



2027-2028

**Community Mental Health Internship (CMHI)
Brochure**

CHICAGO, ILLINOIS

APPLICATION DEADLINE: November 27, 2026

Introduction

This brochure provides potential applicants information on Adler Community Health Services' Community Mental Health Internship for the 2027-2028 training year.

The Community Mental Health Internship prepares interns for practice in the various roles of a clinical psychologist and follows the scholar-practitioner model of doctoral training in professional psychology. The internship is the capstone training component in preparation for professional psychological practice.

The program has been designed to provide an organized sequence of learning experiences to broaden knowledge, enhance skills, and facilitate the consolidation and integration of the intern's professional identity in the health service psychology profession.

ACHS is committed to providing an inclusive learning and clinical environment integrated across all internship activities in which all aspects of human dignity and rights are respected, valued, and affirmed.

If you have any questions about our internship program, please do not hesitate to contact me at manderson3@adler.edu.

APPIC Membership and Accreditation History

Adler Community Health Services in Chicago, Illinois joined APPIC on May 1, 2004, and has maintained membership in good standing. The Community Mental Health Internship at Adler Community Health Services in Chicago, Illinois first became accredited with the American Psychological Association on August 9, 2005, and has remained in good standing.

Accreditation

The Community Mental Health Internship at Adler Community Health Services is accredited by the American Psychological Association.

The Commission on Accreditation of the APA can be contacted at:
Office of Program Consultation and Accreditation
American Psychological Association
750 First St. NE
Washington, DC 20002-4242
202-336-5979

Sincerely,
Michelle Anderson, Ph.D.

Director of Training
Adler Community Health Services

Model and Relationship with Community Partners

Adler Community Health Services (ACHS) is a nonprofit clinical training center of Adler University. ACHS provides comprehensive, trauma-informed mental health and substance use services — collectively referred to as "behavioral health" — in high demand, high-need neighborhoods in Chicago, IL and Vancouver, British Columbia, Canada. Rather than operating as a direct service agency, ACHS functions as a third-party provider, partnering with local organizations that want to offer or expand behavioral health services in their communities. This model keeps communities at the center: residents help shape the services they receive, and ACHS serves as a health equity partner rather than an outside authority. All care is free of charge, delivered by master's- and doctoral-level student clinicians under direct supervision of licensed clinical faculty. Partner organizations serve people of all ages and backgrounds who face multiple social determinants of health that negatively affect their wellbeing. Chicago partner organizations are all located in HRSA-designated mental health shortage areas.

Given the nature of ACHS' mission of working in historically divested neighborhoods and medically underserved populations, partnerships change on a regular basis. Some partnerships, like BUILD Chicago, are brand new and starting this year; while others, like St. Leonard's Ministries, are over 30 years old. Partnerships turn over for a variety of reasons including but not limited to an agency losing funding and closing; ACHS training needs and the community mental health service needs no longer align; or the community's mental health improving and ACHS services are no longer needed. Due to these factors, training sites for interns have varied throughout ACHS' history.

History

In 1972, Adler University opened the Dreikurs' Psychological Services Center, its inaugural workforce development center that provided low-fee mental health services to our Chicago neighbors in a clinic on campus. Over time, the center expanded services into community agencies as satellite centers to provide care. The on-campus clinic closed in 2010 and became fully community-embedded to more closely align with the work of our namesake, Dr. Alfred Adler. Since then, the Chicago ACHS team provided care and trained students at primary and secondary schools, alternative high schools, colleges, community health centers, community mental health centers, housing apartments for formerly homeless, primary care and pediatric care centers, re-entry programs for those formerly incarcerated, restorative justice community programs, youth residential programs, and youth after school programs. In 2014, ACHS absorbed a training program which was rebranded as ACHS' Division of Teen Wellness and Opportunity (known as DTWO). This training program started over 20 years prior with the Illinois Youth Center at St. Charles. When the training and clinical services program started, there were over 350 male youth incarcerated at that medium security prison. In 2018 ACHS was no longer needed as there were less than 40 young men residing there given the policy changes in Illinois to divert more resources to community rehabilitation of youth versus incarceration. That is a success story. The DTWO team refocused to youth deflection from the criminal justice system by addressing trauma, youth development, and promoting success in school. In 2024, DTWO was absorbed into the existing Chicago ACHS instead of being a standalone division. In 2018, ACHS started at the Vancouver campus to meet the needs

of our Vancouver neighbors and the surrounding towns. This team has provided care and trained students in hospitals addressing trauma experienced by health professionals on the job, helping international and first-generation college students succeed at an applied arts college, providing care and wellness education to Syrian immigrant and youth populations at a local community center, and therapy services to those who otherwise cannot afford them at a small non-profit agency. ACHS Vancouver continues to grow and expand care across the Vancouver metro area.

We hope you elect to apply to be part of our story, and ACHS' ongoing legacy of social interest and health equity.

Training Sites

The following is a list of community agencies where interns may provide services.

After School Matters: <https://afterschoolmatters.org/>

Agency Description: After School Matters began in 1991 as a summer arts program and has since served hundreds of thousands of Chicago teens in the arts, communications and leadership, sports, and STEM. Working with both independent instructors and community-based organizations, ASM now offers more than 24,000 program opportunities each year at 338 sites across the city. Teens have earned a financial stipend for taking part in their program, helping to lower potential barriers to participation and teaching them the value of their time. Our instructors are professionals in their respective fields, giving the teens hands-on learning and providing important mentorship.

Partnership Year Formed: 2018

Demographics: Teens from across Chicago, many from South and West Side neighborhoods that are HRSA mental health professional shortage areas. Youth of color with histories of traumatic stress and adverse childhood experiences, depression and anxiety, gender/sexual orientation, and identity development.

Agency Locations ACHS Provides Services: Gately Park, Orleans, Gallery 37 Center for the Arts, and The Michael and Karyn Lutz Center

Services Provided by ACHS: Intake assessments, individual psychotherapy, psychoeducational groups, psychological testing, crisis response, staff consultations, and staff psychoeducation trainings.

Notable Mention: The U.S. Surgeon General visited the partnership in 2022 and highlighted the partnership, where interns provide services as an exemplar in addressing youth mental health. The visit was featured on [NBC Nightly News](#).

BUILD Chicago: <https://www.buildchicago.org/>

Agency Description: Broader Urban Involvement and Leadership Development (BUILD) began in 1969. BUILD is a nationally respected gang intervention, violence prevention, and youth development organization working on Chicago's West Side. From gang detachment to school support, mental health care to career coaching, art and music to sports and fitness – BUILD's services are all free and reach over 6,500 youth and families each year.

Partnership Year Formed: 2025

Demographics: Gang-involved and justice-impacted youth and their families on Chicago's West Side. Austin neighborhood has very low clinician-to-resident ratios; families face high exposure to violence and trauma with few local behavioral health providers. 94% youth of color, roughly equal gender ratio, 55% 12-17 years old, 23% 18-24 years old, and 22% 25 and older.

Agency Locations ACHS Provides Services: Main campus in the Austin neighborhood

Services Provided by ACHS: Intake assessments and psychological testing with expansion plans to therapy groups, primary care behavioral health, and staff consultation to build mental health capacity inside an established violence-prevention hub.

City Year Chicago: <https://www.cityyear.org/chicago>

Agency Description: City Year Chicago partners with educators while supporting, mentoring, and lifting up students to fully take advantage of their drive and skill sets. City Year Chicago places and supports 254 highly-skilled AmeriCorps members across 31 elementary, middle, and high schools throughout the Chicago area.

Partnership Year Formed: 2017

Demographics: AmeriCorps members who are young/emerging adults (ages 17–25) presenting with anxiety, depression, suicidal ideation, and unresolved trauma. 84% people of color, 43% have a college degree, and 59% are from Chicago serving students from their own communities.

Agency Locations ACHS Provides Services: Main office in downtown Chicago.

Services Provided by ACHS: Intake assessments, individual therapy, group therapy, crisis debriefing, trauma resiliency training, psychological testing, and staff consultation.

I.Am.Abel: <https://www.iamabel.org/>

Agency Description: The I Am Abel Foundation is a nonprofit organization that seeks to bridge socioeconomic gaps and promote achievement amongst underrepresented minority inner-city youth. The Urban Bridges Medical Mentoring Program, the flagship

initiative of the I Am Abel Foundation, is a comprehensive, three-tiered program designed to expose underrepresented, inner-city youth to careers in medicine.

Partnership Year Formed: 2024

Demographics: African American young adults (ages 18-30) applying to medical school, facing academic pressure, imposter syndrome, racial stress, and mental health barriers to career advancement.

Agency Locations ACHS Provides Services: ACHS' Hub at Adler University

Services Provided by ACHS: Intake assessments and psychological testing.

Northwestern Memorial Hospital: <http://nm.org/>

Agency Description: Northwestern Memorial Hospital is an academic medical center located on Northwestern University's Chicago campus in the Streeterville neighborhood. It is the flagship campus for Northwestern Medicine and the primary teaching hospital for the Northwestern University Feinberg School of Medicine. ACHS works with two (2) programs: the Complex High Admissions Management Program (CHAMP) and the Transitional Care Clinic (TCC). CHAMP program serves high utilizers of inpatient and emergency department admissions, working to stabilize care in outpatient settings and decrease inpatient utilization with chronic illnesses such as Sickle Cell Anemia, heart conditions, diabetes, etc. TCC is a specialized program of care following discharge from the hospital or emergency department. Patients may not be frequent utilizers of inpatient or emergency department services.

Partnership Year Formed: 2018

Demographics: Majority Black and Latinx, many uninsured or under insured, presenting with depression, anxiety, trauma, chronic pain, and substance use.

Agency Locations ACHS Provides Services: Main downtown Chicago campus.

Services Provided by ACHS: Intake assessments, individual psychotherapy, primary care behavioral health services (collaborative and co-located care models), psychoeducational groups, psychological testing, crisis response, and staff consultations.

St. Leonard's Ministries: <https://slministries.org/>

Agency Description: Since 1954, Saint Leonard's has provided men and women released from incarceration with safe housing, basic needs, life skills training, behavioral and physical health care, and workforce development training, all on one campus. Saint Leonard's Ministries does not charge residents for any services.

Partnership Year Formed: 1994

Demographics: Most participants identify as people of color, have multiple arrests and incarcerations, and have faced homelessness. Approximately 75% of participants come to Saint Leonard's with substance use challenges, and over 30% have a mental illness.

Agency Locations ACHS Provides Services: St. Leonard's House, Grace House, Michael Barlow Center, St. Andrew's Court, and Harvest Commons.

Services Provided by ACHS: Intake assessments, individual psychotherapy, psychoeducational groups, primary care behavioral health (collaborative care model), psychological testing, crisis response, staff consultations, and staff psychoeducation trainings.

Tapestry 360: <https://tap360health.org/>

Agency Description: Tapestry 360 Health is a federally qualified health center with 15 locations serving Chicago's North Side and nearby suburbs. We provide over 28,000 patients with a medical home that offers affordable, comprehensive primary care and behavioral health services.

Partnership Year Formed: 2024

Demographics: Uptown community members face multiple social determinants of health challenges, including housing instability, food insecurity, and chronic mental health needs. Uptown is a broader low-income, mental health Professional Shortage Area, with high concentrations of homelessness and limited access to specialized psychological assessment

Agency Locations ACHS Provides Services: Uptown neighborhood clinic.

Services Provided by ACHS: Intake assessments and psychological testing, staff consultations, and primary care behavioral health consultations related to psychological testing results. Expanding to individual therapy services in the 2026-2027 training year.

Thresholds: <https://www.thresholds.org/>

Agency Description: Thresholds is one of the oldest and largest providers of recovery services for people with mental illnesses and substance use conditions in Illinois, offering more than 33 programs at nearly 100 locations throughout Chicago, the adjacent suburbs, and four surrounding counties. Services include assertive outreach, case management, housing, employment, education, psychiatry, primary care, substance use treatment, and research.

Partnership Year Formed: 2011

Demographics: Adults with chronic mental illness (i.e., schizophrenia, bipolar disorder, depression), trauma histories, often formerly homeless or at risk, with high rates of co-occurring substance use, and with low or no income.

Agency Locations ACHS Provides Services: Certified Community Behavioral Health Center (CCBHC) North, CCBHC South, and Thresholds' Bridge Southeast.

Services Provided by ACHS: Intake assessments, individual psychotherapy, psychoeducational groups, psychological testing, crisis response, staff consultations, and staff psychoeducation trainings.

One additional change since the last self-study around partnerships and training curriculum is the elimination of 'Service Programs'. Prior to 2020, ACHS organized training placements in four areas of practice called Service Programs: Primary Care, Forensic, Community Mental Health, and School. It was designed to provide interns and practica students specialized training (e.g., didactics, program meetings, etc.) in these areas to increase competencies. During the annual week-long program review in early 2020, the training team noted that all trainees would benefit from the practice area didactics and gain insight by learning about practices in different settings. Thus, since 2020, the previously siloed program area didactics are now offered to all trainees regardless of their placement setting(s). Practice area program meetings changed to site-specific meetings to assist with greater coordination of care and management for more complex sites. The result is that trainees, including interns, have a broader understanding of clinical practice and community partnership stewardship across different environments and settings.

Community Mental Health Internship (CMHI) Structure

Training Model

The CMHI's training model of providing services embedded in partner agencies in the community ensures that the CMHI program makes highly significant contributions to all three aspects of the mission. This training and service delivery model is rooted in humility and service to the community. It teaches interns how to design and deliver mental health services in partnership with the community—not for the community. Interns learn to respect the community as experts of their lived experience and needs. As a natural extension of this, interns learn the distinction between personal and professional advocacy and how to effectively utilize the power of their position as a psychologist in service to a community's advocacy goals versus their own advocacy goal preferences.

Purpose

Anchored in the scholarship of Alfred Adler and the enduring principle of *Gemeinschaftsgefühl* — a deep sense of social interest and mutual responsibility — Adler University prepares students to be global leaders who improve health outcomes through applied research, community co-creation, and immersive education. This mission results in three core outcomes: 1. Leadership: Through curiosity, courage, and collaboration, graduates emerge as global scholars and practitioners whose leadership transforms

systems, advances well-being, and promotes social interest at every level of society; 2. Collaboration: Students practice reciprocity and co-creation, fostering community connection and responsibility that leads to healthier systems and lasting impact; and 3. Impact: Students, faculty, and staff advance research, knowledge, and applied practices that create measurable and sustainable improvements in health and well-being — locally and globally.

In support of the University's mission, the purpose of the CMHI is to train doctoral psychology interns for the Health Service Psychologist profession within clinical psychology through academic-community partnerships in high need/low access areas.

Aims

The CMHI aims are four-fold:

1. *Aim One: entry-level relationship competency across all professional activities*
 - a. Competency One: entry-level competence in communication and interpersonal skills
 - b. Competency Two: consistent demonstration of professional values & attitudes.
2. *Aim Two: entry-level competence in the delivery of clinical services*
 - a. Competency One: entry-level knowledge of and skill in psychological assessment/testing
 - b. Competency Two: entry-level knowledge of and skill in intervention (individual, couple, family, milieu, and group)
3. *Aim Three: entry-level competence as a clinical psychologist in the delivery of other professional psychological services*
 - a. Competency One: entry-level knowledge of and skill in supervision
 - b. Competency Two: entry level knowledge of and skill in consultation & interdisciplinary skills
 - c. Competency Three: entry-level knowledge of and skill in research
4. *Aim Four: development of a professional critical thinking attitude*
 - a. Competency One: knowledge of and sensitivity to human diversity issues
 - b. Competency Two: entry-level knowledge of ethical and legal standards
 - c. Competency Three: entry-level knowledge of and skill in socially responsible practice
 - d. Competency Four: basic knowledge of major psychological theoretical orientations

Outcomes

Upon completion of the internship, interns, therefore, are expected to demonstrate the following:

- entry-level competence in the areas of relationship, assessment, intervention, consultation & interdisciplinary skills, and supervision;
- an understanding of the importance of research and the use of the local clinical scientist model in providing clinical services.
- appreciation of and respect for the role of gender, sexual orientation, ethnicity, race,

religion, age, and other aspects of individual and cultural diversity in providing services and working with individuals;

- a basic understanding of the major psychological theoretical orientations;
- a sensitivity to the importance of extra-psychic context/environment that may contribute to the overall health of an individual and a commitment to contributing to the greater good of the community;
- a commitment to the highest level of professional values, attitudes, and behaviors, including individual responsibility, respect, cooperation, and collaboration in working with others; and
- a commitment to the highest standards of professional ethics, lifelong learning, and professional development

Benefits

Stipend

The stipend paid to interns is \$40,000 per year. The stipend is paid across 24 payments on a semi-monthly schedule (15th and 30th of each month).

Personal Time Off and Holidays

Interns receive a total of 80 hours of time to use for personal purposes (e.g. vacation, sick leave, mental health day, etc.). In addition to Personal Time Off hours, interns have approximately 12-14 university holidays off. Final university holiday calendars are published between November-December annually.

Technical, Clerical & Other Training Resources

Technical and Electronic Support

The internship has available for intern use the full suite of Microsoft Office 365 products (e.g., Outlook, Word, Excel, PowerPoint, OneDrive, Teams, etc.), a licensed version of Zoom, Q-Global, Pari-Connect, Adler University's full online catalog through the university library, 20 iPads for psychological testing use at partner sites (3 iPads with Wi-Fi hotspot capability), university-issued laptops, MyOutcomes services, electronic health record system, and printers and document scanners (in the ACHS Hub and at community sites). ACHS has its own library of child, adolescent, and adult assessment physical kits and protocols.

Clerical Support

To help support clerical needs, the university grants ACHS 20 hours of work-study help. Work-study students can provide rudimentary clerical services (e.g., scheduling rooms, copying, filing, etc.).

Physical Facilities and Training Settings

ACHS has a dedicated, protected space on the Chicago campus referred to as the ACHS Hub. The Hub is a HIPAA-compliant space that houses clinical faculty offices, intern and extern workspaces (cubicles), training resources (e.g. printer/copier, physical testing kits and protocols, physical patient files, etc.), patient, intern, and extern files, supervision

rooms, and lockers for interns to store their personal effects while participating in training activities in the Hub. The Hub also has a steady supply of coffee, tea, and treats.

Intern Computers

Interns must use their Adler-issued computer for all business and work conducted on internship.

Other Benefits

Interns may elect to use free mental health care and other free services (e.g. legal, financial, etc.) through the Adler Student Assistance Program.

Application Requirements

The Community Mental Health Internship participates in the APPIC selection process and utilizes the APPI online application. Our program complies with all APPIC internship match procedures and policies. Information about the program, requirements and application procedures are listed in the APPIC directory. Applicants for the internship are required to meet the following conditions to be given full consideration:

Minimum requirements:

1. Enrolled in an APA-accredited doctoral psychology graduate program and in good standing
2. Endorsement by their home academic department's training leader regarding their readiness for internship
3. Completed APPI
4. Completed 3 years of graduate training
5. Minimum 400 intervention hours
6. Minimum 100 assessment hours
7. Passed comprehensive exams by the application deadline
8. Dissertation proposal approved by the application deadline

Selection Process

Essays, cover letters, curriculum vitae, letters of recommendation, and transcripts are all reviewed to gauge an applicant's experience in, or interest in gaining experience in, community mental health across ACHS' agency settings. Practicum direct service hours from master-level degree programs in clinical psychology or related fields are considered relevant but not substituted for doctoral-level hours. Given that ACHS is embedded in historically disenfranchised communities, applicants must demonstrate an interest in and sensitivity to community mental health work. This is a crucial 'litmus test' for applicants. In addition, letters of recommendation from practicum site supervisors, practicum seminar leaders, and the Letter of Readiness from the academic program's Training Director are carefully reviewed to assess the breadth and depth of health service psychology applied practice competency and an applicant's approach to human rights and dignity. Applicants who appear to align with community mental health work and CMHI's training aims and

competencies are granted interviews where alignment of the applicant with CMHI's learning outcomes is assessed on a deeper level. Clinical faculty utilize the program's Intern File Evaluation, Intern Individual Interview, and Intern Group Interview rating forms. Applicants are ranked based on aggregated ratings of the three (3) forms, and a discussion ensues with the CMHI team on goodness-of-fit among the intern, the CMHI aims and outcomes, and agency populations and services to produce a final ranking list.

Service Activities

Individual Therapy

Interns are expected to maintain an average therapy caseload of 12-15 individual clients and to provide a minimum of six (6) hours of individual therapy per week during the academic year.

Interns are expected to contact clients in a prompt manner and begin services. Interns are expected to complete a diagnostic interview with each individual therapy client and to develop a clear conceptualization of the youth's presenting problems, current symptoms, social and developmental history, interpersonal functioning, and psychological dynamics. From this conceptualization, a DSM-5-TR diagnosis, and a treatment plan will be developed. The intern is expected to meet with each assigned client at a frequency identified in the client's treatment plan (usually weekly) and to document dates, issues discussed in therapy sessions, mental status, and progress toward treatment goals. Interns are expected to discuss and present all of the above in supervision.

At the beginning of the internship, interns are trained in how to process referrals and schedule clients. Role plays of obtaining consents with adults, youth and legal guardians are conducted. Interns spend proportionately more time in supervision focusing on interventions and generating detailed, environmentally appropriate treatment plans during the first four months. In the following four months, interns spend proportionately more time working on case conceptualization and learning to structure therapy. The final four months have interns focused on measuring treatment outcomes, assessing further need for therapy, and referral and termination issues.

Group Therapy

Interns will have co-therapists for group therapy and are encouraged to co-lead groups with a variety of supervisory staff, fellow interns, practicum students, and post-doctoral residents during the year. Interns are expected to co-lead several groups with practicum students during the year as this allows the intern to informally mentor a practicum student and to model their skills. Some group topics are predetermined. However, interns are also encouraged to develop groups in accordance with their own clinical interests, with the prior approval of their supervisor. Group topics developed by prior interns have included: art and relaxation, self-care, parenting skills, relaxation/meditation, grief and loss and others. Furthermore, ASM often requests psychoeducational groups.

During the first four months of the internship, a focus in both supervision and training will be on structuring group therapy including choice of topic, degree of process versus

psychoeducation, recruiting group members (if appropriate), learning rules of the environment regarding implementation of group sessions, and common behaviors on the part of youth clients in groups. During the next four months, interns will focus more on awareness of group process and dynamics. The final four months, interns will attend to outcome measures, record keeping, termination, and referral issues. Interns are expected to refer to the professional literature and to consult with other psychologists regarding the content of their groups.

Psychoeducation and Staff Development Groups

Interns may be required to create and/or deliver educational programs to community groups (e.g. youth at ASM) or staff at partner agencies. Interns will receive guidance from the supervisory and/or site team on the topic and areas of foci usually around prevention and intervention with mental health (e.g. healthy relationships, recognizing the signs of depression, substance effects education, etc.). These services assist the intern in building their public speaking and presentation skills to a wide range of audiences.

Crisis Assessment and Intervention

Interns are expected to engage in crisis-related activities, interventions, and brief contacts with people each week or as required. Note that the demand for crisis assessment and intervention varies, but the intern should expect to respond to crisis cases on occasion. Given that the Adler Clinical Supervisory Team has legal liability over the cases, every crisis must involve a Clinical Supervisor. You are instructed to contact your supervisor during every crisis assessment and intervention.

Interprofessional Practice

All interns will be part of an interprofessional team at each of their sites. Interprofessional practice may include collaborative or co-located (or a combination) care models. Select sites like Northwestern and St. Leonard's will engage in primary care behavioral health. Interns are expected to adopt an attitude of humility and learning from all participants in the interprofessional team; be it peer support specialists, professionals, advocates, or personal relations of the patient.

Treatment Outcome Assessment

Interns learn and conduct treatment outcome assessment. Interns read several articles on utilizing treatment outcome assessments and learn to administer, score, and interpret the Outcome Rating Scale/Session Rating Scale, which are the tools used regularly in the program. Interns learn program evaluation skills also analyzing aggregate treatment outcome data and monthly review the data collected to practice program level evaluation of treatment efficacy, trends and identify needs. Interns' readings incorporate other models of program evaluation to provide interns with entry level skills and knowledge in this advanced practice. Interns are then responsible for assessing the functioning of clients in therapy at the time of the initiation of treatment, at six (6) week intervals, and at termination.

Psychological Assessments

Interns are expected to complete a minimum of three (3) psychological testing batteries during their internship year and to submit a completed, signed report within seven (7) weeks of assignment.

Interns are expected to have reviewed the referral question, to have collected the data, and to have generated a report draft within three weeks of receiving a referral for assessment. Upon receipt of a referral, the intern must discuss the referral question and choice of assessment instruments prior to commencing with the assessment. A “full battery” refers to a measure of cognitive functioning (i.e., WISC-V), an objective measure of personality functioning (i.e. a MMPI-A-RF or a MACI as appropriate), and a projective measure of personality (i.e. a Rorschach or TAT). Interns will become familiar with a variety of other assessment tools during the internship year. The psychological report must be completed and signed by the Clinical Supervisor within 7 weeks of assignment.

Interns will initially review assessment administration and scoring for each test with the Supervisor until the Supervisor is satisfied with the intern’s competence, and the intern is confident in their abilities to administer, score and interpret each test accurately. Interpretation and integration of data will be reviewed with a supervisor for all batteries, with less time spent on these areas in supervision as the intern demonstrates confidence and competence in these areas.

Program Evaluation Project

Interns are encouraged to be involved in research activities. Interns will be required to design and implement a Program Evaluation Project during the year, supported by the Program Evaluation Modules in the Intern Seminar. The Program Evaluation Project will be presented to the ACHS Chicago community and partner agencies in the last half of the year (approximate June 23, 2026) during the 11a-1p seminar time. Interns are also encouraged to publish any research they have conducted and to make presentations at professional conferences. Program Evaluation is a max of 55-70 hours; 35-50 would be direct service and a max of 20 hours for non-direct hours.

Program Evaluation Direct Service examples include:

- Meetings with stakeholders/conducting a needs assessment
- Creation ONLY of protocols and materials
- Service/Program Delivery
- Data analysis

Intervention Planning (not direct service) would include:

- Researching materials and reviewing other evaluations

Provision of Supervision Services to an Extern

To gain practice and entry-level psychologist skills in the Supervision Profession-Wide Competency, you will provide one-hour weekly peer supervision to an ACHS Chicago extern (therapy or assessment). You are expected to make every effort to have a consistent weekly time and meet mostly (80%) in person. The intern is required to maintain a log of supervision meetings which includes the date of the meeting, the length of the meeting (1 hour) and the modality of the supervision (in-person or virtual (no

telephone weekly supervision)). You will regularly consult with the extern's licensed supervisor on a schedule they set. You will complete a supervision plan (template below) once per academic term in collaboration with the extern and review/confirm with the licensed supervisor.

In this context, the intern's role is threefold: administrative supervisor, peer clinical supervisor, and mentor.

As administrative supervisor, interns:

- ensure policies and procedures are understood
- support the monitoring of the extern's caseload
- support time management skill development in extern's work time and direct service hours
- ensure charts, files, and other documentation are all properly completed
- consult licensed supervisor (s) and address any performance concerns
- keep externs informed of any ACHS news and/or special developments
- provide evaluative feedback to the extern at the end of each trimester

As a peer clinical supervisor, interns:

- provide clinical consultation on therapy cases
- provide clinical consultation on assessment cases

As a mentor, interns:

- help externs begin to develop a sense of professional self
- encourage and support externs
- help externs develop self-care and conflict resolution skills

The intern will also be required to videotape supervision sessions with their externs for use in the Clinical Supervision Seminar and for review by their Primary Supervisor. You are expected to record most sessions (approximately 75%). In collaboration with your extern supervisee, you may mutually agree to occasionally not record. Video recording equipment is provided for the intern's use.

Training Curriculum and Meetings

Regular Training Schedule and Requirements

All interns are required to attend all curricular programming conducted on Tuesdays at the Chicago campus. Didactics, seminars, supervisions, and the ability to socialize with your entire cohort and training team are conducted on this day. Per APPIC membership requirements, interns will receive eight (8) or more hours of didactics per month with the best effort to weekly receive two (2) hours of didactics regularly.

Live/In-Person Didactics

Intern Seminar (one hour weekly). Didactic presentations by clinical faculty or appropriately-credentialed outside professionals with facilitated discussion to

contextualize the material and integrate into practice. The scheduled topics are as follows: Individual and Cultural Diversity (4 modules, plus one case presentation per intern); Program Evaluation/Research (6 modules); Ethics (2 modules); Trauma-informed Care (8 modules); Professional Development/Life After Internship (2 modules); and Areas of Clinical Faculty Expertise (up to 6 modules). During the year each intern will complete a one-hour Approaches to Care Case Presentation related to a specific socio-economic/political context and clinical care. Interns will also complete a Program Evaluation Project supported by Program Evaluation Modules offered in this seminar and present their findings to the ACHS Chicago community and, where applicable, partner agencies.

Expected Learning Objectives:

- Conduct a program evaluation project in consultation with supervisors, peers and staff at partner agency and present findings to ACHS community.
- Apply ethical, culturally responsive principles to research, evaluation and socially responsible practice.
- Engage in peer and interdisciplinary case consultation effectively.
- Develop skills in consulting with supervisors and community partner staff.
- Demonstrate knowledge of systemic and contextual issues that impact the health and well-being of clients and the organizations that provide services to them.

Director's Meeting (one hour monthly). The format is a blend of didactic presentations by the program's Director of Training and discussion. There is a focus on interns' professional identity development, on balancing the demands of the internship with dissertation completion and personal life, and on preparing for the next steps of postdoctoral placement and preparation for licensure. Discussions also include a forum for the interns to communicate directly with the Director of Training about the internship experience, including their feedback and identification of any training needs that are not met. Topics of the didactic presentations include the direction and evolution of the field of psychology, systems and policy, and individual and cultural diversity. As an example of the increasing complexity of this seminar over time, the first Director's Meeting includes a discussion dedicated to establishing an atmosphere of self-reflection and openness in exploring the individual and cultural identities of interns and supervisors, and setting the expectation that diversity is interwoven throughout interns' training. In the final sessions of the Director's meeting, interns are expected to be able to integrate and discuss how they understand the intersectionalities of their own identities and the impact on clinical and professional relationships with persons and communities served of similar and different identities.

Site Meetings (one hour monthly). Site-specific meetings are held once a month and led by clinical faculty site coordinators with interns and externs who spend most of their clinical days at that site during the training year. During the meeting, interns conduct short clinical presentations on challenging cases to seek input and recommendations from their peers and clinical faculty. Facilitated clinical conversations about client therapy attendance, their treatment, therapist engagement, interprofessional practice, and social

determinants of health occur during this meeting. Didactic topics include managing caseloads, site norms and behavioral expectations, navigating respective electronic health records, and ethical documentation of clinical activities.

Chart Audit/Clinical Consultation (one hour monthly). Clinical faculty site coordinators lead Chart Audit/Clinical Consultation meetings monthly with all interns and externs to consult about their therapy and assessment clinical cases. The purpose of this meeting is to ensure that all records are in good administrative order. In the first term, faculty teach what makes up a chart, including documentation of intake, diagnosis, and treatment plan, and whether the client is clinically appropriate for services. Throughout the year, monthly reviews of client charts are conducted using a checklist that is then reviewed by the intern's primary supervisor. This meeting is also used for clinical consultation as well as the termination process of therapy.

Community Building (one hour monthly). Community-building meetings are held with all members of the Adler Community Health Services (ACHS) team (students and faculty) to build engagement, communication, and interpersonal skills. Topics revolve around themes of community mental health and barriers to systemic health and wellness. For example, ACHS faculty and students attended an Adler University Common Hour in which the author of the book "Weathering: The extraordinary stress of ordinary life in an unjust society" spoke about the ways in which systemic injustice erodes the health of marginalized people. ACHS clinical faculty then held a follow-up meeting with interns and externs to discuss this required reading and consider the intersection of the material in the book and the clients that are served by ACHS.

Distance-Learning Didactics

Certificate in Primary Care Behavioral Health (36 hours; asynchronous). Interns complete a 36-hour asynchronous Certificate Program in Primary Care Behavioral Health program through the UMASS Medical College. The certificate is APA CE-sponsored. The certificate program helps clinicians adapt to streamlined assessments, briefer interventions, the care of patients with comorbid medical and behavioral concerns, and the collaborative routines of working alongside primary care clinicians and nurses. The certificate has three parts: Fundamentals of practice in primary care, care of patients with complex and chronic concerns, and psychotherapy approaches for primary care practice. Interns generally complete the certificate at the end of the first trimester through the second trimester.

Trauma-Focused Cognitive-Behavior Treatment (TF-CBT) Web 2.0 (11 hours; asynchronous with synchronous/live consultation available). Interns complete an 11-hour, self-paced, online training course for mental health professionals learning TF-CBT through the Medical University of South Carolina. The course is APA CE-sponsored. It was developed in close collaboration with the TF-CBT developers and incorporates all the most recent developments in the model. The course is comprised of 11 learning modules that cover the foundations of TF-CBT and each of the treatment components. Each module has a concise explanation of the treatment component, video

demonstrations of treatment procedures and techniques, and clinical materials and resources.

Live and Asynchronous Webinars and Forums. Interns must complete eight (8) sessions of assigned synchronous and/or asynchronous activities (e.g., Adler University Common Hours, HRSA grant-sponsored webinars, public policy forums, etc.) provided by the program. These vary year-to-year depending on availability. For example, HRSA's technical assistance provider offers different webinars every year, as does Adler University's Common Hours. Examples of HRSA webinars interns attended include naloxone education and training, motivational interviewing with substance use clients, and opioid education.

Supervision

Individual Supervision

Each intern is assigned two (2) distinct licensed psychologists as supervisors. The intern will meet one hour per week for supervision with each of the two supervisors. The intern's Primary Supervisor completes the overall written trimester evaluation of the intern's performance, supervisory owner of all assessment cases, and retains clinical and administrative responsibility for clinical cases.

The Secondary Supervisor is responsible for supervision of the intern's supervision of their extern supervisees with written evaluation of this competency. The secondary supports in all clinical related activities. The Secondary Supervisor directs internship related activities including preparing for case and other ACHS internship presentations, preparation of program evaluation and in-depth review of cases with emphasis on outcomes measures.

The Primary and Secondary Supervisors work in tandem and share responsibility for gathering and integrating information about the intern's performance from other supervisors who observe the intern (e.g., at sites, in seminars, etc.).

The psychologist supervisory owner of a case is the legal and ethical owner of the case. Interns may voluntarily and/or may be instructed to seek consultation with another licensed supervisor, and all clinical decisions are the responsibility of the supervising psychologist.

The intern should make every effort to audio-record and/or video-record therapy sessions and pertinent portions of assessment cases. *You must review a minimum of 3 clinical recordings over the course of the training year in supervision.* You cannot meet the minimum level of achievement without meeting the minimum. After the supervisor reviews the recorded session, the intern will erase the session. Session recordings are only permissible with informed consent. Interns at sites without video-recording capability will have live observation of their clinical work by clinical faculty at a minimum rate of 25%. Interns at sites without video or audio recording may be asked to keep process notes. These notes will be shredded once the supervisor reviews the recorded session.

Group Supervision (i.e. Seminars)

To meet accreditation and licensing requirements, interns will receive two (2) hours of weekly group supervision led by a licensed psychologist, plus one (1) additional hour per month outlined below.

Clinical Supervision Seminar (one hour weekly). The format is a blend of didactic presentations by the licensed psychologist clinical faculty leading the seminar, facilitation of discussion of the material, and group supervision of video/audio-taped supervision sessions done by the interns with their extern supervisees. Topics covered in the didactic presentations include identifying and applying various clinical supervision models and techniques, developing skills in providing constructive feedback and mentoring, recognizing and addressing ethical and legal issues in supervision, integrating diversity, equity, and inclusion into supervisory practices, and developing a personalized supervisory style. Interns present three (3) recordings of their peer supervision annually, one (1) each trimester. An example of how this seminar facilitates learning that is sequential, cumulative, and graded in complexity includes the increased expectations for intern presentations each term. In the fall term, interns present on administrative aspects of supervision and their chosen supervisory model in working with an extern. Presentations in the Spring and Summer terms include discussion and application of evidence-based supervision literature and reflections on personal growth as a supervisor. Interns learn how to provide detailed and constructive feedback to their respective externs throughout the training year with the expectation that they share input with the extern's primary supervisor for integration into the extern's end-of-term performance evaluations.

Expected Learning Objectives:

- Identify and apply various clinical supervision models and techniques.
- Understand the developmental stages of supervisors and supervisees.
- Develop skills in providing constructive feedback and mentoring.
- Recognize and address ethical and legal issues in supervision.
- Integrate diversity, equity, and inclusion into supervisory practices.
- Develop a personalized supervisory style.
- Create a positive and productive supervisory relationship.

The Theory-Based Case Conference Seminar (one hour per week). The format is a blend of didactic presentation by the licensed psychologist clinical faculty leading the seminar, facilitation of discussion of the material, and group supervision of case material presented by interns. Topics covered in the didactic presentations center on the major theoretical orientations taught in the internship (e.g., CBT, psychodynamic, humanistic/existential, family systems, and integrative). Case presentations are utilized as the most comprehensive learning mechanism to illustrate the skilled use of interventions within each of the major theoretical orientations taught. As an example of how this seminar facilitates learning that is sequential, cumulative, and graded in complexity, the first session provides a broad overview of the history of the major theoretical orientations

covered in the seminar, while the final sessions focus on intern presentations of recordings of therapy sessions to demonstrate polished and advanced skills in utilizing interventions from their theoretical orientation of choice.

Expected Learning Objectives:

- Demonstrate the ability to articulate how you integrate evidence-based theory into your clinical work.
- Prepare you for the professional clinical consultations that will be part of your working life as a psychologist.
- Expose you to a variety of evidence-based theoretical models.
- Understand the importance of acquiring and maintaining a professional presence and the ability to think like a psychologist.
- Demonstrate professionalism and model socially responsible practice.
- Demonstrate an understanding of self-identity, diversity, and their impact on marginalized populations.

Special Topics Group Supervision Seminar (one hour monthly). Addresses the CMHI aims of entry-level competence as a clinical psychologist in the delivery of clinical services, in the delivery of other professional psychological services, and in professional critical thinking attitude and skills. Expected learning objectives include developing and honing effective listening skills relevant to professional work and clear and concise presentation skills, developing skills in peer and colleague collaboration and feedback, and addressing topics relevant to working in community mental health, cultural issues in assessment and treatment & other areas relevant to the training program population.

Expected Learning Objectives

- Develop and hone effective listening skills relevant to professional work
- Develop and hone effective clear and concise presentation skills
- Develop skill in peer & colleague collaboration and feedback
- Address topics relevant to working in community mental health, cultural issues in assessment and treatment & other areas relevant to the training program population.

Internship Completion Requirements

To successfully complete the CMHI, interns must complete:

- 2080 total clock hours (including holidays and personal time off) over the course of 12 full months (one calendar year)
- 520 minimum total of direct service hours
- 3 full battery assessments with feedback sessions completed
- Successfully pass the Program Evaluation Project

- Presented a total of nine (9) therapy audio- and/or video-recordings in individual supervision or a combination of live observation with process notes if a site does not allow recordings.
- Presented a total of three (3) supervision-of-supervision audio- and/or video-recordings in Clinical Supervision Seminar
- Satisfactorily complete four (4) case presentations (therapy and/or assessment); three (3) of these in the Theory Based Case Conference and one (1) in the Intern Seminar (Approaches to Care Case Presentation)
- Presented a total of four (4) therapy or assessment audio-, video-recordings and/or process notes with the case presentations.
- Complete and track, with licensed supervisor review, eight (8) hours of asynchronous trainings in the form of Common Hours, HRSA technical assistance presentation and/or local state trainings.
- To successfully matriculate through the internship program, interns must pass each evaluation period. The rating scale for profession wide competencies and program elements is as follows: "0" Insufficient Opportunity to Observe, "1" Does Not Meet Minimal Level of Achievement, and "2" Meets Minimal Level of Achievement. For the cumulative Final/Summer evaluation, interns must receive a "2" in all elements and profession wide competencies to pass the internship. In the Fall and Spring evaluations, interns may pass with a "0" or "2" in the profession wide competencies. Additionally, in the Fall and Spring evaluations, interns may receive a "1" on individual elements if they receive a "2" in the overall profession wide competencies. To receive a "2" in the overall profession wide competency, an intern must receive more than 50% of "2"s in the total number of individual elements of the competency. A "1" in an element signals the need for a mentoring intervention(s) to support the intern to meet competency outcomes by the next and/or Summer/Final evaluation.

Due Process Policy

ACHS training placements and programs provide interns with structured and supervised learning activities to obtain and demonstrate skills to meet minimum levels of achievement in profession-wide competencies. This policy outlines rights and responsibilities and due process methods. Interns hold no status as an employee of Adler University - as the internship is considered fulfilling an academic requirement (like practicum) and thus are only in a student role. Adler University's People & Culture department does not have a decision-making role in due process actions.

I. Intern Rights & Responsibilities

Interns have the right to:

A high-quality training experience

- Supervision meeting APPIC, APA, and licensing (Illinois) or Schedule H registration (British Columbia) requirements.

- Access to consistent quality didactic training, mentorship, and evaluation processes that promote competency development.
- Access to sufficient direct patient contact hours to meet internship, licensing (Illinois) or registration (British Columbia) requirements; training goals; and APPIC and APA standards.

Clear expectations and timely feedback

- Written training goals and competencies.
- Routine verbal and written performance evaluations.
- Access to documentation related to ACHS policies and procedures, and evaluation, remediation, probation, or termination processes and decisions.
- Be offered the opportunity to engage in the Mentoring Intervention process for Learning Needs.

Fair and transparent due process

- Timely notice of concerns regarding performance or conduct.
- Opportunity to respond to concerns.

Reasonable accommodations

- In accordance with Canadian and American law(s), and Adler University student policies.

A clear grievance procedure

- To address concerns about any aspect of the internship, including supervisors, staff, or program decisions.

A workplace free from discrimination, harassment, and retaliation

- Clear institutional policies on discrimination, harassment, and retaliation.
- Interns may raise concerns without fear of punitive action.

Consult with their home graduate program

- Particularly when performance concerns arise or significant actions are taken.

Engage with APPIC's Informal Problem Consultation services

- Particularly when performance concerns arise or significant actions are taken.
- Seek guidance around any training program aspect.

Interns are responsible for:

Meeting program expectations

- Adhering to policies, ethical standards, confidentiality laws (HIPAA/PHIPA/etc.), and professional conduct standards.
- Completing clinical documentation, training activities, and supervision requirements as scheduled and on time.
- Engaging fully in supervision
- Being open to feedback, reporting concerns, and demonstrating proactive communication.

Maintaining professionalism

- Interacting respectfully and professionally with clients, colleagues, and community partners.

Communicating difficulties early

- Including issues related to performance, health, ability accommodations, or conflicts.

Following the due process and grievance procedures

- Asking questions early if unclear on processes.
- Submitting concerns or appeals within stated timelines

II. Program Rights & Responsibilities

ACHS has the right to:

Evaluate intern performance

- Using behavioral anchors aligned with Profession-Wide Competencies outlined in the Minimum Levels of Achievement tables located in the Intern Handbook.

Institute remediation, probation, or termination procedures

- When interns do not meet minimum performance expectations.

Modify training activities

- To ensure client welfare, program integrity, and/or intern development.

Consult with the intern's home graduate program

- Particularly when performance concerns arise or significant actions are taken.

Consult with APPIC and/or APA's Office of Program Consultation and Accreditation

- Particularly when performance concerns arise or significant actions are taken.
- Consideration of any substantive change to training program.

Consult Adler University resources (e.g. intern affairs, legal counsel, etc.) as needed

- When concerns relate to conduct, policy violations, safety, or legal issues

ACHS is responsible for:

Providing a structured training sequence

- Including supervision, didactics, evaluation, and competency-based requirements

Notifying interns promptly when concerns arise

- Notifying interns when ACHS contacts home academic program.
- Including clear documentation and outlined expectations for improvement.

Applying due process consistently

- Following the procedures outlined in this policy.

Maintaining accurate documentation

- Of performance, meetings, remediation plans, probation, and decisions

Ensuring fairness

- Taking intern grievances seriously and responding with objective data.
- Allowing interns to respond to concerns and appeal decisions
- Differentiating between a Learning Need and Substandard Performance through objective assessment and clearly defined minimum levels of achievement and exit competencies.

Protecting intern confidentiality

- Except when disclosure is necessary for regulatory, ethical, or academic program requirements.

III. Definitions: "Learning Need" and "Substandard Performance"

For this policy, a “Learning Need” is defined as:

- An intern’s competency, behavior, and/or characteristic(s) that are identified as an important area for growth and focused learning.
- Developmentally expected and/or non-extreme for professionals in training
- Is typically solved through a Mentoring Intervention and not subjected to this policy
- An intern who does not maintain a ‘satisfactory’ or better rating at midyear regarding competency cumulative averages may, at the discretion of the Director of Training and the training team, be deemed to be experiencing a “Learning Need” instead of a “Substandard Performance” based on the criteria listed in this document (see below).

For this policy, “Substandard Performance” is defined broadly as a deficiency in an intern’s professional functioning that is manifested in one or more of the following ways:

- Professional Standards: An inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior. This would include negligent, unethical, or unprofessional conduct. Any intern who violates ethical and legal guidelines governing the practice of mental health and substance use prevention, intervention, and aftercare will not be meeting performance standards and may be subject to dismissal and/or failure of the training program. Likewise, failure to abide by University and ACHS rules and policies, if of a serious nature, will be deemed as not meeting performance standards which may also lead to dismissal and/or failure of the training program.
- Skills: An inability to acquire and/or demonstrate sufficient clinical skills to reach an acceptable level of competency in the skill areas outlined in each training program’s Minimum Level of Achievement tables and/or evaluation criteria (found in Extern and Intern Handbooks).
- Personal Functioning: An inability to address personal stress, psychological difficulties, and/or strong emotional reactions such that they substantially interfere with professional functioning.
- Failure to Meet Minimum Levels of Achievement on Evaluations: Interns are expected to meet the minimum levels of achievement outlined in their handbooks and measured on their formal evaluations.

A “Learning Need” typically becomes identified as “Substandard Performance” when the situation includes one or more of the following characteristics:

- The quality of services delivered by the intern is significantly compromised by the problem.
- The intern does not comprehend, acknowledge, and/or address the problem once it has been identified.
- The problem is not a reflection of a skill deficit that can be rectified by academic or didactic training.
- The problem affects multiple areas of clinical or professional functioning.

- A disproportionate amount of attention from training personnel is required because of the problem.
- The intern's behavior does not change as a function of feedback, remedial attention, and/or time.
- Mid-year competency ratings are deemed to be of sufficient and cumulative quantity that puts the intern at risk of not meeting yearend exit competencies.

Assessment of these criteria may be made at any time during the training period and is incorporated into all evaluations of intern performance and may trigger the Due Process procedures.

IV. Protocol: Substandard Performance

Basic Procedures to Addressing Substandard Performance

In addressing Substandard Performance issues, the ACHS clinical training team must be mindful and balance the needs of the intern in question, the clients involved, members of the intern's training group, the training team, site partner relationships, and the campus community. All evaluative documentation will be maintained in the intern's file. At the discretion of the Training Director, in consultation with ACHS team members, the intern's home academic program may be notified of any of the actions listed below.

If an intern does not agree with any of the notifications, remediation, or sanctions, they should follow the process outlined in section VI Appeal Process. In keeping with APA's ethical code, if a substandard performance problem is observed, the person who observed the behavior attempts to address the issue directly with the intern as soon as possible after it is noticed. However, ACHS recognizes that factors such as power differentials between interns, site partner staff unfamiliarity with psychological ethical codes, and other factors may limit this ability. The interns' primary supervisor and the Director of Training should be made aware of the substandard performance problem as soon as possible after it is noticed. Substandard performance behaviors may be reported by any person in contact with the intern at any time (e.g., Director of Training, ACHS clinical faculty, fellow interns, patients/clients, site partner staff, etc.).

V. Program Interventions in Response to Substandard Performance

9. Formal Notice of Substandard Performance (Probation)

(Notice) Formal Notice of Sub-Standard Performance (Probation) is a written notice that the intern is in jeopardy of failing their training placement and/or being dismissed from the program. Probation is a time-limited, remediation-oriented, closely supervised period. Probation's purpose is to foster development and then assess the ability of the intern to achieve and maintain the required minimum level of achievement for profession-wide and/or program-specific competencies by the end of the training year. Probation may be initiated at the end of an unsuccessful Mentoring Intervention or be initiated on its own due to a previously unobserved serious substandard performance problem.

(Hearing) The primary supervisor and intern meet within one (1) calendar week of the intern's receipt of the Notice to discuss the written Formal Notice of Sub-Standard Performance. The intern can respond to concerns and have their questions answered during the Hearing. The Hearing may also include other ACHS clinical training team members who may have observed the raised concern. The Hearing includes potential steps the internship may take to remedy the problem, including initiating a remediation plan.

Upon conclusion of the Hearing, the training program may choose to initiate a remediation plan (See Appendix B below) within one (1) calendar week and place the intern on probation. Remediation plans are detailed in writing, time-limited, and behaviorally anchored and may include but are not limited to a work schedule modification, decreased site presence, and/or clinical load reduction. The following steps will be taken:

1. Draft remediation plans will be shared within one (1) calendar week and discussed with the intern to solicit the intern's feedback and understanding of the expectations, timelines, and support/resources they may need. A template of the remediation plan is found in the Appendix section of the ACHS Intern Handbook.
2. Final remediations plans will be reviewed and signed by the intern, supervisor responsible for the remediation plan, and Director of Training within three (3) business days of the draft remediation plan meeting with the intern.
3. The completed and signed probation notice and remediation plan are placed in the interns' training file.
4. The Director of Training will communicate within one (1) business day to the intern's academic program and/or training faculty that a probation notice, and if warranted, a remediation plan has been issued and will share the document when requested. The goal of sharing the probation notice and remediation plan is to have the academic program be of support to the intern to complete the remediation plan successfully.
5. After the completion time in the remediation plan has expired, the clinical faculty/supervisor will complete the ACHS Summary of Remediation Plan Success and present the summary to the intern within one (1) calendar week.
 - a. If the intern successfully completes the remediation plan, the intern is taken off probation and is expected to maintain the remediated behaviors outlined in the plan throughout the remainder of their training year. There will be no second remediation opportunity offered for behaviors outlined in the remediation plan.
 - b. If the intern is not successful in completing the remediation plan, or if those same behaviors are repeated during the remainder of the training year, the supervisor and Director of Training issue a final evaluation noting substandard performance resulting in a failing grade and/or terminating the training placement.

2. Dismissal

On rare occasions, dismissal is invoked without employing the previous intermediary steps. This occurs in cases where ACHS has documented or directly observed behavior of the intern that is a direct and egregious violation of their discipline's ethical code and/or ACHS policies and procedures.

1. (Notice) The Director of Training will issue a written notice to the intern explaining the program's intention to dismiss the intern. The Notice will include a description of ACHS' intention to engage APPIC's Problem Consultation process. The Notice will include whether ACHS may suspend the intern from direct service activities or withdraw the intern from all internship program activities during the dismissal process.
2. (Hearing) The Director of Training will meet with the intern within one (1) business day of the intern receiving the Notice to explain the potential dismissal and hear from the intern who may respond to the concerns raised and ask questions.
3. If dismissal is determined as the course of action after the Hearing, the Director of Training will immediately notify the intern and intern's academic department training faculty of the dismissal process, engagement with APPIC's Problem Consultation process, and date of dismissal.
4. The Director of Training will immediately engage APPIC's Problem Consultation process.
5. If APPIC agrees to a Match release, the Director of Training will issue a final evaluation to the intern and academic department and offboarding of the intern will complete.
6. If APPIC does not agree to a Match release, the Director of Training will follow guidance issued by APPIC's Problem Consultation process and proceed with the intern's internship program accordingly.

VI. Appeal Process

Interns have the right to appeal any aforementioned notifications, remediation or sanctions on the following grounds:

- presentation of new evidence that was not available at the time of the Hearing meeting that would mitigate the decision, and/or
- program faculty did not materially follow ACHS' Due Process Policy process.

Interns must submit an appeal in writing to the Executive Director within one (1) calendar week from the disciplinary outcome decision meeting date. The Executive Director must receive this by no later than 5 p.m. of the training program's time zone. The Executive Director will investigate the appeal claim and render a decision in writing to the intern, Director of Training, and the intern's academic department training faculty within one (1) calendar week by 5 p.m. of the training program's time zone. The Executive Director's decision is final, and not further appealable. If the Executive Director serves directly as an individual supervisor to the intern in question, the Executive Director will appoint a substitute. Substitutes may only include ACHS Directors of Training not associated with where the intern is located, campus deans, or Provost.

Grievance

In the event an intern encounters difficulties or problems (e.g. poor supervision, unavailability of supervisor, internship pay/benefits, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during their training experiences, the intern should follow the below grievance procedures.

As a resource, APPIC offers a neutral consultation service for problems experienced during internship to interns and training programs alike called [Informal Problem Consultation](#). Please review the [Informal Problem Consultation page](#) to read about APPIC's role, their privacy policies, and the consultation process. To request a consultation with APPIC, interns may [fill out this form](#) on the APPIC website.

I. Intern Rights & Responsibilities

Interns have the right to:

A high-quality training experience

- Supervision meeting APPIC, APA, and licensing (Illinois) or Schedule H registration (British Columbia) requirements.
- Access to consistent quality didactic training, mentorship, and evaluation processes that promote competency development.
- Access to sufficient direct patient contact hours to meet internship, licensing (Illinois) or registration (British Columbia) requirements; training goals; and APPIC and APA standards.

Clear expectations and timely feedback

- Written training goals and competencies.
- Routine verbal and written performance evaluations.
- Access to documentation related to ACHS policies and procedures, and evaluation, remediation, probation, or termination processes and decisions.
- Be offered the opportunity to engage in the Mentoring Intervention process for Learning Needs.

Fair and transparent due process

- Timely notice of concerns regarding performance or conduct.
- Opportunity to respond to concerns.

Reasonable accommodations

- In accordance with Canadian and American law(s), and Adler University student policies.

A clear grievance procedure

- To address concerns about any aspect of the internship, including supervisors, staff, or program decisions.

A workplace free from discrimination, harassment, and retaliation

- Clear institutional policies on discrimination, harassment, and retaliation.
- Interns may raise concerns without fear of punitive action.

Consult with their home graduate program

- Particularly when performance concerns arise or significant actions are taken.

Engage with APPIC's Informal Problem Consultation services

- Particularly when performance concerns arise or significant actions are taken.
- Seek guidance around any training program aspect.

Interns are responsible for:

Meeting program expectations

- Adhering to policies, ethical standards, confidentiality laws (HIPAA/PHIPA/etc.), and professional conduct standards.
- Completing clinical documentation, training activities, and supervision requirements as scheduled and on time.
- Engaging fully in supervision
- Being open to feedback, reporting concerns, and demonstrating proactive communication.

Maintaining professionalism

- Interacting respectfully and professionally with clients, colleagues, and community partners.

Communicating difficulties early

- Including issues related to performance, health, ability accommodations, or conflicts.

Following the due process and grievance procedures

- Asking questions early if unclear on processes.
- Submitting concerns or appeals within stated timelines

II. Program Rights & Responsibilities

ACHS has the right to:

Evaluate intern performance

- Using behavioral anchors aligned with Profession-Wide Competencies outlined in the Minimum Levels of Achievement tables located in the Intern Handbook.

Institute remediation, probation, or termination procedures

- When interns do not meet minimum performance expectations.

Modify training activities

- To ensure client welfare, program integrity, and/or intern development.

Consult with the intern's home graduate program

- Particularly when performance concerns arise or significant actions are taken.

Consult with APPIC and/or APA's Office of Program Consultation and Accreditation

- Particularly when performance concerns arise or significant actions are taken.
- Consideration of any substantive change to training program.

Consult Adler University resources (e.g. intern affairs, legal counsel, etc.) as needed

- When concerns relate to conduct, policy violations, safety, or legal issues

ACHS is responsible for:

Providing a structured training sequence

- Including supervision, didactics, evaluation, and competency-based requirements

Notifying interns promptly when concerns arise

- Notifying interns when ACHS contacts home academic program.
- Including clear documentation and outlined expectations for improvement.

Applying due process consistently

- Following the procedures outlined in this policy.

Maintaining accurate documentation

- Of performance, meetings, remediation plans, probation, and decisions

Ensuring fairness

- Taking intern grievances seriously and responding with objective data.
- Allowing interns to respond to concerns and appeal decisions
- Differentiating between a Learning Need and Substandard Performance through objective assessment and clearly defined minimum levels of achievement and exit competencies.

Protecting intern confidentiality

- Except when disclosure is necessary for regulatory, ethical, or academic program requirements.

The grievance process to follow is:

1. As a first step, the intern is encouraged to discuss the complaint with the responsible ACHS staff member(s) and/or the Director of Training and try to resolve it informally. If the issue is resolved to the intern's satisfaction, no further action is needed.
2. If the issue cannot be resolved informally, or the intern is dissatisfied with the informal resolution, the intern should prepare a written grievance.
3. The intern will state the complaint in writing along with all supporting documents and submit it to the Director of Training. If the intern is challenging a formal evaluation, the intern must do so within seven (7) calendar days of the supervision session in which the evaluation was reviewed with the intern.
4. The Director of Training will conduct fact-finding activities and issue a resolution to the aggrieved intern and other involved parties within seven (7) calendar days of receiving the written grievance.
5. If the intern does not agree with the decision, they may appeal the decision to the Executive Director in writing within seven (7) calendar days.
6. The Executive Director will conduct fact-finding activities and issue a resolution to the aggrieved intern and other involved parties within seven (7) calendar days of receiving the written grievance. The Executive Director's decision is final and not appealable.

If the grievance involves the Director of Training:

1. As a first step, the intern is encouraged to discuss the complaint with the Director of Training and try to resolve it informally. If the issue is resolved to the intern's satisfaction, no further action is needed.
2. If the issue cannot be resolved informally, or the intern is dissatisfied with the informal resolution, the intern should prepare a written grievance.
3. The intern will state the complaint in writing along with all supporting documents and submit it to the Executive Director. If the intern is challenging a formal evaluation, the intern must do so within seven (7) calendar days of the supervision session in which the evaluation was reviewed with the intern.

4. The Executive Director will conduct fact-finding activities and issue a resolution to the aggrieved intern and other involved parties within seven (7) calendar days of receiving the written grievance.
5. If the intern does not agree with the decision, they may appeal the decision to the university Provost in writing within seven (7) calendar days.
6. The Provost will conduct fact-finding activities and issue a resolution to the aggrieved intern and other involved parties within fourteen (14) calendar days of receiving the written grievance. The Provost's decision is final and not appealable.

If the grievance involves the Executive Director:

1. As a first step, the intern is encouraged to discuss the complaint with the Executive Director and try to resolve it informally. If the issue is resolved to the intern's satisfaction, no further action is needed.
2. If the issue cannot be resolved informally, or the intern is dissatisfied with the informal resolution, the intern should prepare a written grievance.
3. The intern will state the complaint in writing along with all supporting documents and submit it to the university Provost. If the intern is challenging a formal evaluation, the intern must do so within seven (7) calendar days of the supervision session in which the evaluation was reviewed with the intern.
4. The Provost will conduct fact-finding activities and issue a resolution to the aggrieved intern and other involved parties within fourteen (14) calendar days of receiving the written grievance. The Provost's decision is final and not appealable.

All written grievances are stored in perpetuity in the ACHS Hub in a file designated for intern grievances/complaints.

Retention of Intern Records

ACHS has maintained all intern records since obtaining its APPIC membership in perpetuity. Beginning in 2025, all intern records are stored both in paper form and electronically to ensure redundancy of records to guard against acts that could result in record loss. All paper records are stored in locked cabinets in the ACHS Hub. All electronic records are stored in the ACHS Teams' SharePoint Channel. The Director of Training conducts an audit of the current intern cohort files by no later than August 31st of each training year. The Director of Training submits documentation (e.g. email, audit results, or other means) to the Chief Psychologist of intern record completeness.

At completion of the internship year, each intern file must contain the following:

1. Certificate of Completion. The Certificate must include on it:
 - a. Beginning and ending date of the internship year
 - b. Director of Training signature and date
 - c. "Community Mental Health Internship" as the name of the internship program
 - d. "APA-accredited internship program" to note accreditation status
 - e. "Health Service Psychology" as the name of the field of study
2. Fall, Spring, and Final Evaluations
 - a. Signed and dated by intern

- b. Signed and dated by supervisor
 - c. Final evaluation must also be signed and dated by Director of Training
- 3. Complete APPI
- 4. Appointment Agreement
 - a. Signed and dated by intern
 - b. Signed and dated by Director of Training
- 5. Hour Log
 - a. Signed and dated by intern
 - b. Signed and dated by supervisor
- 6. Interview Ratings by any ACHS team member participating in interview(s)
- 7. Communication to home academic program
 - a. At minimum must include an introductory email and email of completion by the Director of Training
 - b. If applicable, any communications for due process or performance concerns
 - c. Signed and dated by Director of Training
- 8. If applicable, any due process documentation
 - a. Remediation plans
 - i. Signed and dated by intern
 - ii. Signed and dated by supervisor(s)
 - b. Notice of Hearing
 - c. Probation Notice
 - d. Dismissal Letter
 - e. Consultation or communication with APPIC and/or APA
 - f. APPIC Match Release documentation