

INDIAN HEALTH BOARD OF MINNEAPOLIS, INC.

Psychology Postdoctoral Fellowship Program



“To ensure access to quality care for American Indians and others in the community and to promote health education and wellness.”

INDIAN HEALTH BOARD OF MINNEAPOLIS, INC.

Psychology Post-doctoral Program

2022-2023

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SETTING

Minneapolis, Minnesota is located in the southeast corner of Minnesota. The metropolitan area is referred to as the Twin Cities due to the proximity between Minneapolis and St. Paul, Minnesota’s capitol. The two metro areas, and two largest cities in the state, are divided by the Mississippi River, with St. Paul to the east and Minneapolis to the west. Minneapolis hosts 400,070 residents and is located in Hennepin County, which includes 45 other communities with a population of over a million. The racial makeup of the city is 63.8% White, 18.6% African American, 2% Native American, 5% Asian, 4.4% from other races, 10.5% Hispanic or Latino, and 60.3% White alone, not Hispanic or Latino.

Minnesota is home to eleven tribal nations, seven of which are Ojibwe and four of which are Dakota. IHB is an urban health center that was established to meet the health needs of the American Indian community and other underserved and marginalized populations living in Minneapolis. IHB provides medical, dental, and counseling services to more than 7,000 patients each year. Its medical and dental clinic are located at 1315 East 24th Street and our counseling support building is just a few minutes away at 2101 Minnehaha Ave. Our clinic is in the heart of Minneapolis’ Phillips neighborhood, where several other American Indian agencies are located. A strong urban American Indian presence is felt in this area of Minneapolis.

Minneapolis takes its name from the Dakota word for water (‘mini’) and the Greek word for city (‘polis’), and is sometimes called the “City of Lakes.” The many lakes in the Twin Cities provide miles of walking and biking trails, and opportunities for cook outs, canoeing, kayaking, biking, and boating. Today, Minneapolis continues to be referred to as the Mill City, after the industry that fostered initial economic growth.

More recently the city has become notable for its medical and financial industries, as well as the largest shopping mall in the United States, the Mall of America (actually located in Bloomington, a suburb south of Minneapolis).

Minneapolis is home to the largest campus of the University of Minnesota, a Big Ten university with more than 45,000 undergraduate and graduate students enrolled in the Twin Cities alone. The Twin Cities hosts several other private colleges as well. Along with St. Paul, Minneapolis claims to have the highest per capita attendance at theater and arts events outside of New York City, perhaps boosted by its famously harsh winters. The Twin Cities hosts several professional sports teams, including the Timberwolves and Lynx (basketball), the Wild (hockey), the Vikings (football), the Twins (baseball), the Thunder (soccer) and the Swarm (lacrosse).

TRAINING SITE

Indian Health Board of Minneapolis, Inc. (IHB) is a nonprofit, culturally specific health care agency located at 1315 East 24th Street in the Phillips neighborhood with counseling and support just down the road at 2101 Minnehaha Ave Minneapolis, MN. Most training activities take place at our 2101 office, except for Integrated Behavioral Health rotations taking place at 1315.

According to 2013-2014 statistics, 48% of IHB clients identify as Native American/American Indian/Indigenous, 35% identify as White, 15% identify as African American, and the remaining 2% identify as Asian, Native Hawaiian, or other. Twenty five percent of IHB clients overall also identify as having Latino ancestry. Within the Counseling & Support Clinic, 79% of clients identify as Native American, 11% identify as White, 8% identify as African American, and 2% identify as Asian or other, with 4% of clients overall also identifying Latino ancestry. Notably, the vast majority of clients seen at IHB and within the Counseling & Support Clinic identify as having mixed ethnic backgrounds. In the Counseling & Support Clinic, 63% of clients identify as female and 37% identify as male, though within these categories there are clients who identify as transgender and/or Two Spirit.

Clients currently seen in the Counseling & Support Clinic range in age from four to 88 years old, and identify with a variety of religious and spiritual orientations. Clients seen in the clinic also identify with diverse sexual orientations, including heterosexual, Two Spirit, gay, lesbian, bisexual, and queer. Socioeconomic status varies considerably between clients, though a large portion of the client population served fall below the poverty line. Clients seen for counseling at IHB present with a wide array of concerns, including posttraumatic stress disorder, intergenerational and complex trauma, interpersonal difficulties, depression, anxiety, self-injury, suicidality, adjustment issues, parenting difficulties, identity development, domestic violence, history of abuse, substance abuse, eating disorders, and grief. Clients also present with diverse disability statuses, including physical, congenital, developmental, and acquired disabilities. Thus, the training program at IHB offers in-depth experience with a range of client populations and intersectional identities.

The mental health department, called the Counseling & Support Clinic, serves roughly 60% adults and 40% children and families. Individual and family therapy, group therapy, child and adult assessment, substance abuse assessments, social work, and psychiatric services are provided on-site. The department participates with the IHB Medical Clinic in a collaborative effort to reduce health disparities in the area of depression, and opportunities for consultation with the Medical Clinic are also available in the areas of Integrated Behavioral Health. The department also prides itself in training students in cultural proficiency skills aimed toward the urban American Indian community, with particular attention paid to Indigenizing cultural and traditional practice offerings and decolonizing the methods and tools utilized in therapeutic practice within the clinic to attend to the specific needs of American Indian patient population.

Indian Health Board of Minneapolis has trained practica students and pre-doctoral fellows since 1993, participated in the Urban Child and Family Consortium (UCFC) from 2000-2006, and added a postdoctoral fellow program in 2004. The agency provides trainees with a wealth of diverse clinical experiences and training opportunities, including urban outpatient treatment, general psychological assessments, collaborative opportunities with culturally-specific schools and other agencies, and topic- or diagnosis-specific group therapy. Many interdisciplinary resources are available to fellows, both onsite and in collaboration with other agencies and organizations. Counseling and support department staff at IHB are committed to working with urban and culturally diverse children and families, with specialized focus and services on the urban American Indian community.

The Indian Health Board of Minneapolis, Inc. complies with guidelines put forth by the Association for Psychology Postdoctoral and Fellowship Centers (APPIC).

PHILOSOPHY, MISSION, MODEL AND GOALS OF TRAINING

The Indian Health Board's guiding philosophy regarding training is to equip developing psychology professionals with the skills needed to serve the diverse and complex mental health needs of the urban American Indian community and others in need in our surrounding urban neighborhoods, but also some rural or reservation-based communities. Because of this focus, which ultimately serves to reduce and eliminate health disparities within the American Indian community, we provide diverse and comprehensive training opportunities to all trainees, including our post-doctoral psychology fellows. Training opportunities draw upon the wealth of programs offered at IHB and with community partners.

Indian Health Board is invested in high quality training, and frequently staff will present training seminars in their particular area of expertise. Additionally, we invite American Indian community members and professionals to present cultural trainings once per month to gain perspective and understanding from the community's point of view; cultural opportunities are often available for trainees to observe and/or participate in. Trainees consult and collaborate with a range of team members and community providers, including psychiatrists, social workers, psychologists, occupational therapists, case managers, school staff, and county workers.

Indigenous Mentorship Model

Our philosophy of training at the Indian Health Board emerges from four Indigenous points of view: Lived experiences of the local American Indian community we serve; Clinical experiences of our providers and other professional allies; Literature on Indigenous pedagogy and curriculum; and Cultural insight and guidance of our American Indian elders. We call the training model that derives from this philosophy the Indigenous Mentorship Model, and we use this model because it incorporates the values of good relationships and interrelatedness. Teaching and learning are most effective in the context of good relationships, expressed as *Da Ya Unk Unpi* (Dakota) and *Mino-Inawendiwin* (Ojibwe) in the languages of the people Indigenous to the territory we serve. The Indigenous words have the added connotation of 'working well together for the good,' which means that we each have gifts and wisdom to offer and share within the community, making us all teachers and students simultaneously.

We strongly hold that teaching and learning are inseparable from whom and where we are at any given moment. However, certain individuals do assume roles as mentors based on their experience and knowledge within specific contexts, though no one person is considered an "expert" in the western

meaning of the word. Thus, teaching and learning are always developmental, holistic, context-based, dynamic, and relational.

Our psychology training model is also conducted within a context of interrelatedness, better known as Mitakuye Oyasin in the Lakota language and translated into English as all my relations. All my relations refers to an Indigenous understanding of the self as related to one's family, clan(s), community(ies), nation(s), the natural world (e.g., earth, plants, animals, insects), and the spiritual world (e.g., Creator or Great Spirit, ancestors, spirit helpers) at once. All my relations invites trainees to introduce and understand themselves from the context of their interrelatedness. It enables each of us to understand where all of us are coming from when we share our diverse knowledge as we learn throughout the training year.

To set the tone for the training year, for each week, and for many meetings, introductions and discussion are done in a traditional talking circle format. This involves one person speaking at a time, with protocols of non-interruption and respectful listening. Following Indigenous teachings, we share in a clockwise manner. From the beginning, this sets the foundation for good relationships and respect for diversity among trainees, training staff, and others.

Supervisors' roles as mentors involve training with use of Indigenous pedagogical practices such as experiential activities, story-telling, and talking circles. Experiential learning involves applying material through hands-on engagement (e.g., practicing therapy skills and techniques using role-play, participating in community events or activities). Story-telling involves teaching through personal or traditional stories, which resonate and connect with trainees through contextualizing didactic content and training in clinical services (e.g., supervisors often share stories from personal experiences and direct work experience). Traditional stories are also incorporated as appropriate, and trainees are invited to share their personal and culturally relevant stories.

Talking circles offer opportunities for fellows and supervisors to share what we have learned, honoring the diverse knowledge and understanding that each person brings. Each person thus assumes the role of teacher and student, enriching the learning environment and further strengthening good relationships. Experiential activities, stories, and talking circles strengthen fellows' relationships with didactic training. Within supervision then, we are able to promote holistic integration of content and deep personal reflection that enhances learning and training.

Finally, trainee feedback is invited and encouraged throughout the year and carefully considered, reflected on, and integrated through supervisor and program evaluations, so that supervisors and training staff may best serve the needs of the trainees. Through trainee feedback, consultation with other trainees, staff, and mentors, reading relevant literature, and personal reflection, supervisors continually strive to grow in providing adequate training. Learning is living and living is learning, and the Indigenous values within being an effective supervisor and fellow require engagement in ongoing personal and professional development throughout life.

Training Goals

IHB's fellowship program training goals and objectives are as follows and the suggested core competencies suggested by the National Postdoctoral Association (NPA) are adapted and interwoven within these goals:

1. Psychology fellows will develop competence in theories and methods of psychological assessment through conducting formal evaluations, interviewing for diagnostic assessment and treatment, completing case formulations, administering and interpreting psychometric tests, professional writing, and receiving focused training in cultural sensitivity in diagnosis and test use/interpretation with marginalized populations.

DISCIPLINE-SPECIFIC CONCEPTUAL KNOWLEDGE (NPA competency)

Postdoctoral fellows are expected to demonstrate a broad base of established and evolving knowledge within their discipline and detailed knowledge of their specific research area. They should understand the gaps, conflicts, limits, and challenges within their practice.

2. Psychology fellows will establish competence in psychotherapy and psychological interventions through engaging in patient risk assessment and management, case conceptualization and treatment planning, therapeutic interventions, and group therapy. Within each of these areas, trainees will demonstrate cultural competence and sensitivity to individual and cultural diversity and social justice issues.

DISCIPLINE-SPECIFIC CONCEPTUAL KNOWLEDGE (NPA competency)

3. Psychology fellows will develop competence in consultation, supervision, and program evaluation through participating in intra- and inter-disciplinary consultation, engaging in diverse individual and group supervision experiences, applying cultural competence in consultation and supervision, and assisting in program development and evaluation.

COMMUNICATION SKILLS (NPA competency)

In any professional environment, the ability to communicate one's thoughts in a way that others will readily understand is imperative. Communication is more than preparing and sending a message; it is also ensuring the message is heard and understood by the appropriate audience.

MANAGEMENT SKILLS (NPA competency)

Postdoctoral fellows should have the skills and techniques needed to facilitate effective teamwork, manage day to day operations in their workplace, and pursue leadership opportunities at the local, institutional, regional, and national levels. These skills will also help in mentoring others more successfully.

4. Psychology fellows will demonstrate ethical and professional behavior through developing and maintaining respectful and cooperative relationships with other disciplines, ethical behavior when interacting with clients, colleagues and other professionals, administrative competence and appropriate documentation, professional demeanor and identity, and cultural competence within ethical behavior.

LEADERSHIP AND PROFESSIONALISM (NPA competency)

Postdoctoral fellows are expected to adhere to accepted professional standards and practices within their department, institution, and discipline. They are also expected to reflect and advance the values of their profession in the wider community.

The suggested National Postdoctoral Association competencies related to research skill development and responsible conduct of research do not apply as this fellowship is clinical and outpatient focused and not research focused.

The IHB Psychology Postdoctoral Fellowship Program is designed to meet post-degree licensure requirements for the State of Minnesota (<http://www.psychologyboard.state.mn.us>) – which includes 1,800 hours of supervised experience with weekly supervision to meet board requirements of licensure.

As part of orientation, fellows outline their individual interests, goals, and skills with the Training Director. In this way, the Training Director can refer therapy and assessment cases to fellows that are commensurate with their skills and interests. This also allows some tailoring of the postdoctoral fellowship experience to insure a mutually beneficial training experience.

CLINICAL TRAINING EXPERIENCES

Within the Counseling & Support Clinic, psychology fellows receive training and supervised practice of individual and group therapy, administering and scoring psychometric assessments, writing professional psychological reports and diagnostic assessments, participating in didactic training seminars, consulting regularly with intra- and inter-disciplinary staff, receiving diverse individual and group supervision, engaging in community outreach and consultation, and providing couples and family therapy as needed. Clinical training also involves working with children, youth, adults, and elders, providing psychology fellows with exposure to various developmental needs and presenting concerns. Fellows spend 20 to 25 hours each week in providing direct clinical services to clients. Additional time is carved out for report writing, chart notes, collaboration with other professionals, and other paperwork.

Training also takes place at Anishinabe Academy, a Minneapolis public magnet school providing education for children in Kindergarten through 8th grade. As with the populations served at IHB, students at Anishinabe Academy vary in age, ethnicity, disability status, gender identity, religion, socioeconomic status, and sexual orientation. In this setting, fellows provide psychotherapeutic services to students and actively facilitate classroom processes through implementing individual interventions with students, running student therapy groups, and providing psychoeducational presentations.

******Throughout the COVID-19 pandemic, IHB's presence in the schools has been limited. We hope school-based training resumes for fall 2022 however, this model may be adjusted to meet the needs of the community, trainees, and the clinic as related to COVID-19.***

Didactic Seminars

Pre-doctoral interns, the Training Director, and interested agency professionals meet weekly as a group for approximately two hours for didactic seminars. Fellows are not required to attend these weekly but are encouraged to attend trainings that are of interest, and strongly encouraged to attend the culturally focused sessions. Topics addressed include cultural proficiency, psychological assessment and other clinical issues. Past seminar topics have included several aspects of trauma (developmental, historical, collective, generational) and associated interventions, attachment & other topics in child development, multicultural supervision, countertransference, vicarious traumatization, ethics and professional issues, supervision models and topics, and co-occurring disorders.

Fellows present formal therapy case presentations once a year and formal assessment case presentation once a year in these seminars. Professionals from within the agency and from the community are invited to lead seminars.

Team/Department Case Consultations

Fellows attend weekly meetings for case discussion/presentations. Fellows are exposed to a variety of viewpoints and intervention theories and recommendations at these meetings.

Program Development

Upon selecting a program development project, one to two hours of program development and implementation are also required. Often times, fellows can pick a project of their choosing. In the past, it has included starting and co-facilitating a therapy group, program evaluation, re-vamping workflows and many other various activities.

Community Outreach

Opportunities to engage with the community are built into the training year. However, trainees are strongly encouraged to take extra opportunities to engage in community activities. These experiences greatly contribute to and access cultural competence development in a way that didactics and supervision cannot.

Sample Weekly Schedule: *****Schedules and training opportunities may change depending on COVID-19 pandemic*****

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------|---------------------|------------------|----------------|----------------|-----------------------|
| 8:30 | Administration | Administration | Administration | Administration | Administration |
| 9:00 | Talking Circle | Therapy Hour | Therapy Hour | School based | Secondary Supervision |
| 10:00 | Therapy Hour | Peer Supervision | Didactic | School based | Group Therapy |
| 11:00 | Therapy Hour | Therapy Hour | Didactic | School based | Group Therapy |
| 12:00 | Administration | Therapy Hour | Group Sup | School based | Administration |
| 1:00 | Lunch | Lunch | Case Consult | Lunch | Lunch |
| 2:00 | Primary Supervision | Administration | Therapy Hour | Therapy Hour | Therapy Hour |
| 3:00 | Therapy Hour | Therapy Hour | Sup of Sup | Therapy Hour | Therapy Hour |
| 4:00 | Therapy Hour | Therapy Hour | Therapy Hour | Therapy Hour | Talking circle |

SUPERVISION

IHB requires fellows to have two hours of regularly scheduled, face-to-face, individual supervision by a licensed psychologist on a weekly basis, either with the Training Director or his/her designees. One supervisor will be designated as having primary clinical responsibility for the fellow's cases (including co-signing clinical notes, treatment plans, etc.). All supervision includes a discussion of and exploration of clinical, ethical, theoretical, conceptual, and empirical aspects of clinical activities with clients. Supervisors may change mid-year, so that the fellow can receive diverse supervision experiences.

In addition to individual supervision, one hour of group supervision related to clinical hours spent at Anishinabe Academy takes place. If fellows are running groups, bi-weekly supervision of groups also takes place.

Postdoctoral fellows may be offered an opportunity to work toward a competency in supervision.

Fellows may be invited to provide closely monitored supervision and/or co-supervision of the students. Fellows may provide one hour bi-weekly supervision of a predoctoral intern offset by bi-weekly supervision with a member of the training team towards building competency in providing supervision. Another option for building supervision competency is to facilitate bi-weekly group consultation with the entire training cohort (including practicum students and psychology interns).

TRAINING PROGRAM OUTCOMES

Twice a year the fellow's performance is reviewed and assessed, and progress is evaluated, once midway through the fellowship and once at the end of the year. The ratings are informed by direct observation, case consultation, supervision, audio recordings, and formal case and didactic seminar presentations. In addition, the fellow will receive direct feedback throughout the year.

At the half-way point and at the end of the year, the fellows are asked formally and informally to evaluate and provide recommendations to the Training Director regarding their fellowship experience. The areas of evaluation include: the quality of experience, supervision, training seminars, general satisfaction, progress in cultural proficiency, and the ability of the students and the fellowship to meet the trainees' major goals. If needed and when possible, adjustments are made for either the current or future fellowships.

CONTINUING EDUCATION

The Indian Health Board's Postdoctoral Fellowship meets licensure requirements for postdoctoral supervised practice in the state of Minnesota. Fellows may also receive a paid CEU (continuing education) day(s), when arranged and authorized by the Training Director.

SALARY AND BENEFITS

The salary for full-time postdoctoral fellows is \$21.64 per hour for a 12-month period. Fellowship positions are protected by a labor agreement between IHB and SEIU Healthcare Minnesota; fellows are required to pay nominal, monthly dues to SEIU. Full-time fellows receive the following benefits, beginning on the first day of the month following a full calendar month of employment:

- 14 days of PTO (paid time off)
- 7 paid holidays and 2 personal "floating" holidays
- Health insurance (currently, Blue Cross Blue Shield)
- Dental insurance (additional monthly premium, or free onsite basic dental services)
- Flexible spending account (pre-tax basis of employee contributions)

An EPPP study package is purchased for each fellow through AATBS. Fellows also receive EPPP study release time for three hours a week for three months.

APPLICATION INFORMATION

Postdoctoral Fellows must have completed a doctoral degree before beginning their postdoctoral training. Per APPIC criteria, this is defined as having on the first day of the fellowship either the diploma in hand or a letter from the Director of Graduate Studies or one's program Director of Clinical Training verifying the completion of all degree requirements pending institution graduation ceremony.

IHB prefers applicants with a Ph.D. or Psy.D. from an APA- or CPA-Accredited program in Clinical or Counseling Psychology. Applicants with strong assessment *and* strong therapy skills from an APA- or CPA-Accredited Counseling or School Psychology program will be considered on a case-by-case basis. If an applicant's degree program is not APA- or CPA-Accredited, IHB may still consider an applicant who has completed all professional doctoral degree requirements from a regionally accredited institution of higher education that includes an internship meeting APPIC standards.

Applicants with doctoral degrees in fields other than clinical, counseling, or school psychology must have received a certificate of equivalency from an APA/CPA approved university program attesting to their having met APA/CPA standards, including the pre-doctoral internship.

It is the policy of IHB to provide equal opportunity to persons without regard to actual or perceived race, color, religion, gender, national origin or ancestry, age, disability, veteran status, sexual orientation, marital status, or any other basis protected by federal, state or local law.

The programs seeks emerging professionals who have a knowledge base and understanding of American Indian values and commitment to working with this population so that our community is better served by highly trained and culturally aware professionals.

Applicants are required to submit the following:

A letter of interest, including proposed goals for the fellowship.

Official transcript(s) of all graduate work.

Two letters of recommendation from: (1) Doctoral Psychology Internship Training Director or Supervisor; (2) Either an academic or clinical professional familiar with your progress and skills.

Verification of status in pre-doctoral internship by your Training Director.

A current curriculum vitae.

Two writing samples: A redacted intake/diagnostic summary AND a psychological evaluation/assessment report (testing report).

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| <p>Deadline for completed applications is January 19, 2022. IHB will follow uniform notification date guidelines.</p> |
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Send completed application materials via email to: luz.salinas@indianhealthboard.com

Contact Information:

Luz Salinas, PsyD, LP

Indian Health Board of Minneapolis

Counseling & Support Clinic

Training Director

2101 Minnehaha Ave.

Minneapolis, MN 55404

Phone: (612) 721-9804

SELECTION PROCESS

After an application has been received, the Training Director reviews the applicant's file to determine the goodness of fit with the training program's model, objectives and training opportunities. The selected applicants will be invited for a virtual interview. If an

applicant is not selected to interview, she/he will be notified in writing or e-mail. The interview will last for approximately 2 hours. The first half-hour to hour will be spent with the Training Director and other training staff members. The second half-hour/hour, the applicant will have time to ask questions of current fellows. After all selected applicants have been interviewed, the interview committee will determine the best matching candidate and make the offer and notifications will be communicated on the suggested APPIC notification date. Orientation materials and relevant paperwork will be sent to the successful applicant at the beginning of June.

This site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.

TRAINING FACULTY AND OTHER STAFF

Training Faculty

LUZ SALINAS, PsyD, Licensed Psychologist and Training Director

LAIEL BAKER-DEKREY, PhD, Licensed Psychologist, Clinical
Director, Recovery Services Director.

THOMAS MURPHY, PsyD, Licensed Psychologist

ADRIANA YOUSSEF, PhD, LP, Staff Psychologist

ROBIN YOUNG, PsyD, Licensed Psychologist, Chief psychologist

ANDRE PERI, PhD, Licensed Psychologist, Licensed Psychologist, Behavioral Health Integration MANAGER

TYLER HOYT, PhD, License Psychologist

Additional/Adjunct Training Staff

ANGELA ERDRICH, MD, Pediatrician

D. RICHARD WRIGHT, LADC, Indigenous Services Specialist

PATRICK ROCK, MD, CEO

DUE PROCESS PROCEDURES

Identification and Management of Trainee Problematic Behavior and Grievances

Trainees make significant developmental transitions during the training period. Part of the training process involves the identification of growth and/or problem areas of the trainee. Clinical supervisors often identify these and deal with them in supervision. However, problems may sometimes require more formalized intervention.

This document provides C&S 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 but, if this cannot occur, the following formal mechanisms allow for response to issues of concern.

DEFINITION OF PROBLEM

Lamb et al. describe a problem as a behavior, attitude, or other characteristic that, although causing concern, is not excessive or outside the domain of expected behaviors for professionals in training (Lamb, Presser, Pfof, Baum, Jackson, & Jarvis, 1987). Problems are typically amenable to management procedures, supervision, or education. The formal procedures outlined below may be utilized if management procedures, supervision, or education do not result in improvement of the problem.

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:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- 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. 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 becomes identified when one or more of the following characteristics exist:

- The trainee does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services delivered by the trainee is clearly negatively affected.
- The problem is not restricted only to one area of professional functioning.
- A disproportionate amount of attention by training staff is required.
- The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

GUIDELINES FOR DUE PROCESS

All trainees may have multiple supervisors and reporting lines. It is therefore necessary to define a due process procedure that takes into account the company's personnel policies, the multiplicity of lines of authority over trainees, the duality of their status, and published professional standards. The following procedures clarify how Progressive Discipline shall be applied to trainees.

General due process guidelines include:

- Presenting to trainees, in writing, the program's expectations in regard to professional functioning at the outset of training,
- Stipulating the procedures for evaluation, including when, how, and by whom evaluations will be conducted,
- Using input from multiple professional sources when making decisions or recommendations regarding the trainee's performance,
- Articulating the various procedures and actions involved in making decisions regarding problems,
- Communicating early and often with graduate programs about any suspected difficulties with trainees,
- Instituting, with the input and knowledge of the trainee's graduate program, a remediation plan for identified problems, including a time frame for expected remediation and consequences of not rectifying the problems,
- Providing the trainee with a written statement of procedural policy describing how the trainee may appeal the program's actions or decisions,
- Insuring that trainees have a reasonable amount of time to respond to any action(s) taken by the program,
- Documenting, in writing and to all relevant parties (e.g. the trainee's academic advisor or training coordinator, supervisors, etc.) the action(s) taken by the program and the rationale for those actions, and
- Insuring that trainees receive adequate supervisory support for clinical work.

PROCEDURES TO RESPOND TO PROBLEMATIC BEHAVIOR

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 the concerns, and in other cases a consultation with the Training Director (TD) will be warranted. This decision is made at the discretion of the staff or trainee who has concerns **within 5 business days.**
2. Once the TD has been informed of the specific concerns, they will determine if and how to proceed.
3. If the staff member who brings the concern to the TD is not the trainee's supervisor, the TD will discuss the concern with the supervisor(s) **at the next weekly training team meeting, or sooner.**
4. If the TD and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought the complaint **within 5 business days.**
5. The TD will meet with the training committee to discuss the concern **within 5 business days.**
6. The TD will meet with the Director to discuss the concerns and possible courses of action to be taken to address them **within 5 business days.**
7. The TD, supervisor(s), and Director may meet to discuss possible course of actions (as listed below).

Notification Procedures to Address Problematic Behavior or Inadequate Performance

Meaningful ways to address problematic behavior, once identified, are important. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the trainee with problematic behavior, the clients involved, members of the trainee's training group, the training staff, other clinic personnel, and the agency community. All evaluative documentation will be maintained in the trainee's file. The trainee's academic program will be notified of Verbal Notice at the discretion of the TD (in consultation with the Director) and of Written Notice(s) when they occur.

1. Verbal Notice to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion.
2. Written Notice to the trainee formally acknowledges that:
 - a) the TD is aware of and concerned with the behavior,
 - b) the concern has been brought to the attention of the trainee,
 - c) the TD will work with the trainee to rectify the problem or skill deficits; and,

d) 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).

If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal (see 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 TD, 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 support the trainee's achievement of full functioning. 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 TD. 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 (a list of community practitioners and other resources are available);
- d) reducing the trainee's clinical or other workload; and,
- e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the TD, supervisor(s) and the Director. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TD, supervisor(s) and the 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 support the trainee's achievement of full functioning. Probation defines a relationship in which the TD 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 (on the evaluation form and/or from an evaluation source);
- b) the remediation plan for rectifying the problem;
- c) the timeframe for the probation during which the problem is expected to be ameliorated; and,
- d) the procedures to ascertain whether or not the problem has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the trainee's behavior to remove the probation or modified schedule, then the TD will discuss with the supervisor(s) and the Director possible courses of action to be taken. The TD 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 TD 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) or the clinic community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TD in consultation with the trainee's supervisor(s) and Director. At the end of the suspension period, the trainee's supervisor(s) in consultation with the TD, 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 the Indian Health Board (IHB). 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 TD will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits, including the possibility of no pay and no 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 TD will discuss with the 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 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 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 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) or the clinic community by an action(s) which generates grave concern from the TD or the supervisor(s), the Director may immediately dismiss the trainee from IHB. This dismissal may bypass steps identified in notification procedures and remediation and sanctions alternatives. When a trainee has been dismissed, the TD will communicate to the trainee's academic department that the trainee has not successfully completed the training program.

If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement Appeal Procedures.

Appeal Procedures

In the event that a trainee does not agree with the aforementioned notification, remediation or sanction, 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 Director. The trainee must submit this appeal within five work days from their notification of any of the above (notification, remediation or sanction, or handling of a grievance).
2. Within three work days of receipt of a formal written appeal from a trainee, the Director will consult with members of management and decide whether or not 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, written appeal to disagree with a decision that has already been made by the Review Panel and supported by the Director, then that appeal is reviewed by the Director in consultation with the IHB Management Team. The 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.

**Doctoral Psychology Intern/Post-doctoral Fellow
Competency Assessment Form**

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**Standards for Completion of Training
Comments and Signatures**

Directions for use of computerized format: This form may be completed on computer and only the ratings being given to the intern or fellow need to be printed. Copy the document, rename it, and delete the ratings not being given before printing.

**Indian Health Board of Minneapolis
Counseling & Support Clinic**

**Doctoral Psychology Intern/Post-Doctoral Fellow
Competency Assessment Form**

This form is to be filled out at least two times per year, or more often in cases of remediation.

Trainee

Supervisor

Training Year

Date

Assessment methods for this evaluation

| | |
|-------------------------|------------------------|
| Direct Observation | Review of written work |
| Review of raw test data | Case Presentation |
| Audio recording | Personal Supervision |
| Collateral information | |

Competency Ratings Definitions & Expectations for Training Completion

| | |
|--|--|
| Please rate and circle the number denoting the intern’s skill level using the scale below: | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

NA. Indicates not applicable or not assessed by this evaluator

Independent/Autonomous (Rating of 5): Indicates skill set necessary beyond licensure.

Postdoctoral Exit Level (Rating of 4): Typical skill set for end of the postdoctoral year and is ready for licensure.

Doctoral Psychology Internship Exit Level/Postdoctoral Entry Level (Rating of 3): Typical skill set for end of internship or during postdoctoral training. Requires supervision but displays highly developed professional skills and judgment. Generally achieved in 6-12 months of internship.

Intermediate Internship (Rating of 2): Typical skill set for practice during internship. Displays significant knowledge of role, and can function professionally with regular supervision. By December 31st, no more than 25% of competencies (nineteen total) will be rated below a 2. By April 30th, no more than 15% of competencies (eleven total) will be rated below a 2.

Internship Entry Level (Rating of 1): Typical Practicum level skill set. Requires continuous supervision, but accepts it. Expected to last no longer than the first 1-4 months of internship.

Unsatisfactory/Pre-Internship Level (Rating of 0): Displays significant problems beyond a lack of opportunity to learn skills. May have apparent lack of aptitude for the task or role, or may be avoiding or resisting changing clinical behavior or expanding skill set. This includes unethical practice or repeated boundary violations. *The evaluator is to specify what specific areas need remediation in the comments section for any given objective and summarize a recommended course of action at the end of this assessment form.*

All higher level ratings are presumed to contain the lower level competencies as well.

Training Goals: By the end of the training year, an Intern will be able to demonstrate skills at the Doctoral Psychology Internship Exit Level/Postdoctoral Entry Level or higher for all competencies. By the end of the training year, a Postdoctoral Fellow will be able to demonstrate skills at the Postdoctoral Exit level for all competencies.

Goal 1. Competence in Theories and Methods of Psychological Assessment

Objective 1.1. Interviewing and Data Collection for Formal Evaluation

| | |
|--|--|
| 1.1.a Interviews skillfully to collect relevant information. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 1.1.b Uses understanding of behavior and mental illness to shape interview questions. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.1.c. Shapes interview process to collect maximal range of data collection. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |

| | |
|----------|--|
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.1.d. Describes interview data effectively. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments (Two the three sentences required and anything rated below the minimal level of achievement must be commented on):

Objective 1.2. Effective Interview skills for Diagnostic Assessment for Treatment

| | |
|-------------------------------------|--|
| 1.2.a. Readily establishes rapport. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.2.b. Efficiently gathers clinical information. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.2.c. Informs clients of status, data privacy and confidentiality concerns. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.2.d. Attends to relevant administrative details and paperwork. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.2.e. Appropriately attends to the client's needs through the assessment or evaluation process. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 1.2.f. Diagnoses entered into computer and discussed with other members of the treatment team as appropriate. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 1.3. Accurate Diagnosis and Case Formulation

| | |
|---|--|
| 1.3.a. Makes diagnoses based on the best available information. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 1.3.b. Formulates diagnostic, clinical and referral issues clearly. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 1.3.c. Able to use diagnostic instruments effectively to support diagnosis. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 1.4. Appropriate Use of Tests and Interpretation

| | |
|--|---|
| 1.4.a. Selects and uses psychometric instruments appropriate for task. | |
| 5 | Independent/Autonomous (full performance level) |

| | |
|----------|--|
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.4.b. Understands roles and limits of psychometric instruments. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.4.c. Administers tests accurately and according to standard protocols. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.4.d. Integrates implications of cultural variations in test results. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.4.e. Integrates test and interview data to form sound hypotheses and formulations. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 1.4.f. Makes effective recommendations to referral sources. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 1.5. Professional Writing and Feedback

| | |
|--|--|
| 1.5.a. Writes clearly, communicates effectively and organizes information efficiently. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.5.b. Uses appropriate grammar and effective rhetorical skills. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.5.c. Avoids jargon, and communicates clinical information meaningfully to non-psychologists. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |

| | |
|----------|--|
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 1.6. Cultural Competence

| | |
|---|--|
| 1.6.a. Appropriately considers cultural factors in client presentation. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.6.b. Recognize misdiagnoses and historical implications of diagnoses in marginalized groups. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.6.c. Understands the value of utilizing empirically validated techniques and their use within certain populations. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 1.6.d. Interpret test results with cultural factors in mind and report these factors within the report. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 1.6.e. Able to discuss results in a culturally appropriate manner. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Goal 2. Competence in Psychotherapy and Psychological Interventions

Objective 2.1. Patient risk management

| | |
|--|--|
| 2.1.a. Effectively evaluates, documents, and manages clinical risk, including suicidality, homicidality, abuse of others, child neglect, or other safety concerns. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|---|
| 2.1.b. Manages privacy issues in risk situations. | |
| 5 | Independent/Autonomous (full performance level) |

| | |
|---|--|
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 2.1.c. Develops plans for safety and collaborates with clients, family, and other providers and personnel including hospitals and law enforcement. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 2.2. Appropriate case conceptualization and treatment planning

| | |
|--|--|
| 2.2.a. Recognizes and structures treatment based on scientific, theoretical and practical principles of client care. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 2.2.b. Writes collaborative treatment plans reflecting a scientific and theoretical framework. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |

| | |
|----------|--|
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 2.2.c. Researches diagnoses and incorporates scientific knowledge into treatments. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 2.2.d. Individualizes treatment to accommodate individual and cultural differences. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 2.2.e. Designs coherent objectives of treatment. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|----------------------------|--|
| 2.2.f. Documents outcomes. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 2.3. Effective therapeutic interventions

| | |
|--|--|
| 2.3.a. Uses appropriate and targeted clinical interventions. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 2.3.b. Uses empirically validated interventions where possible, or can justify reasons to do otherwise. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 2.3.c. Implements interventions skillfully. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 2.3.d. Communicate empathy to clients. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 2.3.e. Manages expected caseload effectively. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 2.4. Sensitivity to individual and cultural diversity

| | |
|---|--|
| 2.4.a. Accepts and seeks knowledge and understanding of individual and group differences, including ethnicity, race, gender, religion, sexual orientation and other concerns. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 2.4.b. Responds with sensitivity and respect to differences. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| |
|---|
| 2.4.c. Empowers clients to find resources relevant to their own identity. |
|---|

| | |
|---|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 2.4.d. Aware of impact of clinician’s own diverse identities. Recognizes own limits and prejudices. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 2.5. Group therapy skills

| | |
|----------------------------------|--|
| 2.5.a. Understands group theory. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 2.5.b. Manages group process effectively and intervenes when appropriate. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |

| | |
|----------|--|
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |
|----------|--|

____ NA: Not applicable or not assessed by this evaluator

2.5.c. Encourages participation of all while simultaneously fostering the development of group cohesion.

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

2.5.d. Functions well in different types of group settings.

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

2.5.e. When appropriate, prepares and effectively facilitates psycho-educational, experiential or skills-building in a group format.

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

2.5.f. Demonstrates firm understanding of group theory and didactic materials presented.

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 2.6. Cultural Competence

| | |
|---|--|
| 2.6.a. Understands importance of establishing rapport, historical trauma, effects of oppression on individuals and groups, effectiveness of different therapeutic styles and models and different worldviews. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Goal 3. Constructive Consultation and Supervision and Program Evaluation

Objective 3.1. Effective consultation and communication

| | |
|--|--|
| 3.1.a. Communicates concerns and recommendations clearly, both orally and in written form. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| |
|--|
| 3.1.b. Offers useful feedback in clinical team meetings, in consultation with outside agencies and the public. |
|--|

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 3.1.c. Conceptualizes effectiveness of programs and interventions, and can communicate targets for change. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 3.1.d. Demonstrates awareness of ethical guidelines pertaining to consultation. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 3.2. Effective supervision

| | |
|---|--|
| 3.2.a. Within peer supervision and peer review, able to provide constructive feedback, supervisory suggestions, and supervisee skills and shortcomings. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |

| | |
|----------|--|
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 3.2.b. Demonstrates awareness of ethical guidelines pertaining to supervision. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 3.2.c. Able to articulate models and/or philosophies of supervision and relevant research. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 3.3. Theories and Methods of Program Evaluation

| | |
|---|--|
| 3.3.a. Developed expected skills in knowledge of evaluation of a program or an intervention (at the individual or group level). | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 3.4. Cultural Competence within Consultation, Supervision and Program Evaluation

| | |
|---|--|
| 3.4.a. Expresses knowledge and awareness of cultural diversity issues within peer supervision, consultation and in evaluation of a program or intervention. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 3.4.b. Demonstrates competence in providing feedback in report-writing through peer review, especially psychological testing and limitations based on cultural differences from norms. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Goal 4. Ethics and Professional Behavior

Objective 4.1. Respectful Relationships and Cooperation with Other Disciplines

| | |
|---------------------------------------|--|
| 4.1.a. Makes contributions to a team. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 4.1.b. Works effectively with others. Resolves differences in a way that promotes quality work and fosters working relationships. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 4.1.c. Respectful relationships and cooperation with other disciplines. Able to work well with other professional disciplines. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 4.2. Ethical behavior

| | |
|---|---|
| 4.2.a. Familiar with ethics and relevant state law and consistently applies this to practice. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |

| | |
|----------|--|
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 4.2.b. Maintains appropriate professional boundaries. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 4.2.c. Seeks consultation regarding ethical dilemmas as they arise. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 4.3. Administrative competence and appropriate documentation

| | |
|--|--|
| 4.3.a. Able to prioritize and complete administrative tasks and paperwork in ways that meet agency standards and promote quality of service. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |

| | |
|----------|--|
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

4.3.b. Abides by principles of confidentiality and behaves in manner fully consistent with HIPAA guidelines.

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

4.3.c. Demonstrates time management skills in managing multiple expectations.

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 4.4. Professional demeanor and identity

4.4.a. Sees self as a professional and is confident in this role.

| | |
|----------|--|
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|--|--|
| 4.4.b. Able to convey a sense of confidence and professionalism to others. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Objective 4.5. Cultural Competence

| | |
|--|--|
| 4.5.a. Recognizes the tension between professional expectations and the conflicts that may arise in different cultural settings (worldviews, ways of perceiving mental health problems, appropriateness of gift-giving) and practices effective and appropriate means of addressing the tension. | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

| | |
|---|--|
| 4.5.b. Displays awareness of possible tension in the supervisory relationship related to differences between supervisor and supervisee (culture, gender, privilege/class, race and so on) and is available for a dialogue with the supervisor and others in order to find/create safe places to address any such tensions | |
| 5 | Independent/Autonomous (full performance level) |
| 4 | Postdoctoral Exit Level (no supervision needed) |
| 3 | Internship Exit Level/Postdoctoral Entry Level (little supervision needed) |
| 2 | Intermediate Internship (some supervision needed) |
| 1 | Internship Entry Level (close supervision needed) |
| 0 | Unsatisfactory/ Pre-Internship Level (remediation plan needed) |

____ NA: Not applicable or not assessed by this evaluator

Comments: _____

Competency rating tally:

December 31 By December 31st, no more than 25% of competencies (nineteen total) will be rated below a 2 for a doctoral psychology intern, or below a 3 for a post-doctoral fellow.

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April 30 By April 30th, no more than 15% of competencies (eleven total) will be rated below a 2 for a doctoral psychology intern, or below a 3 for a post-doctoral fellow.

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August 31 By end of internship year, no competencies will be rated below a 3 for a doctoral psychology intern, or below a 4 for a post-doctoral fellow.

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Summary of trainee's main strengths and assets:

Recommendations for continued development – areas in need of improvement that do not yet meet the threshold for formal remediation:

This assessment has been reviewed and discussed with the doctoral psychology intern or post-doctoral fellow.

Supervisor _____

Date _____

Intern/Fellow _____

Date _____