiple parties are engaged in a particular session, multiple rooms in the office may be utilized for privacy; e.g. a parent may need to be removed for a minor to feel safe to share outside of their presence, children may need to be removed while parents share sensitive information, a party may only be required for a portion of the session, etc. In this event, the therapist or technician must verify that the additional room is not scheduled to be used, and then inform the staff via email of its use.
  - ii. Patients and family members are not permitted to be unsupervised in the hallways.

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- k. Open and Closure of Office
    - i. See the previous provisions under “PATIENT EXPERIENCE” regarding office atmosphere for an outline of lighting, devices and sounds required when opening the office. When closing the office, all lights, candles, and displays must be turned off, and all locks must be locked.
  - l. Locking Doors And Cabinets
    - i. Storage rooms and all cabinets with locks must be kept locked at all times. Keys for all locking cabinets must be kept in the storage room. The “Creation Bar” is to be locked at all times and is intended for use as a reward in therapy.
  - m. Personal Property
    - i. Even though AMANI Clinical Services tries to provide reasonable protection for trainees’ personal property, it cannot be responsible for personal property damaged, lost or stolen. Trainees should not bring large amounts of money or valuables to work. Trainees should be sure to safeguard their own property and remind others if they see any carelessness on their part.
  - n. Licenses, Certifications, CEU’s And Insurances.
    - i. Those trainees whose positions require licensure by the State of Illinois are responsible for keeping such licensure current and in effect. Trainees eligible for licensure who have not yet taken their examination are expected to take it as soon as possible.
    - ii. Trainees are required to maintain licensures or registrations and to provide the management with copies of current licenses. Failure to maintain current license/registration as evidenced by absence of a copy in the personnel file will result in work suspension. Continuing education requirements related to licensure or certification renewal are the sole responsibility of the trainee.
    - iii. Proof of any required liability insurance plan for a particular licensure level must be provided to management. All trainees and staff are partially covered under the business’s liability insurance. This is not a replacement for a professional liability plan of your own.
8. TIME OFF, DAYS OFF AND LEAVE
- a. Cancellations
    - i. See the section for “Trainee Cancellations” under “PATIENT EXPERIENCE” for cancellation procedures when Time off has been approved.
  - b. Time Off Definitions
    - i. The Post-Doctoral Fellow receives a yearly stipend of \$55,000. This includes 10 days Paid Time Off (PTO) at their own discretion in addition to all holidays that the office is closed. The policy for time off approvals is to ensure that scheduled days are available to see new patients and that openings in the trainee therapist’s schedule may be filled. Days shall be granted in ½ Day increments.
    - ii. Trainee’s “own discretion” refers to what is likely to be granted approval as requested (within the above defining parameters, and in cases where there is not an over-ruling need) thus effectively making it a guaranteed minimum number of approved days off. The expectation, however, is that each trainee be committed to working scheduled days reliably and consistently to ensure the best patient care that our practice has such a reputation of providing.
    - iii. For Trainees
      - 1. One half day of Time Off shall be defined as either:

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- a. the cancellation of more than the LESSER of; three (3), or 50% of that day's previously scheduled Billable Clinical Hours, and/or;
      - b. a date where less than four (4) Billable Clinical Hours remain available to be scheduled.
    - 2. One Full day of Time Off shall be defined as either:
      - a. the cancellation of more than the GREATER of; four (4), or 75% of that day's previously scheduled Billable Clinical Hours, and/or;
      - b. a date where less than two (2) Billable Clinical Hours remain available to be scheduled.
    - iv. For all trainees, any non-billable time that is kept available to work, but no work is necessary, will not be counted toward Time Off. Cancellation of a "light day" where a majority of patients have cancelled on any day not listed in the following section "Holidays" will be subject to the same provisions as standard time off requests as outlined below.
  - c. Time Off Requests and Approvals
    - i. Trainees must submit a written request for Time Off to management at least 48 hours in advance of the desired time off for periods of under 48 hours, and 96 hours in advance of periods over 48 hours. The written requirement may be waived in emergency situations.
    - ii. Approvals will be guaranteed to be provided, unless patient emergencies are unable to be otherwise accommodated and trainee attendance is required, for any time off request up to the allowed amount in trainee's agreement. Beyond the outlined hours, Management may deny any request (see provision "iv" below.)
    - iii. Management is responsible for decisions and communicating them in writing to the trainees. Approvals must clearly define the duration of the absence and the date the trainee is expected to return to work.
    - iv. Approval decisions must take into consideration the staffing and budgetary needs of the practice. Requests may be denied based on these or other reasonable considerations and are solely at the discretion of the practice.
    - v. A trainee may request more than one period of Unpaid Time Off during a fiscal year. However, during any one fiscal year, a trainee will not normally be granted more than their agreed upon total days of PTO.
    - vi. Trainees who are absent from work without approval of management may be subject to discipline and discharge. Such absences will be taken as Unpaid Time Off.
    - vii. Upon returning to work from Unpaid Time Off that was granted for medical reasons, a trainee is expected to provide a doctor's certificate that establishes the trainee's fitness for work. See provisions for extended absences below for medical leave that lasts for more than two consecutive weeks.
    - viii. A trainee who fails to return to work by the previously arranged return date may be considered to have voluntarily terminated the trainee experience.
  - d. Medical emergencies and illness.
    - i. Occasional Medical emergencies and short periods of illness, as well as personal emergencies, will be counted toward a trainee's Time Off accrual and subject to the same procedures as mentioned above in "Time off requests and approvals" unless management is provided with a doctor's note, appropriate documentation, or is otherwise required by law.

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- ii. Trainees are to make every effort to reschedule any appointments or scheduled work during short periods of absence, and Scheduling will work closely with Trainees, Therapists and Technicians to ensure continuity of care. Rescheduling does not dismiss the accrual of Time Off.
  - e. Sympathy Leave
    - i. Sympathy Leave is an authorized unpaid absence from work granted when a death occurs in a trainee's immediate family. Immediate family members are the trainee's spouse, parents, parents-in-law, sons-in-law, daughters-in-law, grandparents, grandchildren, brothers, sisters, children, and members of the same household. Four (4) days leave will be granted for sympathy leave, and not included in the calculation of Time Off, and any additional days must be requested and approved per standard time off request procedures.
  - f. Parental Leave
    - i. Parental Leave is an authorized unpaid absence from work for the purpose of giving birth, for a parent to be present for the care of a newborn, or for the purpose of adopting a child. Trainees are entitled to a Parental Leave of twelve (12) weeks after having been continuously employed for one month.
    - ii. Trainees who conclude their Parental Leave within twelve (12) weeks are entitled to return to the same or similar position as well as return to receiving the training and benefits for which they were eligible prior to the date that Parental Leave commenced. Except as otherwise provided in this Handbook, trainees on an unpaid leave of absence for a period of between twelve (12) weeks and six (6) months, shall receive every reasonable consideration by management in returning to their original position or to a position of like responsibility and pay; however, AMANI Clinical Services cannot guarantee re-training.
    - iii. Trainees on Parental Leave are expected to give their supervisor written notification of their intent to return to work. Notification must be received at least two (2) weeks in advance of the expected return date. A trainee who fails to return to work by the expected return date will be considered to have abandoned their position. A returning trainee may be subject to the same probationary hourly rate and/or limited schedule as outlined in the section above called "HIRING AND TRAINEE ORIENTATION".
  - g. Extended Absence
    - i. Extended Leave of Absence from the training experience for a consecutive period of time between fifteen (15) days off and six (6) contiguous calendar months for either medical or personal reasons may be considered by management. However, any extended leave longer than twelve (12) contiguous weeks will be treated with the same procedure as trainee resignation, including patient termination and transfer of care. Any leave longer than three (3) contiguous months will not be absolutely guaranteed re-training or re-assignment of patients that have elected to continue to be seen with-in the practice during the absence.
    - ii. Trainees must submit a written request for the leave of absence to their immediate supervisor at least one (1) month in advance of the desired time off. The one (1) month requirement may be shortened in emergency situations. Trainee requests must specify the reason for the leave and the specific dates of the leave period.
    - iii. When a leave is for a serious health condition for the trainee, entitlement to the leave may be subject to medical verification concerning the medical condition of the trainee.

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- iv. Trainees on Extended Leave are expected to give their supervisor written notification of their intent to return to work. Notification must be received at least two (2) weeks in advance of the expected return date. A trainee who fails to return to work by the expected return date will be considered to have abandoned their position.
  - h. Jury Duty and Civic or Military Duties
    - i. Jury duty, election day polling responsibilities, or other approved short term civic responsibilities will be accommodated. Trainees must inform management immediately upon scheduling of any such civic responsibility.
    - ii. Trainees who are inducted into or enlist in the Armed Forces of the United States or are called to duty as a member of a reserve unit may take an unpaid leave in accordance with applicable law and this practice's extended leave policy as outlined above. The trainee must provide advance notice of their need for a military leave and management will request a copy of the trainee's orders, which will be kept on record. Trainees must inform management of reserve or enlistment status prior to beginning work with AMANI Clinical Services.
  - i. Winter and Inclement Weather
    - i. Late cancellation by trainees due to inclement weather will be accommodated as Time Off at management's discretion. Many patients cancel on inclement days, but many continue to be in need and want to be seen. It is important for trainees and therapists to remain available for additional patients to be scheduled on an as-needed basis, as well as to continue care for patient who have not cancelled. Cancellation of a "light day" where a majority of patients have cancelled will be subject to the same provisions as standard time off requests as outlined above.
    - ii. In the event management has decided the weather is severe enough to close the office and cancel all client sessions, time off due to inclement weather will not be included in the calculation of "Time Off." Therapists may still request to see patients on such days if there is an agreed upon need on the part of the patient.
  - j. Holidays
    - i. Holidays that will not be considered "open" days for our office are the following (and subject to change at any time):
      1. New Years Day
      2. Memorial Day
      3. Fourth of July
      4. Labor Day
      5. Thanksgiving Day
      6. Day After Thanksgiving
      7. Christmas Eve
      8. Christmas Day
      9. New Years Eve
    - ii. Trainees that adhere to a faith or cultural heritage that may not be represented in the dates above may request that their holiday schedule be altered to reflect their culture or beliefs. Contact management to arrange this.
  - k. Out of Office Procedures
    - i. See provisions under "Time Off Requests and Approvals" above.

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- ii. See provisions under “PATIENT EXPERIENCE” for communicating cancellations between scheduling and patients.
  - iii. Communicating with Scheduling
    - 1. Scheduling must be informed immediately upon receipt of approval in order to facilitate planning and execution of all cancellations, rescheduling and patient communication.
    - 2. One week or more notice will be provided by scheduling to patients, or immediately (within 24 hours) if under one week notice prior to out of office.
    - 3. Trainees must check the calendar to ensure scheduling has blocked off the correct days.
  - iv. Trainees are responsible to provide management with a recording of their out of office outgoing voicemail message prior to the beginning of the absence. Alternatively, management can arrange a phone call to record the out of office outgoing message.
  - v. Trainees must use a computer or web browser to set up their out of office notification through the Gmail website for email prior to the beginning of the absence.
  - vi. Trainees are to work with scheduling to ensure patients receive appointment reminders when returning from a long absence.
  - vii. Trainees are responsible to ensure all out of office messages are removed when they have returned to work.

## 9. PRIVACY AND HIPAA

- a. Summary of PHI and HIPAA requirements:
  - i. The Privacy Rule is a federal regulation under the HIPAA statute that sets minimum standards for your disclosure of patient information to third parties. It applies to protected health information (PHI). The Rule defines PHI as:
    - 1. Information that relates to: the past, present or future physical or mental health condition of a patient; providing health care to a patient; or the past, present, or future payment for the patient’s health care;
    - 2. That identifies the patient or could reasonably be used to identify the patient; and
    - 3. That is transmitted or maintained in any form or medium. Health information is not considered PHI if it does not identify a patient and provides no reasonable basis for identifying a patient.
  - ii. Under the Privacy Rule, patients have the right to receive a notice informing them about potential uses and disclosures of their PHI and their right to limit those uses and disclosures.
- b. All trainees must read and understand the HIPAA section included in our patient intake packet for a detailed description of AMANI Clinical Services’ implementation of HIPAA rules regarding PHI. Trainees will also be required to take a HIPAA training course.
- c. Under no circumstances is any trainee, therapist, technician, contractor to remove physical PHI from the office without informing management of the purpose of the removal and receiving approval. Paperwork must be kept in folders and identifying information must be covered or kept face down in any situation inside or outside the office where it may be visible to an outside party. PHI should be kept locked in the storage rooms at all times.
- d. Access to electronic storage is to be kept private. Accessing PHI on public networks or in public spaces is strictly prohibited. Sharing passwords to electronic storage of PHI or electronic communications that involve PHI is strictly prohibited.



- e. Any and all potential breaches of patient privacy must be reported to management immediately. Management and patients are to be informed of any breach of privacy, and management will work with the trainee to best approach client with documentation of the breach.
- f. Our building has a cleaning crew that superficially cleans each office overnight and removes the trash. Trainees are responsible to ensure that every precaution is taken to ensure that any PHI is inaccessible to the cleaning crew during their time in the offices. AMANI Clinical Services is not responsible for the building's disposal of trash, so no trainee may dispose of PHI in the trash cans within the office. Documents requiring destruction should be left for management to destroy in the locked storage rooms.

## 10. SUPERVISION


- a. Clinical Supervision is an integral part of the operation of this practice and is the most effective means of ensuring that all trainees within the practice will be able to uphold an extremely high standard of care. It also facilitates the provision of effectively implemented clinical interventions in evidence-based methodologies at all levels of licensure and experience.
  - i. All Trainees regardless of license level will receive formal supervision. The Post-Doctoral Fellow will receive 2 direct hours of individual supervision per week.
  - ii. The work of each trainee is reviewed on an ongoing basis with the supervisor to provide a systematic means of evaluating performance. This process is built-in to the nature of this practice, as all trainees receive regular supervision and consultation.
  - iii. Both supervisor and trainee should attempt to arrive at an understanding regarding the objectives for the coming year, and goals will be reviewed routinely in supervision.
  - iv. Supervisees and Supervisors will be evaluated mid-year and end of year.
  - v. Weekly group supervision is mandatory for all trainees and therapists of this practice and a requirement of the Post-Doctoral Fellow.
  - vi. Weekly seminars and didactics are a required part of the training experience for the Post-Doctoral Fellow.
- b. Supervisor Authority
  - i. All trainees are provided with a direct, primary supervisor are expected to be respectful and defer to the authority of their assigned supervisor, the site-supervisor, and the Supervisor Team. See the following provisions for "Inter-Office Conflict Resolution at the Supervision and Training Level" under "INTER-OFFICE INTERACTIONS AND RESPONSIBILITY STRUCTURE"
- c. Signing off on Supervision Hours
  - i. Post-Doctoral Fellows must keep formal notes of all supervision hours utilizing the Supervision Note template and upload to the "Billing to do" folder in the same manner as session notes weekly for supervisor approval.
  - ii. Trainees working toward licensure are responsible for the completion of all applicable sections on forms relating to supervision hours. Trainees working toward licensure are also responsible to track their own hours and provide a weekly update of their hours to their supervisor.


## 11. HEALTH, SAFETY, AND WORKER'S RIGHTS

- a. Trainee Rights and legal documentation are located in the storage/filing room. Trainees are expected to familiarize themselves with these materials.

## 12. INTER-OFFICE INTERACTIONS AND RESPONSIBILITY STRUCTURE

- a. Structure

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- i. AMANI Clinical Services strives to maintain a professional but relaxed atmosphere. At the same time, trainees are expected to maintain a high standard of professionalism in their interactions within the organizational structure of the practice.
  - ii. Management and supervisor decisions are to be respected. Previous trainee experience and opinion on the subject of management methodology and organizational operations is welcome, however, decisions by ownership, management and supervisors are to be respected and requests are to be honored. Any concerns trainees have regarding operations of the organization must be approached through the trainee grievance process outlined further in this section.
  - iii. Trainees are not responsible to each other in upholding ethical standards, standards of work completion, behavioral or conduct standards, or other aspects of their duties. Trainees are held responsible to management for these and all other training concerns. Trainees are to treat each other with respect and compassion, and to maintain autonomy from one another in their responsibilities. Any concerns trainees have regarding other trainees' completion of duties or ethical responsibilities must be approached with a supervisor or management through the trainee grievance process outlined further in this section. Exception to this is only in case of mandated reporting of a violation of legal or ethical standards to governing or licensing bodies.
- b. Trainee orientation toward growth/learning
- i. Trainees across the practice are expected to be able to answer yes to the following statements:
    1. I am intrinsically motivated towards excellence in the provision of clinical care and seek out research, training, and educational opportunities.
    2. I am independent and enjoy working with little direction, but receive training and feedback well.
    3. I perceive myself as having a high work ethic and have received positive feedback about my work ethic in professional settings.
    4. I build strong, caring, and trusting therapeutic relationships and am liked by my patients.
    5. I pride myself in timely and accurate completion of medical records and genuinely view record keeping as an ethical and legal responsibility to my clients.
    6. I am dependable and reliable more than I am spontaneous.
    7. I am a clear, direct communicator and am polite, kind, and respectful.
  - ii. Therapists and professional trainees are expected to continue to pursue a strong knowledge and aptitude in current and evidence/research supported level of clinical therapeutic interventions, assessments, and modalities.
- c. Collaboration and Communication
- i. Trainees are expected to work well together as well as communicate clearly, and respectfully.
  - ii. Certain services such as assessments, group work, or the note review process will require multiple trainees, supervisors, therapists or technicians and staff to work together. Trainees are expected to complete their portion of any service in a way that is respectful of the other party's time and of their requirements to complete their own portion of the work.
  - iii. Any difficulty, personal or external, that any trainee has in completing a service or duty must be clearly communicated to a supervisor, management, and ownership. This practice holds each trainee to a high standard, will do so in a compassionate and thoughtful manner, and any time a



trainee clearly communicates their needs will be treated with flexibility and careful consideration.

d. Solicitation


- i. Trainees are prohibited from soliciting (personally or via electronic mail) for membership, pledges, subscriptions, the collection of money or for any other unauthorized purpose anywhere on the property during work time, especially those of a partisan or political nature. “Work time” includes time spent in actual performance of job duties but does not include lunch periods or breaks. Non-working trainees may not solicit or distribute to working trainees. Persons who are not employed by AMANI Clinical Services may not solicit or distribute literature on the premises at any time for any reason. Trainees are prohibited from distributing, circulating or posting (on walls, etc.) literature, petitions or other materials at any time for any purpose without the prior approval of management.

e. Responsibilities to Complete a Service

- i. The structure of a billable service may have multiple tasks and every task must be completed to consider it complete. No billable service is complete without documentation. Every service must be fully completed including all ethical and legal responsibility required by insurance companies, governing bodies, and most importantly, our patients.
- ii. See the above sections on “Record Keeping” and “Daily Emails” under “PRACTICE ORGANIZATION, TRAINEE AUTONOMY AND DAILY RESPONSIBILITIES” for additional information required to complete billable services. No billable service is complete without completion of the medical record.
- iii. Keeping accurate medical records is an absolute requirement for any billable service provided, and again, the clinical hour is not considered complete until the official medical record is finalized. If a therapist or professional trainee is found to not keep ANY record of a billable service, this will be considered cause for immediate termination.
- iv. Routine delinquency in performing part or all of a billable service is to be considered cause for Due Process.
- v. See the above section on “Collaboration and Communication.” There are other members of the team who depend on you to complete all aspects of your work in a timely manner in order to complete their responsibilities.
- vi. Every part of a service provided to patients is also a part of their treatment. Documentation, active treatment, assessment reports, etc. are parts of complete packages offered as a service to our patients, and are meaningful and important parts of the responsible trainee’s job. Each is to be treated with the same importance, promptness, and accuracy as every other part of the service.
- vii. Non-billable services and clerical work may or may not be provided with deadlines. If no deadline is provided, it is the trainee’s responsibility to communicate when work will be completed. If a deadline is provided, every effort must be made to complete the service by the deadline. Failure to complete work in a timely fashion may result in disciplinary action.

f. Inter-Office Conflict Resolution at the Trainee Level

- i. Conflicts happen. While AMANI Clinical Services strives towards facilitating an environment that is conducive to productivity, teamwork, and civility – disagreements are inevitable. When conflict arises or a trainee believes that he/she needs to document an issue for their chain of



command to review, the trainee may choose to resolve the dispute at the informal level by completing the Trainee Conflict Resolution form (found in the templates folder) and by initiating an informal grievance. Parties involved shall be encouraged to meet and openly discuss the matter in order to understand divergent perspectives, explore alternatives, and attempt to arrive at a satisfactory resolution to the issue. Steps involved are outlined in the grievance procedure.

g. Inter-Office Conflict Resolution at the Supervision and Training Level


- i. AMANI Clinical Services strives to have a relaxed and occasionally informal office environment, however it is important that all trainees be able to easily differentiate the difference between a formal request from a person who holds authority within the organization and a difference of opinion. Trainees will be required to show understanding when they are told to complete a task or rectify an error, vs. when a conversation is open to collaborative problem solving.
- ii. A lack of respect toward a supervisor or management will not be tolerated.
- iii. AMANI Clinical Services will not tolerate abuses of power dynamics, and will treat such abuses as extremely serious. See workplace harassment below.

h. Workplace Harassment

- i. AMANI Clinical Services is committed to providing a work environment for all trainees that is free from sexual harassment and other types of discriminatory harassment. Trainees are expected to conduct themselves in a professional manner and to show respect for their co-workers.
- ii. Reporting of Harassment: If you believe that you have experienced or witnessed sexual harassment or other discriminatory harassment by any trainee of AMANI Clinical Services, you should report the incident immediately to your supervisor, management or to the clinical director. Possible harassment by others with whom AMANI Clinical Services has a business relationship, including customers and vendors, should also be reported as soon as possible so that appropriate action can be taken.
- iii. AMANI Clinical Services will promptly and thoroughly investigate all reports of harassment as discreetly and confidentially as practicable. If it is determined that a violation of this policy has occurred, it will take appropriate disciplinary action against the offending party, which can include warnings, suspensions, and separation. Trainees who report violations of this policy and trainees who cooperate with investigations into alleged violations of this policy will not be subject to retaliation.
- iv. Compliance with this policy is a condition of each trainee's training. Trainees are encouraged to raise any questions or concerns about this policy or about possible discriminatory harassment with your supervisor. In the case where the allegation of harassment is against the supervisor, please notify the management directly.

13. CONCLUSION and WELCOME

- a. This Handbook is intended to be a thorough and detailed set of guidelines, to help a trainee feel familiar with the expectations, responsibilities, and privileges of their position. The true goal is to help our trainees, therapists, and technicians feel they have a wholistic grasp of the values and goals AMANI Clinical Services is known for in our community. Our expectation is that each trainee understands how best to serve our community and our patients, and does not need to worry if they haven't dotted that "i" or crossed a "t", because they know that they've made legal and ethical decisions. Psychotherapy



and Psychological Assessment are heavily regulated professional duties that this practice will always hold to the highest standard. We expect each trainee to internalize this standard, and hold our practice to it as well. Each person employed or training at AMANI Clinical Services was chosen for their high standards, and their proficiency in providing a high standard of care. From the broad concept of patient experience, to the nitty gritty of notes and emails, this handbook should provide every therapist and technician with a basic framework to build on. This document should be referenced by trainees for guidance. Trainees accepting responsibility for internalization of these standards frees the practice up to do what we love to do: focus on the dreams we have for each of our trainees. We hope that every trainee finds AMANI Clinical Services a practice they are proud to work[for. ]



## **AMANI CLINICAL SERVICES DUE PROCESS & GRIEVANCE PROCEDURE**

### **WE HAVE IDENTIFIED A PROBLEM IN THE FUNCTIONING OF THE POST-DOCTORAL FELLOW THAT NEEDS TO BE RECTIFIED: DUE PROCESS PROCEDURES**

#### *Due Process Procedures*

Due Process Procedures are implemented in situations in which a supervisor or member of the team brings a concern to the attention of the Supervisory Team about the functioning of a trainee. AMANI Clinical Training's response is **pre-planned and stepwise**, which means that levels of intervention increase as a problem increases in constancy, level of disruption to the training program, or complexity. If, at any point during the training year, the Post-Doctoral Fellow **receives a score of 1 or 2 on a formal or informal evaluation in any area of competency**, Due Process procedures will be initiated.

#### *Rights & Responsibilities*

Our procedures protect the rights of both the doctoral Post-Doctoral Fellow and AMANI Clinical Services Doctoral Internship Program while also delineating the responsibilities of both parties.

#### *Post-Doctoral Fellow*

The **Post-Doctoral Fellow has the right** to every reasonable opportunity to remediate problems and grow from struggle. These procedures are not intended to punish but to provide a structured opportunity for the Post-Doctoral Fellow to receive support and guidance in order to adequately address the concerns of the team and ultimately grow and develop. The Post-Doctoral Fellow has the right to be treated respectfully, professionally, and ethically. The Post-Doctoral Fellow has the right to participate in the Due Process procedures. We will listen to the Post-Doctoral Fellow's perspective at each step in the process. The Post-Doctoral Fellow has the right to appeal decisions with which the Post-Doctoral Fellow disagrees, within the limits of our policies and procedures.

The **Post-Doctoral Fellow is responsible** to engage with the training program and AMANI Clinical Services in a manner that is respectful, professional, and ethical. The Post-Doctoral Fellow is responsible to make every reasonable attempt to remediate behavioral and competency concerns. The Post-Doctoral Fellow is responsible to pursue to fulfill the objectives and goals of the program.

#### *AMANI Clinical Services Training Program*


**AMANI Clinical Services has the right** to initiate Due Process procedures when a problem arises, as noted later in this document. AMANI Clinical Services staff have the right to be treated respectfully, professionally, and ethically. AMANI Clinical Services maintains the right to make decisions related to remediation for an Post-Doctoral Fellow, including probation, suspension and termination.

AMANI Clinical Services is responsible to include engaging with the trainee in a manner that is respectful, professional, and ethical, making every reasonable attempt to support trainees in remediating behavioral and competency concerns, and supporting trainees to the extent possible in successfully completing the training program.

### **PROBLEM, DEFINED**

For the purposes of the AMANI Clinical Services Clinical Training Program, a **problem is defined as an interference in professional functioning and this interference in professional functioning** is observed in one or more of the following ways:

1. *an inability and/or unwillingness to achieve, master and integrate professional standards into one's professional behavior and/or attitudes*

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2. *an inability and/or unwillingness to acquire clinical and/or professional skills in order to reach an acceptable level of competency*
  3. *an inability and/or unwillingness to manage personal stress, personal responsibilities and obligations, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning*

**The professional judgment of staff determines 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 attributes:

1. *a disproportionate amount of attention, support, and/or warnings by the supervisor team or other members of the team is required*
2. *the Post-Doctoral Fellow's behavior does not change as a function of feedback, time invested by supervisor team or other members of the team, support, and/or direction*
3. *the problematic behavior may result in ethical or legal ramifications if not addressed*
4. *the problematic behavior negatively impacts any team member or other trainee*
5. *the problematic behavior interferes with the ability of other team members to complete their professional duties and responsibilities*
6. *the Post-Doctoral Fellow's behavior negatively impacts the public view of AMANI Clinical Services*
7. *the problem is not restricted to one area of professional functioning*
8. *the Post-Doctoral Fellow does not acknowledge, understand, or independently address the problem when it is identified*
9. *the problem is not simply related to a skill deficit which can be properly remedied by the scheduled sequence of clinical training and planned learning experiences*
10. *the quality of services delivered by the Post-Doctoral Fellow is negatively affected*
11. *the problematic behavior potentially causes harm to a patient or the patient's family*
12. *the problematic behavior disrupts appropriate and professional interpersonal communication with any member of the team.*

### **INFORMAL REVIEW**

When any supervisor or other team member believes that the Post-Doctoral Fellow's behavior is becoming problematic or that an Post-Doctoral Fellow is struggling to consistently demonstrate an expected level of competence, the following steps will be taken:

1. Our first step to address the issue will be to discuss the issue with the Post-Doctoral Fellow directly and as soon as possible in an attempt to informally resolve the issue. Steps to informally resolve the issue may include increased supervision, didactic training, scheduling time to address the issue, and/or structured readings. The supervisor team will then monitor the outcome of these interventions.

### **FORMAL REVIEW**

If a Post-Doctoral Fellow's problematic behavior continues following an attempt to resolve the issue informally, or if an Post-Doctoral Fellow receives a rating below a "readiness for internship" on any competency-based or supervisory evaluation, the following process will be begin:

#### *Notification*

The Post-Doctoral Fellow will be notified in writing, within 10 days of an attempt to resolve the issue informally, that the problem has been raised to a formal level of review, and that a Hearing will be held.

#### *Hearing*

The supervisor will hold a Hearing with the Review Committee (RC) (consisting of the Supervisory Team, Director of Clinical Training, the Post-Doctoral Fellow's primary supervisor raising the issue, and the Post-

Doctoral Fellow) within 10 working days of issuing a Notification of Formal Review to discuss the problem and decide what action needs to be taken to adequately remediate the problem. If the Post-Doctoral Fellow's primary supervisor initiates the formal review process, another Clinical Psychologist member of the Supervisory Team who works directly with the trainee will provide perspective at the Hearing and/or provide a written statement related to the problem.

#### *Outcome & Next Steps*

The **result of the Hearing** will be any of the following options, to be determined by the RC. This outcome will be communicated to the trainee in writing within 5 working days of the Hearing:

1. Issue an "**Acknowledgement Notice**" which formally acknowledges:
  - that the staff are aware of, and concerned with, the problem
  - that the problem has been formally brought to the attention of the Post-Doctoral Fellow
  - that staff will work with the Post-Doctoral Fellow to specify the steps required to remediate the problem or
  - address skill deficits noted in the inadequate evaluation rating
  - that the **problem is not significant enough** to warrant further remedial action at this time.
  
2. Place the Post-Doctoral Fellow on a "**Remediation Plan**" which indicates that the RC will actively and systematically monitor, for a specific length of time, the degree to which the Post-Doctoral 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 Post-Doctoral Fellow**. The length of the probation period will depend upon the nature of the problem and will be determined by the RC. A written Remediation Plan will also be shared with the trainee and the trainee's academic doctoral program and will include:
  - the actual behaviors or skills associated with the problem
  - the specific action plan to remediate the problem
  - the time frame during which the problem is expected to be ameliorated
  - the procedures designed to assess whether the problem has been appropriately remediated.

**At the end of this remediation period as specified above, the RC will provide a written statement indicating whether or not the problem has been remediated.** This statement will become part of the Post-Doctoral Fellow's permanent file and will be shared with the Post-Doctoral Fellow's academic doctoral program. If the problem has not been remediated, the **RC may choose to move to Suspension 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.
  
3. Place the trainee on **Suspension**. Suspension which includes removing the Post-Doctoral Fellow from delivery of all direct clinical services for a specified period of time, during which the program may support the Post-Doctoral Fellow in obtaining additional 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 RC. A written "**Suspension Plan**" will be shared with the trainee and the trainee's academic doctoral program and will include:
  - the actual behaviors or skills associated with the problem
  - the specific actions to be taken for rectifying the problem
  - the time frame during which the problem is expected to adequately remediated



-the procedures designed to ascertain whether the problem has been adequately remediated.

**At the end of this suspension period as specified above**, the RC will provide the Post-Doctoral Fellow and the Post-Doctoral Fellow's academic doctoral program a written statement indicating whether the problem has been remediated to a degree that suspension of clinical activities can be lifted. The statement may include a recommendation to place the trainee on a probationary status with a Remediation Plan. If the RC determines that a Remediation Plan is the best course of action, the process labeled #2 above would be followed. This statement will become part of the Post-Doctoral Fellow's permanent file.

*If the Problem is not Adequately Solved* through processes defined above, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the Post-Doctoral Fellow's placement at AMANI Clinical Services may result in **Termination**. The decision to terminate an Post-Doctoral Fellow's position would be made by the RC and would result in the Post-Doctoral Fellow ceasing participation in each and every aspect of the training program. The RC makes this determination during a meeting which occurs within 10 working days of the previous step completed in this process. The RC may decide to suspend an Post-Doctoral Fellow's clinical activities during this period prior to a final decision being made, if warranted. AMANI Clinical Services will notify APPIC and the Post-Doctoral Fellow's academic program of the decision.

**All time limits mentioned above may be extended by mutual consent within a reasonable limit.**

#### **PROCESS OF APPEAL**

If the Post-Doctoral Fellow desires to challenge a decision made at any step in the Due Process procedures, they may request an Appeals Hearing before the Manager. This request must be made in writing within 5 working days of notification regarding the decision with which the Post-Doctoral Fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by a panel consisting of the Supervisory Team without the Director of Training, the Practice Manager and 2 external contracted Clinical Psychologists who have both previously served as Directors of Training for APPIC Member Doctoral Internship Programs:

Dr. Amy Ray, PhD: Former Director of Training for the Correctional Psychology Training Program

Dr. Kati Wax, PsyD: Former Director of Training for the APPIC Member and APA Accredited Consortium: Connections Internship Consortium

The Appeals Hearing will be held within 10 working days of the Post-Doctoral Fellow's request. The Manager will review all written materials, may interview the parties involved, or member of the team with relevant information. The Manager may uphold the decisions that have been made as part of the Due Process Procedures or may modify them and has final discretion regarding outcome. Decisions made by the Practice Manager will be shared with the Post-Doctoral Fellow and the Post-Doctoral Fellow's academic doctoral program.

#### **THE POST-DOCTORAL FELLOW HAS A CONCERN: GRIEVANCE PROCEDURES**

Grievance Procedures may be initiated when an Post-Doctoral Fellow identifies and communicates a concern regarding a member of the Supervisory Team, other team member, another supervisee, or any component of the AMANI Clinical Services training program. Interns who initiate grievances in good faith will not experience any adverse professional consequences. The steps outlined below are to be followed if an Post-Doctoral Fellow would like to initiate a grievance about any member of the Supervisory Team, other team member, other supervisee, or the training program:

#### **INFORMAL REVIEW**

In accordance with our strict adherence to the APA's Ethical Principles of Psychologists & Code of Conduct, as the first course of action, the doctoral Post-Doctoral Fellow is expected to identify and directly communicate their concern as soon

as feasible with the involved member of the Supervisory Team, team member, other supervisee, or the Director of Clinical Training in an effort to resolve the problem informally.

## **FORMAL REVIEW**

If the matter cannot be resolved using informal methods, the doctoral Post-Doctoral Fellow may:

### *Submit a Formal Grievance in Writing: Notification*

The doctoral Post-Doctoral Fellow will submit a formal grievance, in writing, to the Director of Clinical Training (DCT).

If the DCT is the object of the grievance, the grievance should be submitted to the Practice Manager.

### *Next Steps*

1. After receiving the formal grievance document, the **DCT or Practice Manager will meet with the Post-Doctoral Fellow and the individual being grieved within 10 working days**. In some cases, the DCT/Practice Manager may wish to meet with the doctoral Post-Doctoral Fellow and the individual being grieved separately first.

**In cases where the doctoral Post-Doctoral Fellow's grievance is related to some aspect of the training program rather than an individual** (e.g. issues with policies, curriculum, etc.), the DCT will meet with the doctoral Post-Doctoral Fellow. The expressly stated goal of the meeting is to develop a plan of action to resolve the matter.

The **plan of action for any type of grievance meeting** as outlined above will include:

- defining the behavior/issue associated with the grievance
- the specific steps to resolve the problem
- procedures designed to ascertain whether the problem has been appropriately remediated

2. The DCT/Practice Manager will **document the process and outcome of the meeting**. The doctoral Post-Doctoral Fellow and the individual being grieved, if applicable, will be asked to report back to the DCT/Practice Manager in writing within 10 working days and directly communicate whether the issue has been adequately and appropriately addressed.

### *If the Concern Is Not Adequately Remediated*

If the concern is not adequately remediated, the DCT/Practice Manager will initiate a panel consisting of the DCT/Practice Manager and at least two other members of the staff within 10 working days. The panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The 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 become the responsibility of the Owner of AMANI Clinical Services and the Practice Manager.