



Easterseals Rehabilitation Center

Postdoctoral Fellowship in Clinical &
Developmental Psychology

Policies & Procedures Manual

2022-2023

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INTRODUCTION

The manual was completed in order to outline and organize the goals, objectives, principles, and competencies, in addition to the main policies and procedures, of the Psychology Postdoctoral Fellowship Program. These policies and procedures have been developed and approved by the Postdoctoral Fellowship Executive Committee in conjunction with the Psychology Training Faculty. If you as a fellow have any concerns, questions, or needs as it relates to any of these items, please contact me immediately so these can be addressed in a manner that allows for successful completion of the experience.

Jim Schroeder, Ph.D., HSP

Director of Training, Psychology Postdoctoral Fellowship

The Easterseals Postdoctoral Fellowship in Clinical & Developmental Psychology Program is not currently accredited with the American Psychological Association (APA) or a member of the Association of the Psychology Postdoctoral Internship Centers (APPIC). Questions about the program's accreditation status should be taken to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: 202-336-5979

Email: apaaccred@apa.org

TRAINING PROGRAM PHILOSOPHY

The philosophy of the Easterseals Postdoctoral Fellowship in Clinical & Developmental Psychology is consistent with the mission of Easterseals Rehabilitation Center and the Department of Psychology & Wellness, which is founded on three pillars. These pillars are to provide excellent, research-supported, holistic care to individuals regardless of means, provide excellent educational opportunities to future psychologists and mental health professionals, and to create innovative, research-supported community programs and initiatives that will have a widespread, positive impact. In regard to the educational pillar, the primary goal is to train psychologists in clinical & developmental psychology, who make use of the available research while also providing the most compassionate, empathetic care. During the fellowship year, trainees will be provided with numerous experiences designed to enhance their knowledge and empathy for those that they will serve both during their training year and in their career as psychologists.

The mission of the Easterseals Rehabilitation Center Department of Psychology & Wellness is as follows:

To treat each individual with a consideration of his or her unique set of needs, within a larger system of service and community needs, while utilizing all of the available resources to provide the best possible outcome; to provide a work environment which encourages and facilitates a balance between professional responsibilities and personal development, in the context of an ever-changing family; to blend both of these elements on a daily basis in a dynamic way, knowing that only when this happens is it possible to create a place of long-term stability, viability, and excellence.

GOALS, COMPETENCIES, AND OUTCOMES

Goal 1: To foster the development of trainees, in preparation for licensure and future practice, who are able to deliver high-quality, research-supported, compassionate services for individuals from diverse backgrounds.

Competency: Research

Element: SEEKS CURRENT SCIENTIFIC KNOWLEDGE: Displays necessary self-direction in gathering clinical and research information to practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

Element: DEMONSTRATES CRITICAL EVALUATION & KNOWLEDGE OF RESEARCH: Demonstrates an effective ability to discuss research during case conferences, journal article discussions, and other related activities.

Element: DEVELOPS AND IMPLEMENTS RESEARCH AND/OR OTHER SCHOLARLY ACTIVITIES: Develops and implements plan for research or other professional writing or presentation (e.g., case conference, presentation, publication) at local (including ESRC), regional, or national level

Competency: Ethical and Legal Standards

Element: RECOGNIZE ETHICAL DILEMMAS AS THEY ARISE & SEEKS CONSULTATION & SUPERVISION AS NEEDED: Works to effectively apply ethical decision-making processes in order to resolve the dilemmas.

Element: CONDUCTS SELF IN AN ETHICAL MANNER IN ALL PROFESSIONAL ACTIVITIES: Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

Element: KNOWLEDGE OF ETHICS AND LAW: Demonstrates good knowledge of ethical principles, including APA Ethical Principles of Psychologists, and relevant regulations, rules, policies, and laws regarding the practice of health service psychology (e.g., reporting of neglect & abuse). Consistently applies these appropriately, seeking consultation as needed.

Competency: Individual & Cultural Diversity

Element: APPLICATION OF KNOWLEDGE AND APPROACH TO WORKING WITH DIVERSE CLIENTS: Consistently achieves a good rapport with patients regardless of diverse backgrounds; works effectively with a diverse range of groups and individuals. Monitors and adapts professional behavior in a culturally sensitive manner as is appropriate, with professionals and patients.

Element: KNOWLEDGE & SENSITIVITY TO PATIENT DIVERSITY: Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services. Demonstrates knowledge about diverse individuals and groups encountered during internship and applies knowledge to effectively work with a range of diverse individuals. Is familiar with APA's Professional Practice Guidelines for relevant populations, settings, and conditions.

Element: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND: Demonstrates an understanding of how own personal beliefs, attitudes, and biases and cultural attitudes may affect how they understand and interact with people who are different than themselves.

Competency: Professional Values, Attitudes, and Behaviors

Element: USES POSITIVE COPING STRATEGIES BASED ON AWARENESS OF STRENGTHS & WEAKNESSES: Engages in self-reflection/self-care to maintain health and fitness to practice and improve/develop well-being and effectiveness. Demonstrates positive coping strategies with personal and professional stressors and challenges. Engages in self-evaluation and uses awareness of strengths and weaknesses to guide practice, use of consultation, scholarly resources, and professional development.

Element: BEHAVES IN ACCORDANCE WITH THE VALUES/ATTITUDES OF PSYCHOLOGY: Demonstrates integrity, deportment, professional identity, accountability, lifelong learning, and concern for others. Responds professionally and with appropriate independent initiatives to complex professional situations. Seeks and demonstrates openness/responsiveness to feedback.

Element: EFFICIENCY AND TIME MANAGEMENT: Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

Element: ADMINISTRATIVE COMPETENCY: Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

Competency: Communication and Interpersonal Skills

Element: PROFESSIONAL INTERPERSONAL BEHAVIOR: Demonstrate effective interpersonal skills. Professional and appropriate interactions with treatment teams, peers and supervisors are evident, and support is sought as needed; ability is shown in managing difficult communication well.

Element: PRODUCES EFFECTIVE VERBAL, NONVERBAL, AND WRITTEN COMMUNICATIONS: Communications are informative, well-integrated, useful, and practical, and

appropriate to the context of the clinical care setting; they demonstrate a thorough grasp of professional language and concepts

Element: COMMUNICATES EFFECTIVELY ACROSS DIFFERENT PROFESSIONAL AND NON-PROFESSIONAL SECTORS: Demonstrates an ability to adapt communication effectively depending on the situation and person(s) involved; develops and maintains appropriate professional boundaries and good, professional relationships with patients, colleagues, allied professionals, organizations, supervisors/supervisees, and the public.

Competency: Assessment

Element: DIAGNOSTIC & CONCEPTUAL SKILLS: Demonstrates a thorough working knowledge of diagnostic clarifications (e.g., DSM/ICD), functional and dysfunctional, and considers client psychopathology and strengths. Utilizes historical, interview and psychometric data to diagnose accurately along with a knowledge of patient/family, contextual, and diversity considerations to guide assessment strategies and understanding of functional/dysfunctional behaviors

Element: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION: Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered, which are evidence-based and culturally-sensitive, to effectively answer referral questions. Collects appropriate data using multiple methods and sources that appropriate to identified goals and questions of the assessment as well as relevant diversity characteristics of the patient.

Element: PSYCHOLOGICAL TEST INTERPRETATION: Interprets the results of psychological tests using updated research and professional standards and guidelines to inform case conceptualization, classification, and recommendations. Recognizes and guards against inherent decision-making biases, clarify which aspects of the assessment are objective from those that are subjective.

Element: ASSESSMENT WRITING SKILLS: Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

Element: FEEDBACK REGARDING ASSESSMENT: Plans and carries out a feedback interview; effectively and sensitively communicates assessment findings and recommendations clearly to patients, caregivers, and other relevant or referring professionals. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

Competency: Intervention

ELEMENT: ESTABLISHES AND MAINTAINS EFFECTIVE RELATIONSHIPS WITH CLIENTS. Consistently achieves a good rapport with patients regardless of diverse backgrounds.

Establishes and maintains effective rapport with a diverse range of children, adolescents, and caregivers.

ELEMENT: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY: Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Applied good clinical judgment about unexpected issues such as crises or confrontation. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

ELEMENT: CASE CONCEPTUALIZATION AND TREATMENT GOALS: Formulates and articulates an integrative case conceptualization that draws on theoretical and research knowledge, and addresses individual cultural diversity. Demonstrates an ability to apply relevant research literature to clinical decision-making. Collaborates with patient to form appropriate treatment goals.

ELEMENT: THERAPEUTIC INTERVENTIONS: Effectively applies knowledge to clinical decision-making, modifying treatment as needed for the unique individual/family served or when clear evidence-base is lacking. Interventions are implemented as informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interventions are evaluated for effectiveness and efficiency, and interventions goals and methods are adapted based on ongoing results.

ELEMENT: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE): Understands and uses own emotional reactions to the patient productively in the treatment.

ELEMENT: GROUP THERAPY SKILLS AND PREPARATION: Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

Competency: Supervision

ELEMENT: SUPERVISORY SKILLS: Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Actively and appropriately participates in supervision-related training/practice opportunities either through direct or simulated examples of supervision (e.g., peer consultation with other trainees, group supervision, didactic lectures). Builds good rapport with supervisee.

ELEMENT: RECOGNIZES AND ADDRESSES POWER AND CULTURAL VARIABLES THAT INFLUENCE SUPERVISORY RELATIONSHIPS: Shows understanding and responsiveness on how diverse factors influence outcomes of supervision.

ELEMENT: UTILIZATION OF APA GUIDELINES FOR CLINICAL SUPERVISION IN HEALTH SERVICE PSYCHOLOGY (2018): Illustrates both an awareness and application of these guidelines in various aspects of supervision.

Competency: Consultation and Interprofessional/Interdisciplinary Skills

ELEMENT: CONSULTATION ASSESSMENT: Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

ELEMENT: UTILIZATION OF TEAM, INTERDISCIPLINARY APPROACH: Demonstrates an ability to function well as an interdisciplinary team member, both in receiving and articulation information and integration of members and their perspectives.

ELEMENT: CONSULTATIVE GUIDANCE: Applies the knowledge of consultation in direct or simulated consultation (e.g., role-played consultation with others) with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Gives the appropriate level of guidance when providing consultation to other health care professionals and those in the public sector, taking into account their level of knowledge about psychological theories, methods and principles.

TRAINING PROGRAM STRUCTURE

The Easterseals Rehabilitation Center Psychology Postdoctoral Fellowship Program is based within the Department of Psychology & Wellness at the Easterseals main building on 3701 Bellemeade Avenue in Evansville, Indiana. Fellows also receive training at the Evansville Psychiatric Children's Center (EPCC), where Easterseals is contracted to provide psychological services. All psychologists involved in the training program are licensed in the state of Indiana to practice psychology, have endorsements in Indiana as Health Service Providers in Psychology (HSPP), and have faculty appointments in the Department of Psychology. Dr. Jones is licensed to practice medicine in the state of Indiana, and is appointed as an affiliate staff member at Easterseals.

The fellowship is a full 12 months, with a flexible start date between July 1st and September 15th. The training year is structured into yearlong experiences that involve initial diagnostic evaluations/consultations, ongoing therapy (individual, family, and group), and comprehensive psychological assessments, both done individually and as part of a multi-disciplinary team. Training also includes assessment of youth admitted for residential treatment at EPCC. To ensure breadth and depth of training, fellows are expected to see a variety of clients in regard to age, presenting problem, ethnic/cultural background, family experiences, and other demographic factors that may differ. One position is available, and this will make up the clinical and developmental psychology track.

In addition to the rotations, fellows are encouraged to attend a series of weekly didactics presented on a wide range of topics; it is required that fellows attend at least one weekly learning opportunity of their choice; however, fellows should keep in mind that certain states do require additional learning opportunities to have been attended as part of licensure requirements and fellows are encouraged to participate in the amount of learning opportunities that satisfy any state licensure requirement for which they are considering applying. Didactics are offered each week from 8-9 AM on Wednesday morning (except on the 3rd and 5th Wednesday of the month unless otherwise designated) and 12-1 PM on Tuesday. The Wednesday morning didactic is entitled "Developmental Hour." The purpose of this hour is as follows:

Development of communication and cognitive skills has a significant impact on social, emotional, and behavioral outcomes from birth to death. However, many psychologists and other medical professionals have limited training in the area of early cognitive, sensory, language, and motor development, and thus struggle to fully integrate these areas into their

assessment and intervention. The purpose of the Developmental Hour is to provide psychology fellows with advanced training in the normal and abnormal development of individuals across the lifespan, with specific focus on children and adolescents. This didactic is designed to utilize well-trained professionals from other disciplines, including speech/language pathologists, physical therapists, occupational therapists, early childhood specialists, and audiologists who have extensive experience in both assessing and intervening regarding developmental abnormalities.

This training hour will combine presentation of scientifically-based research and practice with opportunities for discussion and application to clinical practice. Ultimately, this didactic is designed to provide psychology fellows with enhanced education in the areas of communication, language, and motor development, and also encourage increased interdisciplinary practice as trainees and throughout their career as a professional. This knowledge will not only enhance their ability to practice competently, but also improve their ability as professionals to speak intelligently to clients and families about referrals made to other professionals.

The didactic hour from 12-1 PM on Tuesday is entitled “The Ins and Outs of Professional Psychology.” This training hour will utilize professionals in the field of psychology, medicine, and education, and as well as seminal research articles/chapters from the field of psychology and medicine. The purpose is to assist fellows in acquiring a greater body of knowledge pertaining to the professional practice of psychology as they transition from pre-doctoral training to real-world practice. Emphasis will be placed not only increasing their knowledge base as it relates to the practice of clinical psychology, but also be better versed in understanding other paradigms (e.g., educational law, medical practice) as they directly interact with and affect psychological practice.

Beyond weekly didactics, fellows are encouraged to attend monthly didactic sessions through Deaconess Cross Pointe and are required to attend the Quarterly Diversity Lecture Series.

The monthly health seminars at Deaconess, entitled “Mental Health Professional’s Luncheon,” are organized by Janie Chappell, Manager of Community Services at Deaconess Cross Pointe. Each month, an email list is sent out to interested attendees to RSVP, of which the interns will be added at the beginning of their training year. A free lunch is served starting at 11:45, and speakers typically begin speaking at 12 PM and end by 1 PM.

The schedule is not posted ahead of time, but the presenter and topic are sent as part of the mass email a few weeks prior to the seminar. Presenters typically include different Deaconess staff and other mental health providers/professionals in the community, including

administrators, psychiatrists, psychologists, social workers, and others. Topics vary, but all are applicable to mental health practice. For example, topics from 2019-2020 focused on areas such as ethical practice, teens and vaping, conflict resolution, use of wellness skills in mental health treatment, and addressing family dynamics in the context of substance abuse treatment, in addition to other topics.

Beyond the opportunity to increase knowledge in the area of psychology and mental health, the seminars provide a great opportunity to connect with various mental health professionals in the Tri-State community. Seminars are typically well attended by a diverse audience of mental health providers and others vested in the mental health arena, and attendance typically ranges from 75-100 individuals or more. Easterseals' faculty regularly attends these seminars, and work to provide interns with personal introductions to community mental health providers.

The Quarterly Diversity Lecture Series was developed as one more means of providing an atmosphere of continuous learning and diversity appreciation with the training program, department, and organization. This will be held quarterly in the Department of Psychology & Wellness, primarily on a 3rd Wednesday of the month from 8-9 AM that is workable for both the department and the speaker. Speakers will utilize virtual or the in person option, depending on what is considered most safe and accessible. The training director and other faculty members are responsible for soliciting speakers for the series; the educational director is responsible for scheduling and coordinating the event.

The focus of the lecture series is multifold. Each presenter will speak to a specific area(s) of diversity that pertains to issues of age, culture, race/ethnicity, gender, sexual orientation, disability, and any other area that can distinguish one individual from another. The focus of the presentations is to provide a) authentic sharing of experiences as a particular individual affected by one or more area of diversity b) sound, empirically-based, respectful information regarding the chosen area(s) of diversity focus and c) key points of discussion regarding potential myths, challenges, or future directions that lie within these areas. Presenters will not only relate these issues to the practice of psychology, but also to everyday life. Presentations will be used to encourage further learning and discussion for faculty, trainees, and department members within personal, clinical, supervisory, and administrative activities; information from presentations will also be used to encourage a continued emphasis on developing a culture and climate of multiculturalism, inclusivity, and respect.

As presenters will be secured through a variety of means and connections, individuals in the training program, department, and organization will be informed about the speaker(s) at least a month in advance. Dates for the diversity series will be solidified as soon as possible according to speaker availability.

A full didactics schedule updated for each academic year will be made available on the fellowship website.

All fellows will attend the Director's conference weekly on Friday from 2-3:00 PM. This is an opportunity for fellows to have regularly scheduled time with the Director of Training and other trainees in the department.

Fellows are also encouraged to seek out other opportunities for learning and research throughout the training year, including local conferences, meetings, and seminars. Opportunities will be provided to fellows to do research using clinical data from the Department of Psychology & Wellness and to collaborate with other researchers/educators in the community and beyond on active projects. All fellows will be given 4 professional days (or the equivalent of 32 hours) to seek further continuing education.

CORE ROTATIONS

Clinical Child Outpatient Clinic

Supervisor(s): Dr. Jim Schroeder

Length: Yearlong

The clinical child outpatient clinic takes place at Easterseals Rehabilitation Center (ESRC). ESRC has a longstanding reputation of providing the highest quality care to youth and adults in both an outpatient and residential setting. It offers a number of programs, including therapy (e.g., speech/language, occupational, physical, audiology), residential services for adults with severe disabilities, early childhood education, psychology services, assistive technology, and aquatic programs. ESRC is affiliated with national Easterseals organization, but is locally run and operated non-for-profit. It is strongly supported by many individuals and organizations in the community, and will provide services to anyone regardless of financial abilities.

The outpatient psychology clinic at ESRC offers outpatient evaluation, assessment, and therapy services. Clinicians specialize in the treatment of mood, anxiety, trauma-related, behavioral, familial, relational, and personality disorders in addition other areas. Youth are evaluated for a variety of diagnostic questions, including autism spectrum, learning disabilities, ADHD, affective disorders, and other developmental concerns.

Fellows on this rotation perform clinical interviews and diagnostic assessments, provide individual and family psychotherapy, receive individual supervision, and have the opportunity to work and supervise interns, master's students (in social work), and undergraduate students. Clients range from ages 2-17, come from a variety of backgrounds, and are physician referred.

Interdisciplinary Evaluation Clinic

Supervisor: Dr. Jim Schroeder

Length: Yearlong

The interdisciplinary evaluation clinic takes place at ESRC. The clinic focuses on utilizing a multi-disciplinary assessment approach to provide comprehensive diagnostic assessments to children between the ages of 4-17. Fellows will work as part of a team, which includes a physical therapist, speech/language therapist, and audiologist. A full day assessment will be done by the team on Monday, and the fellows will meet with the team on the following Thursday morning to discuss the results of the evaluation. Fellows will organize a team report with information from all disciplines and provide feedback to the parents after this is completed.

Pediatric Group Therapy Services

Supervisor: Dr. Jim Schroeder

Length: Yearlong

The pediatric group services rotation is located in ESRC. Youth ages 5-19 are referred from the community or in the center for group services due to various conditions, including ADHD, autism spectrum, chronic illness, and anxiety concerns. Fellows utilize a closed group, age-specific format in conjunction with empirically-supported group treatments to provide group services to clients and their parents.

Adult Residential/Mental Health Services

Supervisor: Dr. Jim Schroeder

Length: Yearlong

The adult residential/mental health services rotation is located within ESRC. ESRC residential services have a reputation of delivering the highest-quality, most compassionate services to those with intellectual disabilities (and other psychological, physical complications) in the community. Adults referred from ESRC residential housing or Waiver services are provided with direct intervention designed to improve social skills, improve behavioral management, and increase emotional regulation. All referred adults have a documented intellectual disability, and often have other physical or psychological comorbid conditions. Empirically-supported treatments derived from Applied Behavioral Analysis (ABA) and Dialectical Behavioral Therapy (DBT) specifically designed for adults with intellectual disabilities will be used. In addition to direct service, fellows will also work with staff to improve their ability to work with residents in improving a number of social-emotional outcomes, including reduction of behavioral outbursts, improved conflict resolution, and increased emotional control. Finally, fellows will work with staff on utilizing research-supported techniques to improve self-care, especially in managing the inherent stressors of working in a residential facility.

Fellows will also receive limited outpatient referrals from physicians in the community for adults with general mental health concerns. This includes, but is not limited to, anxiety, depression, family related issues, and trauma. Focus will be on utilizing cognitive-behavioral, insight-oriented, and systems-based approaches to reduce concerns and improve functionality and quality of life.

POSTDOCTORAL FELLOWSHIP TRAINING PROGRAM RESOURCES

Fellows are provided with diverse patient populations and various programs within the Easterseals Rehabilitation Center and the ancillary sites noted.

All psychologists identified as training supervisors have faculty appointments within the Department of Psychology & Wellness and are licensed to practice psychology (or medicine), with endorsements as Health Service Providers in Psychology (HSPP), in the state of Indiana.

The fellowship's education coordinator, Ms. Janis Garrison, serves in a number of roles to support the fellowship. In addition to serving in a number of functions related to recruitment, applications, interviewing, and admission, her role also involves orientation of fellows, regular attendance at fellowship meetings (including taking minutes), schedule/didactics coordination, data collection, and many other responsibilities. Ms. Garrison works directly with the training director to assure that all fellowship functions work smoothly, and also to troubleshoot issues, especially related to educational matters. She also works to make sure that yearly accreditation standards are met, and oversees the filing, record keeping, and distribution of materials as needed. Overall, Ms. Garrison provides general administrative support to fellows for a variety of needs.

Fellows receive a salary, which will be \$35,568 for the training year. Benefits offered also include the following: health insurance for the fellow and family, life insurance, malpractice coverage, vision and dental insurance, and free on-campus parking. Each fellow is entitled to designated paid holidays (see time off and leave policies on page 37), 80 hours vacation time, and 5 days of paid sick time. Holiday time includes days off between Christmas and New Year's, during which time all employees are paid in full. Fellows are provided with 4 professional days as part of their training to be used for activities such as job interviews, attendance at approved conferences (not part of the training program), and/or licensure-related activities.

Fellows are provided with appropriate office space, personal desktop computers, printers, telephones, and copiers and scanners as needed. Computers include ability to access the EHR, all needed software and/or online access to programs such as Microsoft Office, Excel, Outlook, Power Point, and other programs. Fellows also have access to audio/visual equipment that provides for supervision opportunities.

Full clerical support is available to assist with patient scheduling and support. IT support is available during all working hours.

All fellows are provided with email accounts. They will have full access to wired internet connections at all sites and wireless internet in most situations.

SUPERVISION REQUIREMENTS FOR PSYCHOLOGY POSTDOCTORAL FELLOWSHIP

Fellows must have a minimum of 1 hour of individual, regular supervision per week that is provided by training faculty who are doctoral level and individually licensed in the state of Indiana.

Fellows must have a minimum of 2 hours of total supervision a week. Beyond the individual hours, 1 hour per week will be group supervision in addition to unscheduled “curbside” supervision. Additional supervision can be provided by a professional beyond a psychologist (e.g., psychiatrist, board certified behavioral analysis), especially if this is needed for licensure purposes. If this is necessary, it is important that this be communicated prior to the start of the training year. However, in order to be counted, the supervisor needs to be formally approved in this capacity by the Postdoctoral Fellowship Executive Committee.

Supervision is defined as a direct, interactive experience between the fellow and supervisor. This means that co-therapy and observation, although potentially useful from a training capacity, do not count as supervision hours.

Some direct observation (e.g., live observation, direct recording) must occur at some point during the supervision process.

Supervision must occur in a hierarchical, formal process in which evaluation of skills and expertise does occur. This denotes that simply having a discussion with a professional who is not in an evaluative relationship with the fellow (e.g., professional not affiliated with the fellowship program) does not count as supervision.

In situations where there is more than one supervisor on a rotation, it is necessary that a particular supervisor be named as primary. The primary supervisor has the responsibility of making sure that the fellow has at least 2 hours of supervision per week.

Supervisors should record time spent in supervision even though fellows do track their hours for supervision.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF POSTDOCTORAL FELLOWSHIP

By the end of the fellowship year, fellows are expected to either have a rating of **(A) Advanced/Skills (comparable to autonomous practice at the licensure level)** in all of the areas where applicable. **A** is considered to reflect advanced skills consistent with the completion of postdoc. No competency areas will be rated as **I, R** or **E**. Please see evaluation procedures and forms starting on pages 18 as well as program goals, competencies, and outcomes outlined on pages 5.

Acceptable progress during the fellowship program will be defined as accomplishing a minimum rating of **HI (High Intermediate/Occasional supervision needed)** in all applicable areas of competency by 6 months into the fellowship although in specified areas. If adequate progress is not made (as designated by an **E [Entry level/Continued intensive supervision is needed]** or **R [Needs remedial work]** rating), a remediation plan will be orchestrated (please see remediation procedures beginning on page 28).

Adherence to all other ESRC policies, APA ethics code, and Indiana Law requirements must occur (see internal policies available online through each of these entities).

Completion of all required rotations must occur as designated by the fellowship training schedule.

A fellow must complete 1 year of full-time training (2,000 hours total), and a minimum of 750 hours of direct patient contact. The training begins between July 1 and September 15, and continues until exactly one year from the start date, with the exception as noted in the Time Off & Leave policies included in this manual starting on pages 37.

Experience must include 2 hours of supervision per week, including 1 regularly scheduled, individual, face-to-face meetings with a core supervisor. See supervision guidelines on page 16 for more information.

Attendance at Director's Conference is mandatory unless leave has been approved consistent with the Postdoctoral Fellowship Leave of Absence Policy.

POSTDOCTORAL FELLOWSHIP EVALUATION PROCEDURE

- 1.** All rotation supervisors will complete the Core Competency Form at the midpoint and end mark of the fellowship year, to assess both overall performance at this juncture and performance in the yearlong rotations. Each evaluation will provide a summary of competency areas that are the focus of the fellowship; in addition, each evaluation (using the Core Competency Form) provides written space to note the fellow's strengths/achievements and growth areas overall and within each competency (and specific objectives as part of each competency). At minimum, fellows will receive a formal, written evaluation twice a year of all competency areas as required by the fellowship in conjunction with APA competency areas. Once this evaluation has been completed, using the Google Docs version of the Core Competency Form, a pdf will be generated of the evaluation, which will be emailed to the fellow and printed to allow for review during the meeting regarding the evaluation.
- 2.** Each of these forms will be reviewed with the fellow by the supervisor(s), and then both will sign the form shortly after the midpoint and just prior to the end of the year. This review will guarantee the most complete opportunity for communication regarding the evaluation. Once this has all occurred, the evaluations will be uploaded into the Provide database, which stores all files for each fellow and record of their supervision. Human resources will then be given a final, signed copy of performance evaluations for inclusion in the personnel record.
- 3.** All supervisors (primary and secondary) of the fellows will conference just before the mid-term and end of the year with the Director of Training. The objective is to provide comprehensive feedback for the psychology fellow at the midterm and end of the year that includes input from all involved.
- 4.** Fellows will review each completed evaluation form with the Director of Training, and then this will be signed by the Director of Training in addition to previous signatures noted.
- 5.** Data from the Core Competency Form will be entered into a Summation Table in order to allow progress from one evaluation cycle to the next to be easily tracked, and also to allow aggregate data to be completed for each fellow, each fellowship class, and over multiple years. This will facilitate a determination of whether competencies for each fellow, and goals for the program as a whole, are being achieved. To allow this to occur

with maximum efficiency and accuracy, as noted prior, all evaluations are completed using the Google Docs version of the Core Competency Form, where each rating has been translated into a number that allows for immediate aggregation across any variable, including fellow, fellowship year, and a selected time period. Each rating has been assigned a numerical value, as noted below:

A (Advanced) – 5

HI (High Intermediate) – 4

I (Intermediate) – 3

E (Entry) – 2

R (Remedial) – 1

N/A – No value assigned (removed from rating and aggregate calculations)

PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM

Trainee _____ Supervisor _____

Training Year _____ Training Experience _____

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ Direct Observation
_____ Videotape
_____ Audiotape
_____ Case Presentation

_____ Review of Written Work
_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction
_____ Comments from Other Staff

RATINGS DESCRIPTIONS

- NA** Not applicable for this training experience/Not assessed during training experience
- A (5)** **Advanced/Skills comparable to autonomous practice at the licensure level.**
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.
- HI (4)** **High Intermediate/Ready for Entry Level Practice.**
This is a required rating for Profession Wide Competencies, and associated elements, at completion of internship; individuals at this level are prepared for entry level practice as is deemed by the Standards of Accreditation.
- I (3)** **Intermediate/Should remain a focus of supervision**
Common rating throughout internship and practica. Routine supervision of each activity.
- E (2)** **Entry level/Continued intensive supervision is needed**
Most common rating for practica. Routine, but intensive, supervision is needed.
- R (1)** **Needs remedial work**
Requires remedial work if trainee is in internship or post-doc.

PROFESSION-WIDE COMPETENCIES

COMPETENCY: RESEARCH

ELEMENT: SEEKS CURRENT SCIENTIFIC KNOWLEDGE

Displays necessary self-direction in gathering clinical and research information to practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

- A** Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
- HI** Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
- I/E** Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
- R** Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

ELEMENT: DEMONSTRATES CRITICAL EVALUATION & KNOWLEDGE OF RESEARCH

Demonstrates an effective ability to discuss research during case conferences, journal article discussions, and other related activities.

- A** Shows evident mastery of a wide range of research as related to not just clinical practices, but also other relevant areas in the field. Is comfortable discussing varied topics with psychological professionals and others in medical field or other professional or non-professional sectors.
- HI** Demonstrates a good awareness of core areas of research in the field, and is able to present key ideas and thoughts in a clear, cohesive manner. May still be developing a comfort in presenting on the complexities of this research.
- I/E** Shows emerging command of critical areas of research and how this can be integrated with other scientific knowledge; may still be reticent or developing in articulating this in a more public forum.
- R** Exhibits limited knowledge regarding basic research in the area of psychology, and even may seem uninterested in learning from other psychology professionals and trainees regarding key concepts and ideas.

NA ELEMENT: DEVELOPS AND IMPLEMENTS RESEARCH AND/OR OTHER SCHOLARLY ACTIVITIES

Develops and implements plan for research or other professional writing or presentation (e.g., case conference, presentation, publication) at local (including ESRC), regional, or national level

- A** Develops research plan alone or in conjunction with a colleague. Is a full and equal participant in the project.
- HI** Provides substantive input/involvement into the plan and execution of activity. Demonstrates ability to execute at least one aspect of the project independently.
- I/E** Provides helpful suggestions regarding design and implementation of a colleague's plan. Provides significant assistance in the accomplishment of the project.
- R** Does not follow-through with responsibilities in development or implementation of plan.

COMPETENCY: ETHICAL AND LEGAL STANDARDS

NA ELEMENT: RECOGNIZE ETHICAL DILEMMAS AS THEY ARISE & SEEKS CONSULTATION & SUPERVISION AS NEEDED

Works to effectively apply ethical decision-making processes in order to resolve the dilemmas.

- A** Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
- HI** Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision
- I** Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
- E** Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
- R** Frequently defensive and inflexible, resists important and necessary feedback.

NA ELEMENT: CONDUCTS SELF IN AN ETHICAL MANNER IN ALL PROFESSIONAL ACTIVITIES

Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

- A** Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
- HI** Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
- I** Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
- E** Needs considerable direction from supervisor. May leave out crucial information.
- R** May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

- NA ELEMENT: KNOWLEDGE OF ETHICS AND LAW**
Demonstrates good knowledge of ethical principles, including APA Ethical Principles of Psychologists, and relevant regulations, rules, policies, and laws regarding the practice of health service psychology (e.g., reporting of neglect & abuse). Consistently applies these appropriately, seeking consultation as needed.
- A** Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgement is reliable about when consultation is needed
- HI** Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
- I** Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input
- E** Often unaware of important ethical and legal issues.
- R** Disregards important supervisory input regarding ethics or law.

COMPETENCY: INDIVIDUAL AND CULTURAL DIVERSITY

- NA ELEMENT: APPLICATION OF KNOWLEDGE AND APPROACH TO WORKING WITH DIVERSE CLIENTS.**
Consistently achieves a good rapport with patients regardless of diverse backgrounds; works effectively with a diverse range of groups and individuals. Monitors and adapts professional behavior in a culturally sensitive manner as is appropriate, with professionals and patients.
- A** Establishes quality relationships with almost all patients and professionals, reliably identifies potentially challenging patients and seeks supervision.
- HI** Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
- I** Actively developing skills with new populations. Relates well when trainee has prior experience with the population.
- E** Has difficulty establishing rapport.
- R** Alienates patients or shows little ability to recognize problems.
- NA ELEMENT: KNOWLEDGE & SENSITIVITY TO PATIENT DIVERSITY**
Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services. Demonstrates knowledge about diverse individuals and groups encountered during internship and applies knowledge to effectively work with a range of diverse individuals. Is familiar with APA's Professional Practice Guidelines for relevant populations, settings, and conditions.
- A** Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
- HI** In supervision, recognizes and openly discusses limits to competence with diverse clients while also demonstrating an appropriate knowledge base and sensitivity.
- I** Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.
- E** Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
- R** Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.
- NA ELEMENT: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**
Demonstrates an understanding of how own personal beliefs, attitudes, and biases and cultural attitudes may affect how they understand and interact with people who are different than themselves.
- A** Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
- HI** Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.

- I Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
- E Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
- R Has little insight into own cultural beliefs even after supervision.

COMPETENCY: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

- NA **ELEMENT: USES POSITIVE COPING STRATEGIES BASED ON AWARENESS OF STRENGTHS & WEAKNESSES**
Engages in self-reflection/self-care to maintain health and fitness to practice and improve/develop well-being and effectiveness. Demonstrates positive coping strategies with personal and professional stressors and challenges. Engages in self-evaluation and uses awareness of strengths and weaknesses to guide practice, use of consultation, scholarly resources, and professional development.
- A Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues.
- HI Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.
- I Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.
- E Personal problems can significantly disrupt professional functioning.
- R Denies problems or otherwise does not allow them to be addressed effectively.

- NA **ELEMENT: BEHAVES IN ACCORDANCE WITH THE VALUES/ATTITUDES OF PSYCHOLOGY**
Demonstrates integrity, deportment, professional identity, accountability, lifelong learning, and concern for others. Responds professionally and with appropriate independent initiatives to complex professional situations. Seeks and demonstrates openness/responsiveness to feedback.
- A Demonstrates a clear professional demeanor and standing, both with appropriate confidence in skills and also openness to feedback and consultation. Handles self that conveys clear professional identity.
- HI Exhibits qualities of an emerging professional in the field, with evident integrity, accountability, and curiosity present. May still be establishing complete professional identity, but clearly demonstrates core components.
- I Demonstrates clear components, but in still need of nuanced refinement and flexibility
- E Still learning the basics of what it means to be a professional; behavior is appropriate, but still raw
- R Is either unaware or in denial of behaviors that conflict with basic values/attitudes of psychology

- NA **ELEMENT: EFFICIENCY AND TIME MANAGEMENT**
Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.
- A Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
- HI Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.
- I Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.
- E Highly dependent on reminders or deadlines.
- R Frequently has difficulty with timeliness, or tardiness and/or unaccounted absences are a problem.

- NA **ELEMENT: ADMINISTRATIVE COMPETENCY**
Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.
- A Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.
- HI Identifies components of the larger task and works independently on them. Needs some supervisory

- guidance to successfully accomplish large tasks within the timeframe allotted. Identifies priorities but needs input to structure some aspects of task.
- I** Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.
 - E** Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.
 - R** Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

COMPETENCY: COMMUNICATION AND INTERPERSONAL SKILLS

- NA** **ELEMENT: PROFESSIONAL INTERPERSONAL BEHAVIOR**
Demonstrate effective interpersonal skills. Professional and appropriate interactions with treatment teams, peers and supervisors are evident, and support is sought as needed; ability is shown in managing difficult communication well.
 - A** Smooth working relationships, handles differences openly, tactfully and effectively.
 - HI** Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
 - I** Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
 - E** Ability to participate in team model is limited, relates well to peers and supervisors.
 - R** May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

- NA** **ELEMENT: PRODUCES EFFECTIVE VERBAL, NONVERBAL, AND WRITTEN COMMUNICATIONS**
Communications are informative, well-integrated, useful, and practical, and appropriate to the context of the clinical care setting; they demonstrate a thorough grasp of professional language and concepts
 - A** Interactions and communications are consistently succinct, effective, and address not just core issues involved, but also complexities and nuances that allow for optimal outcomes on a frequent basis.
 - HI** Effectively communicates using means that are most timely and productive. Addresses primary issues at hand, but may still be working to further integrate complexities and nuances that are reflective of a more seasoned professional.
 - I** Utilizes written and verbal communication to resolve key issues and maintain good working relationships. Written communications especially may still need further refinement.
 - E** Able to communicate basic ideas and questions verbally, but is relatively early in learning to produce cohesive, comprehensive communications, especially in written form.
 - R** Communications are regularly tangential, circumstantial, or even altogether ineffective or even divisive; struggles with basic communication skills, especially in a professional manner

- NA** **ELEMENT: COMMUNICATES EFFECTIVELY ACROSS DIFFERENT PROFESSIONAL AND NON-PROFESSIONAL SECTORS**
Demonstrates an ability to adapt communication effectively depending on the situation and person(s) involved; develops and maintains appropriate professional boundaries and good, professional relationships with patients, colleagues, allied professionals, organizations, supervisors/supervisees, and the public.
 - A** Is able to adeptly flex style of communication and amount & format of information depending on the circumstance and also individual(s) receiving the information; shows an acute ability to adjust delivery to in order to maximize effectiveness and relationship.
 - HI** Demonstrates an awareness and sensitivity to audience in communication style and overall information presented; may still be refining flexibility in communication between parent or professional, but shows understanding of the importance of modulating style depending on need.
 - I** Conveys appropriate information in a sensitive, reasonable manner to all involved, but still developing an

- understanding of the critical nuances and subtleties associated with different circumstances and individuals.
- E** Communication style is basic; focus is on disseminating core information, with minimal awareness to critical differences needed depending on receiver or situation.
- R** Shows little sensitivity to the different needs of communication depending on the situation or person; may periodically communicate in a way that seems unaware of basic demands or limitations in particular circumstances, thus increasing likelihood of conflict or alienation.

COMPETENCY: ASSESSMENT

NA ELEMENT: DIAGNOSTIC & CONCEPTUAL SKILLS

- Demonstrates a thorough working knowledge of diagnostic clarifications (e.g., DSM/ICD), functional and dysfunctional, and considers client psychopathology and strengths. Utilizes historical, interview and psychometric data to diagnose accurately along with a knowledge of patient/family, contextual, and diversity considerations to guide assessment strategies and understanding of functional/dysfunctional behaviors**
- A** Demonstrates a thorough knowledge of psychiatric classification and all relevant factors to develop an accurate diagnostic formulation and comprehensive conceptualization autonomously.
- HI** Has a good working knowledge of psychiatric diagnoses and other moderating/mediating factors. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
- I** Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
- E/R** Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-5 criteria to develop a diagnostic conceptualization.

NA ELEMENT: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION

- Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered, which are evidence-based and culturally-sensitive, to effectively answer referral questions. Collectively appropriate data using multiple methods and sources that appropriate to identified goals and questions of the assessment as well as relevant diversity characteristics of the patient.**
- A** Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
- HI** Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- I** Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- E/R** Test administration is irregular, slow. Or often needs to recall patient to further testing sessions due to poor choice of tests administered.

NA ELEMENT: PSYCHOLOGICAL TEST INTERPRETATION

- Interprets the results of psychological tests using updated research and professional standards and guidelines to inform case conceptualization, classification, and recommendations. Recognizes and guards against inherent decision-making biases, clarify which aspects of the assessment are objective from those that are subjective.**
- A** Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.
- HI** Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
- I** Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.
- E/R** Significant deficits in understanding of psychological testing, over-reliance on computer interpretation

packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

NA ELEMENT: ASSESSMENT WRITING SKILLS

Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

A Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.

HI Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.

I Uses supervision effectively for assistance in determining important points to highlight.

E/R Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.

NA ELEMENT: FEEDBACK REGARDING ASSESSMENT

Plans and carries out a feedback interview; effectively and sensitively communicates assessment findings and recommendations clearly to patients, caregivers, and other relevant or referring professionals. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

A Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.

HI With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.

I Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.

E Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.

R Does not modify interpersonal style in response to feedback.

COMPETENCY: INTERVENTION

NA ELEMENT: ESTABLISHES AND MAINTAINS EFFECTIVE RELATIONSHIPS WITH CLIENTS.

Consistently achieves a good rapport with patients regardless of diverse backgrounds. Establishes and maintains effective rapport with a diverse range of children, adolescents, and caregivers.

A Establishes good working relationships & alliance with almost all patients and professionals, reliably identifies potentially challenging patients and seeks supervision.

HI Generally comfortable and relaxed with patients; able to manage unexpected and potentially conflictual situations in a way that preserves relationships.

I Actively developing rapport building skills, especially those populations with more diverse backgrounds than trainee.

E Rapport-building is basic, and evident difficulties are present as trainee works to acquire more developed skills

R Alienates patients or shows little ability to recognize problems.

NA ELEMENT: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY

Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Applied good clinical judgment about unexpected issues such as crises or confrontation. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

- A** Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients.
- HI** Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
- I** Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
- E** Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking “spot” supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.
- R** Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor.

NA ELEMENT: CASE CONCEPTUALIZATION AND TREATMENT GOALS

Formulates and articulates an integrative case conceptualization that draws on theoretical and research knowledge, and addresses individual cultural diversity. Demonstrates an ability to apply relevant research literature to clinical decision-making. Collaborates with patient to form appropriate treatment goals.

- A** Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
- HI** Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
- I** Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
- E/R** Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.

NA ELEMENT: THERAPEUTIC INTERVENTIONS

Effectively applies knowledge to clinical decision-making, modifying treatment as needed for the unique individual/family served or when clear evidence-base is lacking. Interventions are implemented as informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interventions are evaluated for effectiveness and efficiency, and interventions goals and methods are adapted based on ongoing results.

- A** Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
- HI** Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
- I** Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
- E/R** Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.

NA ELEMENT: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)

Understands and uses own emotional reactions to the patient productively in the treatment.

- A** During session, uses countertransference to formulate hypotheses about patient’s current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.
- HI** Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can

identify own issues that impact therapeutic process. Interventions generally presented in the following session.

- I Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.
- E When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
- R Unable to see countertransference issues, even with supervisory input.

NA ELEMENT: GROUP THERAPY SKILLS AND PREPARATION

Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

- A Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of cotherapist/supervisor with follow-up supervision later.
- HI Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
- I Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
- E Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
- R Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

COMPETENCY: SUPERVISION

NA ELEMENT: SUPERVISORY SKILLS

Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Actively and appropriately participates in supervision-related training/practice opportunities either through direct or simulated examples of supervision (e.g., peer consultation with other trainees, group supervision, didactic lectures). Builds good rapport with supervisee.

- A Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee's input.
- HI Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of trainee as a supervisor as documented on evaluation form.
- I Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful. Trainee is rated by supervisee at the satisfactory or higher level in all areas.
- R Unable to provide helpful supervision.

NA ELEMENT: RECOGNIZES AND ADDRESSES POWER AND CULTURAL VARIABLES THAT INFLUENCE SUPERVISORY RELATIONSHIPS

Shows understanding and responsiveness on how diverse factors influence outcomes of supervision.

- A Demonstrates an acute awareness to various ways that diverse factors can affect supervisory relationships; is proactive and sensitive in managing these complex issues in a way that not just preserves, but can enhance the relationship(s).
- HI Shows an ability to navigate supervisory situations that are complicated by cultural/power-based variables; although still developing nuanced skills, understands limitations and seeks consultation effectively to help manage challenging situations.
- I Shows awareness of cultural/power factors as related to supervision, but still demonstrates need to grow in how to best manage in an effective way.
- R Supervision seems to show minimal or no awareness of critical variables that could influence effectiveness and collegiality; "one size fits all" or random approach is utilized.

- NA ELEMENT: UTILIZATION OF APA GUIDELINES FOR CLINICAL SUPERVISION IN HEALTH SERVICE PSYCHOLOGY (2018)**
Illustrates both an awareness and application of these guidelines in various aspects of supervision
- A** Spontaneously and consistently applies guidelines in a variety of supervisory situations. Demonstrates both a fidelity and flexibility in using the guidelines given various unique situations that arise.
- HI** Consistently recognizes and demonstrates core implementation of guidelines in supervisory situations; utilizes both content and process elements of guidelines even as development of nuanced skills remains.
- I** Shows awareness of basic provisions and components of guidelines, and demonstrates efforts to implement effectively; however, still needs further refinement and development to be consistently effective.
- R** Little or no understanding and/or usage of guidelines is present in supervision; supervision does not appear to be founded on empirically-supported, reliable methods and may be arbitrary or insensitive in nature.

COMPETENCY: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

- NA ELEMENT: CONSULTATION ASSESSMENT**
Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.
- A** Chooses appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.
- HI** Occasional input is needed regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer the referral question
- I/E** Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.
- R** Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

- NA ELEMENT: UTILIZATION OF TEAM, INTERDISCIPLINARY APPROACH**
Demonstrates an ability to function well as an interdisciplinary team member, both in receiving and articulation information and integration of members and their perspectives
- A** Demonstrates an acute ability to integrate perspectives from multiple team members while also transparently and effectively sharing and synthesizing own area of knowledge; demonstrates evident leadership qualities.
- HI** Functions well in an interdisciplinary setting, both in communication and integration of different types of knowledge and expertise.
- I/E** Demonstrates awareness and emerging capabilities in working as part of an interdisciplinary team; however, still needs further development in integration and communication skills.
- R** Is consistently ineffective in interdisciplinary settings, either due to poor communication or challenges with integrating various perspectives or knowledge; at times, may either dominate or not communicate during team meetings.

- NA ELEMENT: CONSULTATIVE GUIDANCE**
Applies the knowledge of consultation in direct or simulated consultation (e.g., role-played consultation with others) with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Gives the appropriate level of guidance when providing consultation to other health care professionals and those in the public sector, taking into account their level of knowledge about psychological theories, methods and principles.
- A** Relates well to those seeking input, is able to provide feedback that is effective and effective regardless of professional seeking guidance or context of the situation.
- HI** Requires occasional input regarding the manner of delivery or type of feedback given; however, in general provides consultation that is both effective and comprehensive.

- I/E** Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
- R** Unable to establish rapport.

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS

CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

REQUIREMENT FOR PRACTICUM EVALUATIONS

All competency areas will be rated at a level of **E** or higher. No competency areas will be rated as **R**.

REQUIREMENT FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of **I** or higher. No competency areas will be rated as **R** or **E**.

REQUIREMENT FOR INTERN EVALUATIONS DONE AT 12 MONTHS

All elements of profession wide competencies will be rated at level of competence of **HI** or higher. No competency areas will be rated as **R, E, or I**.

REQUIREMENT FOR POST-DOCTORAL EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of **HI** or **A**. No competency areas will be rated as **R, E, or I**.

REQUIREMENT FOR POST-DOCTORAL EVALUATIONS DONE AT 12 MONTHS

All competency areas will be rated at level of competence of **A**. No competency areas will be rated as **HI, I, R** or **E**.

_____ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The trainee HAS NOT successfully completed the above goal. We have reviewed this together.

Supervisor _____

Date _____

Supervisor _____

Date _____

Supervisor _____

Date _____

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee _____

Date _____

DUE PROCESS

This section includes guidelines for remediation when a fellow is not meeting competency goals as well as management of problematic conduct. The guidelines are meant to be consistent with accreditation standards of the American Psychological Association, APPIC, and Human Resource policies of ESRC. These guidelines emphasize due process, assure fairness in the program's decisions about fellows, and provide avenues of appeal that allow fellows to file grievances and dispute program decisions.

General Guidelines:

1. During orientation, each fellow is provided with expectations for fellow professional conduct and functioning. As part of this, each fellow is required to review the Easterseals Postdoctoral Fellowship Policies & Procedures Manual and then sign a statement of understanding.
2. Remediation plans are developed and implemented for identified inadequacies. Each plan includes a time frame for expected remediation and specifies the consequences for failure to rectify the inadequacies.
3. Fellows are given sufficient time to respond to any action taken by the program.

Competency Issues

For fellows who are not meeting competency goals, the following policies are in place:

1. A formal remediation plan will be implemented at six months into the position if a fellow is not meeting goals as specified on the competency evaluation.
 - a. Any rating below an "HI" on the competency evaluation upon the 6-month evaluation will lead to a remediation plan except as designed by the supervisor and Training Director as a specialized area of skill with previous limited experience by the fellow.
2. A formal remediation plan may also be requested at any point during the training year if a supervisor has particular concerns and informal attempts to resolve these issues have been unsuccessful.
 - a. A supervisor should bring these concerns to the Training Director. If it is agreed that a remediation plan is needed, it will be developed at this time.
 - b. If there is not agreement between the Training Director and supervisor, this will be brought to the Postdoctoral Fellowship Executive Committee (IEC) to facilitate a further decision in the matter. **When this occurs, due to ethical issues such as confidentiality, the fellow serving on the IEC will be excused from these discussions.**

3. A formal remediation plan should seek to understand probable causes of the deficient performance (e.g., if due to disability, environmental influences) as well as specific steps to be taken to remediate performance.
4. Formal remediation plans become part of the fellow's file.
5. Any formal remediation plan that is developed will include documentation of the response/progress of the fellow in writing. This should occur at least monthly until it is determined that the remediation plan has been successfully completed, or a new remediation plan has been implemented.
6. If a remediation plan is not successful, then the following procedures will be followed:
 - a. Scheduling Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the fellow to a more fully functioning state. Modifying a fellow's schedule is an accommodation made to assist the fellow in responding to personal reactions to environmental stress, with the full expectation that the fellow will complete the fellowship. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Training Director. Several possible concurrent courses of action may be included including modifying a schedule. These include:
 - Increasing the amount of supervision, either with the same or other supervisor
 - Change in the format, emphasis, and/or focus of supervision
 - Recommending personal therapy
 - Reducing the fellow's clinical or other workload
 - Requiring specific academic coursework and/or additional training
 - b. The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification will be determined after discussions with the fellow by the Training Director in consultation with the primary supervisor.
 - c. Probation is also a time-limited, remediation-oriented, more closely supervised training period. The purpose of probation is to assess the ability of the fellow to complete the fellowship and to return the fellow to a more fully functioning state. Training Director systematically monitors for a specific length of time the degree to which the fellow addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The fellow is informed of the probation in a written statement, which includes:
 - The specific behaviors associated with the unacceptable rating
 - The recommendations for rectifying the problem
 - The time frame for the probation during which the problem is expected to be ameliorated, and
 - The procedures to ascertain whether the problem has been appropriately rectified

- d. If the Training Director determines that there has not been sufficient improvement in the fellow's performance to remove the probation or modified schedule, then the Training Director will discuss with the primary supervisor and the Postdoctoral Fellowship Executive Committee possible courses of action to be taken. The Training Director will communicate in writing to the fellow that the conditions for revoking the probation or modified schedule has not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified period of implementation of another alternative. Additionally, the Training Director will communicate to the Postdoctoral Fellowship Executive Committee that if the fellow's behavior does not change, the fellow will not successfully complete the fellowship.
- e. Suspension of Direct Service Activities requires a determination that the welfare of the fellow's patients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Postdoctoral Fellowship Executive Committee. At the end of the suspension period, the fellow's supervisor in consultation with the Training Director will assess the fellow's capacity for effective functioning and determine when direct service can be resumed.
- f. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges. 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 fellowship, this will be noted in the fellow's file and the fellow's academic program will be informed.
- g. Termination/Dismissal from the Program involves the permanent withdrawal of all responsibilities and privileges. When specific interventions do not, after a reasonable period of time, rectify the problem behavior or concerns and the fellow seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the Postdoctoral Fellowship Executive Committee the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a patient is a major factor or the fellow is unable to complete the fellowship due to physical, mental, or emotional illness.

POSTDOCTORAL FELLOWSHIP REMEDIATION PLAN

Intern: _____

Rotation: _____

Supervisor: _____

Date of Enactment: _____

Issues to be addressed by this plan (including underlying probable causes that might be contributing):

Specific objectives and timeline for meeting goals:

- 1.
- 2.
- 3.
- 4.

Supervisor and/or program interventions to help the fellow in meeting these objectives:

Intern Signature: _____

Supervisor: _____

Training Director: _____

EASTERSEALS PSYCHOLOGY POSTDOCTORAL FELLOWSHIP REMEDIATION PLAN -
PROGRESS UPDATE

Intern: _____

Rotation: _____

Supervisor: _____

Date of Enactment: _____

Date of Update: _____

Progress toward objectives:

Have objectives been met?

If objectives are not met, specific objectives to still be attained and timeline for meeting goals:

- 1.
- 2.
- 3.
- 4.

If objectives are not yet met - supervisor and/or program interventions to assist the fellow in meeting these goals:

Intern Signature: _____

Supervisor: _____

Training Director: _____

Problematic Performance or Conduct

For fellows who are exhibiting problematic performance or conduct, the following policies are in place:

1. Problematic performance or conduct is defined as when there is interference in professional functioning that renders the fellow unable and/or unwilling to acquire or integrate professional standards into his/her repertoire of professional behavior, unable to acquire professional skills that reach an acceptable level of competency, or unable to control personal stress that leads to dysfunctional emotional reactions or behavior that disrupt professional functioning. Specifically, problematic performance and/or conduct may include:
 - a. The fellow does not acknowledge, understand, or address the problem when it is identified.
 - b. The problem is not merely a reflection of a skill deficit that can be improved by a didactic training and supervision.
 - c. The quality of the clinical services delivered by the fellow is significantly negatively affected.
 - d. The problem is not restricted to one area of professional functioning.
 - e. A disproportionate amount of attention by training personnel is required.
 - f. The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.
 - g. Note that many of these behaviors would fall under the "R" rating of the competency goals (but highlight conduct/adherence-related issues).

2. The following steps will be followed when problematic conduct has been identified:
 - a. Verbal warning to the fellow emphasizing the need to discontinue the inappropriate behavior under discussion. Record of this discussion will be included in recorded supervision notes.
 - b. Written acknowledgement to the fellow formally acknowledges that:
 - The Training Director is aware of and concerned with the performance rating
 - That the concern has been brought to the attention of the fellow.
 - That the Training Director will work with the fellow to rectify the problem, and
 - That the behaviors associated with the rating are not significant to warrant more serious action
 - c. Written warning to the fellow indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
 - A description of the fellow's unsatisfactory performance
 - Actions needed by the fellow to correct the unsatisfactory behavior
 - The time line for correcting the problem
 - What action will be taken if the problem is not corrected, and

- Notification that the fellow has the right to request a review of the action
- d. A copy of this letter will be kept in the fellow's file. When the letter remains in the file, documentation should contain the position statements involved in the dispute.
- e. Scheduling Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the fellow to a more fully functioning state. Modifying a fellow's schedule is an accommodation made to assist the fellow in responding to personal reactions to environmental stress, with the full expectation that the fellow will complete the fellowship. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Training Director. Several possible concurrent courses of action may be included including modifying a schedule. These include:
- Increasing the amount of supervision, either with the same or other supervisor
 - Change in the format, emphasis, and/or focus of supervision
 - Recommending personal therapy
 - Reducing the fellow's clinical or other workload
 - Requiring specific academic coursework
- f. The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification will be determined after discussions with the fellow by the Training Director in consultation with the primary supervisor.
- g. Probation is also a time-limited, remediation-oriented, more closely supervised training period. The purpose of probation is to assess the ability of the fellow to complete the fellowship and to return the fellow to a more fully functioning state. Training Director systematically monitors for a specific length of time the degree to which the fellow addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The fellow is informed of the probation in a written statement, which includes:
- The specific behaviors associated with the unacceptable rating
 - The recommendations for rectifying the problem
 - The time frame for the probation during which the problem is expected to be ameliorated, and
 - The procedures to ascertain whether the problem has been appropriately rectified
- h. If the Training Director determines that there has not been sufficient improvement in the fellow's behavior to remove the probation or modified schedule, then the Training Director will discuss with the primary supervisor and the Postdoctoral Fellowship Executive Committee possible courses of action to be taken. The Training Director will communicate in writing to the fellow that the conditions for revoking the probation or modified schedule has not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified period of implementation of another alternative. Additionally, the Training Director will communicate to the

Postdoctoral Fellowship Executive Committee that if the fellow's behavior does not change, the fellow will not successfully complete the fellowship.

- i. Suspension of Direct Service Activities requires a determination that the welfare of the fellow's patients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Postdoctoral Fellowship Executive Committee. At the end of the suspension period, the fellow's supervisor in consultation with the Training Director will assess the fellow's capacity for effective functioning and determine when direct service can be resumed.
- j. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges. 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 fellowship, this will be noted in the fellow's file and the fellow's academic program will be informed.
- k. Termination/Dismissal from the Program involves the permanent withdrawal of all responsibilities and privileges. When specific interventions do not, after a reasonable period of time, rectify the problem behavior or concerns and the fellow seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the Postdoctoral Fellowship Executive Committee the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a patient is a major factor or the fellow is unable to complete the fellowship due to physical, mental, or emotional illness.

APPEALS PROCEDURES

Fellows may appeal any decision made regarding competency and/or problematic conduct.

The following procedures are used for appeals:

1. If a fellow disagrees with a remediation plan or procedure related to problematic conduct, the fellow should respond in writing within five (5) work days of the decision in question.
2. The written appeal should include the fellow's specific concerns with the decision and any evidence of lack of due process (e.g. fellow not given sufficient time or opportunity to remediate) and should be submitted to the Training Director and Postdoctoral Fellowship Executive Committee (PFEC). **When this occurs, due to ethical issues such as confidentiality, the fellow serving on the PFEC will be excused from these discussions.**
3. The Training Director and Postdoctoral Fellowship Executive Committee will review the appeal and respond in writing within five (5) work days. Their decision may include modification of the remediation plan or other procedures, or the original decision may be upheld.
4. If the fellow does not agree with the decision of the Training Director and PFEC, then the fellow may appeal to the Human Resource Department of ESRC within five (5) work days.
5. The Human Resource Department will review the written appeal and respond in writing within five (5) work days. Again, they may modify the original remediation plan or procedures, or uphold the original decision.
6. Within five (5) work days of receipt of ESRC's Human Resources Department, the fellow may request in writing that the President of Easterseals review the appeal. The president will respond in writing within five (5) work days, providing final review and disposition.

GRIEVANCE PROCEDURES

The purpose of the grievance procedure is to resolve, if possible, any work-related complaint that involves professional or personal issues. The general grievance procedure is outlined below.

1. If a concern or disagreement is levied by an fellow toward a supervisor or another fellow that cannot be resolved informally (which is strongly encouraged as a first step), this should be brought to the Training Director either in written or oral form. The Training Director can provide guidance as to how to present the problem if the fellow feels that this would be beneficial. A fellow asserting a grievance should first take up the matter with the immediate supervisor within ten (10) work days of its occurrence. The supervisor should reply within seven (7) work days in written or oral form.
2. The Training Director will determine what next steps are taken depending on the nature of the grievance.
 - a. A meeting may be scheduled with some or all involved to resolve the issue.
 - b. A meeting may be arranged with the Postdoctoral Fellowship Executive Committee and Training Director.
3. If a fellow has a disagreement or concern with the Training Director, they should bring this concern to another member of the Postdoctoral Fellowship Executive Committee (other than the Training Director or the fellow currently serving on the IEC), which includes member(s) outside the psychology department, if the fellow would prefer this due to the particular nature of the grievance.
4. If a solution has not been found with the previous steps, the grievance should be written, detailing the nature of the complaint and submitted to the Training Director within five (5) work days of receipt of the supervisor's response.
5. If a resolution is not found with the above steps, the complaint can then be submitted in several ways depending on the nature of the grievance:
 - a. If the grievance is administrative in nature and has to do with issues related to such issues as stipend, hours, space, a drug-related problem, sexual harassment, support services, the grievance can be submitted to the Postdoctoral Fellowship Executive Committee. If, however, it involves sexual harassment, per company policies, this should be reported immediately when it occurs or is observed

without waiting up to 10 days. This can be reported to anyone within the department management structure and/or HR, and should not be limited to the Training Director.

- b. If the grievance is not resolved within five (5) work days, the grievance can be submitted to Easterseals Rehabilitation Center's Human Resources Department who will review the written grievance, meet with the fellow, and seek a solution.
 - c. If the grievance is not resolved at the previous step, the fellow may, within five (5) work days of receipt of ESRC's Human Resources Department, request in writing that the President/CEO of Easterseals review the grievance. The president will respond within five (5) work days, providing final review and disposition.
- 6. If all of the above efforts fail, the fellow can submit a formal grievance to the American Psychological Association, which has a formal procedure to review fellow grievances.**

It should be noted that every effort is made to create a climate of access and collegiality within the Department of Psychology & Wellness, beginning with the examples set by the Postdoctoral Fellowship Executive Committee and the Training Director. The Training Director is actively involved in monitoring the training program and frequently checks formally and informally with fellows and supervisors regarding fellow's progress and potential problems. In addition, each fellow meets on a weekly basis with the Training Director.

FELLOW EXPECTATIONS FOR CORE ROTATIONS

- Fellows are expected to be onsite Monday through Friday for complete workdays unless it is an official Easterseals holiday or they are taking declared sick, vacation, or professional days. Face-to-face hours with clients will vary depending on the rotation cycle. However, it is generally expected that fellows will have between 18-22 face-to-face hours each week. A sample weekly schedule with rotation cycle is included here for both fellows, with a key at the bottom. However, it should be noted that depending on specific fellow/client needs and availability, slight modifications will be made as needed while keeping the structure of the rotations intact.

Postdoc - July - October (flexible start dates)					
	Monday	Tuesday	Wed	Thursday	Friday
8:00 AM	Int. Disc	EPCC	Dev Hr	ID 1st	
9:00 AM	4th of	EPCC		Out. Test	Ind. Sup
10:00 AM	month	EPCC		Out. Test	
11:00 AM		EPCC		Out. Test	
12:00 PM		Psy Hr			
1:00 PM			Out Tx		New Pt *
2:00 PM	Out Tx		Out Tx	Out Tx	Gr. Sup (DC)
3:00 PM	Out Tx	Out Tx	Group*	Out Tx	Out Tx
4:00 PM	Out Tx	Out Tx	Group	Out Tx	Out Tx
Postdoc -November-February					
	Monday	Tuesday	Wed	Thursday	Friday
8:00 AM	Int. Disc	EPCC	Dev Hr	ID 1st	
9:00 AM	4th of	EPCC		Out. Test	Ind. Sup
10:00 AM	month	EPCC		Out. Test	
11:00 AM		EPCC		Out. Test	
12:00 PM		Psy Hr			
1:00 PM			Out Tx		New Pt *
2:00 PM	Out Tx		Out Tx	Out Tx	Gr. Sup (DC)
3:00 PM	Out Tx	Out Tx	Group*	Out Tx	Out Tx
4:00 PM	Out Tx	Out Tx	Group	Out Tx	Out Tx
Postdoc - March - June (flexible end dates)					
	Monday	Tuesday	Wed	Thursday	Friday
8:00 AM	Int. Disc	EPCC	Dev Hr	ID 1st	
9:00 AM	4th of	EPCC		Out. Test	Ind. Sup
10:00 AM	month	EPCC		Out. Test	
11:00 AM		EPCC		Out. Test	
12:00 PM		Psy Hr			
1:00 PM			Out Tx		New Pt *
2:00 PM	Out Tx		Out Tx	Out Tx	Gr. Sup (DC)
3:00 PM	Out Tx	Out Tx	Group*	Out Tx	Out Tx
4:00 PM	Out Tx	Out Tx	Group	Out Tx	Out Tx

* Group will occur once for 8 weeks during the rotation; when group is not occurring, these slots will be for ongoing clients

* New patient will start at 12:30 and be with a psychiatric resident for 8 months of the year - appt will last until 1:30

Abbreviations	Corresponding Rotation	Didactic/Supervision Activities
Out Tx - Outpatient Treatment	Clinical Child Outpatient Clinic	
Gr. Sup - Group Supervision		Group Supervision
Int. Disc - Interdisciplinary	Interdisciplinary Eval. Clinic	
New Pt - New Patient	Clinical Child Outpatient Clinic	
Psy Hr - Psychology Hour		Ins and Outs of Pro Psychology
Dev Hr- Developmental Hour		Developmental Hour
Res. Tx - Residential Treatment	Adult MH/Residential Services	
Group - Group Therapy	Pediatric Group Therapy	
ID - Interdisciplinary Meeting	Interdisciplinary Eval. Clinic	
EPC - Psychiatric Center	Youth Residential Assessment	
Ind Sup - Individual Supervision		Individual Supervision
Gr. Sup (DC) - Director's Meeting		Group Supervision
Out. Test - Outpatient Testing	Clinical Child Outpatient Clinic	
0-3 Clinic	Early Childhood Rotation	

Further expectations are as follows:

- a. The general guidelines are that fellows will be present at least from 8:00 AM to 5:00 PM with an hour lunch break although at times, certain meetings or didactics may occur that would necessitate a working lunch. However, this schedule can be modified if agreed upon by a fellow and supervisor. It is important that fellows work as designated both to provide for full training experience and meet hour requirements for licensure in most states.
 - b. In the situation that a fellow needs to leave earlier or arrive later than the aforementioned standard, the fellow should discuss this in advance with their supervisor, and determine how this time will be accounted for. A fellow should be prepared to take PTO for any absence that is two hours or more.
 - c. Fellows who encounter any emergencies that do not allow for prior planning should contact their supervisor as immediately as possible to inform them of a need to change the schedule, and possibility of not being available for future work responsibilities.
 - d. If fellows find that they have unexpected “free time”, they should speak with their supervisor about additional activities that may provide for a good training experience. Leaving early is not allowed, even when work is completed, without an arrangement made between the fellow and supervisor.
2. Fellows are to check their organizational email accounts and phone messages at least twice a day, including upon arriving in the morning and before leaving in the evening, on every day that they are scheduled in the office. They are expected to respond to any messages and emails that require a response before leaving for the day.

3. Fellows will be required to log their time in the Accel Trax system utilized by all employees of Easterseals Rehabilitation Center. Total time each day should be logged in at the end of the business day, or within at least 48 hours of the day in which it was last logged.
4. Client concern calls should be returned within 24 hours. Documentation should be completed according to a specified time frame by each supervisor.

OFF-SITE ENGAGEMENTS DURING CORE AND ELECTIVE ROTATIONS

In the event that a supervisor is involved in an off-site activity, such as a meeting or seminar that is related to a fellow's rotation, the fellow may participate in the event as part of that rotation without taking vacation time under the following conditions:

1. The supervisor must be directly involved in the activity, which would not include a conference or other engagement that is of interest to a fellow, but for which the supervisor is not attending.
2. The supervisor must initiate the offering to the fellow as fellows are not necessarily allowed to participate as part of a rotation. The supervisor ultimately makes the decision about which opportunities are available for the fellow to participate.
3. Approval is not needed from the training director or Postdoctoral Fellowship Executive Committee as long as the activity does not interfere with any ongoing rotation.
 - a. If the activity would impact any rotation, the supervisor involved is asked to speak and get approval from any other supervisors whose rotations would be impacted.
 - b. If the activity is more than one day, this would need to be approved by both the affected supervisor and the training director.

POSTDOCTORAL FELLOWSHIP TRANSITION OF CARE PROCESSES

1. For all rotations, it is presumed that care of clients will be transferred to another fellow, or provider if needed, at the end of each rotation. Exceptions to this policy will be in situations where clients participate in a close-ended group, provide only psychological assessments (e.g., at Evansville Children's Psychiatric Center) as part of rotation, or if clients have improved to the point of treatment no longer being needed.
2. When ongoing treatment is needed at the end of the rotation, transfer of any client will involve the following procedure
 - a. At least two weeks prior to the completion of the rotation or fellowship year, each fellow will complete a transfer of care note (either documented in a standard progress note or in the communication section of the client's chart) for each client currently under their care with the following information included
 - i. Diagnosis and current status of the patient
 - ii. Recent circumstances that may require additional action (e.g., additional testing, communication with various individuals)
 - iii. Alteration in patient status that may require specific interventions
 - b. If there is question about which clients currently qualify for a transfer of care form, supervisors should assist the fellow in determining this
3. If the clients are to be transferred to an incoming fellow who is not yet on campus, the formal transfer of care should be done with the supervising provider. This provider will communicate this information to the incoming fellow as soon as possible, thus facilitating an expedient transfer of care.

TIME OFF AND LEAVE POLICIES

PAID TIME OFF (PTO)

Fellows will receive paid time off provisions that are largely consistent with ESRC policy. Fellows are encouraged to utilize all time available to maximize their physical and psychological health, and minimize the likelihood of “burnout.” Through use of generous paid time off provisions, ESRC strives to maintain a healthy workplace, where all employees can maximize performance and well-being at work, home, and in other endeavors.

HOLIDAYS

Fellows are eligible for full pay on the following holidays:

Good Friday

Independence Day

Thanksgiving Day

Memorial Day

Labor Day

Thanksgiving Friday

Christmas Day through New Year’s Day is also an observed Holiday.

If Independence Day falls on a Saturday, it will be observed on the preceding Friday; if it falls on Sunday, it will be observed on the following Monday.

VACATION

Fellows will be provided with 80 vacation hours (in addition to time off for holidays) upon starting their term. Vacation can be used for any personal use and any other activities that are not specifically approved as professional time or educational activity within the fellowship program. As noted prior, fellows are provided with 4 professional days as part of their training to be used for activities such as post-doctoral or job interviews, attendance at approved conferences (not part of the training program), and/or licensure-related endeavors.

Except in emergency circumstances, all vacation time must be approved at least 4 weeks in advance by the fellow’s supervisor and Director of Training. This is especially important for any requests made for during the last two weeks of the fellow’s term, as it is important to ensure that a fellow is not concluding their appointment prior to the end of a 12-month training period. Fellows must be present at least two days during the last week of fellowship.

It is presumed that all fellows will be present and active in their duties until the last working day of the academic term. Any unused vacation time will not be paid out at the end of the term.

SICK LEAVE POLICY

Fellows are given 5 paid sick days per year. Paid Sick Leave is for your personal sickness, trips to a physician's appointment, or to care for the sickness of a member of your immediate family. If all available sick leave is exhausted, fellows may use vacation time for to provide for paid sick leave. If available sick and vacation time has been exhausted, fellows may take unpaid leave (see policy below) if approved by the training director and the Vice President of Human Resources.

LEAVE OF ABSENCE

Medical leave may be requested either consecutively or intermittently. Fellows who will be absent more than five (5) days should contact the Human Resource Department in order to receive appropriate leave forms. Every effort will be made to reinstate the fellow to the same position.

One week of available sick hours and/or all available vacation hours will be substituted before being eligible for unpaid leave. Please refer to the sections regarding Sick Time and Vacation. If an fellow participates in the group health insurance plan, they are advised to provide for the retention of this coverage by arranging with the Human Resource Department to pay the premium contributions during the unpaid leave. See the section titled **"Eligibility for Insurance Continuation during Family Medical Leave or Personal Leave of Absence"**.

If an fellow elects not to return to work upon completion of an approved unpaid leave, benefit entitlements based upon length of service will be calculated as of the last paid work day prior to the start of the unpaid leave.

FAMILY AND MEDICAL LEAVE

The family and/or medical leave of absence is an approved absence available to employees who have been employed for at least twelve (12) months and who have worked at least 1250 hours during the twelve month period preceding the commencement of the leave. Up to twelve (12) workweeks of unpaid leave may be taken in the event of the birth of an employee's child, upon the placement of a child with the employee for adoption or foster care, when the employee is needed to care for a child, spouse, or parent who has a serious health condition, or because of an employee's own serious health condition which renders an employee unable to perform the functions of an employee's position. In most situations, this will not apply to a fellow given his or her year term.

One week of available sick hours and/or all available vacation hours will be substituted for unpaid family medical leave (Short Term Disability may be available via the Short Term Disability per the ESRC short-term disability policy).

The Easterseals Rehabilitation Center Family Medical Leave Policy is based on a rolling twelve month period, counting backwards. The ESRC will require medical certification to support a claim for leave for a fellow's own serious health condition, or to care for a seriously ill child, spouse or parent. For a fellow's own medical leave, the certification must include a statement that an fellow is unable to perform the essential functions of the position. For leave to care for a seriously ill child, spouse or parent, the certification must include an estimate of the amount of time needed for a fellow to provide care. The ESRC will provide the health certification forms. At its discretion, the ESRC may require a second medical opinion and periodic re-certification at its expense.

If medically necessary for a serious health condition, leave may be taken on an intermittent or reduced leave schedule. Spouses who are both employed by the ESRC are entitled to a total of twelve work weeks of leave for the birth or adoption of a child or for the care of a sick parent. When the need for leave is foreseeable, such as the birth or adoption of a child, or planned medical treatment, a fellow must provide reasonable prior notice and make efforts to schedule leave so as not to disrupt our operations.

This information is only a summary of the Family and Medical Leave Act Policy. Fellows will receive a copy of the Easterseals Rehabilitation Center Family Medical Leave Policy upon starting the term; however, anyone may contact the Human Resources Department for a copy of the policy and the forms to request leave.

MILITARY FMLA ENTITLEMENTS

MILITARY FAMILY EXIGENCY LEAVE

Eligible fellows with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their twelve week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, parental care leave (permits eligible employees to take Leave to care for a military member's parent when necessitated by the military member's active duty), addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Eligible fellows who are family members of Armed Forces, National Guard and Reserves personnel can qualify for Leave if the military member is deployed to a foreign country in support of a contingency operation. Eligible fellows are permitted a maximum of fifteen days for rest and recuperation with a military member who is a spouse, son, daughter, or parent. To qualify, fellows must present, to the Vice President of Human Resources, military documentation establishing the dates of the military member's leave. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. Eligible employees can contact the Vice President of Human Resources or training director for the appropriate forms.

MILITARY LEAVE (CALLED TO ACTIVE DUTY)

Military Leave will be granted to a fellow who enlists in the armed forces, regardless of the employee's status. Reservists, National Guardspersons, and those volunteering for or called to active military duty will receive reemployment rights with the ESRC upon their return from duty in full compliance with all applicable federal and state laws. A fellow must request reemployment within thirty (30) days of their return from active duty, and arrangements must be made with the training director and the Vice President of Human Resources to complete their 12-month term appropriately. The Easterseals Rehabilitation Center Military Leave Policy is available upon request from the Human Resource Department.

EXTENDED MEDICAL LEAVE OF ABSENCE

Although the Easterseals Rehabilitation Center cannot offer an unlimited Medical Leave of Absence, as a reasonable accommodation, ESRC may approve an extended Medical Leave of Absence based on physician certification regarding a fellow's ability to return to work. All requests for extended medical leaves should be made to the Vice President of Human Resources in conjunction with the training director.

PERSONAL LEAVE

A personal leave of absence is any leave which is requested for reasons other than medical or military leave. At the start of a personal leave, any available vacation hours must be used. Once vacation hours are depleted, the personal leave of absence becomes an unpaid leave. A personal leave of absence cannot exceed thirty (30) days. It should be requested at least two

(2) weeks in advance. The request must be made through and approved through the training director and the VP of human resources. Approval will be based on the needs of the department. There may be times when personal leave requests are denied or modified. Reinstatement is not guaranteed, however every effort will be made to reinstate the fellow to the same position if business conditions permit. If a fellow does take a leave of absence for any reason, all efforts will be made to arrange an extended term that would allow for 12 months of training, and make up for missed time. This arrangement would be discussed with the Postdoctoral Fellowship Executive Committee, in conjunction with the fellow, to determine how this would occur.

ELIGIBILITY FOR INSURANCE CONTINUATION DURING FAMILY MEDICAL LEAVE OR PERSONAL LEAVE OF ABSENCE

A fellow is eligible to continue insurance premiums during Family Medical Leave (FML) or if a fellow does not qualify for FML during an approved thirty (30) day Personal Leave of Absence (LOA).

Coverage will end on the last day of the month in which FML ends or the last day of the Personal LOA. If a fellow is unable to return to work at the end of FML or the Personal LOA, the fellow is offered COBRA. The fellow will have sixty-three (63) days to elect COBRA. If COBRA is elected, coverage will retro to the first day of the month following the loss of coverage. If a fellow chooses not to elect COBRA, the fellow is not covered during the period in which COBRA has been declined.

During unpaid FML or an unpaid LOA, insurance premiums are due one (1) week following the pay date in which the premiums would have been payroll deducted. Remittance of the balance due is subject to the term of coverage as stated in the Plan Document. If a fellow gives their resignation while on FML or LOA, the fellow is covered through the end of the month in which the notice is given.

BEREAVEMENT

Up to 24 hours, paid absence may be authorized for **fellows after thirty (30)** days of service following a death in his or her spouse/domestic partner's immediate family (spouse/domestic partner, parent, sibling, or child). In cases of death outside of the immediate family, arrangements must be made for an authorized absence (either paid or unpaid) with the training director and the Vice President of Human Resources. Up to 8 hours paid absence may be

authorized for an fellow after thirty (30) days of service for the funeral of an employee or spouse/domestic partner's grandparent.

JURY DUTY

An fellow who is absent from scheduled work because of jury duty must sign over the court check to ESRC and are paid their regular salary up to a maximum of ten (10) days per year. Documentation must be provided indicating the hours served and the pay received. There will be no loss of vacation and sick hours during this time.

LACTATION POLICY FOR BREAST FEEDING MOTHERS

The Easter Seals Rehabilitation Center provides a supportive environment to enable breastfeeding employees to express their milk during work hours. All fellows who breastfeed their child, and who need to express milk during the working day, will work with their supervisor and the Human Resource Department to determine how best to accommodate the needs of the mother while still accomplishing the objectives of the fellowship. A private room will be made available or if a fellow prefers they may also express breast milk in their own private office, or in other comfortable locations agreed upon in consultation with the fellow's supervisor. Milk should be labeled with the mother's name and date. Each fellow is responsible for proper storage of her milk. Expressed milk may be stored in company refrigerators. Supervisors may consider flexible working arrangements. Breaks to express milk should not exceed thirty (30) minutes. If a fellow needs more than two breaks during the work day to express milk, the employee will need to use personal time (lunch, vacation).

POSTDOCTORAL FELLOWSHIP LEADERSHIP

Jim Schroeder, Ph.D./HSPP, is the Director of Training for the ESRC Postdoctoral Fellowship Program. Janis Garrison is the Educational Coordinator for the program.

Postdoctoral Fellowship Executive Committee

The Postdoctoral Fellowship Executive Committee (IEC) is composed of supervisors for each training rotation, the Training Director, the Educational Coordinator, the Coordinator of Compliance and Executive Services, and the fellow for that year. It is led by the Training Director.

The objective of the IEC is to provide organizational and administrative guidance for the fellowship program. The IEC meets twice a year (November and April), or more if needed, to review the operations and revise and implement program directives and procedures as needed. The IEC also assists with application review and admissions.

The IEC is also designed to review the progress of each fellow and in needed situations, resolve areas of conflict between fellows and faculty members consistent with the grievance procedure. The IEC also has the authority to develop remediation plans for a fellow as noted in remediation guidelines outlined prior. However, as noted in the due process and appeals documents, when specific discussion of fellow's progress or difficulties occurs, the fellow serving on the IEC will be excused from these discussions. This is due to concerns about ethical issues, such as confidentiality and conflict of interest, and also morale problems that stem from these discussions. The fellow will also not participate in any vote that may occur regarding these issues.

Regarding fellow remediation, issues of disciplinary action/termination, and resolving complaints levied by a fellow, decisions of the IEC will be determined by a majority vote with each member having one vote. If the conflict involves the Training Director or any other member of the IEC, he or she will abstain from voting in this dispute.

The proceedings of the IEC will be documented in regular minutes which will be provided for members of the IEC and other fellowship faculty members and supervisors.

ACCEPTANCE AND APPOINTMENT OF FELLOWS

Individuals who apply for acceptance to the Psychology Postdoctoral Fellowship Program are preferred to come from an APA accredited doctoral program in Clinical, Counseling, or School Psychology and an APA accredited internship. Applicants must have completed a minimum of three years of graduate training, which has included formal clinical and educational experiences in evaluation, assessment, and intervention as well as relevant experience with research. They also must have completed a formal pre-doctoral internship, and have their doctorate degree conferred by the time they start fellowship.

Applicants are required to submit a cover letter, curriculum vitae, two samples of professional (clinical) work, and three letters of recommendation. These should be submitted as pdf's through email to Dr. Schroeder at jschroeder@evansvillerehab.com. Deadline for submission of materials is January 1st of each year.

Applications are firstly reviewed by the Training Director and Supervisors to ascertain whether minimal requirements noted above are met. Applications are then reviewed by the Postdoctoral Fellowship Executive Committee (IEC). A majority vote is utilized to determine which applicants will progress to the next stage of recruitment. All qualified applicants of an under-represented group will be offered an interview in an attempt to ensure ideal diversity of our fellowship class.

For those applicants offered an interview, they will be given a choice of dates in January or February to come to Easterseals Rehabilitation Center to meet with faculty and tour the training facilities. Each applicant will engage in individual interviews with at least two faculty members who will complete formal evaluations after this occurs.

After the interviews are completed, the PFEC will meet to discuss the applicants and develop rank order lists for the fellowship slots. Fellows who are accepted into the program will receive an appointment with Easterseals Rehabilitation Center (ESRC) for 12 calendar months beginning on an agreed upon start date between July 1 and September 15, and continuing for one calendar year (unless leave situations apply, which in such case, the term will be extended to guarantee a full twelve month of active work). Consistent with ESRC policies, all fellows will be responsible for completing the following items upon acceptance of the fellowship opportunity.

POST ACCEPTANCE

- 1) Complete and sign the employment application

- 2) Complete and sign disclosures authorizing ESRC to conduct background and reference checks
- 3) Provide a current copy of your curriculum vitae
- 4) Provide a list of references to include personal, professional, and employer references

PRE-HIRE SCREENING

A member of the Human Resources team will work with the fellow candidate to schedule an appointment time for all pre-hire screenings, which will include a TB test, drug screen, nursing assessment, and Pre-Work screen. A list of immunizations will also be required. In most cases, screenings are completed at ESRC facilities. In the event the onsite drug screen is inconclusive, fellows will be sent to an offsite facility for further testing. Completion of all pre-screenings with a passed result is a prerequisite for continuation in the hiring process.

ORIENTATION

Upon successful completion of the pre-hire process, fellows will be scheduled for an Orientation at the beginning of the academic term. Fellows will need to bring the following items with them to their scheduled date:

- 1) Employment verification documents from the list provided
- 2) Copy of diploma
- 3) Voided check for inclusion with direct deposit
- 4) Copy of transcripts

During their term, fellow clinical activities conducted as part of their training will be covered by liability insurance maintained by ESRC. Fellows will be paid 35,568 dollars per year, provided with health insurance, vision and dental insurance for the fellow and family members, life insurance, short-term disability, and free on-campus parking. Termination of appointment will end at 12 months or when the training is deemed complete by the provision of the training and alternate plan, due to extenuating circumstances such as a leave. Early termination of the term may be accomplished as noted in the Corrective Action, Due Process, and Termination policy.

STATEMENT OF NON-DISCRIMINATION

As a means of creating an environment rich in knowledge, compassion, and empathy, the fellowship program actively seeks to recruit trainees from diverse backgrounds in addition to recruiting and retaining diverse faculty members over the long-term. The Easterseals Psychology Postdoctoral Fellowship Program maintains the non-discrimination policies of ESRC and its affiliates, and does not engage in discrimination based on attributes of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, or physical or mental disability. Further details can be found in the Affirmative Action/Equal Employment Opportunity statement in the ESRC handbook.

The Psychology Postdoctoral Fellowship Training program adheres to the Americans with Disabilities Act of 1990 and will provide adaptations to fellows consistent with the ESRC policies so that they can perform the essential functions of their job. It is the Easter Seals Rehabilitation Center policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment. Additionally, the Americans with Disabilities Act (ADA) requires employers to reasonably accommodate qualified individuals with disabilities. It is the policy of the ESRC to comply with all federal, state, and local laws concerning the employment of persons with disabilities.

The Psychology Postdoctoral Fellowship program is focused on achieving as much diversity as possible in each of the fellowship terms. Emphasis will be placed on creating a supportive environment that maximizes opportunities for fellows from a diverse background to succeed.

Further ESRC policies on these matters include the following:

EQUAL EMPLOYMENT OPPORTUNITY

The Easter Seals Rehabilitation Center and its affiliates prohibit discrimination against employees and applicants for employment. The ESRC does not discriminate based on race, color, religion, sex, sexual orientation, age, national origin, physical or mental disability, military status, disabled military status or any other basis prohibited by law. In compliance with the law, the ESRC will make reasonable accommodations for employees with mental or physical disabilities. This policy also protects gender identity and expression.

SERVICE NONDISCRIMINATION

The Easter Seals Rehabilitation Center provides services without regard to race, color, religion, sex, sexual orientation, age, national origin, physical or mental disability (within the scope of our services), military status, disabled military status or any other basis prohibited by law as well as gender identity and expression.

CULTURAL COMPETENCY AND DIVERSITY PLAN

The Easter Seals Rehabilitation Center values and respects the diversity of our communities and recognizes that this diversity enriches our lives and the lives of our clients, consumers, employees, and other stakeholders. It is our intention to recognize, respect and address the needs, worth, customs, beliefs and values of all clients, consumers, employees, and other stakeholders. There are numerous areas of diversity; however, for the purpose of this plan diverse needs will be based on consideration of the following: age, gender, gender identity, color, sexual orientation, religion, socio-economic status, language, disability, national origin, race, marital status, and personal characteristics.

We as an agency have created a Cultural Competency & Diversity Plan that addresses our goal to increase awareness of cultural diversity within our agency and promote policies and practices that lead our organization in the direction of equality and accessibility. The Cultural Competency & Diversity Plan addresses cultural competency within the agency and staff by utilizing the following guiding elements:

Diversity of Employees

The ESRC does not discriminate with regards to culture, age, gender, sexual orientation, spiritual beliefs, and socio-economic status. The ESRC ensures there is training for staff to improve understanding of and sensitivity to our culturally diverse population, and increase competency in serving those individuals.

Education

Employees will receive ongoing education regarding the Cultural Competency Program through their initial and annual training.

Linguistic Services

The ESRC will identify individuals that have potential language issues for which alternative communication methods are needed. Staff will use Relay Indiana to communicate with the hearing impaired when needed. When necessary, individuals may receive interpreter services at no cost. Interpreter services available include verbal translation, verbal interpretation for those with limited English proficiency, and sign language for the hearing impaired. These services will be provided by qualified vendors.

FACULTY AND PROGRAM EVALUATION

Consistent, formal evaluation of the Psychology Postdoctoral Fellowship Program will occur to ensure sustained, highly-quality programmatic goals and a clear commitment and respect for diversity. Fellows will complete a formal, written evaluation of all supervisors, rotations, and each didactic training activity. Didactic evaluations will occur at the end of each activity. Formal evaluations of faculty and rotation will occur at mid-year and end of the year. Each fellow will be expected to complete an evaluation of the entire fellowship and faculty members at the end of the training year. Evaluations will be completed using Google Docs.

Information from these evaluations will be reviewed by the Postdoctoral Fellowship Executive Committee (IEC) and faculty. To further elaborate on this, only Janis Garrison, educational coordinator, and Julie Martin, IT specialist, have access to individual faculty/rotation evaluations. Data from these evaluations are anonymized to provide for continued feedback for faculty and rotations to improve the quality of training and supervision, but also to allow for honest appraisal by fellows. Information from these reviews, including summary evaluation data, will be utilized by the faculty and IEC to make suitable changes to the combined structure of the fellowship, including rotations, educational components, policies, and procedures.

RECORDS RETENTION POLICY

Accurate records of the fellows training experience, including evaluations and certificates of completion, will be kept in the Department of Psychology & Wellness at Easterseals Rehabilitation Center. This record-keeping is designed to provide verification of a fellow's training experience, including evaluations and other important documents, for purposes of licensure and credentialing issues.

Hard copies of the files will be kept for 2 years. At the same time, all records will be kept electronically indefinitely. Records will be retained in a relational database, accessed through a cloud-based application. Documents will be uploaded to this database as they are created and tied both to employees and to specific assessment items. Assessment items will carry additional metadata such as scores, review dates, location of original paper documents, etc.

This arrangement provides for robust security and backup features: the app is accessed via https encrypted protocol, with credentials managed by Windows Active Directory. Security features on the app include the ability to restrict users to viewing only appropriate information about students, according to that user's role with regard to the program. Restrictions on which students may be viewed are also available. The server for this app is located on-premises and backed up daily both to a backup server and to tape. Every week, tapes are cycled between two locations in the city to provide for disaster recovery readiness.