

## POSTDOCTORAL FELLOWSHIP PROGRAM at Petaluma Health Center

Behavioral and Mental Health Department  
Sonoma County, CA

The Postdoctoral Fellowship program at PHC offers comprehensive training and experience in providing psychological services within a primary care setting to uninsured and underserved populations in Southern Sonoma County. Our patient centered care is based upon an integrated team approach that is both holistic and collaborative. PHC is widely recognized for our innovation and has been on the leading edge of team based care since 2007, emphasizing overall wellness and the value of the patient provider relationship.

The postdoctoral fellow will have the opportunity to:

- Work closely with medical providers as part of PHC's model of integrated care
- Perform assessments and brief interventions with patients as a full member of a medical team. Fellows receive warm hand-offs from primary care and other medical disciplines as a part of our Behavioral Health Integration Program
- Carry a case load of patients for on-going psychotherapy as part of our Mental Health Program
- Develop clinical and assessment skills with an extremely broad range of patients, including diversity in age, diagnosis, ethnicity, and life circumstances.
- Participate in individual and group supervision in compliance with state licensing requirements. PHC has an exceptional staff of clinicians with a wide range of expertise and experience. Our clinical orientation integrates a psychodynamic relational approach with other evidenced based models of treatment.
- Participate in didactic and experiential learning through seminars, staff meetings, intake triage and case presentations.
- Focus training in areas of primary care, substance abuse, and psychological assessment depending on the interests of the participants.
- Receive clinical training and administrative support in the use of electronic medical records.

### Organizational Description and Recent History

Petaluma Health Center (PHC) is a Federally Qualified Health Center whose mission is to provide high quality health care with access for all in California's southern Sonoma County. PHC was created in 1994 as a program of the Petaluma Health Care District; it became an independent nonprofit organization in 1999 and secured its FQHC designation in 2000. In

January 2013, PHC received Level 3 recognition as a Patient Centered Medical Home (PCMH), the highest level awarded by the National Committee for Quality Assurance (NCQA). In October 2013, it opened its first school-based health center on the grounds of San Antonio High School in Petaluma. PHC is also responsible for management of the medical clinic located at the Mary Isaak Center, a homeless shelter and service center in Petaluma, beginning in the summer of 2014.

In August 2011, PHC celebrated the grand opening of its new 53,000-square foot facility, expressly designed for the delivery of team-based integrated health care. The ambitious expansion increased the number of exam rooms from 31 to 44, allowing PHC to accommodate 25% more patients. The new facility also includes a demonstration kitchen for nutrition education programs, a wellness center, a dental clinic, and a community garden. PHC's staff has grown to 250 employees, with senior management, medical providers, dental providers, pharmacy services, wellness programs, acupuncture and a support staff of facility and operations maintenance, IT, and Human Resources. PHC already has in place a suite of on-site mental health and wellness services, along with well established relationships with public and community-based providers of more intensive outpatient and residential treatment services to which providers can make referrals. In August of 2015, PHC opened a second site to provide needed access to care in Rohnert Park, a neighboring city. It includes two medical teams, dental, wellness, a new suite for Mental and Behavioral Health and a home for a substance abuse outpatient program.

Eighty-seven percent of PHC's clinical staff is bilingual in Spanish. Written materials and signage are routinely produced in both Spanish and English. An essential element of PHC's operating philosophy is that providers understand how beliefs, cultural norms, values, and language play key roles in how patients perceive and experience health needs, including behavioral health. These factors also influence whether or not patients seek help, what type of help they seek, what treatments might work, and more. High quality service requires a combination of linguistic and cultural competence, which allows services to truly become patient-centered, safe and effective.

PHC has a robust, living cultural competency policy in place that pays particular attention to the barriers to equal access and quality of care faced by the subpopulations the Center serves, including people of color, members of socioeconomically disadvantaged communities, people with physical and mental disabilities, migrant farm workers, LGBTQ+ individuals, former foster youth, and individuals who are illiterate. PHC strives to make quality, culturally competent services, including mental health and substance abuse services, available and accessible to all. Strategies to overcome these barriers to treatment include: targeted engagement of multicultural communities, availability of language access services such as multilingual staff and trained interpreters, development of forms and informational materials in other languages, utilization of culture-specific practices, community-specific outreach initiatives, and more.

## Goals of Training

The goal of the Postdoctoral Fellowship Program at PHC is to train the next generation of psychologists in collaborative and integrated health care. Through weekly group and individual supervision, seminars, grand rounds, and clinical work, postdoctoral fellows will achieve unique training and experience in working with underserved populations in an arena that we believe is the future of health care delivery.

The training week will consist of:

- 20 hours of clinical time working on a medical team providing integrated behavioral health care (hours of direct patient care will vary depending on needs of the patients and staff each shift)

- 10 hours of clinical work providing psychotherapy in the Mental Health Department

- 2 hours of individual supervision per week by a licensed psychologist

- 5 hours of additional training including:

- 2 hour weekly case seminar focusing on legal and ethical issues, diversity issues, case presentations and didactic training on topics relevant to professional growth and clinical practice

- 1 hour bi-monthly grand rounds including a multidisciplinary case review for collaboration and learning

- 1 hour per week Mental Health Department meeting including case presentations focused on chosen topics, trainings to staff and consultation around policies and procedures of the department case seminar, grand rounds, Mental Health Staff case conference meeting,

- 1 hour per week of intake triage review where fellows work with designated licensed staff to review all Mental Health Department intakes and assess needs and priorities of cases

- 3 hours of additional time for writing and formulating assessments, treatment plans, collaboration, and reading – additional time is available on days when patient care hours are low on medical teams

## The Objectives of the Training are:

- Increase knowledge in psychological assessment and diagnosis
- Increase proficiency in utilization and interpretation of psychological tools for assessment
- Increase knowledge of effective treatment planning and implementation
- Increase understanding of psychodynamic relational therapy; trauma informed treatment; and the use of other evidenced based practices
- Learn collaborative care strategies and gain skills in the practice of integrated care, working closely with medical, dental, psychiatric, and other providers
- Obtain skills in the use of eClinical Works for patient record keeping
- Attend seminars with multi-disciplinary clinicians and providers specializing in topics such as cultural competency, suicide assessment, psychopharmacology, gender issues, DBT, mindfulness, etc.

- Gain experience and training in a 4range of clinical care: short term behavioral health care, mental health psychotherapy treatment, and crisis intervention
- Increase learning in providing support and clinical expertise to staff members in collaboration
- Develop self awareness and self care skills as a clinician, increase professional development and personal growth
- Upon completion of the program, postdoctoral fellows will have the necessary supervised clinical experience to qualify for the EPPP and CA state examination for psychology licensure

### **Expected Competencies to be achieved during the training year:**

- Practice patient centered collaborative care in an integrated healthcare system
- Develop formulations and treatment plans for a broad range of patients across the life span utilizing psychodynamic relational theories and other evidenced based trauma informed practices
- Carry a case load of diverse patients for psychotherapeutic treatment in an outpatient setting
- Express transference and countertransference issues in clinical work, demonstrate the ability to articulate and mediate complex ethical dilemmas and conflicts of interest,
- Demonstrate the ability to participate in self care, professional development, and personal growth
- Complete assessments and utilize appropriate assessment tools, communicate results in both written and verbal form
- Provide brief behavioral health interventions and crisis intervention with patients referred as part of participation as a member of a medical team
- Use of eCW electronic records and other healthcare technology
- Develop and implement effective group therapy curricula
- Work as a fully participating member of clinical team, including offering insights and experience for program improvements and innovations as well as offering clinical consultation to staff and team members

### **Supervision and Training Opportunities**

All postdoctoral fellows receive two hours of weekly individual supervision provided by licensed and experienced psychologists. Fellows will also participate in 2 hours of weekly case seminar, which includes didactic and experiential case discussion. Fellows will also be participating in weekly clinical team meetings of the Mental and Behavioral Health Department and an interdisciplinary grand rounds case review with medical staff from all departments. Supervision is provided by licensed psychologists with a range of interests and expertise including psychodynamic therapy, attachment based psychotherapy, cognitive behavioral therapy, Dialectic Behavioral Therapy, geropsychology, and other evidenced based treatments. Our staff also includes a Neuropsychologist who supervises testing and assessments. All staff will receive administrative as well as IT support as a full member of the Department. Evaluations will be

completed twice per year, giving the post doctoral fellow formal written feedback as well as an opportunity to evaluate the supervision and training program.

### **Leadership Team and Supervisory Staff**

**Todd Finnemore, PsyD** is the Director of Mental and Behavioral Health. He received his doctorate in clinical psychology from the California Institute of Integral Studies. He studied at in the Institute on Aging for his pre-doctoral internship providing in-home psychodynamic psychotherapy and neuropsychological assessments for low income and disabled Elders in San Francisco. Practicing psychotherapy and neuropsychological assessment with the elderly has motivated Todd to become a geropsychologist. He has worked with the chronically severely mentally ill as a unit psychologist at Napa State Hospital and was the Director of Clinical Services at Access Institute in San Francisco. He has taught classes to pre-doctoral students at the California Institute of Integral Studies as Adjunct Faculty, has supervised the clinical work of MFT, pre-doctoral and post-doctoral students at Access Institute and Napa State Hospital and was adjunct faculty at Sonoma State University. He continues to provide direct clinical services to low income older adults and their families in the community while being embedded in Sonoma County Adult Protective Services where he offers decision making capacity assessments to at risk older adults. Todd is currently a 2016-2017 California Health Care Foundation Health Care Leadership Fellow.

**Cynthia Weissbein, PsyD** is the Director of Training at PHC. She completed her undergraduate work at the University of Pennsylvania working with Aaron Beck and Martin Seligman in Philadelphia. She attended the Hahnemann/Widener program in clinical psychology to earn her PsyD, specializing in Community Mental Health. Dr. Weissbein is an experienced supervisor and has been Clinical Director of two training programs prior to her joining the team at PHC. She has extensive experience in both private practice and non-profit work, and has been an adjunct professor at USF's Graduate Counseling Program. Her areas of interest and expertise include working with countertransference and the use of self in psychotherapy, working with adolescents and teens, and relational process oriented psychotherapy in trauma work.

**Linda Winter, PhD, Director of Integrated Health** is an Integrated/Behavioral Health Psychology specialist. She received her PhD from the University of North Dakota. Her areas of specialty are chronic pain and chronic disease management, stress management, and depression/anxiety treatment. She works in a strengths/skill building model with patients of all ages. Dr. Winter is fluent in Spanish.

**Rick Olcese, PsyD , Neuropsychologist**, obtained his PsyD from Rosemead School of Psychology in 1986. He has worked in the field of neuropsychology since 1986. His interests are in evaluation and treatment of neurological dysfunction including TBI, stroke, dementia, and learning disabilities. He has supervised pre and postdoctoral students since 1991.

**Danielle Bryce, PsyD**, earned her doctorate from the University of La Verne in southern California, where she focused on clinical and community psychology. She completed the APA

internship at Napa State Hospital, where she focused on the treating individuals with severe mental illness who had been sentenced to inpatient treatment secondary to violent felony convictions. At Petaluma Health Center, she facilitates a structured skills group following the Dialectical Behavior Therapy protocols to assist clients in increasing their regulation of their thoughts, emotions, behavior, and interactions with others. Additionally, she provides individual therapy primarily with individuals seeking help with severe mental illness and/or personality disorders.

**Yolanda Basoco Briscoe, M.Ed., PsyD** has extensive experience working in the field of addictions. She has taught at Santa Rosa Junior College and Southwestern College. She sat on the Substance Abuse and Mental Health Services Administration Board (SAMHSA) Advisory Committee for Women's Services four years. She also has experience working in the field of grief/loss and the developmentally disabled. Dr. Briscoe is fluent in both English and Spanish.

**Rebecca Timme, MD**, studied at Emory University in Neuroscience and Behavioral Biology, and went on to get her Doctor of Osteopathy at Touro University. She did her residency in pediatric and child psychiatry at the University of Kentucky. She is Board Certified in Pediatrics, Psychiatry and Neurology, and Psychiatry and Neurology with Child and Adolescent Specialty. Her interest includes development, early intervention with families, and the integration of mental and physical health care needs.

### **Fellowship Hiring Information**

The PHC Postdoctoral Fellowship is a full year program that begins September 1<sup>st</sup>, 2016 and continues through August 31, 2017. The fellow is required to work 40 hours per week with paid time off for holidays and vacations.

A stipend of \$31,200 is offered per year; including benefits package the equivalent is \$39,000 for the year. Fellows are hired as a one year contract employees of PHC with insurance benefits and paid time off. Fellows receive the full and competitive benefit package of PHC employees, including:

- Medical, dental, and vision health care
- Company paid short term disability, long term disability
- Stipend to attend conferences and trainings
- Wellness program

Fellows are expected to be at PHC five days a week, with some flexibility in hours worked. Spanish proficiency is preferred, but not required. Upon completion of the program, fellows will have the necessary supervised experience to qualify to sit for the EPPP and CA state exam for psychology licensure.

Applicants must have completed an APA/CPA accredited doctoral program. Internship experience must meet APPIC standards. All requirements for the doctoral degree must be completed before starting the post-doctoral fellowship.

To apply, applicants must send an e-mail with their CV and arrange to have two letters of reference sent to PHC. Each letter should come from the e-mail address of the person making the recommendation. All applicants must send information to the Training Director, Cynthia Weissbein, PsyD at [cweissbein@phealthcenter.org](mailto:cweissbein@phealthcenter.org).

In addition to the above information, once an applicant is to be hired, fellows will be required to complete PHC's standard employment application and employee contract. Fellows will be introduced to the some of the benefits of offered to our employees by our Human Resources Department as well as our due process/grievance procedure.

**APPENDIX A**  
Grievance Procedures and Due Process

**Petaluma Health Center**  
**Policy and Procedures: Mental and Behavioral Health Department**  
**Fellowship Training Program**

**Due Process Guidelines**

**1. Purpose**

The purpose of this policy and procedure is to describe the processes for fair and effective appeals, grievances, and remediation processes for psychology interns.

**2. Policy**

Petaluma Health Center is committed to promoting psychology intern competency and foster performance consistent with California State law, professional ethics, and organizational policy.

**3. Scope**

This policy is applicable to psychology intern's going through training and development at Petaluma Health Center.

**4. Definitions**

N/A

**5. Procedure**

**5.1. Due Process Guidelines**

5.1.1. During orientation period, psychology intern will receive in writing Petaluma Health Center's expectations related to professional functioning. The Mental and Behavioral Health Training Director (hereafter "Training Director") will discuss these expectations in both group and individual settings.

5.1.2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.

5.1.3. The various procedures and actions involved in decision-making regarding any problem behavior or intern concerns will be described.

5.1.4. Petaluma Health Center will communicate early and often with the intern and when needed the intern's home program if any suspected difficulties that are significantly interfering with performance are identified.

5.1.5. The Training Director will institute, when appropriate, a remediation plan for

identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.

- 5.1.6. If an intern wants to institute an appeal process, this document describes the steps of how an intern may officially appeal this program's action.
- 5.1.7. Petaluma Health Center's due process procedures will ensure that intern's performance, Petaluma Health Center staff will use input from multiple professional sources.
- 5.1.8. The Training Director will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

## 5.2. Problematic Behavior

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

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

5.2.2. The intern 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 characters exist:

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

## 5.3. Responding to Problematic Behavior

5.3.1. If a intern receives an "unacceptable rating" from any of the evaluation sources

in any of the major categories of evaluation, or if a staff member has concerns about a “intern’s” behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

- 5.3.1.1. In some cases, it may be appropriate to speak directly to the intern about these concerns and in other cases a consultation with the Training Director will be warranted. This decision is made at the discretion of the staff or intern who has concerns.
- 5.3.1.2. Once the Training Director has been informed of the specific concerns, they will determine if and how to proceed.
- 5.3.1.3. If the staff member who brings the concern to the Training Director is not the “intern” supervisor, the Training Director will discuss the concern with their direct supervisor(s).
- 5.3.1.4. If the Training Director and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
- 5.3.1.5. The Training Director will meet with the Director of Mental and Behavioral Health and the Chief Medical Officer to discuss the concern.
- 5.3.1.6. The Training Director will meet with the Chief Administrative Officer to discuss the concerns and possible courses of action to be taken to address the issues.
- 5.3.1.7. The Training Director and supervisor may meet to discuss possible course of actions.

#### 5.4. Problematic Behavior or Inadequate Performance Notification Procedure

5.4.1. In implementing remediation or sanctions, the Chief Medical Officer and Training Director must be mindful and balance the needs of the problematic intern. All evaluative documentation will be maintained in the “intern’s” file. At the discretion of the supervisor – the “intern” home academic program will be notified of any of the actions listed below.

- 5.4.1.1. Verbal Notice: The intern is given a verbal notice that emphasizes the need to discontinue the inappropriate behavior under discussion.
- 5.4.1.2. Written Notice: To the intern formally acknowledging:
  - 5.4.1.2.1. That the Training Director is aware of and concerned with the behavior.
  - 5.4.1.2.2. That the concern has been brought to the attention of the intern.
  - 5.4.1.2.3. That the Training Director will work with the intern to rectify the problem or skill deficits, and
  - 5.4.1.2.4. That the behaviors of concern are not significant enough to warrant more serious action.

- 5.4.1.3. Second Written Notice: To the intern will identify possible sanctions(s) and describe the remediation plan. This letter will contain:
- 5.4.1.3.1. A description of the “intern’s” unsatisfactory performance;
  - 5.4.1.3.2. Actions needed by the intern to correct the unsatisfactory behavior;
  - 5.4.1.3.3. The time line for correcting the problem;
  - 5.4.1.3.4. What sanction(s) may be implemented if the problem is not corrected;
  - 5.4.1.3.5. Notification that the intern has the right to request an appeal of this action.

## 5.5. Remediation and Sanctions

5.5.1. The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration by the Chief Medical Officer with consultation with supervisor, Training Director and Chief Administrative Officer. 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.

5.5.1.1. Schedule Modification: Is a time based, remediation-orientated closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- 5.5.1.1.1. Increasing the amount of supervision, either with the same or additional supervisors.
- 5.5.1.1.2. Change in the format, emphasis, and/or focus supervision;
- 5.5.1.1.3. Recommending personal therapy
- 5.5.1.1.4. Reducing the “intern” clinical or other workload
- 5.5.1.1.5. Requiring specific academic coursework

5.5.1.2. Probation: The purpose is to assess the ability of the intern to complete the Internship and to return the intern to a more fully functioning state. Probation defines a relationship in which the Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement that includes:

- 5.5.1.2.1. The specific behaviors associated with the unacceptable rating.
  - 5.5.1.2.2. The remediation plan for rectifying the problem
  - 5.5.1.2.3. The time frame for the probation during which the problem is expected to be ameliorated, and
  - 5.5.1.2.4. The procedures to ascertain whether the problem has been appropriately rectified.
  - 5.5.1.2.5. If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the probation or modified schedule, then the Training Director will discuss with the supervisor about the possible course of action to be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include 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 Training Director will communicate that if the intern behavior does not change, the intern will not successfully complete the training program.
- 5.5.1.3. Suspension of Direct Service Activities: This requires a determination that the welfare of the intern client(s) or the Petaluma Health Center Community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specific period determined by the Chief Medical Officer in consultation with the Training Director and the intern supervisor(s)
- 5.5.1.4. Administrative Leave: This involves the temporary withdrawal of all responsibilities and privileges at Petaluma Health Center. If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern academic program will be informed. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.
- 5.5.1.5. Dismissal from the Training Program: This involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectifies the problem behavior or concerns and the intern seems unable or unwilling to alter her/his behavior, the Training Director will discuss with Chief Administrative Officer 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 intern is unable to complete the training program due to physical, mental or emotional illness. The Training Director will make the final decision about dismissal.

5.5.1.6. Immediate Dismissal: This 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 intern is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event physical or psychological harm to a client is a major factor or the intern is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event an intern compromises the welfare of a client(s) or Petaluma Health Center community by an action(s) which generates grave concern from the Training Director, the supervisor may immediately dismiss the intern from Petaluma Health Center. When an intern has been dismissed, the supervisor and Training Director will communicate to the intern's academic department that the intern has not successfully completed the training program.

5.5.1.7. Appeal Procedures: In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

5.5.1.7.1. The intern should file a formal appeal in writing with all supporting documents, with the Chief Administrative Officer. The intern must submit this appeal within 5 working days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).

5.5.1.7.2. Within 3 three working days of receipt of a formal written appeal from an intern, the Training Director will consult with Chief Administrative Officer and then decide whether to forward to Internal Credentialing Review Panel or respond to the appeal without a Panel being convened.

5.5.1.7.3. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Training Director, then the appeal is reviewed by the Chief Administrative Officer in consultation with the Petaluma Health Center's Senior

Management Committee. The Chief Administrative Officer 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.

## **5.6. Grievance Procedure**

- 5.6.1. In the event an intern encounters difficulties or problems other than evaluation related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during his/her training program, a intern can:
  - 5.6.1.1. Discuss the issue with the staff member(s) involved
  - 5.6.1.2. If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director who may then consult with the supervisor and or Director of Behavioral and Mental Health.
  - 5.6.1.3. If the Training Director or supervisor cannot resolve this issue of concern to the intern, the intern can file a formal grievance in writing; with all supporting documents, with the Training Director
  - 5.6.1.4. When the Training Director has received a formal grievance, within three work days of receipt, the Training Director will implement Review Procedures as described below and inform the intern of any action taken.

## **5.7. Review Procedures – Hearing**

- 5.7.1. The Panel will consist of three staff members selected by the Training Director with recommendations from the Training Director and the intern who filed the appeal or grievance. The Training Director will appoint a Chair of the Review Panel.
- 5.7.2. In case of an appeal, the intern has a right to express concerns about the training program or Petaluma Health Center staff member and the Petaluma Health Center program or staff has the right and responsibility to respond.
- 5.7.3. Within five (5) work days, the Panel will meet to review the appeal or grievance and to examine the relevant material presented.
- 5.7.4. Within three (3) work days after the completion of the review the Panel will submit a written report to the Training Director, including any recommendation for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
- 5.7.5. Within three (3) work days of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the recommendation, the Training Director may refer

the matter back to the panel for further deliberation and revised recommendations or make a final decision

- 5.7.6. If referred back to the Panel, a report will be presented to the Training Director within five (5) work days of the receipt of the Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken and informs the Human Resources Director and supervisor.
- 5.7.7. The Training Director informs the intern, staff members' involved and necessary members of the training staff of the decision and any action taken or to be taken.
- 5.7.8. If the intern disputes the Training Director's final decision, the intern has the right to appeal through following steps outlined in the appeal procedures. (Refer to Section 5.4.1.7)

### **Training Requirements**

N/A

### **References**

N/A

## **APPENDIX B**

### TRAINING SCHEDULE

#### **Case Seminar Training Topic Schedule**

\*\*Each training case seminar is two hours per week. Over the course of the month assigned, we will have a **didactic presentation** given by a colleague followed by several weeks of time to discuss and apply the month's topic to our **current cases, consider the ethical/legal/clinical issues, review the evidenced based practices and scholarly literature, and explore the implications of cultural diversity in terms of the topic under consideration.** Our overarching philosophy of **trauma informed treatment** will also be a lens through which we discuss and learn together.

#### **September: Collaborative Care- The Role of a Psychologist in a Primary Care Setting**

Subtopics include HIPPA, electronic records, confidentiality, communicating in a multi-disciplinarian environment, treatment planning and assessing outcomes, psychopharmacology, Adverse Childhood Events (ACES)

#### **October: Behavioral Health Integration**

Subtopics include motivational interviewing, PHQ-9, GAD-7, AUDIT-C, SBIRT (screening, brief intervention and referral to treatment), brief therapy, goal setting, and risk assessment and management

#### **November: Assessment – Tools and Interpretation**

Sub-topics include screening measures, assessment tools and measures, scoring and interpretation, bi-polar disorder, schizophrenia, anxiety disorders, mood disorders, organic brain issues, documentation and cultural issues and limitations in assessment

#### **December: Substance Abuse Assessment and Treatment**

Subtopics include alcohol, marijuana, methamphetamines, opioids, suboxone, pain management, intergenerational patterns, risk assessment, harm reduction models, and community resources, collaborative care

#### **January: Violence – Assessment and Intervention**

Subtopics include domestic and intimate partner violence, child abuse, elder abuse, gang violence, self-harm, risk assessment, community resources, crisis intervention

#### **February – Dialectic Behavior Therapy and Personality Disorders**

Subtopics include risk assessment, mindfulness, Clusters A and B, differential diagnosis, chronic deprivation and relational trauma, skill building, boundary setting, suicidal and self harm behavior, emotional regulation, and self monitoring

### **March – Group Therapy – Curriculum Development**

Subtopics include group dynamics, boundaries, closed and open groups, curriculum development and implementation

### **April – Child, Adolescent and Family Systems**

Subtopics include assessment, systems theory, genograms, multi-family assessment, intergenerational dynamics, acculturation, and cultural diversity

### **May – Neuropsychology and Geropsychology**

Subtopics to include referral questions, assessment tools and techniques, dementia versus depression, stroke, ADD, brain injury, cognitive and personality assessment, referrals and resources

### **June – The Use of Self In Psychotherapy – Transference and Countertransference**

Subtopics to include object relations theory, attachment, transferential triangle, bias, self disclosure, self care, and vicarious traumatization

### **July – Sexuality and Gender Identity**

Subtopics to include gender identity definitions, tolerance, bias, morality, religion, diversity awareness and best practices, community resources and referrals

### **August – Professional Development**

Subtopics include preparation for the EPPP and state licensure, professional identity and awareness, self assessment and growth

## **APPENDIX C**

### **EVALUATION AND REMEDIATION FORMS**

The goals of the evaluative process are to assure the fellowship is providing the necessary environment to accomplish the overall goals of the program and to insure that the fellows grow in competence and confidence to ethically and effectively practice psychology independently. Goals are evaluated in an ongoing assessment of fellow clinical skill and competence development. The fellowship strives to make the evaluation an open and two way process.

Fellows will receive six month and end of year written evaluations from primary supervisors in collaboration with the Training Director. Supervisors will also provide ongoing verbal evaluation of progress via weekly individual supervision sessions. These sessions as well as input from other team members become the basis for written evaluations by each supervisor. The evaluations focus on the fellow's progress toward attaining core competencies along with other professional development relevant to the practice of psychology.

Supervisors will meet with Fellows to review the evaluation and if any areas of competence are deemed in need of remediation, a plan will be made for such action. A remediation form will be filled out and a follow up meeting will be conducted to assess progress. Fellows will be given clear written guidelines to expectations for remediation plans.

Fellows will complete a written evaluation of their primary supervisor at six months and at the end of the year. The evaluation is intended to give the supervisor feedback on the effectiveness of supervision. Fellows will also complete an overall evaluation of the training program at the end of the training year.

As employees of the Fellowship Program at Petaluma Health Center, postdoctoral fellows are expected to abide by all agency policies, regulations, and guidelines governing organizational practices and employee conduct. Alleged fellow misconduct or violation of organizational practices will come under the jurisdiction of the Program. Fellows are subject to corrective action and are protected by due process.

**Petaluma Health Center**  
**Competency Benchmarks in Professional Psychology**  
**Readiness for Entry to Practice Level Rating Form**

Fellow Name:

Name of Placement:

Name of Person Completing Form (please include highest degree earned):

Date Evaluation Completed:

Licensed Psychologist: Yes No

Was this fellow supervised by individuals also under your supervision? Yes No

Type of Review:

Initial Review

Mid-placement  
review

Final Review

Other (please describe):

Dates of Training Experience this Review Covers: \_\_\_\_\_

Training Level of Person Being Assessed: Fellow:

Rate each item by responding to the following question using the scale below:

How characteristic of the fellow’s behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling “No Opportunity to Observe” [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the fellow’s current level of competence.

**FOUNDATIONAL COMPETENCIES**

**I. PROFESSIONALISM**

<b>1. Professionalism:</b> as evidenced in behavior and comporment that reflects the values and attitudes of psychology.						
<b>1A. Integrity -</b> Honesty, personal responsibility and adherence to professional values						
Monitors and independently resolves situations that challenge professional values and integrity	0	1	2	3	4	[N/O]
<b>1B. Deportment</b>						
Conducts self in a professional manner across settings and situations	0	1	2	3	4	[N/O]
<b>1C. Accountability</b>						
Independently accepts personal responsibility across settings and contexts	0	1	2	3	4	[N/O]
<b>1D. Concern for the welfare of others</b>						
Independently acts to safeguard the welfare of others	0	1	2	3	4	[N/O]
<b>1E. Professional Identity</b>						
Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice	0	1	2	3	4	[N/O]
<b>2. Individual and Cultural Diversity:</b> Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
<b>2A. Self as Shaped by Individual and Cultural Diversity</b> (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) <b>and Context</b>						
Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]

<b>2B. Others as Shaped by Individual and Cultural Diversity and Context</b>						
Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
<b>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</b>						
Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
<b>2D. Applications based on Individual and Cultural Context</b>						
Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work	0	1	2	3	4	[N/O]
<b>3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.</b>						
<b>3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines</b>						
Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines	0	1	2	3	4	[N/O]
<b>3B. Awareness and Application of Ethical Decision Making</b>						
Independently utilizes an ethical decision-making model in professional work	0	1	2	3	4	[N/O]
<b>3C. Ethical Conduct</b>						
Independently integrates ethical and legal standards with all competencies	0	1	2	3	4	[N/O]
<b>4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.</b>						
<b>4A. Reflective Practice</b>						
Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool	0	1	2	3	4	[N/O]
<b>4B. Self-Assessment</b>						
Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills	0	1	2	3	4	[N/O]
<b>4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)</b>						
Self-monitors issues related to self-care and promptly intervenes when disruptions occur	0	1	2	3	4	[N/O]
<b>4D. Participation in Supervision Process</b>						
Independently seeks supervision when needed	0	1	2	3	4	[N/O]

## II. RELATIONAL

<b>5. Relationships:</b> Relate effectively and meaningfully with individuals, groups, and/or communities.						
<b>5A. Interpersonal Relationships</b>						
Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities	0	1	2	3	4	[N/O]
<b>5B. Affective Skills</b>						
Manages difficult communication; possesses advanced interpersonal skills	0	1	2	3	4	[N/O]
<b>5C. Expressive Skills</b>						
Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts	0	1	2	3	4	[N/O]

## III. SCIENCE

<b>6. Scientific Knowledge and Methods:</b> Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
<b>6A. Scientific Mindedness</b>						
Independently applies scientific methods to practice	0	1	2	3	4	[N/O]
<b>6B. Scientific Foundation of Psychology</b>						
Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
<b>6C. Scientific Foundation of Professional Practice</b>						
Independently applies knowledge and understanding of scientific foundations to practice	0	1	2	3	4	[N/O]
<b>7. Research/Evaluation:</b> Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
<b>7A. Scientific Approach to Knowledge Generation</b>						
Generates knowledge	0	1	2	3	4	[N/O]
<b>7B. Application of Scientific Method to Practice</b>						
Applies scientific methods of evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]

## FUNCTIONAL COMPETENCIES

### IV. APPLICATION

<b>8. Evidence-Based Practice:</b> Integration of research and clinical expertise in the context of patient factors.						
<b>8A. Knowledge and Application of Evidence-Based Practice</b>						
Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]
<b>9. Assessment:</b> Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
<b>9A. Knowledge of Measurement and Psychometrics</b>						
Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context	0	1	2	3	4	[N/O]
<b>9B. Knowledge of Assessment Methods</b>						
Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning	0	1	2	3	4	[N/O]
<b>9C. Application of Assessment Methods</b>						
Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice	0	1	2	3	4	[N/O]
<b>9D. Diagnosis</b>						
Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
<b>9E. Conceptualization and Recommendations</b>						
Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment	0	1	2	3	4	[N/O]
<b>9F. Communication of Assessment Findings</b>						
Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner	0	1	2	3	4	[N/O]
<b>10. Intervention:</b> Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
<b>10A. Intervention planning</b>						
Independently plans interventions; case conceptualizations and intervention plans are specific to case and context	0	1	2	3	4	[N/O]
<b>10B. Skills</b>						

Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations	0	1	2	3	4	[N/O]
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Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate	0	1	2	3	4	[N/O]
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**10D. Progress Evaluation**

Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures	0	1	2	3	4	[N/O]
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**11. Consultation:** The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

**11A. Role of Consultant**

Determines situations that require different role functions and shifts roles accordingly to meet referral needs	0	1	2	3	4	[N/O]
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**11B. Addressing Referral Question**

Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question	0	1	2	3	4	[N/O]
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**11C. Communication of Consultation Findings**

Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations	0	1	2	3	4	[N/O]
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**11D. Application of Consultation Methods**

Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases	0	1	2	3	4	[N/O]
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**V. EDUCATION**

**12. Teaching:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

**12A. Knowledge**

Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences	0	1	2	3	4	[N/O]
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**12B. Skills**

Applies teaching methods in multiple settings	0	1	2	3	4	[N/O]
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**13. Supervision:** Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

**13A. Expectations and Roles**

Understands the ethical, legal, and contextual issues of the supervisor role	0	1	2	3	4	[N/O]
--	---	---	---	---	---	-------

<b>13B. Processes and Procedures</b>						
Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise	0	1	2	3	4	[N/O]
<b>13C. Skills Development</b>						
Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients	0	1	2	3	4	[N/O]
<b>13D. Supervisory Practices</b>						
Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting	0	1	2	3	4	[N/O]

## VI. SYSTEMS

<b>14. Interdisciplinary Systems:</b> Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
<b>14A. Knowledge of the Shared and Distinctive Contributions of Other Professions</b>						
Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals	0	1	2	3	4	[N/O]
<b>14B. Functioning in Multidisciplinary and Interdisciplinary Contexts</b>						
Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning	0	1	2	3	4	[N/O]
<b>14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes</b>						
Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals	0	1	2	3	4	[N/O]
<b>14D. Respectful and Productive Relationships with Individuals from Other Professions</b>						
Develops and maintains collaborative relationships over time despite differences	0	1	2	3	4	[N/O]
<b>15. Management-Administration:</b> Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).						
<b>15A. Appraisal of Management and Leadership</b>						
Develops and offers constructive criticism and suggestions regarding management and leadership of organization	0	1	2	3	4	[N/O]
<b>15B. Management</b>						
Participates in management of direct delivery of professional services; responds appropriately in management hierarchy	0	1	2	3	4	[N/O]
<b>15C. Administration</b>						
Demonstrates emerging ability to participate in administration of service delivery program	0	1	2	3	4	[N/O]

**15D. Leadership**

Participates in system change and management structure

0

1

2

3

4

[N/O]

<b>16. Advocacy:</b> Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
<b>16A. Empowerment</b>						
Intervenes with client to promote action on factors impacting development and functioning	0	1	2	3	4	[N/O]
<b>16B. Systems Change</b>						
Promotes change at the level of institutions, community, or society	0	1	2	3	4	[N/O]

**Overall Assessment of Fellow’s Current Level of Competence**

Please provide a brief narrative summary of your overall impression of this fellow’s current level of competence. In your narrative, please be sure to address the following questions:

- What are the fellow’s particular strengths and weaknesses?
- Do you believe that the fellow has reached the level of competence expected by the program at this point in training?
- If applicable, is the fellow ready to move to the next level of training, or independent practice?

## PHC Competency Remediation Plan

**Date of Competency Remediation Plan Meeting:**

**Name of Fellow:**

**Primary Supervisor/Advisor:**

**Names of All Persons Present at the Meeting:**

**All Additional Pertinent Supervisors/Faculty:**

**Date for Follow-up Meeting(s):**

Circle all competency domains in which the trainee's performance does not meet the benchmark:

Foundational Competencies: Professionalism, Reflective Practice/Self-Assessment/Self-care, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, Interdisciplinary Systems

Functional Competencies: Assessment, Intervention, Consultation, Research/evaluation, Supervision, Teaching, Management-Administration, Advocacy

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):



I, \_\_\_\_\_, have reviewed the above competency remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

---

Fellow Name	Date	Training Director	Date
-------------	------	-------------------	------

Fellow's comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

## SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN

Follow-up Meeting(s):

Date (s):

In Attendance:

<b><u>Competency Domain/ Essential Components</u></b>	<b><u>Expectations for Acceptable Performance</u></b>	<b><u>Outcomes Related to Expected Benchmarks (met, partially met, not met)</u></b>	<b><u>Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)</u></b>	<b><u>Next Evaluation Date (if needed)</u></b>

I, \_\_\_\_\_, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. *(PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

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Fellow Name	Date	Training Director	Date
-------------	------	-------------------	------

Fellow's comments (Feel free to use additional pages):

## **Petaluma Health Center Supervisor Feedback Form**

Fellow: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Sep-Feb   Mar-Aug

NOTE: Different descriptors accompany the YES response for each item. In many cases, the most detailed or in-depth item is listed last. However, please be aware that the last item might not be the most appropriate or desirable with regards to every intern's needs or every training experience. Please write in comments, also.

### **Supervisory Responsibilities**

The supervisor was at supervisory meetings promptly and reliably.

- NO
- YES, but was late more than 15 minutes more than 2 times.
- YES, reliably on time, with minimal delays.

The supervisor was available for "spot supervision."

- NO
- YES, with limited availability.
- YES, with clear communication about several available times throughout the week and frequent immediate availability for quick questions.

The supervisor educated me fully about documentation and confidentiality issues.

- NO
- YES, when concerns arose and as needed.
- YES, and helped me identify potential difficulties that I may not have anticipated.

### **Supervisory Content**

The supervisor discussed ethical issues pertaining to patient care.

- NO
- YES, when concerns arose and as needed.
- YES, and helped me identify potential difficulties that I may not have anticipated.

The supervisor discussed diversity issues related to my training experience.

- NO
- YES, as needed.

YES, and relevant current professional writings were provided to me and/or current literature was referenced in our discussions and/or diversity issues were discussed in depth on an ongoing basis.

The supervisor educated me about coping with risk issues such as suicidality and homicidality in therapy, including assessment, documentation, contracting and addressing the issue therapeutically.

N/A

NO

YES, when concerns arose and as needed.

YES, and helped me identify potential difficulties that I may not have anticipated.

The supervisor shared case material and therapeutic difficulties relating to the supervisor's own patients with me.

NO

YES, and I appreciated learning about how the supervisor addressed clinical difficulties of her or his own.

YES, and this was helpful to my own clinical development since the examples provided were pertinent to the cases at hand and my developing clinical style.

Audiotapes were played in supervision.

NO

YES, 1-2 times.

YES, 3-4 times.

YES, 5 times or more.

The supervisor made in vivo observations of my work (can include observation of testing, joint bedside consultations and co-leading groups).

NO

YES, 1-2 times.

YES, 3-4 times.

YES, 5 times or more.

### **Supervisory Process**

The supervisor fostered good communication, respect and trust.

NO

YES, indirectly fostered, through nonverbal communication and a comfortable climate.

YES, directly and indirectly fostered, including discussion of process issues in supervision as needed.

We discussed difficulties in the supervisory relationship.

- N/A, no difficulties were noted by either of us.
- NO
- YES, and we are still having difficulties.
- YES, and I feel that we have better communication about these matters now.
- YES, and difficulties were fully resolved to the satisfaction of both parties.

I felt comfortable with how the supervisor gave me feedback on my work.

- NO
- YES, although sometimes I struggled with how to implement the feedback.
- YES, and appropriate, constructive feedback was given that I was able to utilize and incorporate it into clinical practice and my developing clinical style.

The supervisor fostered an environment that made me feel comfortable discussing countertransference issues.

- N/A
- NO
- YES, and I appreciated learning about how the supervisor addressed clinical difficulties of her or his own.
- YES, and this was helpful to my own clinical development since the examples provided were pertinent to the cases at hand and my developing clinical style.

The supervisor concentrated on my training needs during supervision and was interested in my growth as a clinician.

- NO
- YES, my training needs were attended to.
- YES, and we discussed my training needs on at least one occasion.
- YES, and incorporated my feedback regarding supervisory needs into supervision sessions and training throughout the rotation.

### **Assistance in Professional Development**

The supervisor facilitated the process of me becoming a valuable member of the treatment team.

- N/A, treatment team work was not emphasized on this training experience.
- NO
- YES, I was introduced to all team members, included in team meetings and encouraged to discuss issues with them as appropriate.
- YES, my input was valued and well-received in the treatment planning and case review process

In group therapy, the supervisor was an effective role model for me.

- N/A, no group therapy for this training experience.
- NO
- YES, I learned by observation and discussion of group members in supervision.

YES, and my supervisor helped me to learn specific interventions, therapeutic techniques and/or more about group process.

The supervisor was flexible about my duties as needed for my professional growth, while consulting about time management as appropriate.

NO

YES, but I was still often unable to complete all assigned duties within the time allotted.

YES, and I was able to successfully complete assigned duties in the time allotted per week for them, on average.

The supervisor encouraged positive professional relationships with colleagues through role-modeling and discussion.

N/A, treatment team work was not emphasized on this training experience.

NO

YES, I learned by observation of my supervisor's interactions with colleagues.

YES, and my supervisor discussed how to facilitate positive professional relationships in supervision as needed.

The supervisor encouraged me in greater autonomy, as my capabilities and skills allowed.

NO

YES, and some activities for more autonomous functioning were available.

YES, and when I was ready, the supervisor allowed ample opportunity for me to engage in activities such as doing groups alone, working on assessments more autonomously or treating selected individual psychotherapy cases more independently.

As appropriate, we discussed how to minimize the impact of anxiety and stressors on professional functioning.

N/A, not needed.

NO

YES, indirectly fostered, through nonverbal communication and a comfortable climate.

YES, directly and indirectly fostered, including discussion of professional challenges that we both have faced as needed.

As needed, we discussed the development of my professional identity as a psychologist.

N/A, not needed.

NO

YES

### **Assistance in Development as Scientist-Practitioner**

The supervisor was knowledgeable about the literature and research in the appropriate specialty areas, discussing research findings and professional writings that pertained to cases.

\_\_\_\_\_ NO

\_\_\_\_\_ YES, although more updates on current literature would have been helpful.

\_\_\_\_\_ YES, up-to-date with relevant current literature.

The supervisor suggested specific professional readings and/or encouraged me to seek out professional literature as needed.

\_\_\_\_\_ NO

\_\_\_\_\_ YES

## Summary Ratings

	Unacceptable	Marginal	Acceptable	Exceeds Requirements	Outstanding
Fulfilled supervisory responsibilities	1	2	3	4	5
Supervisory Content	1	2	3	4	5
Addressed diversity Issues	1	2	3	4	5
Supervisory Process	1	2	3	4	5
Assistance in professional development	1	2	3	4	5
Assistance in development as a scientist-practitioner	1	2	3	4	5
Overall rating	1	2	3	4	5

## Comments

Suggestions:

Summary of Strengths:

We have reviewed the above evaluation together.

Fellow: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Please address all comments and input on this form to Janet Willer, Ph.D., VA Chicago Health Care System, Psychology Service (116B), P. O. Box 8195, Chicago, IL 60680. E-mail address: [janet.willer@med.va.gov](mailto:janet.willer@med.va.gov).

## FELLOWSHIP EVALUATION

Clinical Psychology Postdoctoral Fellow Training Program  
Petaluma Health Center 2015-2016

Please evaluate the Clinical Psychology Postdoctoral Program at Petaluma Health Center. We are interested in frank and constructive feedback. Your evaluation of the training program is an integral part of our on-going efforts in program evaluation and program development. Your responses will be reviewed by the Training Director and Staff.

### General

1. Rate the overall quality of your postdoctoral training experience.

Poor  
1      2      3      4      5      6      7      Excellent

2. Rate the responsivity of the overall program to individual fellow needs.

Poor  
1      2      3      4      5      6      7      Excellent

3. Rate the quality of useful professional and personal feedback throughout the postdoctoral training.

Poor  
1      2      3      4      5      6      7      Excellent

4. Rate your feeling of acceptance and respect as a colleague from other staff psychologists.

Poor  
1      2      3      4      5      6      7      Excellent

5. How would you rate this training program in comparison to your other training experiences?

Poor  
1      2      3      4      5      6      7      Excellent

6. Rate the value of the overall postdoctoral experience for your professional growth and development.

Poor  
1      2      3      4      5      6      7      Excellent

## **Case Seminars**

Please consider the training schedule of topics, presentations and group case discussion in our Case Seminar series usually taking place on Tuesday mornings.

1. Please indicate which Seminars you found most valuable. Which were least valuable? Why?

- 
2. What changes would you make to the seminar series to make them more effective as training experiences?

## Supervision

1. Rate the overall quality of individual supervision.

Poor							Excellent
1	2	3	4	5	6	7	

2. Rate the opportunity for various theoretical orientations in supervision

Poor							Excellent
1	2	3	4	5	6	7	

3. Rate the number of clients in your individual therapy caseload.

Too Few							Too Many
1	2	3	4	5	6	7	

4. Rate the variety of disorders available for therapeutic intervention (i.e., neurotics, psychotics, personality disorders, etc.)

Poor							Excellent
1	2	3	4	5	6	7	

5. Rate the variety of therapeutic intervention training (i.e., group, individual, behavior modification, DBT, family, etc) available during the internship.

Poor							Excellent
1	2	3	4	5	6	7	

What would you have liked more or less of?

6. Please rate the supervision for Behavioral Health Integration cases.

Poor							Excellent
1	2	3	4	5	6	7	

7. How much would you judge your skill in therapeutic interventions to have improved as a result of your experience?

None						Great
1	2	3	4	5	6	7

8. Please rate the supervision of Psychological Assessment.

Poor								Excellent
1	2	3	4	5	6	7		

8. How might the program improve the supervision it provides?

Rate the quality of supervision received on cases for each supervisor.

Name:	Poor							Excellent
	1	2	3	4	5	6	7	
	<hr/>							
Name:	1	2	3	4	5	6	7	
	<hr/>							
Name:	1	2	3	4	5	6	7	
	<hr/>							

## Training Director

1. Rate adequacy of orientation to the Postdoctoral Training Program.

Poor						Excellent
1	2	3	4	5	6	7

2. Rate satisfaction of involvement in decision making regarding training and individual supervisors.

Poor						Excellent
1	2	3	4	5	6	7

3. Rate clarity of expectations from Training Director.

Poor						
1	2	3	4	5	6	7

4. Rate availability of Director.

Poor						Excellent
1	2	3	4	5	6	7

5. Rate approachability of Training Director.

Poor						- Excellent
1	2	3	4	5	6	7

6. Rate adequacy of ongoing contact and information to monitor year's development.

Poor						Excellent
1	2	3	4	5	6	7

7. Rate responsiveness of Training Director.

Poor						Excellent
1	2	3	4	5	6	7

8. Rate satisfaction in amount and quality of feedback from Training Director.

Poor						Excellent
1	2	3	4	5	6	7

9. How well is the philosophy of the Postdoctoral Fellow Program presented and carried out?

Poor						Excellent
1	2	3	4	5	6	7

10. Please indicate what you think are the Training Director's strengths, as well as areas the Director might improve upon, to enhance the training experience.

Please respond to each of the following questions in as much detail as necessary to provide an adequate evaluation of your postdoctoral experience.

1. What was the most valuable aspect of the postdoctoral experience at Petaluma Health Center, and why?

2. What was the least valuable aspect of the training experience at Petaluma Health Center, and why?

3. What was missing?

4. How would you change the training program at Petaluma Health Center?