

Rose Hill Psychological Services  
**Due Process & Grievance Procedures**

Adapted from UC DAVIS Counseling and Psychological Services' "Due Process in Action" document available at <https://www.appic.org/Training-Resources/For-Training-Directors>

**Introduction**

This document provides Rose Hill Psychological Services (RHPS) trainees and staff with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally, however if this can not occur, this document was created to provide a formal mechanism for RHPS to respond to issues of concern. This Due Process Document is divided into the following sections:

I Definitions: Provides basic or general definitions of terms and phrases used throughout the document.

II Procedures for Responding to a Trainee's Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Also includes the steps for an appeal process.

III Grievance Procedures: Provides the guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by RHPS of the trainee.

**I. Definitions**

**Trainee**

Throughout this document, the term "trainee" is used to describe any person in graduate-level training who is working in the agency including a Masters-level intern or predoctoral intern or postdoctoral fellow.

**Training Coordinator (TC)**

Throughout this document the term "training coordinator" is used to describe the staff member who oversees that specific training group's activities. For the Masters students this is the Quality Assurance Director, and for the doctoral interns and postdoctoral fellows this is the Training Director (TD). In the event that the TC is not the Training Director, then the Training Director will always be consulted.

**Due Process**

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific procedures which are applied to all trainees complaints, concerns and appeals.

Due Process Guidelines

1. During the orientation period, trainees will receive in writing RHPS' expectations related to professional functioning. The TC will discuss these expectations in both group and individual settings.
2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.
3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.
4. RHPS will communicate early and often with the trainee and when needed the trainee's home program if any suspected difficulties that are significantly interfering with performance are identified.
5. The TC will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this program's action.
7. RHPS due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the programs implementation.
8. When evaluating or making decisions about a trainee's performance, RHPS staff will use input from multiple professional sources.
9. The TC will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

### **Problematic Behavior**

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment when a trainee's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior typically become identified when one or more of the following characteristics exist:

1. The trainee does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the trainee is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

## **II. Procedures to Respond to Problematic Behavior**

### **A. Basic Procedures**

If a trainee receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another trainee has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the TC or TD will be warranted. This decision is made at the discretion of the staff or trainee who has concerns.
2. Once the TC /TD has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised.
3. If the staff member who brings the concern to the TC/TD is not the trainee's supervisor, the TC/TD will discuss the concern with the supervisor(s).
4. If the TC/TD and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TC/TD will inform the staff member who initially brought the complaint.
5. The TC/TD will meet with the Supervisors Committee to discuss the concern.
6. The TC/TD will meet with the Clinical Director to discuss the concerns and possible courses of action to be taken to address the issues.
7. The TC, TD, supervisor(s), and Clinical Director may meet to discuss possible course of actions, (as listed in II B below).

### **B. Notification Procedures to Address Problematic Behavior or Inadequate Performance**

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee's training group, the training staff, other agency personnel, and the campus community. All evaluative documentation will be maintained in the trainee's file. At the discretion of the Training Director (in consultation with the TC and Clinical Director) – the trainee's home academic program will be notified of any of the actions listed below.

1. Verbal Notice to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion.
2. Written Notice to the trainee formally acknowledges:
  - a) that the TC is aware of and concerned with the behavior,
  - b) that the concern has been brought to the attention of the trainee,
  - c) that the TC will work with the trainee to rectify the problem or skill deficits, and
  - d) that the behaviors of concern are not significant enough to warrant more serious action.
3. Second Written Notice to the trainee will Identify Possible Sanction(s) and describe the remediation plan. This letter will contain:

- a) a description of the trainee's unsatisfactory performance;
- b) actions needed by the trainee to correct the unsatisfactory behavior;
- c) the time line for correcting the problem;
- d) what sanction(s) may be implemented if the problem is not corrected; and
- e) notification that the trainee has the right to request an appeal of this action. (*see Appeal Procedures - Section II D*)

If at any time an trainee disagrees with the aforementioned notices, the trainee can appeal (*see Appeal Procedures - Section II D*)

### **C. Remediation and Sanctions**

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TC, the training director, relevant members of the training staff and the Director. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the traineeship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TC. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
  - a) increasing the amount of supervision, either with the same or additional supervisors;
  - b) change in the format, emphasis, and/or focus of supervision;
  - c) recommending personal therapy.
  - d) reducing the trainee's clinical or other workload;
  - e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the TC in consultation with the TD, supervisor(s) and the Clinical Director. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TC in consultation with the TD, supervisor(s) and the Clinical Director.

2. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning state. Probation defines a relationship in which the TC systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement that includes:
  - a) the specific behaviors associated with the unacceptable rating;

- b) the remediation plan for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been appropriately rectified.

If the TC determines that there has not been sufficient improvement in the trainee's behavior to remove the Probation or modified schedule, then the TC will discuss with the TD, supervisor(s) and the Clinical Director possible courses of action to be taken. The TC will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the TC will communicate that if the trainee's behavior does not change, the trainee will not successfully complete the training program.

3. Suspension of Direct Service Activities requires a determination that the welfare of the trainee's client(s) has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TC in consultation with the trainee's supervisor(s), Training Director and Clinical Director. At the end of the suspension period, the trainee's supervisor(s) in consultation with the TC and Training Director will assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed.
4. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges at RHPS. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The TC will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.
- 5a. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TC will discuss with the Training Director and Clinical Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA/NASW Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. The Training Director will make the final decision about dismissal.

5b. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA/NASW Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) by an action(s) which generates grave concern from the TC, the supervisor(s), or Training Director, the Training Director may immediately dismiss the trainee from RHPS. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a trainee has been dismissed, the Training Director and TC will communicate to the trainee's academic department that the trainee has not successfully completed the training program.

If at any time an trainee disagrees with the aforementioned sanctions, the trainee can implement *Appeal Procedures (Section II D)*.

#### **D. Appeal Procedures**

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the Quality Assurance Director. The trainee must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
2. Within three work days of receipt of a formal written appeal from a trainee, the Quality Assurance Director will consult with members of the RHPS Management Team and then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.
3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Training Director, then that appeal is reviewed by the Quality Assurance Director in consultation with the RHPS Management Team. The Quality Assurance Director will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld.

### **III. Grievance Procedures**

- A. In the event a trainee encounters difficulties or problems other than evaluation related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during his/her training program, a trainee can:
1. Discuss the issue with the staff member(s) involved;
  2. If the issue cannot be resolved informally, the trainee should discuss the concern with the TC who may then consult with the Training Director, other staff members, or the Clinical Director if needed (if the concerns involve the TC or the TD, the trainee can consult directly with the Clinical Director);

3. If the TC, Training Director and/or Clinical Director cannot resolve the issue of concern to the trainee, the trainee can file a formal grievance in writing with all supporting documents, with the Quality Assurance Director.
- B. When the Quality Assurance Director has received a formal grievance, within three work days of receipt, the Quality Assurance Director will implement Review Procedures as described below and inform the trainee of any action taken.

**C. Review Procedures / Hearing**

1. When needed, a Review Panel will be convened by the Quality Assurance Director to make a recommendation to the Training Director about the appropriateness of a Remediation Plan/Sanction for a Trainee's Problematic Behavior OR to review a grievance filed by the trainee.
  - a. The Panel will consist of three staff members selected by the Quality Assurance Director with recommendations from the TD and the trainee who filed the appeal or grievance. The Quality Assurance Director will appoint a Chair of the Review Panel.
  - b. In cases of an appeal, the trainee has the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern.
  - c. In response to a grievance, the trainee has a right to express concerns about the training program or RHPS staff member and the RHPS program or staff has the right and responsibility to respond.
2. Within five (5) work days, a Panel will meet to review the appeal or grievance and to examine the relevant material presented.
3. Within three (3) work days after the completion of the review the Panel will submit a written report to the Training Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
4. Within three (3) work days of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the recommendation, the Training Director may refer the matter back to the Panel for further deliberation and revised recommendations or may make a final decision.
5. If referred back to the Panel, a report will be presented to the Training Director within five (5) work days of the receipt of the Training Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken and informs the Quality Assurance Director.
6. The Training Director and or TC informs the trainee, staff members involved and necessary members of the training staff of the decision and any action taken or to be taken.
7. If the trainee disputes the Training Director's final decision, the trainee has the right to appeal through following steps outlined in Appeal Procedures (Section IID).