

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.”

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Psychology Post-doctoral Program

2024-2025

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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.

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 on a regular basis 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, 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 Unpí* (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.

Profession Wide Competencies

Consistent with our mission and with the requirements set by the Commission on Accreditation evaluation is based on the following profession wide competencies:

1. Research: Interns will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation,

- publications) at the local (including the host institution), regional, or national level.
2. **Ethical and Legal Standards:** Interns will demonstrate the ability to respond professionally in complex situations in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.
 3. **Individual and Cultural Diversity:** Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population - demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.
 4. **Professional Values, Attitudes, and Behaviors:** Interns will develop the ability to engage in self-reflection regarding one's personal and professional functioning, actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations.
 5. **Communication and Interpersonal Skills:** Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
 6. **Assessment:** Interns will demonstrate competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs.
 7. **Intervention:** Interns will demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches. They will develop the ability to critically reflect on appropriateness of evidence-based interventions with the American Indian community and is able to justify when other interventions are more appropriate.
 8. **Supervision:** Interns will develop competence in evidence-based knowledge of supervision models and practices and apply this knowledge in direct or simulated practice. Supervision involves the mentoring and monitoring the development of competence and skill in professional practice and the effective evaluation of those skills.
 9. **Consultation:** Interns will develop competence in consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities

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.

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 culturally focused sessions. 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 also offer a didactic presentation for the doctoral interns during the training year.

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.

Tape Reviews:

Weekly tape review is help with all trainees and two licensed psychologists. Students take turns showing tape and providing each other feedback on therapy sessions. Postdocs are encouraged to take

the lead in facilitating this consultation and is an opportunity to develop skills in supervision and consultation.

Program Development

Upon selecting a program development project, one to two hours of program development and implementation are also optional depending on clinic need. 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	Talking Circle	Administration	Administration	Administration	Administration
9:00	Therapy Hour	Therapy Hour	Therapy Hour	School based	Secondary Supervision
10:00	Therapy Hour	Peer Supervision	Tape Review	School based	Group Therapy
11:00	Therapy Hour	Therapy Hour	Peer Supervision	School based	Therapy Hour
12:00	Administration	Therapy Hour	Group Sup	School based	Therapy Hour
1:00	Lunch	Lunch	Case Consult	Lunch	Lunch
2:00	Primary Supervision	Administration	Therapy Hour	Therapy Hour	Therapy Hour
3:00	Therapy Hour	School Sup/Cultural Sup	Sup of Sup	Assessment Sup/Trainee Circle	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 \$23.00 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.

One or 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.

Deadline for completed applications is January 12, 2024.

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 to the candidate. Orientation materials and relevant paperwork will be sent to the successful applicant at the beginning of June.

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.

ROBIN YOUNG, PsyD, Licensed Psychologist, Chief psychologist

CHRISTINA GARRISON-DIEHN, PhD, Licensed Psychologist, Integrated Behavioral Health Manager

THOMAS MURPHY, PsyD, Licensed Psychologist

TYLER HOYT, PhD, Licensed Psychologist

MICAH PRAIRIE CHICHEN, PhD, Licensed 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.

**Postdoctoral Fellow
Competency Assessment Form**

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

Trainee:
Supervisor:
Training Year:
Date:

Assessment methods for this evaluation

- | | |
|--|---|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of written work |
| <input type="checkbox"/> Review of raw test data | <input type="checkbox"/> Case Presentation |
| <input type="checkbox"/> Audio recording | <input type="checkbox"/> Personal Supervision |
| <input type="checkbox"/> Video recording | |
| <input type="checkbox"/> 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:	
7	Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
6	Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)
5	Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)
4	Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).
3	Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)
2	Regular supervision required on most straightforward cases/projects (practicum entry level)
1	Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan

All higher level ratings are presumed to contain the lower level competence/.

By half way through the year, post docs will be rated a 6 of higher on 90% of all items to remain in good standing in the program.

By the end of the year, post docs will be rated a 7 on 100% of items to graduate the program successfully.

Competency 1: Research

1.a. Demonstrates self-direction in gathering clinical and research information to practice independently and competently.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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1.b. Demonstrates critical thinking related to research/scholar endeavors (e.g., direct research activities, publications and presentations, case presentations, and direct clinical work).

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 2: Ethical and Legal Standards

2.a. Demonstrates understanding and application of current APA Ethical Principles of Psychologists and Code of Conduct and acts in accordance.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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2.b. Knowledgeable and applies ethics and relevant state laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels and consistently applies this to practice.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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2.c. Demonstrates awareness and application of relevant professional standards and guidelines.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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2.d. Recognizes ethical issues as they arise and applies ethical decision-making processes to resolve them.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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2.e. Conducts self in an ethical manner in all professional activities (e.g., works effectively with others to foster collaborative relationships, works across disciplines, maintains appropriate professional boundaries, informs clients of status, data privacy and confidentiality concerns etc.)

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 3: Individual and Cultural Diversity

3.a. Recognizes misdiagnoses and historical implications of diagnoses in marginalized groups.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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3.b. Aware of how their own personal/cultural history, attitudes and biases may affect how they understand and interact with others (e.g., clients, colleagues, community members, etc.).

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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3.c. Understands effects of historical trauma and oppression on individuals and groups and applies this when assessing effectiveness of different therapeutic approaches.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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3.d 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.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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3.e. Aware of, seeks, and integrates knowledge (including current theoretical and empirical knowledge) and awareness of individual and cultural diversity across a range of professional roles (e.g., within clinical care, supervision, peer supervision, case consultations, etc.).

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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3.f. Responds with sensitivity and respect to differences.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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3.g. Applies the concept of historical and generational resilience at the individual and community level. Empowers clients to find resources relevant to their own identity.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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3.h. Effectively works with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 4: Professional Values, Attitudes, and Behaviors

4.a. Abides by principles of confidentiality and behaves in manner fully consistent with HIPAA guidelines.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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4.b. Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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4.c Actively self reflects and is aware of own competence and limitations

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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4.d. Recognizes how personal characteristics and world view impact clinical work while continuing to engage in self-reflection.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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4.e. Is well prepared for supervision/consultation, open to feedback and on-going learning, and implements feedback accordingly.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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4.f. Attends to relevant administrative details and paperwork.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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4.g. Manages expected caseload effectively.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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4.h. Responds professionally in increasingly complex situations with a greater degree of independence

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 5: Communications and Interpersonal Skills

5.a. Maintains effective relationships (e.g., with training program staff, support staff, peers, community members etc.).

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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5.b. Makes contributions to a team.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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5.c. Writes clearly, communicates effectively, and organizes information efficiently to demonstrate a throughout grasp of professional language and concepts.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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5.d. Communicates concerns and recommendations clearly, both orally and in written form.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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5.e. Understands diverse views in complicated interactions and manages difficult interpersonal challenges and conflictual relationships in professional contexts.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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5.f. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 6: Assessment

6.a. Uses understanding of behavior and mental illness to shape interview questions.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.b. Demonstrates differential diagnostic skills and knowledge of DSM-5

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.c. Assesses risk for harm to self and others.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.d. Integrates other forms of data beyond test data and self-report (e.g., behavioral observations historical data, medical records, etc.) and considers clients' strengths.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.e. Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.f. Uses diagnostic instruments effectively to support diagnosis.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.g. Selects and uses psychometric instruments appropriate for task.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.h. Integrates implications of cultural variations in test results.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.i. Uses a research base and professional standards to inform assessment results, has an awareness of and avoids influence of personal biases, distinguishes the aspects of assessment that are subjective from those that are objective

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.j. Understands roles and limits of psychometric instruments.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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6.k. Communicates findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 7: Intervention

7.a. Establishes and maintains effective therapeutic alliances.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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7.b. Attends to the client’s needs through the assessment or evaluation process.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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7.c. Writes collaborative treatment plans reflecting a scientific and theoretical framework.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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7.d. Individualizes treatment to accommodate individual and cultural differences.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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7.e. Understands the value of utilizing evidence-based treatments and their use within certain populations and is able to justify reasons when it is appropriate to do otherwise.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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7.f. Uses appropriate and targeted clinical interventions.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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7.g. Able to apply relevant research literature to clinical decision making.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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7.h. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 8: Supervision

8.a. Demonstrates an understanding of models and/or philosophies of supervision and relevant research.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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8.b. Provides constructive feedback/suggestions/evaluations in multiple contexts (e.g., peer review, peer supervision/role plays or case consultations, etc.).

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

9.a. Utilizes case consultations skillfully and effectively.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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9.b. Offers useful feedback in clinical team meetings, in consultation with outside agencies and the public.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Comments: [Click or tap here to enter text.](#)

9.c Applies relationship building values, principles of team dynamics and knowledge of consultation models to perform effectively in team settings to plan and deliver safe, timely, efficient, effective, and equitable client/community centered care.

1.Substantial supervision required. Little to no autonomous judgment; triggers a remediation plan	2. Regular supervision required on most straightforward cases/projects (practicum entry level)	3. Regular supervision required on challenging cases/projects and in new skill areas (practicum exit level/intern entry level)	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (intern mid-year).	5. Little consultation/ supervision needed. Sound critical thinking/judgment evident overall (intern exit level; post doc entry level)	6. Sound critical thinking judgment evident overall. Some consultation needed in advanced or specialized areas (postdoc mid-year)	7. Sound critical thinking/judgment is evidence in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level).
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Comments: Click or tap here to enter text.

Summary of trainee’s main strengths and assets:

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Supervisor Signature		Click or tap to enter a date.
Trainee Signature		Click or tap to enter a date.