INTRODUCTION and HISTORY

The history of Florida Counseling and Evaluation Services (FLCES) began in January 2009 with a small group of mental health and rehabilitation counselors who were exploring new avenues as a result of their community non-profit agency closing its doors following financial difficulties. Since then, the company has grown tremendously: Initially providing services in and out of a community locations such as churches, libraries, and similar locations, the offices of FLCES now comprise a main office in the Southside of town with almost 3,000 square feet of clinical and administrative space, and a 1,300 square feet branch clinical office in the Intracoastal West area of Jacksonville. Two additional branch offices in Bartram Park and Orange Park, respectively, are scheduled to open in the near future. The clinical staff comprises master’s and doctoral trained mental health counselors, social workers, and psychologists who offer a variety of behavioral health services, including psychotherapy, counseling, and psychological testing.

MISSION STATEMENT

The clinicians and staff at Florida Counseling and Evaluation Services are committed to excellence and integrity in the evaluation and treatment of the whole person. We strive to identify the unique strengths of each individual we serve by assisting in resolving personal difficulties with an emphasis on improving the quality of life. Our thorough and caring approach considers such roles as family, socio-cultural background, and the environment in which our clients live and work. We endeavor to help individuals in acquiring those skills, attitudes, and resources necessary towards a pursuit of productive and satisfying lives.
SERVICES WE PROVIDE

Florida Counseling and Evaluation Services is a multi-specialty behavioral health outpatient clinic licensed by the Florida Department of Children and Families (0416AD803701) that serves children, adolescents, and adults from all socio-economic communities in northeast Florida. We offer a variety of services to our clients and patients, including:

**Counseling and Psychotherapy**

Individual and group therapy, family and couples, short-term/brief counseling, and psychotherapy; long-term psychotherapy.

**Psychological Testing and Assessment**

Fitness for duty, aptitude, personality, intelligence, learning disability, giftedness, ADHD, substance use/abuse assessment.

**Group Counseling**

Psycho-educational and process-oriented open and closed groups in personal growth and other issues (i.e. depression, ADHD, etc.), Intensive Outpatient Program (MH and SA), and planned for late 2015: Partial-hospitalization Program (SA).

**Workshop and Seminars**

Professional development, continuing education seminars, health fairs, topical training seminars.

**Vocational Evaluations**

Comprehensive, simulated/on-the-job evaluations, work sample evaluations; psychologically and vocationally oriented.
Substance Addiction and Alcohol Abuse Therapy
~with Intensive Outpatient (SA and MH) (and planned for 2015 -Partial Hospitalization) Programs.

Medication Management
Beginning in spring 2015, we will offer psychiatric medication management and referral by an in-house ARNP.

Community Outreach
Workshops, training on topical issues (i.e., self-care, stress management, etc.), speaker’s bureau.
INTERNSHIP TRAINING PROGRAM

Goals/Objectives:

As an extension of our mission statement, we strive to provide a planned, sequential training program that contributes to ongoing excellence in the field of psychology. Based on a “scientist-practitioner” model, it is our goal to deliver training based upon sound research, outcome measures, and the use of accepted, normed assessment tools. We strive to provide an organized training program that follows a sequence of training experiences, with each building upon previously acquired skills.

Internship training stresses intensive, direct clinical service that is closely supervised. Our program applies psychological and educational concepts and techniques in the development of clinical skills fostered in the areas of initial intake evaluation, individual psychotherapy and case management, couples/family psychotherapy, group psychotherapy, substance-counseling, psychological testing, crisis intervention, awareness of socio-cultural differences, supervision, consultation/outreach, and overall professional functioning. Training in a variety of treatment orientations, including psychodynamic psychotherapy, behavioral, and cognitive behavioral techniques, is emphasized in the curriculum.

We accentuate the client-counselor relationship, creative and experiential modalities, and a thorough understanding of mental health issues across the lifespan for each person. The curriculum reflects multiple theoretical perspectives with guidance to support and strengthen students in developing their own framework for community and clinical practice.

Our Pre-Doctoral Internship program provides the intern with a vast array of experiences, with specific emphasis on development and refining competency and expertise in the following areas:
1. **Intervention**: Providing psychotherapy and/or counseling, interviewing clients and associated personnel, developing case formulations, formulating sound empirically-based treatment plans, delivering services, and evaluating treatment outcome for a diverse array of clients.

2. **Psychological Assessment**: Develop specific skill sets involved in all facets of the evaluative process: determination of referral question, clinical interviewing and forming hypotheses, utilization of varied instruments and methodology (objective and projective measures, behavioral assessment, etc.), increasing familiarity with empirically supported measures and factors in deciding measures used, and presenting findings in written form.

3. **Collaboration**: By working alongside with multidisciplinary treatment team members, interns will acquire an understanding and develop an appreciation of their roles within a larger mental health and community framework.

4. **Integration**: Trainees will gain insight into the array of individual, familial, cultural, environmental, social, spiritual, gender-specific, medical, and physiological issues present in clients, and they will further strengthen sensitivities in the role of one’s own background in these domains impacts on interactions and treatment.

5. **Cultural Diversity**: Develop, foster, and strengthen skills in areas related to sensitivity to, and knowledge and understanding of issues of individual differences and human diversity as they impact on the assessment/evaluation, intervention, consultation and administrative functions of psychologists.

6. **Professional Development**: Focus on understanding the varied role of the clinical psychologist as a clinician, administrator, supervisor, entrepreneur, educator, and researcher in community and mental health settings.
7. **Ethics:** Interns will become involved in gaining familiarity with and practice of the Ethics and Standards of Professional Practice in Florida as well as with other standards of care and conduct, including HIPAA regulations.

**Roles / Competencies**

Orientation to Florida Counseling and Evaluation Services (the facility), the operations of the individual departments, and the state mental health statutes and mandates will occur at the onset of the internship program. Interns will become part of a multi-disciplinary approach to treatment. The knowledge gained during the orientation process will allow each intern to immediately become incorporated into the treatment team as an effective member. In general, interns will perform duties with more intense supervision initially, and then progress towards more independent supervised performance as proficiency is demonstrated. Each intern will perform clinical duties under supervision as outlined in the individual training plan, and he or she will be expected to perform all duties with Florida Counseling and Evaluation Services, under the umbrella of his or her supervisory relationship.

**Activities**

While receiving direct supervision, instruction, and education through supervisor interaction over suggested readings and literature reviews, the intern will become an integrative addition to the treatment team participating in client evaluation, treatment planning, assessment, and counseling.

Interns will assess and treat clients with a wide array of Axis I and Axis II disorders (DSM-IV-TR) or relevant DSM-V/ICD-10 diagnostic codes, as well as those experiencing specific familial conflict and psychosocial stressors. Our clients represent a diverse array of individuals, both adults and children/adolescents. Clinical syndromes that present for assessment and intervention include mood disturbances, including depressive and anxiety disorders, disruptive behavior disorders, autistic disorder, pervasive developmental disorder, as well as intellectual
disabilities (formerly referred to as “mental retardation”). Further, substance abuse-related concerns, medical issues, as well as a variety of psychosocial stressors are also frequently presented by individuals who receive psychotherapeutic services.

The primary training opportunity for interns at Florida Counseling and Evaluation Services will be of a psychotherapy nature. With the exception of a specific rotation, psychological assessments will comprise a lesser emphasis. In addition (and depending on the preferences of the intern), individualized programming can occur in a variety of other services, including psychotherapy, consultation, and some supervisory and administrative roles. More specific internship activities will be explored with the intern and supervisor during the creation of the intern’s training agenda. Internship training experiences, including supervision and didactic seminars occur mainly at FLCES’ offices but may also include community-sponsored education that addresses and/or complements the specific training needs of psychology interns. Through a variety of referral sources, such as Division of Vocational Rehabilitation Services, Employee Assistance Programs (EAP), and substance abuse centers, comprehensive evaluations and batteries are scheduled frequently. While formal rotations are not routinely assigned, during the course of orientation, interns are given the opportunity to indicate their preferences for clinical experiences. Throughout the course of the Internship program year, interns are provided with experiences that are consistent with their preferences and training needs. Interns’ clinical experiences will be tailored toward these preferences as well as areas of need identified by clinical supervisors. Learning contracts will be established between the Director of Clinical Training, supervisor, and the trainee. Scheduling is facilitated through collaboration with the Office Manager, Clinical Director, and the Director of Clinical Training. The following training setting options are available:

1. **Psychotherapy / Counseling:** 2 specialties to choose from: (1) Marriage/family counseling (including couples, adults, and adolescents); and (2) substance abuse
2. **Psychological Testing and Assessment**
3. **Group Psychotherapy**
4. **Supervision**
5. Vocational Evaluations  
6. Community Outreach  
7. Research  
8. Grant writing  

Internship Policies and Procedures  

Florida Counseling and Evaluation Services provide clinical services in compliance with the Florida State Board of Psychology as well as the American Psychological Association Code of Ethics and Standards. HIPAA regulations for record keeping and disclosure of Protected Healthcare Information (PHI) are also followed. All information pertaining to clients will be strictly confidential to the degrees sanctioned by the appropriate regulatory entity. Informed consent will be provided prior to treatment for all clients, including interns’ disclosure of training status to clients. Appropriate methods for emphasizing record security and integrity are promoted at FLCES.

Interns are provided with a copy of the FLCES Policies and Procedures pertaining to employees and trainees. These policies are in accordance with applicable state and federal regulations. Specific training will be provided on informed consent, duty to warn, code of conduct, HIPAA, and corporate compliance.

Supervision  

The Internship Director is a doctoral level staff psychologist who is responsible for the integrity and quality of the training program, and is actively licensed as a psychologist in the State of Florida.

Interns attend individual, face-to-face supervision with at least two different doctoral level staff psychologists for a combined 2 hours each week; 2 hours of group supervision with a doctoral level staff psychologist; and attend didactic intern seminars and other supervised
training experiences (such as case conferences, multidisciplinary team meetings, or educational seminars) for the equivalent of at least 4 hours per week of supervision and 2 hours per week of didactic training. Additional information follows:

Individual Intern Supervision:
Initially, between direct observation during service provision and indirect observation (e.g., audio and/or video recordings), individual supervision will encompass approximately 6 - 8 hours per week, per intern, provided by the director of clinical training or the internship supervisor and another dedicated licensed psychologists. As the intern’s clinical proficiency becomes demonstrated, the number of total individual supervision hours will decrease to a minimum of 2 hours per week of regularly scheduled face-to-face individual supervision with the specific intent of dealing with psychological services rendered directly by the intern.

Group Intern Supervision:
In addition to individual intern supervision, a minimum of 2 hours of group supervision is held weekly and includes the internship supervisor or Director of Clinical Training, Clinical Director, Interns, and Externs/Practicum students of all levels. Group intern supervision is provided by clinical staff members of Florida Counseling and Evaluation Services who carry clinical responsibility for the cases being supervised. All primary supervisors for the Internship Program are doctoral-level licensed psychologists in the State of Florida. Supervisors’ orientations include cognitive-behavioral, psychodynamic, humanistic, client-centered, and integrated approaches to psychology.

Psychology interns at FLCES will function under the title of “Psychology Intern” and will be identified as such to clients and other applicable persons through appropriate modalities (i.e., informed consent).
Description of Group Supervision and other Forms of Professional Development provided

As indicated, intern group supervision sessions will be conducted. Additional professional development may be provided through required readings, attendance at conferences and other continuing education experiences at other local services agencies.

Formal didactic presentations are presented for two or more hours every week initially, and then clustered into a formal six hour didactic presentation every three weeks for the duration of the internship program. Additional learning activities include case conferences involving a case in which an intern is actively involved, seminars dealing with clinical issues, co-therapy with a staff members, tandem psychological evaluation with a staff member, group supervision, and/or additional individual supervision. Seminars will be provided on-site or in the local community, with such topics as the use of projective measures, psychological assessment in the managed-care era, issues related to confidentiality and consent in minors, neuropsychological assessment, HIPAA and protected health information, applied behavioral analysis, play therapy, posttraumatic stress disorder, substance abuse assessment, behavioral observation, and assessment techniques.

Didactic and other Training Seminars

Interns at Florida Counseling and Evaluation Services receive a minimum of 2 hours per week on average with not less than 8 hours in any given month of professional development training. Most of the didactic activities and seminars will be provided by in-house clinicians with respective specialties, others will be provided by local experts either on the premises of FLCES or at other local agencies. Although didactic and other training activities specifically cater to the training and development needs of interns, other staff members are allowed to attend. Please refer to the professional training and development schedules in the appendix of this manual.
EVALUATION PROCESS

In order to maintain a quality learning experience, to provide feedback on progress, and as a proactive approach to minimize development of situations in which high quality standards are not achieved, weekly supervision meetings will be held for interns at FLCES. Semi-annual written progress reports will be provided, as well as other indications of progress and areas in need of continued growth as determined by the Psychology Program of the intern’s institution of learning. Evaluations should be based on an accurate picture of each intern’s work. Interns should never be surprised by the feedback they receive on the formal evaluation because they should have obtaining this information over the course of the year during supervision. The Florida Counseling and Evaluation Services Director of Clinical Training will receive and read these forms.

**Grievance and appeals:** In the event that issues emerge for which initiating a grievance is felt warranted, the *Due Process and Grievance Procedures* denoted in the following section may commence.

**Due process and Grievance Procedures**

This document provides interns and staff an overview of the identification and management of intern 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.* All problematic behaviors/deficiency areas will have a formal date of expected completion, with a minimum of 1 month to complete requirements unless deficient areas pose a client safety concern, or unless otherwise stated in the relevant section of the procedures. All deficiency areas must be rectified in order to remain in the internship program.
1. **Definition of 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 psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when an intern’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. Problems typically become identified when they include one or more of the following characteristics:

1. The intern 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 intern 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.

2. **Remediation and Sanction Alternatives**

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group, and staff.
1. **Verbal Warning** to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. **Written Acknowledgement** to the intern formally acknowledges:

   a) That the Director of Clinical Training (DCT) is aware of and concerned with the performance rating,

   b) That the concern has been brought to the attention of the intern,

   c) That the DCT will work with the intern to rectify the problem of skill deficits, and

   d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

   The written acknowledgement will be removed from the intern’s file when the intern responds to the concerns and successfully completes the internship.

3. **Written Warning** to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:

   a) A description of the intern’s unsatisfactory performance;

   b) Actions needed by the intern to correct the unsatisfactory behavior, including time frame(s) (with a minimum of 1 month to complete requirements unless deficient areas pose a client safety concern);

   c) What action will be taken if the problem is not corrected; and
e) Notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern’s file. Consideration may be given to removing this letter at the end of the internship by the DCT in consultation with the intern’s supervisor and the Clinical Director. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. **Schedule Modification** is a time-limited, remediation-oriented, closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern’s schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the DCT. 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 other supervisors;

   b) Change in the format, emphasis, and/or focus of supervision;

   c) Recommending personal therapy;

   d) Reducing the intern’s clinical or other workload;

   e) Requiring specific academic coursework.

The length of the schedule modification period will be determined by the DCT in consultation with the primary supervisor and the Clinical Director. The termination of the
schedule modification period will be determined, after discussions with the intern, by the DCT in consultation with the primary supervisor and the Clinical Director.

5. **Probation** is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the DCT systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes:

   a) The specific behaviors associated with the unacceptable rating;

   b) The recommendations 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 DCT determines that there has not been sufficient improvement in the intern’s behavior to remove the probation or modified schedule, then the DCT will discuss with the primary supervisor and the Clinical Director possible courses of action to be taken. The DCT will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the DCT has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the DCT will communicate to the Clinical Director that if the intern’s
behavior does not change (improve), the intern will not successfully complete the internship.

6. **Suspension of Direct Service Activities** requires a determination that the welfare of the intern’s client or recipient of clinical services has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the DCT in consultation with the Clinical Director. At the end of the suspension period, the intern’s supervisor in consultation with the DCT will assess the intern’s capacity for effective functioning and determine when direct service can be resumed.

7. **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges at Florida Counseling and Evaluation Services. 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 internship, this will be noted in the intern’s file and the intern’s academic program will be informed. The DCT will inform the intern of the effects the administrative leave will have on the intern’s stipend and accrual of benefits – where applicable.

8. **Dismissal from the Internship** involves the permanent withdrawal of all clinic responsibilities and privileges at Florida Counseling and Evaluation Services. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns, and the intern seems unable or unwilling to alter her/his behavior, the DCT will discuss with the Clinical Director the possibility of termination from the training program or dismissal from the training site. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental, or emotional illness. When an intern has been dismissed, the DCT will communicate to the intern’s academic department that the intern has not successfully completed the internship.
3. Procedures for Responding to Inadequate Performance by an Intern

If an intern receives an “unacceptable rating” from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern’s behavior (i.e., ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff member will consult with the Director of Clinical Training (DCT) to determine if there is reason to proceed and/or if the behavior in question is being rectified.

2. If the staff member who brings the concern to the DCT is not the intern’s primary supervisor, the DCT will discuss the concern with the intern’s primary supervisor.

3. If the DCT and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the DCT will inform the staff member who initially brought the complaint.

4. The DCT will meet with the Clinical Director to discuss the performance rating of the concern and possible courses of action to be taken to address the issues.

5. The DCT, primary supervisor, and Clinical Director may meet to discuss possible courses of action.

6. Whenever a decision has been made by the DCT about an intern’s training program or status in the agency, the DCT will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern’s primary supervisor. If the intern accepts the decision, any formal action taken by the Internship Program may be communicated in writing to the intern’s academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
7. The intern may choose to accept the conditions or may choose to challenge the action.

The procedures for challenging the action are presented below.

4. **Due Process: General Guidelines**

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Internship Program identify specific evaluative procedures which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program’s expectations related to professional functioning. This will be discussed in both group and individual settings.

2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.

3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.

4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.

5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program’s action. Such procedures are included in the Internship Manual which is provided to interns and reviewed during orientation.

7. Ensuring that interns have sufficient time to respond to any action taken by the program.

8. Using input from multiple professional sources when making decisions or recommendations regarding the intern’s performance.

9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

5. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. When a matter cannot be resolved between the DCT and intern or staff, the steps to be taken are listed below. Steps involved in the Due Process procedure include:

1. **Notice:** The intern will be notified of the problematic behavior and that the internship is addressing the problem.

   a. If the problem is initially identified by a staff member other than the DCT, the DCT will be consulted.

   b. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the DCT for a review of the situation.
c. When this occurs, within three (3) business days of a formal complaint, the DCT must consult with the clinical director and implement a Review Panel by the procedures described below.

2. **Hearing:** The intern will have an opportunity to hear and respond to concerns. A review panel will be convened by the Clinical Director. The panel will consist of three staff members selected by the Clinical Director with recommendations from the DCT and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior or concern.

   a. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material is presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the Clinical Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

   b. Within three (3) work days of receipt of the recommendation, the Clinical Director will either accept or reject the Review Panel’s recommendations. If the Director rejects the panel’s recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director or Internship may refer the matter back to the Review Panel for further deliberation and revised recommendations or may take a final decision.

   c. If referred back to the panel, they will report back to the Clinical Director within five (5) work days of the receipt of the Clinical Director’s request of further deliberation. The Clinical Director then makes a final decision regarding what action is to be taken.

   d. The DCT informs the intern, staff member involved and if necessary members of the training staff of the decision and any action taken or to be taken.
3. **Appeal:** The intern will have an opportunity to appeal the actions taken by the Internship program through submission of a letter to the Clinical Director within five (5) business days of notification of the hearing’s decision. The Clinical Director will then collaborate with the DCT and the intern’s applicable faculty member/department chair within their graduate program in order to determine an alternate course of action or maintain the hearing’s decision in consideration of the intern’s appeal. Formal documentation will occur of the appeal decision.

**Grievance Procedure**

1. In the event an intern encounters any difficulties or problems (e.g., poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, an intern can:

   a. Discuss the issue with the staff member(s) involved;

   b. If the issue cannot be resolved informally, the intern should discuss the concern with the DCT or Clinical Director, whose position is above the DCT;

   c. If the DCT or Clinical Director cannot resolve the issue, the intern can formally challenge any action or decision taken by the DCT, the supervisor, or any member of the training staff by following this procedure:

      i. The intern should file a formal complaint, in writing and all supporting documents, with the DCT. If the intern is challenging a formal evaluation, the intern must do so within five (5) business days of receipt of the evaluation.
ii. Within three (3) business days of a formal complaint, the DCT must consult with the Clinical Director and implement an Advisory Review Panel by the procedures described above.

2. **Appeal:** The intern will have an opportunity to appeal the actions taken by the Internship program after the review of the Advisory Review Panel through the submission of a letter to the Clinical Director within five (5) business days of notification of the panel’s decision. If the problem cannot be resolved with the DCT, the Clinical Director, or the intern disagrees with the advisory panel’s final decision, the intern has the right to contact the Chief Operating Office of the agency in writing within five (5) business days to file a complaint or grievance, and/or to request a formal hearing to discuss the situation. Formal documentation will occur of the appeal decision.

*Adapted from “Due Process in Action: The Identification and Management of Intern Problems/Concerns” University of California at Davis, Counseling Center, 2000. Training Director: Emil Rodolfa, Ph.D.*

**APPLICATION REQUIREMENTS**

Applicants must be enrolled in a doctoral program in clinical or counseling psychology and must have a minimum of 500 direct client hours and 1,000 hours of practicum experience by the start of internship. Candidates should have experience in an outpatient behavioral health practice, community mental health setting, or equivalent experience with diverse populations. Also, we ask that candidates' comprehensive exams be passed/completed by the application deadline. We do not currently require applicants to have an approved dissertation proposal or a completed dissertation. Prospective interns are expected to apply for internship at Florida Counseling and Evaluation Services by completing the following materials. All application materials must be received no later than the deadline posted on the FLCES or APPIC web site, respectively.
1. APPIC Uniform Application materials (including Professional Conduct Form, Practicum Documentation, Verification of Internship Eligibility and Readiness, etc.)

2. Curriculum vitae

3. Official Graduate transcripts

4. Two psychological evaluation reports – If possible, at least one involving integration of projective measures, and including assignment of DSM-IV/V diagnoses (without any identifying information)

5. Three letters of reference (at least 2 must be from current supervisors)

Information obtained through the written application materials and subsequent interviews with training staff and the Director of Clinical Training will be used to establish the final selections. Finalists will be invited for an on-site interview. In addition, all offers of internship positions are contingent upon the confirmation of a satisfactory level 2-background check.

Please submit all materials to:

Lynne Carroll, Ph.D., ABPP
Director of Clinical Training
Florida Counseling and Evaluation Services
PO Box 54723
Jacksonville, FL 32245
Phone: (904) 239-3677
Fax: (904) 866-4029
Email: training@flces.com
PERSONNEL POLICIES

Benefits

This internship is a full-time 40-hour per week (2,000 hour/year) position to be completed within twelve consecutive months. Leave time may be arranged for attending school and dissertation-related activities and professional conferences. Interns receive time off for nine holidays and one personal day.

Training Stipend

Florida Counseling and Evaluation Services provides a stipend $18,000 for one full year of clinical internship. Interns are paid monthly.

Training Year

The starting date for the internship is ___________. The completion date is ___________.

Other Requirements

Additional requirements for all staff, including psychology interns, are possession of physical abilities allowing for stooping, bending, and lifting up to 10 pounds, contact with patients who may become verbally and physically aggressive, prolonged walking and sitting, mobility around a large office setting, and sight and auditory interactions with patients, family members, and staff. FLCES is subject to the Americans with Disabilities Act, and reasonable accommodations for covered employees will be considered in accordance with this Act.

Successful applicants will be required to sign an affidavit of good moral character and a release of information to the law enforcement agency in county of the applicant’s current
residence for a background check. Additionally, as a Florida Department of Children and Family (DCF) licensed facility, each intern must pass a level-2 background check.

FLCES is an equal opportunity employer ensuring each individual is viewed without regard to race, sex, religion, creed, sexual orientation, gender expression and identity, national origin, political affiliation, age, marital status, or disability, except as provided by law, and promotes equal opportunity with respect to recruitment, examination, appointment, training, compensation, retention, or any other personnel action (OP 13-01-16).

The Predoctoral Psychology Internship Program at Florida Counseling and Evaluation Services endeavors to recruit from diverse universities and geographical areas. Variations in experience and theoretical approaches are welcomed. Minority applications are strongly encouraged.
I, ____________________________, (Intern) have read and understand all material presented in this training manual.

Intern signature ____________________________________  ____________
Date

Supervisor name: ________________________________

Supervisor signature: _____________________________  ____________
Date

DCT name: ________________________________

DCT Signature: ________________________________  ____________
Date
OUR CLINICAL PROVIDERS

The clinical staff at Florida Counseling and Evaluation Services is characterized by a diversity of background, training, theoretical orientation, and special interests. This diversity brings a richness to the professional exchange that is an important component for all staff – administrative and clinical – on a formal and informal basis. The clinical staff actively participates in planning and delivery of services, staff meetings, and professional development seminars.

Erika Banks, LMHC

Erika is a Licensed Mental Health Counselor (LMHC). She is trained to work with individuals, couples, and families. She is comfortable with any clients of any age. She has provided therapy in many settings, including private practice, school, and community mental health outpatient centers. She has worked with individuals who are struggling with a variety of issues such as depression, anxiety, separation, academics, and behavior modification techniques. Erika is offering individual and family counseling.

Erika received both her Bachelor of Science degree in Rehabilitation Counseling and her Master of Science degree in Rehabilitation Services from The Florida State University. Erika has been practicing therapy since 2000.

Steve Bizier, LCSW

Steve is a licensed clinical social worker (LCSW). Throughout his career, Steve has helped individuals overcome obstacles such as depression, anxiety, addiction, sexuality/gender, LGBT issues - among many others. Steve has over 10 years of experience in working with a diverse group of clientele. He also has vast experience in working with military families at the VA system.

Mikhail “Misha” Bogomaz, PsyD, CGP

Dr. Bogomaz is a Florida licensed psychologist who enjoys working with adolescents and adults in individual and group settings. He uses an integrative approach that is customized to each individual, and includes creating a safe environment to explore the roots and meanings of
unwanted behaviors, emotions, and relationships. He utilizes group psychotherapy to help individuals deal with a broad range of concerns, including interpersonal issues, depression, and anxiety.

**Sabrina Bowen, MS, LMFT; Director of Clinical Services**

Sabrina is a Licensed Marriage and Family Therapist (LMFT) trained to work with individuals, couples, and families. Sabrina obtained her Master of Science degree from the University of Maryland. Sabrina has been practicing therapy since 1999 and has provided therapy in many settings, including private practice, church, school, and an inpatient and outpatient hospital. Of special interest to Sabrina are school issues, ADHD, infertility, and marital struggles. She is a proponent of the “Love and Logic” techniques for raising children and often uses their principles in her practice.

**Lynne Carroll, PhD, ABPP; Director of Clinical Training**

Dr. Carroll is a licensed psychologist with several years of clinical experience. She has over twenty years of experience as a professor; training and supervising masters level practitioners in counseling and counseling psychology. As a life-long learner, she recently attained board certification in counseling psychology from the American Board of Professional Psychology (ABPP). As a counseling psychologist, Dr. Carroll believes that social, cultural, and family systems play a central role in determining clients' strengths as well as dysfunctions.

Dr. Carroll employs principles from theories which emphasize the role of early attachment experiences. However, she uses a broad range of therapy techniques, including cognitive-behavioral strategies depending upon clients' needs and current research evidence. Dr. Carroll is interested in working with the elderly, LGBT persons, and adults experiencing depression and anxiety.
Patricia “Patti” Griffis, LMHC, CAP

Patti is trained in Trauma Focused-Cognitive Behavioral Therapy, Structured Psychotherapy for Adolescents with Chronic Stress, 12-Step Recovery Model, Motivational Interviewing, Nurturing Parent Counseling Education and Support, and Behavior Modification Systems for children with ADHD and/or behavioral issues. She specializes in the treatment of trauma, chronic stress, coping skills, behavior modification, and substance abuse recovery.

Jennifer Katuzny, LMHC

Jennifer is a Florida licensed mental health counselor (LMHC) with many years of experience across a variety of settings. She has extensively worked with children and adolescents.

Sheryl Makeever, LCSW

Sherryl is a Licensed Clinical Social Worker (LCSW) with more than 17 years experience providing therapy to individuals, children, adolescents, and families. She understands that there are times when a person needs to talk with a trained professional who can be objective and help navigate through a difficult situation or time. Sherryl has experience and expertise in a variety of areas, including: ADHD, anxiety, behavior problems, depression, divorce adjustment, parenting issues, and sexual abuse.

Sherryl received her Masters of Social Work Degree (MSW) from the University of Michigan and Bachelor of Science Degree from Western Michigan University.

Tracey Morris, LMHC

Tracey Morris is a Florida Licensed Mental Health Counselor (LMHC) experienced working with adults, adolescents, and children. She enjoys the opportunity to provide assistance to those that have been disappointed, confused, or disoriented by life’s events that can sometimes seem overwhelming. These events and conditions can act as barriers to joyful appreciation of the gifts we are given. Tracey works with individuals who are struggling with such issues as
depression and anxiety, as well as maturation and transitions to adulthood that teenagers encounter, parenting success, and she works with couples and military family issues.

Tracey considers one of her greatest skills the ability to be an attentive listener from which she individualizes each person’s therapy to meet their needs. She primarily uses Cognitive Behavioral, Solution Focused, and Existential approaches to therapy to bring greater harmony to her client’s lives as well as a more direct path to lifetime goals.

Elliot Preshia, LMHC, CAP

Elliot Preshia is a Florida licensed mental health counselor (LMHC) and a certified addictions professional (CAP). He has been working in the mental health and addictions field since 1992. He has one adult child, and an adolescent child. He is well-versed in working with patients with addictions and mental health concerns. He spent his first eight years working primarily with children and adolescents, and the last thirteen years working with all age groups. Some of Elliot’s specialties include ADHD, depression, alcohol, drug, gambling, internet addictions, and school behavioral problems.

Michelle Slater, PhD, LMHC

Dr. Slater has extensive experiences in the delivery of behavioral health services in a variety of settings, including outpatient mental health centers, university settings, and crisis centers. Dr. Slater has been a counselor educator for many years and divides her time between the provision of clinical services, teaching, training and supervision, and as a mental health consultant to the community. Her main area of clinical interest centers on crisis intervention.

Allison Teger, LMHC

Allison has been working in the mental health field since 1997, working with individuals, couples, and families. As a therapist specializing in Marriage & Family Therapy, she is specifically trained to pay attention to the dynamics involved in couples and family issues. Allison has received specialized training at Mayo Clinic for family and mental health issues.
Amie Thomas, LCSW

Amie is a Licensed Clinical Social Worker (LCSW) in the state of Florida; she is also a Florida Qualified Supervisor. In addition, Amie also serves as the director of continuing services for Seminars Services, Jax.

Amie currently provides psychotherapy services designed to address needs that complicate daily coping. Services are provided using empowerment and cognitive theories. Service focus is directed to individuals, groups, women’s issues, adolescents (12 and up), and adults.

Colleen Wright, LMHC

Colleen is a Florida Licensed Mental Health Counselor (LMHC) and has received certification in Trauma-Focused Cognitive Behavioral Therapy. In addition, she has received post-graduate training in ADHD, Asperger’s Syndrome, Addiction, Aging and Adulthood Issues, Depression and Anxiety, Post Traumatic Stress Syndrome, and Family Therapy. Colleen enjoys working with … and has worked with…all ages utilizing a range of psychodynamic and cognitive approaches, including motivational interviewing, play therapy, and trauma-focused cognitive behavioral therapy.
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<th>Week</th>
<th>Date</th>
<th>Individual Supervision Hours</th>
<th>Group Supervision Hours</th>
<th>Multi Disciplinary Case Conference Hours</th>
<th>Didactic Training Hours</th>
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<td>Documentation workshop, SOAP, DAP, etc.</td>
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<td>Addiction as a Disorder of Attachment: The Art and Science of Restoring Secure Connections</td>
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1. Unless otherwise noted, didactic training and workshops are presented Wednesdays from 9 am - 3 pm in the large group room at FLCES Southside.
2. Multi-disciplinary case conference is every Thursday from 11 - 1 pm at FLCES Southside, small group room.