

# **Post-Doctorate – Fellow Program**

## **Introduction to Sovereign Health**

Sovereign Health provides treatment of behavioral health conditions, including mental health, addiction, and dual diagnosis concerns. All treatment is overseen by accomplished, licensed practitioners utilizing an integration of evidence-based, innovative, and holistic programming options for both adults and adolescents.

## **Current locations**

Currently Sovereign Health has seven locations with aspirations for major expansion.

For adult program specializing in the aforementioned behavioral health conditions options include:

- Sovereign’s headquarters in San Clemente CA
- Culver City CA
- Palm Springs CA and
- Fort Myers, FL

For adolescent program specializing in the aforementioned behavioral health conditions options include:

- Rancho in San Diego, CA and
- Delta, UT

For women’s program specializing in trauma treatment options include:

- Chandler, Arizona,

## **Mission Statement**

Sovereign Health is focused on providing premier, client-focused, and evidenced-based care across the spectrum of mental-health, addiction, and dual-diagnosis treatment needs.

## **Treatment Philosophy**

Sovereign Health utilizes an appreciation for the neurobiological aspects of mental health and substance abuse problems as a foundation for our comprehensive assessment, diagnosis, and treatment. Successful recovery is achieved with a multidisciplinary clinical team through the

integration of evidence-based modalities including traditional, holistic, and innovative therapeutic approaches.

### **Clinical training program summary**

Sovereign Health has been offering training to clinical psychology doctoral candidates since 2009 as a program member of the California Psychology Internship Council (CAPIC). (We are currently pursuing APPIC.) Sovereign's dynamic treatment environment, diverse clinical population, and focus on providing an enriching training experience set it apart from other training opportunities. Throughout the training experience, individual and group supervision are provided to trainees on all aspects of clinical service and professional development. This includes, but is not limited to, clinical interviewing and report writing, psychological testing/evaluation and report writing, case conceptualization and diagnosis, individual and group therapies, clinical documentation, and professional participation within a multidisciplinary treatment team. Our forward thinking approach to treatment also allows great opportunity for exposure to leading edge technology and treatment tools as well as rich didactic training.

### **Training Philosophy**

Sovereign Health's training program is based on the Scholar-Practitioner model for training and treatment. Our training program strives to prepare students for professional practice as well-informed, balanced clinicians. We work toward developing clinicians with sound skills and flexibility in how those skills are used, while focusing on maximizing client benefit. Upon successful completion of training, our clinical trainees will be able to effectively practice in modern, dynamic healthcare environments, while meeting the needs of diverse clients with the highest professional standards.

Across our different treatment locations, Sovereign Health provides a broad range of treatment services, including residential levels of care for social model detoxification, Nutritional Assisted Detoxification (NAD), specialized mental-health and dual-diagnosis group therapy programs, Quantitative Electroencephalogram (qEEG) brain mapping, neurofeedback, psychological testing/evaluation, and an intensive family therapy program. Although not all aspects of what Sovereign offers can be integrated into the formal training program, Sovereign trainees are encouraged to interface with providers of a variety of treatment modalities in order to explore personal interests and maximize their professional development.

### **Core training competencies**

The core components of Sovereign Health's training program were developed based upon the "Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees" established by The American Psychological Association (APA) (Fouad, et al, 2009). The main categories of core competency benchmarks include:

1. Professionalism
2. Reflective Practice/Self-Assessment
3. Scientific Knowledge and Methods
4. Interpersonal Effectiveness
5. Awareness of Individual and Cultural Diversity
6. Application of Ethical, Legal Standards, and Policy
7. Ability to Function as Part of an Interdisciplinary System
8. Skills in Assessments and Diagnosing
9. Effective Use of Evidenced Based Interventions
10. Appropriate Use of Consultation
11. Effective Use of Research/Evaluation
12. Utilization of Supervision
13. Ability to Teach and Provide Instruction
14. Overall Self Management Skills
15. Effective Use of Advocacy in Client Care

## **Overview of Post-Doctorate Fellow**

*Sovereign Health's Post-Doctoral Fellowship Program is a placement that is up to 2 years (24 months) in length. It is meant to support those who have received their doctoral degrees from a regionally accredited academic institution, and are in need of the required post-doctoral supervised experience in their pursuit of licensure. The Post-Doctoral Fellowship provides an opportunity to accrue up to 3000 hours of supervised clinical work. Over the course of the 2-year fellowship, it is expected that Fellows accrue the supervised clinical hours they need to apply for, and pass, the Examination for Professional Practice in Psychology (EPPP) and state licensing exams to achieve licensure as a Psychologist. If that milestone is not met within the above noted timelines, the fellowship will expire, and continued work with Sovereign Health will require the individual to apply for open positions for which they are interested in and qualified for. When licensure is achieved, the Post-Doctoral Fellow will be invited to apply for Licensed Psychologist job openings within Sovereign Health.*

*Sovereign Health's Post-Doctoral Fellowship positions are filled on a rolling basis.*

*The core focus of the Post-Doctoral Fellowship program is to provide an opportunity for continued professional development and skill as an early career professional, timely completion of the necessary requirements for licensure, and increased focus and refinement of clinical interests/expertise while working with a diverse base of adult clients in treatment for mental health, addiction, and/or dual diagnosis concerns.*

*Post-Doctoral Fellows are an integrated part of Sovereign Health's multidisciplinary treatment team. They are provided an opportunity to develop and refine their own leadership and supervision skills through direct supervision, mentorship, provision of delegated supervision, and clinical guidance for more junior clinicians and trainees. Post-Doctoral Fellows are also supported in the increased development and refinement of their own clinical and/or administrative skills as they transition from being a student trainee, to the holder of an advanced clinical degree, to ultimately being a licensed professional.*

*Clinical refinement is focused on increased effectiveness in the provision of individual and group therapies, being an active leader through mentorship and modeling during Treatment Team meetings, and active refinement of individual professional identity. Additional training opportunities include the development and provision of didactic trainings, increased opportunities for delegated supervision, increased opportunities for assisting with program and staff management, as well as leading peer-reviews, and continued development in the area of psychological testing and report writing.*

***NOTE for CA Post-Doctoral Fellows: In accordance with the California Board of Psychology requirements, Post-Doctoral Fellows may NOT accrue more than 44 hours of supervised experience per week. We are submitting our documentation to APPIC for registration.***

## **Post-Doctoral Fellowship Duties**

### **1. Intake Interviews/Evaluations**

- a. Post-Doctoral Fellows are expected to work closely with clinical leadership to assist with screening client admission requests to ensure an appropriate fit between the client and Sovereign's treatment offerings. Considerations include the safety of the incoming client and the safety and well-being of other clients through consideration of the treatment environment as a whole.
- b. Post-Doctoral Fellows are also expected to work closely with clinical leadership to assist with placement of admitting clients to ensure maximization of best fit to meet the individual client's needs, while also considering the treatment environment as a whole.
- c. Post-Doctoral Fellows serve as mentors for performing effective intake interviews, including advanced level case conceptualizations on the Bio-Psycho-Social reports.
- d. Bio-Psycho-Social reports (intake interview reports) must be submitted within the appropriate timelines for review by a supervisor, and submission to the Sovereign Health's UR Department. In most cases, insurance companies require this within 24 hours.
- e. Post-Doctoral Fellows are expected to be able to provide, or develop the proficiency to provide, delegated supervision and mentorship of more junior clinicians with regard to interview skills, case conceptualization based on a clinical interview, and diagnostic determinations.

### **2. Group Therapy**

- a. Effectively co-facilitate a minimal number (1-3 groups/week) of psycho-educational and/or treatment groups per week.
  - i. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.
  - ii. In coordination with the Program Director and other Clinical Leadership, group co-facilitation is meant to provide mentorship, delegated supervision, and group auditing to more junior clinicians. This may take the form of assisting with clinician skill development related to group planning, organization, facilitation, and documentation.
  - iii. It is expected that the group co-facilitation will be a rotating process, and is not intended to be a permanent assignment to any particular group or junior trainee.
- b. Support the Program Director and other clinical leadership in the development and refinement of clinical group materials/programming.

### **3. Individual Therapy**

- a. Have an active caseload of at least 3 individual therapy clients.

- i. Clients are expected to be seen for 2 individual sessions per week.
  - ii. Total individual therapy caseloads can vary among Post-Doctoral Fellows, depending upon clinic needs, as well as the individual areas of professional interest for each individual Post-Doctoral Fellow. As an overall guideline, Post-Doctoral Fellows are expected to maintain at least 15 hours of client contact per week through some combination of intake interviews, individual clients, and/or group facilitation/co-facilitation.
- b. Individual therapy interventions are expected to be within the realm of evidence based treatments, discussed in an ongoing basis in group supervision, individual supervision, and Treatment Team meetings.
- c. Individual therapy clients are also supported in treatment through the timely, thoughtful, and clinically focused UR documentation regarding the course of treatment, and justification of ongoing treatment or discharge based on client needs and presentation.
- d. There is an expectation that a client's individual therapist works to encourage and facilitate the involvement of a client's family/significant others (as appropriate based on circumstances and active releases). This may take place through phone contact, teletherapy, and/or the direct provision of family therapy.
  - i. At a minimum, individual therapists are expected to have weekly contact with a single delegated family member. This is dependent upon appropriate releases being in place and active.
  - ii. The delegated family member is an individual determined by the client.
  - iii. It is often appropriate for the individual therapist and the client to coordinate the determination of the delegated family member.
- e. Being the individual therapist for clients includes being an active participant in the client's treatment team, which includes line-staff and a Case Manager, as well as outside medical and prescribing professionals.
  - i. Post-Doctoral Fellows are expected to take on, or develop into, a leader within the treatment team by engaging in clear, professional, and proactive communication with their supervisor and the client's other treatment team members. The goal is to ensure a smooth, ethical, and full continuum of care for each client. Post-Doctoral Fellows are expected to provide additional levels of leadership within their treatment teams, especially through mentorship and/or delegated supervision of more junior trainees, considering their status as early career professionals.
  - ii. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.
- f. Individual therapists are also expected to collaborate with Case Managers on discharge planning for all assigned clients and the development of aftercare plans throughout the course of a client's treatment at Sovereign Health.

4. Clinic Duty Coverage
  - a. For half of one day each week, all direct care clinical staff, including Post-Doctoral Fellows, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.
  - b. Post-Doctoral Fellows are scheduled for Clinic Duty Coverage, but are considered a second level of support to other clinical staff. Their primary involvement comes with situations involving other clinicians who require support, consultation, or when other clinical staff is not available.
5. On-Call Coverage
  - a. Post-Doctoral Fellows are not included in the On-Call Coverage rotation.
6. Psychological Testing
  - a. Post-Doctoral Fellows will have the opportunity to specify whether or not they have an interest in additional experience and supervision in the area of psychological testing and report writing.
  - b. If interested, Post-Doctoral Fellows have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training.
  - c. As competency permits, Post-Doctoral Fellows will also have an opportunity to provide delegated supervision to more junior trainees developing skills with Psychological Testing.
  - d. As competency and interest dictates, Post-Doctoral Fellows will have opportunities to develop clinical didactics, and facilitate/co-facilitate psychological testing group supervision.
  - e. In addition to diagnostic evaluations, Post-Doctoral Fellows will also have opportunities to be involved with monitoring, analyzing, and reporting on outcome measures while also providing recommendations based on the data.
7. Leadership Development/Supervision
  - a. As early career professionals, Post-Doctoral Fellows are encouraged to develop increased skills in the areas of Clinical Supervision and Leadership, delegated supervision of more junior trainees, and co-facilitating or facilitating individual and/or group supervision (depending upon levels of development and interest).
  - b. Post-Doctoral Fellows are also encouraged to provide clinical mentorship and guidance by encouraging other staff to seek out consultation and mentorship on an as needed basis, including assisting other trainees in the development of collaborative professional relationships with prescribing professionals, intervention to support improved medication compliance, and, within appropriate scope of practice, evaluating clients' symptoms in response to, and needs for, psychotropic medications.
  - c. Post-Doctoral Fellows are expected to assist Clinical Leadership in documentation and concurrent review and editing process, such as progress note correction, or UR

- review for the Post-Doctoral Fellow's delegated supervisees. They will be supported in this process by their Primary Supervisor.
- d. Post-Doctoral Fellows will be expected to present at least 2 different 1-hour long didactic trainings during the course of their Fellowship. One didactic should focus on a more intensive clinical topic specifically targeting clinical staff, and the other should be a more generalized clinical topic appropriate for providing education and mentorship to non-clinical staff that interact with the clients on a regular basis.
  - e. Determination of a Post-Doctoral Fellow's developmental appropriateness for these opportunities will be at the discretion of their Primary Supervisor.
8. Program Development/Refinement
- a. Post-Doctoral Fellows will be expected to develop clinical administrative leadership skills through audits and refinement of group curricula and develop new groups as appropriate or needed.
  - b. Post-Doctoral Fellows will also be encouraged to develop clinical leadership skills through curriculum development and/or refinement, development and implementation of process improvement initiatives, or other professionally relevant special projects.
9. Supervision
- a. Expectations
    - i. Regular supervision is a required part of clinical work as a Post-Doctoral Fellow.
    - ii. It must take place for both ethical and legal practice, and for the accrual of supervised training hours.
    - iii. Weekly Individual Supervision and Treatment Team/Staffing attendance are required for all Post-Doctoral Fellows.
    - iv. Post-Doctoral Fellow weekly participation in Group Supervision and/or Didactic Training is strongly encouraged.
    - v. Absences to required supervision and/or Treatment Team/Staffing must be coordinated with the Post-Doctoral Fellow's Primary Supervisor. Individual supervision appointments must be rescheduled if missed.
    - vi. Problems with attendance to, and/or participation in the above noted supervision activities will be grounds for intervention, which at a minimum, will be consultation with the Post-Doctoral Fellow's Primary Supervisor, and, at maximum, may be grounds for dismissal from Sovereign Health's Post-Doctoral Fellowship Program.
  - b. Individual Supervision
    - i. Post-Doctoral Fellows will receive at least 1 hour (60 minutes) per week of individual supervision by a Licensed Clinical Psychologist for every 20 hours worked. (E.g. 2 hours per week of individual supervision required for Full-Time, 40 hours per week of work.)

- ii. Additional clinical and operational guidance, supervision, and/or consultation are available as needed.
    - iii. If choosing to utilize opportunities for psychological testing training, additional individual supervision and consultation specific to psychological testing is required.
  - c. Group Supervision
    - i. Weekly supervision groups are fixed-schedule, size-limited, 2 hour groups facilitated by a Licensed Clinical Psychologist.
    - ii. Group supervision presentation/participation requirements will vary based on individual supervisor expectations, but may include case presentations in various formats.
    - iii. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, Post-Doctoral Fellows choosing to be part of a Group Supervision meeting will be expected to attend the same group on a weekly basis.
  - d. Treatment Team
    - i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultation and important updates about relevant clinic news.
    - ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.
    - iii. Treatment Team meetings are NOT a replacement or alternative to the formal Group Supervision requirements noted above.
  - e. Weekly Hour Log
    - i. All Post-Doctoral Fellows are required to complete a Weekly Hour Log that will be initialed weekly by their Primary Supervisor. (See “Weekly Hour Log,” **Appendix M**.)
    - ii. The Weekly Hour Log will then be signed at the end of each month.
    - iii. Completion of this log is a requirement for documentation of hours for State Licensing Boards.
    - iv. It is the responsibility of each Post-Doctoral Fellow to ensure accurate documentation of their training time, and for maintaining the log with regularly updated initials and Primary Supervisor signatures.

## 10. Didactic Seminars

- a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual

diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” **Appendix K.**)

- b. Post-Doctoral Fellows are required to attend weekly didactic/seminar trainings as a required part of their training experience.
- c. Didactic seminars are educational presentations provided by both outside guest speakers, and various members of Sovereign Health Staff.
- d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.
- e. Post-Doctoral Fellows are encouraged to make suggestions for additional didactic trainings as part of Sovereign Health’s ongoing didactic development process.

**APPENDIX F**

**SUPERVISOR EVALUATION FORM**

Sovereign Health

These forms can be completed anonymously, if desired.  
Please reference the instructions at the end of this evaluation form.

Supervisor Name: \_\_\_\_\_

Trainee Name (optional): \_\_\_\_\_

Hours of supervision received each week from this supervisor: \_\_\_\_\_

Type of supervision received:                      Individual                      Group

1. Overall evaluation of supervisor:

Outstanding	Excellent	Satisfactory	Unsatisfactory

2. Supervision has been based on (put an "X" next to all that apply):

Direct Observation	Audiotape	Videotape	Therapist's Report	Other (specify):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
3. Supervision time is sufficient.						
4. Supervisor demonstrates an appropriate command of the field.						
5. I have developed as a therapist or psychologist through supervision.						
6. Supervisor is available when needed.						
7. Supervisor is reliable and punctual.						
8. Supervisor gives constructive feedback.						
9. Supervisor is supportive and respectful.						
10. Supervisor encourages self-reflection, creative thinking, and new ideas.						
11. Supervisor is flexible when needed.						

12. Supervisor gives useful suggestions that facilitate learning.						
13. Supervisor handles disagreement(s) by being open to different perspectives, approaches, and feedback.						
14. Supervisor seems to enjoy supervision.						
15. Supervisor is respectful, professional, and an overall good role model.						
16. Supervisor seems invested in my development as a clinician by providing encouragement and feedback.						
18. Supervisor has appropriate boundaries.						
19. Supervisor mentors & encourages open, engaged and positive problem solving.						

20. Please list some strengths of your Supervisor(s) and the supervision you have been receiving.

21. Please list some ways your Supervisor could improve their supervision and/or qualities/experiences that have limited or detracted from your supervision.

22. Please share any other compliments, concerns, or comments you think would be helpful to continuing to improve the Supervision quality and experience.

*Thank you for taking the time to contribute to the ongoing development and improvement of the Clinical Supervision being provided at Sovereign Health. Please place the completed form in a sealed letter sized envelope and place it in the location identified by your location's clinical leadership.*

**APPENDIX G4**

**POST-DOCTORAL FELLOW EVALUATION FORM**

Sovereign Health

Post-Doctoral Fellow Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Fellowship Start Date: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Review Period: \_\_\_\_\_

This evaluation form is designed to provide constructive feedback regarding the clinical proficiency and progress of the training program. Use the expected competency level of someone at the same level of training when filling out this evaluation. Please provide additional feedback in the comments section where appropriate. The Post-Doctoral Fellow and Clinical Supervisor should review the completed evaluation together.

Method of Observation (mark all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Intern/Trainee Report | <input type="checkbox"/> Audiotape          | <input type="checkbox"/> Review of Progress Notes |
| <input type="checkbox"/> Videotape             | <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Case Presentation        |
| <input type="checkbox"/> Supervision           | <input type="checkbox"/> Discussions        | <input type="checkbox"/> Clinical Staffing        |
| <input type="checkbox"/> Other:                |   |   |

Please use this scale to rate the intern/trainee as follows:

- [1] – Significantly Below Expected Competency
- [2] – Below Expected Competency
- [3] – Meets Expected Competency
- [4] – Above Expected Competency
- [5] – Significantly Above Expected Competency
- [N/A] – Not Assessed

**Professionalism:**

- |  |     |     |     |     |     |       |
|--|-----|-----|-----|-----|-----|-------|
| 1. Demonstrates honesty, even in difficult situations.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Takes responsibility for own actions.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Displays basic understanding of core professional values.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Demonstrates appropriate personal hygiene and attire.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 5. Distinguishes between appropriate and inappropriate language and demeanor in professional contexts. | [1] | [2] | [3] | [4] | [5] | [N/A] |

- |  |     |     |     |     |     |       |
|--|-----|-----|-----|-----|-----|-------|
| 6. Takes ownership over maintaining accurate and timely training hour logs required for successful completion of their training. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 7. Completes work in accordance with established deadlines.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 8. Presents for supervision, client appointments, and other scheduled activities on time and prepared.                           | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 9. Demonstrates personal organizational skills by planning and organizing own workload.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 10. Is aware of and follows Sovereign's policies and procedures.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 11. Communicates clearly using verbal, nonverbal, and written skills.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 12. Is able to establish and maintain appropriate professional, boundaries with clients.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 13. Is able to establish and maintain appropriate professional, boundaries with other trainees and/or staff.                     | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 14. Provides appropriate mentorship to more junior trainees and/or staff, while maintaining awareness of personal limitations.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 15. Presentation in the workplace reflects the pending transition from student to early career professional.                     | [1] | [2] | [3] | [4] | [5] | [N/A] |

**Reflective Practice/Self-Assessment/Self-Care:**

- |   |     |     |     |     |     |       |
|---|-----|-----|-----|-----|-----|-------|
| 1. Displays problem solving skills, critical thinking, organized reasoning, intellectual curiosity and flexibility.                                       | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Demonstrates openness to considering own personal concerns, challenges, values, beliefs, and attitudes, recognizing their impact on self and others.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Is aware of training level/status and seeks supervision and/or consultation as needed to promote personal development and excellence in clinical care. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Is aware of clinical competencies for professional training and develops initial competency goals.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 5. Demonstrates intellectual curiosity and utilizes a scientific approach to exploring their curiosities.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 6. Listens to and utilizes feedback from others.  | [1] | [2] | [3] | [4] | [5] | [N/A] |

- |   |                           |
|---|---------------------------|
| 7. Is aware of the importance of work-life balance, and to the degree possible pursues balance between personal and professional needs. | [1] [2] [3] [4] [5] [N/A] |
|---|---------------------------|

**Scientific Knowledge and Methods:**

- |   |                           |
|---|---------------------------|
| 1. Is an active, engaged participant in didactic trainings.   | [1] [2] [3] [4] [5] [N/A] |
| 2. Understands the development of evidence based practice in psychology (EBP) as defined by the APA.                    | [1] [2] [3] [4] [5] [N/A] |
| 3. Can utilize concepts of EBP effectively in practice, while maintaining fidelity to personal theoretical orientation. | [1] [2] [3] [4] [5] [N/A] |
| 4. Is able to utilize and integrate academic information from a practitioner-scholar approach.                          | [1] [2] [3] [4] [5] [N/A] |
| 5. Seeks to integrate various EBPs to most effectively intervene with client specific needs.                            | [1] [2] [3] [4] [5] [N/A] |

**Diversity and Relationships:**

- |   |                           |
|---|---------------------------|
| 1. Demonstrates knowledge, awareness and understanding of self and the way culture and context shape the behavior of individuals. | [1] [2] [3] [4] [5] [N/A] |
| 2. Is respectful, tolerant, emotionally mature, empathetic, and shows interest in other cultures and experiences.                 | [1] [2] [3] [4] [5] [N/A] |

**Ethical, Legal Standards, and Policy:**

- |   |                           |
|---|---------------------------|
| 1. Demonstrates ethical behavior and basic knowledge of APA Ethical Principles and Code of Conduct and other legal issues.  | [1] [2] [3] [4] [5] [N/A] |
| 2. Recognizes the importance of basic ethical concepts applicable in initial practice.  | [1] [2] [3] [4] [5] [N/A] |
| 3. Professional behaviors reflect appreciation for the importance of confidentiality, privacy, and informed consent.  | [1] [2] [3] [4] [5] [N/A] |
| 4. Recognizes senior trainee status and maintains appropriate boundaries of practice within the scope of current training and supervision, while also reflecting growing independence and competency. | [1] [2] [3] [4] [5] [N/A] |

- |  |     |     |     |     |     |       |
|--|-----|-----|-----|-----|-----|-------|
| 5. Provides mentorship and guidance to other clinicians in a supportive encouraging manner, and models adherence to ethical, legal, and policy excellence. | [1] | [2] | [3] | [4] | [5] | [N/A] |
|--|-----|-----|-----|-----|-----|-------|

**Interdisciplinary Systems:**

- |   |     |     |     |     |     |       |
|---|-----|-----|-----|-----|-----|-------|
| 1. Demonstrates ability to cooperate with others in task completion.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Expresses interest in developing collaborative relationships with, and respect for, other professionals.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Professional behaviors with non-clinical staff represent collaborative intentions, acknowledging the expertise and experience of others, and openness to both learning and teaching.                               | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Demonstrates ability to provide non-authoritarian leadership, mentorship, and guidance to more junior trainees or staff in order to promote the development of others and effective collaborative task completion. | [1] | [2] | [3] | [4] | [5] | [N/A] |

**FUNCTIONAL COMPETENCIES**

**Assessment:**

- |   |     |     |     |     |     |       |
|---|-----|-----|-----|-----|-----|-------|
| 1. Demonstrates awareness of the benefits of standardized assessment and knowledge of constructs being assessed.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Exhibits understanding of basic psychometric constructs such as validity, reliability, and test construction.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Accurately and consistently administers and scores various assessment tools.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Demonstrates knowledge of initial interviewing (structured and semi-structured interviews, mini-mental status exams, and BioPsychoSocial assessments). | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 5. Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information that are appropriate to the presenting problem.     | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 6. Identifies DSM criteria and describes normal development consistent with broad areas of training.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 7. Utilizes information from multiple sources to arrive at and support specific DSM diagnoses appropriate to the case/situation.                          | [1] | [2] | [3] | [4] | [5] | [N/A] |

- |   |     |     |     |     |     |       |
|---|-----|-----|-----|-----|-----|-------|
| 8. Demonstrates the ability to discuss diagnostic formulation and case conceptualization, and prepares basic reports which articulate an integrated, whole-person approach to conceptualization, diagnosis, and treatment planning/recommendations. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 9. Is able to provide thoughtful rationale for the inclusion or exclusion of other diagnostic possibilities for a client.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 10. Is able to guide more junior trainees through a thoughtful review of differential diagnoses using supportive Socratic questioning as a means of leadership, guidance and mentorship.  | [1] | [2] | [3] | [4] | [5] | [N/A] |

**Intervention:**

- |   |     |     |     |     |     |       |
|---|-----|-----|-----|-----|-----|-------|
| 1. Identifies basic strengths and weaknesses of intervention approaches for different problems and populations.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Demonstrates preparation, professionalism, and leadership with regard to group facilitation and co-facilitation.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Articulates advanced understanding of how intervention choices are informed by assessment.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Demonstrates use of helping skills such as empathic listening, framing/reframing problems in a manner that reflects a developing personal professional style and identity. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 5. Is able to display group therapy management skills that allow client engagement while maintaining order and structure.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 6. Demonstrates appropriate judgment about when to consult supervisor.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 7. Articulates awareness and basic knowledge of methods to examine intervention outcomes.   | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 8. Describes instances of lack in progress in treatment and actions taken in response.  | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 9. Advanced trainee status is reflected in applied clinical interventions and reflects positive modeled behavior for more junior trainees and other clinicians.               | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 10. Advanced trainee status is reflected in the ability to develop EBP-based group protocols.   | [1] | [2] | [3] | [4] | [5] | [N/A] |

- |  |                           |
|--|---------------------------|
| 11. Advanced trainee status is reflected in the ability to proactively utilize clinical training and experience to identify opportunities to strengthen the culture of Sovereign Health’s treatment environment. | [1] [2] [3] [4] [5] [N/A] |
|--|---------------------------|

**Supervision:**

- |   |                           |
|---|---------------------------|
| 1. Completes self assessment and integrates faculty/supervisor feedback into self-assessment.   | [1] [2] [3] [4] [5] [N/A] |
| 2. Systematically reviews own professional performances with supervisors.   | [1] [2] [3] [4] [5] [N/A] |
| 3. Demonstrates ability to organize and present information related in a topic.   | [1] [2] [3] [4] [5] [N/A] |
| 4. Advanced trainee status is reflected in ongoing pursuit of professional development through consultation, supervision and mentorship that go beyond the minimum supervision requirements.          | [1] [2] [3] [4] [5] [N/A] |
| 5. Is actively developing the educational background and skills necessary to provide clinical supervision by completing necessary supervision coursework and providing ongoing delegated supervision. | [1] [2] [3] [4] [5] [N/A] |

**OVERALL EVALUATION AND COMMENTS**

1. Strengths

- a. What strengths does the Post-Doctoral Fellow have?
  
- b. Where have they particularly demonstrated growth during training?

2. Areas of Improvement

- a. POST-DOCTORAL FELLOW: What areas need improvement?
  
- b. SUPERVISOR: What are some areas of improvement for the Post-Doctoral Fellow? Are any of these areas for improvement concerning to a degree that may impact the Post-Doctoral Fellow’s ability to move forward in the training program if not corrected? If yes, which?

c. **POST-DOCTORAL FELLOW FEEDBACK:** How can the clinical leadership potentially improve to better support your training needs?

3. Goals and Objectives for Next Stage of Training:

a. **POST-DOCTORAL FELLOW INPUT:**

b. **SUPERVISOR INPUT:**

4. Specific projects and/or areas of Post-Doctoral Fellow interest:

a. **POST-DOCTORAL FELLOW INPUT:**

b. **SUPERVISOR INPUT:** Is there a way for the Post-Doctoral Fellow to develop in this area of interest during their training? If so, how? (If something was previously identified in this area, please evaluate the question on whether or not the Post-Doctoral Fellow moved forward with development in the identified area(s).)

5. Preparation

Please indicate your view of the Post-Doctoral Fellow's preparation for their current transition from student to early-career professional:

Very Poor     Poor     Adequate     Very Good     Excellent

6. Progress

Please indicate your view of the Post-Doctoral Fellow's current fellowship progress:

Very Poor     Poor     Adequate     Very Good     Excellent

7. Rate Overall Improvement:

Very Poor     Poor     Adequate     Very Good     Excellent

**Overall Evaluation Score:**

Based on the Post-Doctoral Fellow's level of training and the above items, please evaluate overall performance and competence during this period.

[ ] 1 Significantly Below Expected Competency	[ ] 2 Below Expected Competency	[ ] 3 Meets Expected Competency	[ ] 4 Above Expected Competency	[ ] 5 Significantly Above Expected Competency
--	---------------------------------------	---------------------------------------	---------------------------------------	--

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Post-Doctoral Fellow Name

\_\_\_\_\_  
Post-Doctoral Fellow Signature

## APPENDIX K

### SAMPLE DIDACTIC SEMINAR SCHEDULE

#### Sovereign Health

Week 1:	New Pre-Doc Intern Training Week
Week 2:	Group Dynamics 1 Cog Lab Purpose and Process <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 3:	Clinical Review Writing 1- Panel and Discussion Diagnosis and Justification Group Dynamics 2
Week 4:	Treatment Planning Documentation Clinical Report Writing 2
Week 5:	Working with Difficult Populations Meditative Practice Techniques Clients in Addiction
Week 6:	Substances and the Brain Alcohol <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 7:	<b>Guest Speaker- DSM 5</b>
Week 8:	Opiates Benzodiazepines Substance Abuse Diagnosis- DSM IV vs. DSM5
Week 9:	Polysubstance & Dual Diagnosis Methamphetamines <b>Guest Speakers- 12 Step Community Meetings (AA/NA)</b>
Week 10:	Mindfulness/Meditation Techniques in Group Setting Cocaine <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 11:	Marijuana EBP Interventions- CBT Sex Addiction
Week 12:	EBP Interventions- Motivational Interviewing Sexual Health in Recovery Club Drugs

Week 13:	Psychological Assessment, Diagnosis, and Consultation EBP Interventions- Stages of Change Relapse Prevention
Week 14:	EBT Interventions- DBT Techniques EBT Interventions- Seeking Safety <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 15:	At Risk Populations (General MH concerns for substance use) Trauma and Substance Use Women and Substance Abuse
Week 16:	Adolescents and Substance Abuse (Intergenerational Substance Abuse) Multicultural Dynamics and Substance Abuse- African Americans
Week 17:	<b>Guest Speakers- Recovery Programs- Smart Recovery/Celebrate Recovery</b>
Week 18:	Multicultural Dynamics and Substance Abuse- LGBT Community and Drugs Termination <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 19:	<b>Guest Speaker- Drug Testing: Process and Importance</b> <b>Guest Speaker- Pharmacogenetic Testing</b>
Week 20:	Relapse Prevention Revisited- Strategies Multicultural Dynamics and Substance Abuse- Latinos Profession
Week 21:	Family Therapy Techniques 1 Multicultural Dynamics and Substance Abuse
Week 22:	Medication- SSRIs/SNRIs Attachment and Treatment Strategies <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 23:	Family Therapy Techniques 2 Medication- Anti-Depressants (Tricyclics and Others)
Week 24:	Alternative Therapies- ECT Medication- Antipsychotics (Old School)
Week 25:	Medication- Antipsychotics (New School) Eating Disorders and Treatment Part 1 <b>Guest Speaker- One in Six</b>
Week 26:	Anti-Craving Medications <b>Guest Speaker- Open Topic (Network Lunch)</b>

Week 27:	Medication- Benzodiazepines (Appropriate Use) Medication- Mood Stabilizers Eating Disorders and Treatment Part 2
Week 28:	Medication- Other Common Medications in Treatment Transference and Counter-transference Eating Disorders and Treatment Part 3 <b>Guest Speaker- Nutritionist</b>
Week 29:	Medication- Pain Medications in Treatment Settings Case Presentation- Bipolar 1 Disorder Case Presentation- Bipolar 2 Disorder
Week 30:	Case Presentation- Schizophrenia Case Presentation- Borderline Personality Disorder <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 31:	Case Presentation- Depression/Dysthymia Psychosis and Substance Abuse Self Harm
Week 32:	Case Presentation: Schizoaffective Disorder Post Traumatic Stress Disorder Suicide and Prevention
Week 33:	Psychological Testing for Treatment Settings (General Assessments) Psychological Testing for Treatment Settings (Cognitive Measures)
Week 34:	General Anxiety Disorder Dissociative Identity Disorder <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 35:	Childhood Adjustment and Conduct Disorders Antisocial Personality
Week 36:	Psychological Testing for Treatment Settings (Personality Testing)
Week 37:	Psychological Testing for Treatment Settings (Case Battery Presentation 1) Psychological Testing for Treatment Settings (Case Battery Presentation 2)
Week 38:	Obsessive Compulsive Disorder Panic Disorder, Social Anxiety, and Agoraphobia <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 39:	Geriatric Populations Co-Dependence <b>Guest Speaker- Private Practice</b>
Week 40:	Maintenance of the Therapeutic Frame Managing Angry Clients

Week 41:	Managing Difficult Clients Ethics Revisited Taboos in Treatment
Week 42:	Dissertation Presentation <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 43:	Dissertation Presentation <b>Guest Speaker- Drama/Media Therapy: Therapeutic Models for Improvement</b>
Week 44:	Dissertation Presentation Neurofeedback Process
Week 45:	Dissertation Presentation Neurofeedback Results Presentation
Week 46:	Dissertation Presentation <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 47:	Termination Refresher- For Transition Dissertation Presentation
Week 48:	Differential Diagnosis Dissertation Presentation
Week 49:	Dissertation Presentation EPPP Planning
Week 50:	Dissertation Presentation <b>Guest Speaker- Open Topic (Network Lunch)</b>
Week 51:	Dissertation Presentation Psych Holds and Hospitalization Requirements
Week 52:	Ethics in Practice Revisited

**APPENDIX M**

**WEEKLY HOUR LOG**

Sovereign Health

<b>Supervisee's Name</b>	Name							
<b>Name of Site</b>	Site							
<b>Supervised Hours for the Month of:</b>	A							
<b>Supervision &amp; Training Week of:</b>								<b>Total Hours</b>
Face-to-face individual supervision (on site)								<b>0</b>
Group supervision								<b>0</b>
Training & Didactic Activities								<b>0</b>

**Professional Services Performed**

Individual Psychotherapy									<b>0</b>
Couples, Children &/or family psychotherapy									<b>0</b>
Group Psychotherapy									<b>0</b>
Testing & Assessment									<b>0</b>
Intakes									<b>0</b>
Consultations									<b>0</b>

**Other Work Performed**

Staff Meetings									<b>0</b>
Administrative duties									<b>0</b>
Other Professional Duties (describe)									<b>0</b>

**Weekly Total Hours**

	<b>0</b>								
--	----------	----------	----------	----------	----------	----------	----------	----------	----------

**Supervisor Initial**

<b>I certify that the information on this form accurately represents the training activities of (Supervisee):</b>		
<b>Supervisor's Name and Psychology license number:</b>	<b>Supervisor's Signature:</b>	<b>Date:</b>
<b>Trainee Name:</b>	<b>Trainee Signature:</b>	<b>Date:</b>