

POSTDOCTORAL NEUROPSYCHOLOGY RESIDENCY

TRAINING MANUAL

COMPREHENSIVE MEDPSYCH SYSTEMS, INC.

MISSION AND STRUCTURE

Mission Statement

Our mission is to educate and train doctoral-level psychologists in the pursuit of excellence in the practice of neuropsychology. Comprehensive MedPsych Systems (CMPS) seeks to develop emerging independent practitioners in adherence to the American Board of Neuropsychology (ABN) postdoctoral neuropsychology training expectations.

Specific objectives include:

- ❖ train neuropsychology practitioners in understanding brain-behavior relationships
- ❖ develop neuropsychology practitioners who excel in test administration, interpretation, and differential diagnosis
- ❖ develop neuropsychology practitioners who are fully capable of and excel in interacting in a multidisciplinary context with medical personnel, other non-medical professional staff, parents, and paraprofessionals
- ❖ develop neuropsychology practitioners to become leaders in the field of neuropsychology

Program Structure

The CMPS Postdoctoral Residency in Neuropsychology Training is structured to follow as closely as possible the expectations of the Houston Conference on training and education in neuropsychology, the American Psychological Association's Division 40 (Clinical Neuropsychology), and the Association of Psychology Postdoctoral Internship Centers (APPIC) postdoctoral membership.

The only areas of deviation from the Houston Conference guidelines consist of:

- (1) ABN-accredited training programs do NOT require trainees to have completed an APA-accredited internship, and
- (2) ABN-accredited training programs do NOT require trainees to be eligible for board certification in clinical neuropsychology by the American Board of Professional Psychology (ABPP) upon exit of the postdoctoral training program.

ABN-accredited training programs, rather, do require trainees to be eligible for board certification by ABN, ABPdN or ABPP.

Further, ABN accredited postdoctoral training program applicants may but are not required to participate in the APPIC Matching Program nor the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) Matching Program. However, CMPS will not participate in either match process.

The training program does require two years of full-time education and training, with all Residents accruing a minimum of 1500 training hours.

Training Model and Format

The training program utilizes a scientist-practitioner training model. Training is apprenticeship-based and offers a wide range of training in the area's largest comprehensive private behavioral health setting. Interaction with psychiatrists, neuropsychologists, psychologists, social workers, physician's assistant, mental health counselors, family therapists, and certified addiction professionals offers interdisciplinary training. A breadth of diversity in training is represented in practitioners who specialize in forensic neuropsychology, pediatric neuropsychology, adult neuropsychology, adult and adolescent psychiatry, psychology, Transcranial Magnetic Stimulation (TMS), neurofeedback/biofeedback, Cogmed Training for Working Memory, behavioral pain management, sports psychology, eating disorders, addictions and individual, couples and family psychotherapies.

Each Resident spends a significant percentage of time in clinical service, clinical research and educational activities, appropriate to individual training needs. A range of didactic and experiential training activities occur throughout the residency. CMPS maintains a minimum of one full-time Post-doctoral Neuropsychology Resident.

CLINICAL TRAINING

Skill and Knowledge Development Activities

Training and education is provided in the format of clinical, didactic and academic training. At least 25% of each Resident's time is in professional service activity to patients, consultees or agencies. Services may include assessment, intervention, consultation, policy-making, program design and implementation, provision of supervision, and clinical research.

In each activity, supervisors and training faculty are designated and the expectations of the Resident are outlined. The professional activities of a neuropsychologist include the core domains of assessment, intervention, consultation, supervision, research and inquiry, consumer protection and professional development. Thus, all core domains must be incorporated into the course of training activities. The following graphic details core domain skills and example activities.

SKILL	EXAMPLE ACTIVITIES
Assessment	Information gathering, history taking, selection of tests and measures, administration of tests and measures, interpretation and diagnosis, treatment planning, report writing, provision of feedback, recognition of multicultural issues
Treatment and Intervention	Identification of intervention targets, specification of intervention needs, formulation of an intervention plan, implementation of the plan, monitoring and adjustment to the plan as needed, assessment of the outcome, recognition of multicultural issues
Consultation	Effective basic communication (e.g., listening, explaining, negotiating), determination and clarification of referral issues, education of referral sources regarding neuropsychological services (strengths and limitations), communication of evaluation results and recommendations, education of patients and families regarding services and disorder(s)
Research and Inquiry	Selection of appropriate research topics, review of relevant literatures, design of research, execution of research, monitoring of progress, evaluation of outcome, communication of results
Supervision of Students	Methods of effective teaching, use of effective supervision methodologies (assessment, intervention and research)

CMPS offers training opportunities in specific population or subspecialty areas, with training faculty having expertise in pediatric, adult, geriatric and forensic neuropsychology.

Didactics

Residents receive at least two hours per week in didactic learning activities. Examples of didactic activity include: case conferences, professional development, neuropsychology meeting, therapy meeting, lectures, observation, reading, program-specific learning activities, licensure and certification preparation, and external programming (e.g., local university, medical center, and agency learning activities). Residents will receive a schedule of didactic activity and expectations.

Knowledge base expectations. The course of the training program allows for Residents to acquire knowledge not obtained via doctoral training. The following graphic depicts the knowledge base expectations of a neuropsychologist. The training program utilizes a didactic schedule to ensure the Residents' acquisition of any unmet knowledge. Residents are surveyed in the application process via the Content Survey as a means to consider learning needs, assisting in tailoring an individualized learning experience.

Foundations for the study of brain-behavior relationships	Functional neuroanatomy; Neurological and related disorders, including their etiology, pathology, course and treatment; Non-neurological conditions affecting CNS functioning; Neuroimaging and other neurodiagnostic techniques; Neurochemistry of behavior (e.g., psychopharmacology); Neuropsychology of behavior
Foundations for the practice of neuropsychology	Specialized neuropsychological assessment techniques; Specialized neuropsychological intervention techniques; Research design and analysis in neuropsychology; Professional issues and ethics in neuropsychology; Practical implications of neuropsychological conditions

Training Curriculum

A general timeline and curriculum of training activity may be offered to demonstrate training focus (i.e., loosely detailing the structure of each year, track, rotation, etc., as applicable) over the course of the training program.

Please Training Curriculum Addendum for exact details.

PHYSICAL FACILITIES, BENEFITS, AND PROFESSIONAL RELATIONSHIPS

Physical Facilities

Training is primarily provided at the CMPS main headquarters in Sarasota, FL. Supervision is on-site and in person at the main headquarters. CMPS has satellite offices within the surrounding area, including in: Lakewood Ranch, Bradenton, Venice, North Port, Port Charlotte, Tampa, and within the Comprehensive Pain Center and IMG/Bollettieri Academy.

Salary and Benefits

Each Resident earns a salary of \$30,000 during the first year, and \$38,000 during the second year. Each Resident is offered a benefits package including IRA, participation in the health insurance plan, and paid time off. These benefits may change at the discretion of CMPS administration.

Each Resident is provided access to an office, computer and printer, electronic scoring, phone and voicemail, and electronic calendar and medical record systems.

Professional Relationships

Within the practice, Residents have access to clinical services and training experiences in medical specialties and allied professions. Residents have the opportunity to interact with other trainees in medical specialties and allied professions outside of CMPS. In specific, residents are able to engage and participate in programs within facilities with whom CMPS contracts or is allied with such as:

NeuroInternational Traumatic Brain Injury Residential Program
The Pinnacle Academy
Sarasota Memorial Hospital Memory Disorders Clinic
IMG Academies
HealthSouth Rehabilitation Hospital
Centerpointe Counseling and Recovery

CMPS provides clinical services to multiple contracted or allied local facilities. These include: Memory clinics, rehabilitation programs, sports training facilities, physician's offices, medical hospitals, psychiatric inpatient units, residential programs, rehabilitation programs, hospitals/hospital units, schools, and substance abuse programs. Training experiences can be tailored to the Resident's individual training goals.

APPLICATION PROCEDURES

CMPS offers 1 to 2 available full-time two-year post-doctoral neuropsychology training positions which typically start on or about September 1 of each two-year rotation (beginning 2013).

Citizenship Criteria

CMPS does not maintain preference for citizenship, however, applicants requiring extensive documentation and/or financial assistance or requirements from CMPS in order to maintain immigration status in the United States will not be considered.

Applicants with Disabilities

Applicants with disabilities are encouraged to apply and to contact the Director of Training to discuss any needs in regard to the application and interview process.

Correspondence

All program-related inquiries and application-related inquiries should be directed to Dr. Geoffrey Kanter, Director of Training, Comprehensive MedPsych Systems, Inc..

Geoffrey Kanter, Ph.D. ABN, ABPdN
President, Director of Training
Comprehensive MedPsych Systems, Inc.
1250 S Tamiami Trail
Suite 201
Sarasota, Florida 34239
drkanter-cmps@medpsych.net
Tel: 941.363.0878
Fax .941.363.0527

Applicant Requirements

1. Completion of an APA- or CPA-accredited graduate academic program. Degrees in clinical, counseling and school psychology are accepted. Applicants with degrees in all other areas of psychology must have received a certificate of equivalency from an APA- or CPA-accredited university program designed for the “retraining” of such psychologists, attesting to the completion of all requirements. The applicant must have completed the doctoral degree requirements before beginning postdoctoral training and prior to accruing post-doctoral training hours. On the first day of the training position, Residents must submit a diploma, sealed graduate transcripts, or a letter from the director of graduate studies verifying completion of all degree requirements.
2. Applicants must have completed an internship that met APPIC standards and qualify for listing in the National Register. Further, applicants must have some training in neuropsychology.

Formal Application

1. All applicants must submit the following documentation:

- Residency Application Form (available on the CMPS website)
- Neuropsychology Training Content Survey (available on the CMPS website)
- Cover letter (including a statement of career goals, statement of interest, not exceeding two single-spaced pages)
- Resume or curriculum vitae (particularly summarizing education and training)
- One written redacted sample report
- Letters of recommendation:

Three letters of reference must be submitted directly to Dr. Kanter from (1) APA Graduate Program Director (DCT), (2) the applicant's pre-doctoral internship director, and (3) a reference up to the applicant's choice. Reference letters may be submitted via email, though must be sent *directly* from the reference source to Dr. Kanter.

2. All applicants must email packets with all required documentation to:

Geoffrey Kanter, Ph.D. ABN, ABPdN
RE: Postdoctoral Residency Training
Comprehensive MedPsych Systems
1250 S Tamiami Trail
Suite 201
Sarasota, Florida 34239

drkanter-cmps@medpsych.net

Selection, Notification, and Contract

Applications will be reviewed and, based on the review, interviews will be arranged. In-person and video-chat interviews may be acceptable.

Applicants may participate in postdoctoral matching programs (APPCN and/or APPIC). However, CMPS does NOT participate in any applicant-site matching services. CMPS reserves the right to offer a Residency position to any applicant prior to the applicant registering for the match. If an applicant then accepts the CMPS position offered, they are obligated not to register for the match. If the position is not filled by the match date, then any applicant who is continuing to seek a Residency position subsequent to the match date will be considered eligible for the CMPS postdoctoral training position.

Applicants selected for a Residency position will be notified via phone on or about April 1. Applicants not selected for a Residency position will be notified via mail.

Residents will receive a formal contract issued from CMPS, outlining CMPS's commitment to training and the expectations of the Resident.

FACULTY AND SUPERVISION

The resume of each faculty member and CMPS staff member is available for reference on the CMPS website, www.medpsych.net.

Geoffrey Kanter, Ph.D. ABN, ABPdN

- Board certified ABN, ABPdN
- President, CMPS
- Director of Training, Neuropsychology Residency Program
- Adult, Pediatric, and Forensic Neuropsychology

Robert Stephenson, Psy.D.

- Director of Clinical Services
- Chief Operating Officer
- Licensed Psychologist/ Neuropsychologist
- Interests: Pediatric Neuropsychology

Nancy Parsons, Ph.D., ABPdN

- Board Certified ABPdN
- Pediatric Neuropsychologist
- Licensed Psychologist
- Interests: Pediatric Neuropsychology, Cogmed, Women's Psychotherapy

Paula Cooper, Ph.D., ABN

- Board Certified ABN
- Adult and Pediatric Neuropsychologist
- Licensed Psychologist
- Interests: Rehabilitation Psychology, Pediatric Neuropsychology

Ed Bercaw, Ph.D.

- Adult Clinical Neuropsychologist
- Licensed Psychologist
- Interests: Adult Neuropsychology

Pritesh Parbhoo, Psy.D.

- Neuropsychologist
- Licensed Psychologist
- Interests: Traumatic Brain Injury, Rehabilitation Neuropsychology

Stefanie Mihalopoulos, Ph.D.

- Pediatric and Adult Neuropsychologist
- Licensed Psychologist
- Interests: Pediatric Neuropsychology, Sports Psychology, ADHD coaching

Robb Matthews, Ph.D.

- Pediatric Neuropsychologist
- Licensed Psychologist
- Interests: Pediatric Neuropsychology

Kyle Cieply, Ph.D.

- Neuropsychologist
- Licensed Psychologist
- Interests: Adult Neuropsychology

Residents will also work with a number of psychiatrists, licensed psychologists, licensed social workers (LCSW), licensed mental health counselors (LMHC), and a physician assistant with multiple specialty areas, including: psychiatry, behavioral medicine, Transcranial Magnetic Stimulation (TMS), psychotherapy, pain psychology, eating disorders, clinical psychology, sports psychology addictions, geriatrics, substance abuse, and neurofeedback and biofeedback.

Supervision

Residents receive a minimum of two hours per week of supervision for the duration of the training experience. Supervision is scheduled, face-to-face individual supervision by licensed psychologists. Supervision is specifically intended to provide supervision of the services rendered by the Resident and supervisors are responsible for each case of the Resident. The Resident's contract will outline the expectations, function and documentation of supervision.

EVALUATIONS

Evaluation of Resident

Residents maintain an activity log of all activity during the course of the training experience. The primary supervisor meets with the Resident at the end of each month to review activity and to sign documentation.

Formal reviews occur at months 6, 12, 18 and 24 of the Residency. Residents are evaluated on the core domains identified by the Houston Conference (i.e., assessment, treatment and intervention, consultation, research, and supervision), and in consideration of individual training goals of the Resident. The Resident's knowledge base and professional practice are rated on structured rating forms. The primary supervisor meets with the Resident to review faculty ratings at the time of evaluation. Residents are allotted time to discuss their evaluation. If areas of weakness are identified, a plan for skill development is formed with the Resident.

Residents will undergo a formal written examination documenting their knowledge base 12 months after the start date and then again in approximately 12 months, prior to completion of program.

Evaluation of Program

Training activities, scope and frequency of didactics, supervisor availability and quality, and external training experience offerings are reviewed at regular meetings of the training staff.

To maintain quality and integrity of the training program and expectations set forth by the ABN standards and expectations, CMPS participates in program reviews. Entities monitoring the accredited training programs include the ABN Postdoctoral Training Program Accreditation Committee, the Director of Training, and, and Residents upon exit.

Upon both complete and incomplete exit of the training program, Residents will participate in an exit interview with a member of the ABN Postdoctoral Training Program Accreditation Committee. Those exempt from the interview will be Residents who have been dismissed from the training program unless the Resident desires participation. The aim of this interview is to discuss the training experience and to maintain that the training program is adhering to the ABN training expectations for accreditation.

RESIDENT PRACTICE COMPETENCIES

Completion Criteria

Upon completion of the training program, Residents will (a) demonstrate competence in the areas of focus of the training program, (b) demonstrate competence in individualized Resident training needs, and, (c) meet exit criteria as set forth by the Houston Conference guidelines, including:

1. Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis;
2. Advanced understanding of brain-behavior relationships;
3. Scholarly activity, (e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment); and,
4. Eligibility for state or provincial licensure or certification for the independent practice of psychology.

Specific competencies include and are not limited to:

1. Detailed knowledge of neurobehavioral syndromes and psychiatric diagnoses.
2. Working knowledge of major neurological disorders.
3. Working knowledge of functional neuroanatomy
4. Working knowledge of neurologic and radiologic diagnostic procedures.
5. Ability to take a comprehensive history
6. Ability to observe and report on behavioral characteristics based on interview contact.
7. Ability to develop differential diagnoses based on the interview
8. Ability to select a neuropsychological assessment approach that is responsive to the interview presentation and context of referral
9. Ability to administer, score, and interpret cognitive, motor, sensory, affect and personality tests including appreciation of factors to consider in interpreting a patient's performance and the selection of proper norms.
10. Ability to formulate a diagnostic impression that integrates history and examination findings.
11. Ability to specific appropriate recommendations for ongoing treatment and evaluation.
12. Ability to operate effectively in a multidisciplinary environment and know the roles of other professional providers and the role of neuropsychology within that framework.
13. An understanding of the common ethical dilemmas that arise in neuropsychological consultation and awareness of a process to work to a resolution of these dilemmas.

GRIEVANCE/DUE PROCESS PROCEDURES

In the event of (a) Resident concerns (e.g., supervisor competence, quality of supervision, unfair or ethical treatment), (b) performance evaluation concerns (e.g., inaccurate or misleading evaluation), or (c), general employment disputes, CMPS maintains Grievance and Due Process Procedures. All Grievance and Due Process Complaints are documented, placed in the Resident's training file and are reported to the ABN Postdoctoral Training Accreditation Committee.

If contention persists or if special circumstances exist when use of the usual chain of authority is not appropriate, the Resident may bring grievances to the ABN Postdoctoral Training Accreditation Committee by contacting the Chairman:

Paula Cooper, Ph.D., ABN
1250 S. Tamiami Trail
Suite 201
Sarasota, FL 34239
(941) 685-6098
paulacooperphd@gmail.com

In the event of any conflict of interest, the co-director would be contacted in lieu of the Director:

Scott Mathias, Psy.D., ABN, ABPP
PO Box 266
Montoursville, PA 17754
(941) 268-7078
smathias88@embarqmail.com

Grievance Procedure

CMPS and all training faculty are dedicated to the Resident's education and to providing the best possible environment in which to learn. CMPS and all staff encourage Residents to request help should any problem arise. The Grievance Procedure is to be invoked when the Resident has a complaint (e.g., evaluation, supervision, stipend, working conditions, harassment, etc.) about the training program.

- If the Resident has concerns about the competence of their supervisor, the quality of supervision provided, or feels that he/she is being treated in an unfair or unethical manner, he/she is first encouraged to discuss this matter directly with the supervisor. If the problems do not resolve, the Resident is encouraged to discuss the matter with the Director of Training (or, if the conflict involves the Director of Training, another faculty member); a meeting will be held with all three parties to develop an action plan to resolve the matter. If the concerns are not resolved, the Resident will be assigned a different supervision structure.

- If the Resident feels that he/she has received an inaccurate or misleading performance evaluation, he/she is encouraged to detail this in writing and submit this to the Director of Training, and this information will be included in the Resident's training file.

Due Process Procedure

The CMPS Postdoctoral Residency Training Program is committed to conducting all activities in strict compliance with the American Psychological Association's Ethical Principles and Code of Conduct for Psychologists. Further, the training program is committed to helping Residents achieve training goals and competence through ongoing feedback, supervision and formal evaluation. In those instances where the Resident is perceived to be failing to meet reasonable performance standards, the training program will utilize the following procedure.

The training program will comply with all legal and ethical responsibilities to be nondiscriminatory in the treatment of Residents. 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 Residents are not arbitrarily or personally based. It requires that the training program identify specific procedures which are applied to all Resident complaints, concerns and appeals.

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.

Residents 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 becomes identified when one or more of the following characteristics exist:

1. The Resident 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 Resident 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 Resident's behavior does not change as a function of feedback, remediation efforts, and/or time.

Basic Procedures: If a Resident 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 Resident has concerns about a Resident'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 Resident about these concerns and in other cases a consultation with training staff, the Resident's direct supervisor or the Director of Training will be warranted. This decision is made at the discretion of the staff or Resident who has concerns.

2. Once the training staff has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised.
3. If the alleged behavior in the complaint, if proven, and would constitute a serious violation, the supervisor will inform the Director of Training.
4. The supervisor and Director of Training will meet to discuss possible course of actions.

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 Resident, the patients involved, members of the Resident's training group, the training staff, and other agency personnel. All evaluative documentation will be maintained in the Resident's training file.

1. **Verbal Notice** to the Resident emphasizes the need to discontinue the inappropriate behavior under discussion.
2. **Written Notice** to the Resident formally acknowledges:
 - a) that the supervisor is aware of and concerned with the behavior,
 - b) that the concern has been brought to the attention of the Resident,
 - c) that the supervisor will work with the Resident 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 Resident** will Identify Possible Sanction(s) and describe the remediation plan. This letter will contain:
 - a) a description of the Resident's unsatisfactory performance;
 - b) actions needed by the Resident 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 Resident has the right to request an appeal of this action.

If at any time the Resident disagrees with the aforementioned notices, the Resident can appeal (*see below discussion on appeal procedures*).

Remediation and Sanctions. The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the supervisor, the Director of Training, relevant members of the training faculty and staff. 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 Resident to a more fully functioning state. Modifying a Resident's schedule is an accommodation made to assist the Resident in responding to personal reactions to environmental stress, with the full expectation that the Resident will complete the residency. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Director of Training. 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 individual therapy;
- d) reducing the Resident's clinical or other workload;
- e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the supervisor in consultation with the Training Director. The termination of the schedule modification period will be determined, after discussions with the Resident, by the supervisor in consultation with the Training Director.

2. Probation is also a time limited, remediation-oriented, more closely supervised training period.

Its purpose is to assess the ability of the Resident to complete the Residency and to return the Resident to a more fully functioning state. Probation defines a relationship in which the supervisor systematically monitors for a specific length of time the degree to which the Resident addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The Resident 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 supervisor determines that there has not been sufficient improvement in the Resident's behavior to remove the Probation or modified schedule, then the supervisor will discuss with the training faculty and the Director of Training possible courses of action to be taken. The supervisor will communicate in writing to the Resident 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 supervisor will communicate that if the Resident's behavior does not change, the Resident will not successfully complete the training program.

3. Suspension of Direct Service Activities requires a determination that the welfare of the Resident's patient(s) has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the supervisor in consultation with training faculty and the Director of Training. At the end of the suspension period, the Resident's supervisor in consultation with the training faculty and Director of Training, will assess the Resident'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 CMPS. 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 residency, this will be noted in the Resident's training file and the ABN Postdoctoral Training Accreditation Committee will be informed. The Director of Training will inform the Resident of the effects the administrative leave will have on the Resident's stipend and accrual of benefits.
5. **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 Resident seems unable or unwilling to alter her/his behavior, the supervisor will discuss with the Director of Training the possibility of termination from the training program. 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 patient is a major factor, or the Resident is unable to complete the training program due to physical, mental or emotional illness. The Training Director will make the final decision about dismissal, following consultation with the ABN Postdoctoral Training Accreditation Committee.
6. **Immediate Dismissal** involves the immediate permanent withdrawal of all CMPS responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the Resident is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a Resident compromises the welfare of a patient(s) or CMPS community member by an action(s) which generates grave concern from the supervisor, training faculty, or Director of Training, the Resident may be directly dismissed from CMPS. This dismissal may bypass steps identified in notification procedures and remediation and sanctions alternatives. When a Resident has been dismissed, the Director of Training will notify the ABN Postdoctoral Training Accreditation Committee.

If at any time a Resident disagrees with the aforementioned sanctions, the Resident can implement appeal procedures.

Appeal Procedures: In the event that a Resident 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 Resident should file a formal appeal in writing with all supporting documents, with the Director of Training. The Resident 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 Resident, the Director of Training will consult with members of the training faculty and then decide whether to implement a review with ABN Postdoctoral Training Accreditation Committee or respond to the appeal without a review being convened.