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Introduction

Welcome to the Casa Pacifica Postdoctoral Fellowship. Postdoctoral Fellows play an important part of our agency and our delivery of services to at-risk youth and their families and we are looking forward to our training time together. This manual especially will serve as an ongoing resource during your training year. We expect you to be familiar with its contents and to use this for any concerns or questions you have about your clinical responsibilities, general responsibilities, or procedures of any kind.

As an agency, Casa Pacifica has adopted four values which we believe should be observed by all employees and the youth we serve. These values are **Respect, Integrity, Courage, and Compassion**. As a post-doctoral psychology fellow within the clinical department you will play a vital role in modeling, teaching, and encouraging these values within the agency.

We are committed to providing you with a meaningful training experience and hope you will make the next two years as meaningful for yourself as possible. Do not hesitate to share any ideas, suggestions or perceived problems with the training committee. Part of your professional growth here include the development of mature and professional self-advocacy and self-assertion skills which will also help you be an active participant in the development of your training program. We offer a comprehensive training program with a variety of clinical experiences available to you. Take advantage of these opportunities and develop additional skills in those areas that capture your attention. This is an opportunity not only to continue your specialized training in treating at-risk youth and their families but also to further develop your identity as a future psychologist. We hope you will take advantage of all that Casa Pacifica has to offer to you.
Casa Pacifica History, Mission and Accomplishments

Background
In the mid-1980s, a group of Ventura County citizens became concerned about the lack of emergency shelter services provided to abused and neglected children removed from their homes. Their concern quickly translated into a vision for a campus-based crisis-care center that could offer a range of assessment, trauma care, medical, and educational services to children entering the child welfare system – a place where all the services they might need could be found “under-one-roof.” The vision, in turn, gave rise to a unique and unprecedented public/private partnership which raised the $10 million needed to build Casa Pacifica Centers for Children and Families. Casa Pacifica opened its doors in 1994. In 2000, Casa Pacifica began providing community-based services designed to keep children and families together, and in 2010, recognizing a severe lack of services to transitional/emancipated foster youth, Casa Pacifica established its Transitional Youth Services program.

Mission
Casa Pacifica’s mission is to provide hope and help to abused, neglected or at-risk children and their families and its vision is to lead the services sector in promoting healthy outcomes for children and in strengthening their families. Casa Pacifica’s programs were originally (and primarily continue to be) created in response to Ventura and Santa Barbara County needs, and they addressed basic needs and keeping foster children in the county, in their communities. Casa Pacifica’s mission also includes offering programs that have been modeled on finding and providing (or establishing through research/experience) the most recent, cutting edge, evidence-based, best-practices methods and systems available to promote healing and real change for our population.

Principle Activities
The agency accomplishes its mission through several best practices, licensed/accredited therapeutic programs that include:

- **Community-Based and Outpatient Services** – community-based programs designed to prevent children from being removed from their homes, families and communities;
- **Direct care (on-campus)** – once a child has been removed, on-campus services promote healing including an Assessment, Stabilization and Permanency center, residential treatment center, health clinic, nonpublic school, clinical services, Parent-Child Interaction Therapy center, and Intensive Treatment Foster Care placement; and
- **Transition/Emancipation services** – designed to help soon-to-be and emancipated foster youth succeed in living independently.

In addition to licenses/certifications from four California State agencies, Casa Pacifica’s programs have attained national accreditation and have a strong reputation for quality. Its training programs offer continuing education credits for psychologists, social workers, and marriage and family therapists from throughout the region. A nationally APA accredited psychology internship and an APPIC postdoctoral program provides clinical training for graduate students and pre-licensed clinicians.

Population Served
Casa Pacifica’s demographic encompasses children ages 2-17 years in its campus-based and community based programs, 18 to 25 years in our programs for emancipated foster youth, and families residing predominately in Ventura and Santa Barbara Counties and reflects the racial/socio-economic characteristics of these communities – primarily Caucasian and Hispanic youth from poverty/low income backgrounds; however Casa Pacifica does
not discriminate on any basis - race, ethnicity, income, sexual orientation, religious affiliation, etc. – our doors are open to all children and families in need.

Casa Pacifica Accomplishments FY 2016-17

- Casa Pacifica provided nearly 18,100 days of care (bed days) this past fiscal year. This includes the new START program.
- Nine years ago, more kids were served on-campus than in the community - today one in seven kids is served on campus.
- Of the nearly 600 children and youth served each day, 23% are enrolled in a campus program.
- Every 4 hours we admitted a child into one of our programs, on average 6 youth a day.
- Casa Pacifica worked with over 2,000 (or 2,658 episodes) children and their families in 2016-17.
- We provided over 7,685 student days in our on-campus, special education school.
- We delivered 3.6 hours of mental health services per child per week.
- We delivered 49,220 hours of Mental Health Service (135 hrs./day), 12,639 hours of Social Service (35 hrs./day) and 9,365 hours of Educational Services (27 hrs./day) - total of 71,808 hours of services provided (197 hrs./day).
- Ages of children served were: 3% under 5 years old, 19% between 6-11 years, 37% between 12-15 years, 31% between 16-18 years, and 10% between 19-24 years.
- In both our community-based and on-campus services 51% are male and 49% are female.
- 94% of children and youth in our bed based programs were discharged to lower levels of care.
- 80% of children/youth across our programs were successful in meeting their treatment goals.
- 70% of youth in our residential programs made progress in reducing their mental health symptoms, as evidenced by treatment goals.
- On a scale of 1 to 10 with 10 equal to best possible care, Casa Pacifica services were rated a 9.2 by youth and families.
- We handled an average of 157 crisis calls a month in Santa Barbara county. 33% on average were handled in person.

Distinguishing Characteristics

Casa Pacifica is the largest non-profit provider of children's mental health services in Ventura and Santa Barbara Counties, serving over 550 children and their families daily through its various programs, more than 31,000 children and youth since opening its doors in 1994. Casa Pacifica is the only facility of its kind in Ventura and Santa Barbara Counties and its services are primarily unduplicated. The agency provides the only crisis-care emergency shelter for abused and neglected children; the only Level 14 residential treatment center for foster youth with severe emotional and behavioral disorders; the only facility with an onsite health clinic to provide for the children's medical needs 24-hours a day, seven days a week; and the only nonpublic special education school in Ventura County designed to teach children/youth with severe emotional and behavioral disorders and/or mental illness. Casa Pacifica is the only provider of many of its community-based services as well. Casa Pacifica collaborates with several county agencies and other community-based organizations.
Casa Pacifica Programs

Campus Programs and Outpatient Services

Assessment, Stabilization and Permanency (ASAP) - (formerly Crisis Care Emergency Shelter) – 20 bed capacity. Temporary shelter for children/youth ages 9-17 years – primarily for those who are in the foster care system and have failed or been failed by a foster home or group home. Serves approximately 170 children/youth yearly.

Residential Treatment Center – 28 bed capacity. For children ages 9-18 years with severe emotional or behavioral problems that prove too difficult for the youth to maintain placement in a group or foster home. Serves approximately 60 children/youth yearly.

Health Clinic and Clinical Services - A fully certified primary care clinic specializing in the physical and emotional issues presented by abused, neglected, and at-risk children/youth. Serves approximately 375 children/youth yearly.

Nonpublic School - 50 student capacity. Fully certified special education school with a low teacher/student ratio that helps students regain grade level, build classroom skills, and grow socially. Serves approximately 70 children/youth yearly.

Parent-Child Interaction Therapy 25 caseload contract. For children ages 2-8 years transitioning home from emergency shelter care, or parents in the community who need help with a challenging child. PCIT teaches parenting techniques that build a healthy parent-child relationship. Serves approximately 70 children/youth yearly.

Short-Term Adolescent Residential Treatment (START) – 16 bed capacity. Short-term residential intensive therapeutic intervention program for youth heading into or being discharged from psychiatric hospitalization. Step down program options include our partial hospitalization and intensive outpatient programs. Serves approximately 60 youth yearly.

Recreational Therapy Program - Therapeutic afterschool program for Casa Pacifica residents designed to build confidence, stretch boundaries, introduce new activities, foster positive relationships with peers and adults through team sports, dance, yoga, arts and crafts, sewing, swimming, running club, sports clinics, etc. Serves approximately 225 children/youth yearly.

Intensive Treatment Foster Care Foster Parent Training – Currently 10 beds but continuing to recruit. Casa Pacifica is licensed to identify and intensively train individuals/families to become Intensive Treatment Foster Parents, who take in one foster youth with challenging behavioral/emotional issues and serve as part of his/her treatment team, as well as a bridge to the youth’s return to family/community.

Transitional Youth Services (TYS) – 15 bed capacity including on-campus (8 beds) and in the community (7 beds). Mental health services caseload 25. Provides transitional (16-18 years) and emancipated (18-24 years) foster youth support services including housing, employment, living skills, clinical services, and educational assistance, among others. Serves approximately 75 youth yearly.

Alumni Services - Available to anyone who has ever received Casa Pacifica’s services and provides access to educational assistance, community speakers, living skills presentations, financial training, parenting information, and to the TYS Program.
*NEW Residential Substance Abuse Treatment Program* – 16 to 32 bed capacity. Intensive inpatient residential drug and alcohol treatment program focusing on assessment/evaluation and integrated mental health care with an expected 30-day length of stay, and follow-up outpatient day treatment services. *Expected to serve 200 children/youth yearly.*

*Vocational Education for Program for Transitional Youth* – Vocational education program based on the concept of social enterprise and offering training and experience. Program features technology computer lab, teaching kitchen, silk screen print shop, barista café cart, and warehouse management skills. *Expected to serve 150 transitional youth yearly.*

**Community Based Services**

*Ventura & Santa Barbara Counties*

**Therapeutic Behavioral Services (TBS)** – 65 caseload contract capacity. Short-term, individualized behavioral interventions provided in the home, school, or other community setting for children who are in jeopardy of being placed in a high-level group home. *Serves approximately 185 yearly in VC; approximately 150 yearly in SBC.*

**Wraparound** – 35 caseload contract capacity. An intensive, family-centered program lasting a year to year-and-a-half that targets youth who are at-risk of being removed from home. Families receive an individualized plan based on their unique strengths, values, norms, and preferences. *Serves approximately 120 yearly in VC; approximately 60 yearly in SBC.*

**Intensive Treatment Foster Care (ITFC)** – *See ITFC above.* Through intensive treatment services in the foster home, ITFC foster parents support and nurture one emotionally challenged foster child and act as a bridge between the child and their return to their family. *Serves approximately 15 youth yearly.*

**School-Based Services** – *Capacity fluctuates depending on referrals.* Provides in-school mental health services to students in school districts in Ventura County, Santa Barbara County, and the Las Virgenes School District in Los Angeles County. *Serves approximately 200 children/youth yearly.*

**Mobile Crisis Response Services** – *Capacity fluctuates depending on calls.* Mobile crisis response services for Santa Barbara County children/youth in crisis (often suicidal or violent) that provide families quick and accessible specialized crisis intervention, in-home support, and linkage to county mental health services. *Serves approximately 1,700 children/youth yearly.*
Program Description and Requirements

Casa Pacifica Centers for Children and Families is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and as such abides by APPIC policies. Our Postdoctoral fellowship provides education and training in preparation for health service psychology practice with advanced competency in clinical child and adolescent psychology. Each fellow must complete a minimum of 2 years of full time training in no fewer than 24 months. In addition to the APA Benchmarks (2012), Readiness for Entry to Practice Level, the Postdoctoral selection committee considers the following to assess a candidate’s readiness for fellowship:

1. Completion of a doctoral degree in clinical, counseling or educational psychology from a program accredited by the American Psychological Association.

2. Completion of an APA accredited internship.

3. Submission of a current Curriculum Vitae

4. Completion of Casa Pacifica Postdoctoral Fellowship Application

5. Three letters of recommendation from supervisors, training directors, and educational institution which speak to the professional and ethical standards of the student as well as the applicant’s strengths and needs for future growth.

6. Verification from applicant’s school as to the date all requirements for the doctoral degree will be met and the date the degree will be posted on the applicant’s transcript.

7. Official transcripts of all graduate work.

8. Previous internship experience working with adolescents. Inpatient and residential experience with children and adolescents is preferred if the applicant wishes to be considered for one of the residential placements. Experience in crisis intervention with adolescents and utilization of evidenced based practices. Experience working with a diverse group of clients

9. Written sample de-identified of an Integrated Psychological Assessment Report

10. Results of interview

General requirements of the program include active participation in all didactic training, weekly supervision and clinical rounds, achievement of APA competency benchmarks, successful completion of individualized training plan, completion of a Postdoctoral project, adherence to all aspects of the Postdoctoral Fellow Job Description, and Satisfactory ratings on evaluations. Postdoctoral fellows fulfilling program requirements are awarded a certificate of completion at the conclusion of the training year.

Postdoctoral fellows are encouraged to become licensed during their fellowship at Casa Pacifica. Fellows should consider taking the Examination for Professional Practice in Psychology (EPPP) prior to beginning their fellowship or during their first year of residency. The Board of Psychology in California allow fellows to accrue a maximum of 44 hours per week. Thus, postdoctoral fellows acquire 1500 hours before the completion of their first year and will then be eligible to complete the steps for licensure including taking the California Psychology Laws and Ethics Examination (CPL EE).
Mission Documents

Postdoctoral Fellowship Program Goal
We provide hope and help to abused, neglected and at-risk children and their families. Casa Pacifica will lead the services sector in promoting healthy outcomes for children and in strengthening families. We strive to embody Respect, Integrity, Courage and Compassion.

Casa Pacifica’s Postdoctoral Fellowship program provides a strong clinical training program to fellows for the effective practice of health service psychology with an advanced competency in clinical work in children and adolescent psychology. It is expected that postdoctoral fellows completing the Casa Pacifica training program will develop into ethical, competent child and adolescent psychologist trained in the Local Clinical Scientist Model, who respects diversity and contribute to their communities and the field of clinical psychology. Upon successful completion of the program, Postdoctoral fellows will be ready for independent practice in clinical psychology.

Training Approach
The fellowship program is under the direction of the Internship and Postdoctoral training team, which is composed of the Director of Clinical Training, Chief Psychologist, Clinical Directors, and the Licensed Clinical Supervisors. The Training Team is responsible for implementing the training program and meets weekly to discuss and monitor each fellow’s progress and review the training program. The Internship and Postdoctoral Quality Leadership Team IPQT reviews the program quarterly, making recommendations for quality improvement and ensures oversight, integration and sustainability of the fellowship program within Casa Pacifica.

Training Philosophy
Our Postdoctoral Fellowship Program reflects our agency values of being a national leader not only in the treatment of at-risk youth and their families but in the training of those providing care and treatment. Thus, our training program and training activities are a high priority for our agency. Our intrinsic goal is the development of ethical, competent child and adolescent psychologists trained in the Local Clinical Scientist model (a variant of the Scientist-Practitioner model), who respect human diversity and contribute to their communities and the field of psychology. Our educational focus is preparation in the applied practice of clinical psychology based on the body of scientific knowledge and scientific principles of our profession to serve at-risk youth and their families. Our primary mode of training is experiential learning. Consequently, we provide an array of training seminars, supervisors and experiences with a guided, practical, and experiential approach. To the extent possible, we also use the naturally occurring events as opportunities for training. We are also committed to assisting fellows in identifying, testing and refining “best practices” in psychology with respect to empirically supported approaches. Weighing the interpersonal, familial, cultural, regional, economic and social influences that impact a person’s life promotes the “localized perspective.” This process facilitates a match between “best practices” and the specific needs of the individual. Through this process, our Postdoctoral Fellowship Program facilitates advanced training in clinical child and adolescent psychology and prepares fellows for licensure and the transition to independent practice.
Training Model

Casa Pacifica’s Postdoctoral training is based on the Local Clinical Scientist model. Research and scientific method underlies our clinical work. We recognize the value of local observations and local solutions to problems, and these solutions are informed by accumulated scientific knowledge in psychology. As such, we bring in consultants with research and applied expertise in relevant areas related to the needs of our youth (clients). This fits in well with our agency’s approach to providing services to our youth. We have integrated an evidenced based neuro-relational model across the entire agency, and provided many local solutions/interventions to meet the needs of our youth, including: Big brothers/big sisters program, AA, NA, Hogan Horse Ranch, facilitating youth participation on local sports teams, Animal Therapy on campus, a Bike Track, the Multisensory De-escalation Room (Seaville), Youth Advocates, etc.

Our Agency uses data: we assess our results based on the data we produce through neuro-relational assessment of our youth and our incident report data system. Clinicians will experience this as they use the data collected to make treatment decisions and have access to a web based Practice Wise Program to search the best evidence based practices for their clients.

Casa Pacifica’s approach to treatment is based on neuroscience and gives us more hope than ever before that people can experience transformation in their lives. Thinking neuro-relationally about the support we offer others opens opportunities to help them meet basic needs that are essential to development and success in life. These needs or “reimbursements” include six domains: relational, experiential, eco-cultural, regulatory, biological, and academic. Children, youth, and adults across the life space can benefit from a deeper understanding of the brain and ways in which they can satisfy these basic needs in life. Many of our practices are based on cognitive behavioral theory. While each clinician may have a personal orientation that they will discuss with you, all will utilize and be well versed in the neuro-relational model and cognitive behavioral approach that is part of the culture at Casa Pacifica. With any given case, we may conceptualize or integrate into treatment plans aspects of other theories, e.g., psychodynamic, humanistic, family systems therapy, etc. We are committed to assessing the needs of every child on an individual basis and then establishing a treatment plan with specific goals in conjunction with the child’s Individual Education Plan where appropriate. These goals will change as the child grows and achieves. As part of the assessment process, we have an appreciation for the child’s developmental stage, both psychologically and chronologically, basic needs, cultural differences, and for the complex history that most of our youth bring with them. In addition, we feel it is essential to act as a child’s advocate (when appropriate) in terms of working with parents, teachers, social workers, probation officers, attorneys, etc. Most youth participating in programs at Casa Pacifica have severe behavioral challenges and as such need to change their behaviors to successfully function at home, at school, and in their community. Goals and interventions should address skill development in these areas.
Postdoctoral Fellowship Methods and Standards

Our postdoctoral fellowship program strives to provide fellows with broad, high-quality training through a sequential, cumulative, and graded in complexity curriculum of training experiences. It is built upon the foundation of experiential learning or “learning by doing”, didactic training and clinical supervision. Fellows spend about 15-20 hours weekly in direct clinical service conducting intakes and assessments, providing individual, group and family therapy, case management, crisis management and consultation. The remainder of their time is spent in training activities such as supervision and didactics as well as on the development and implementation of a postdoctoral project.

Our training team is committed to our fellows achieving the goals, objectives, and competencies of our postdoctoral training program. Weekly supervision includes a minimum of one hour of supervision with your primary supervisor, one hour with your secondary supervisor and two hours of group supervision. Supervision is protected time and supports fellows in completing their training goals and objectives as well as allows opportunity for mentorship and in vivo training.

The postdoctoral program enhances theoretical applied knowledge and skills through didactic training seminars. Didactics bridge science and theory with experiential learning. Didactics are a combination of trainings provided by Casa Pacifica and outside seminars and usually are a minimum of eight hours per month. Fellows have the opportunities to provide feedback on Casa Pacifica instructors.

Experiential learning, combined with strong clinical supervision and didactic seminars creates comprehensive and integrated training that allows fellows to achieve the competency benchmarks for completion of the postdoctoral fellowship and readiness for the independent practice with advanced competency in Child and Adolescent Psychology.

Orientation Training

Training activities within the Health Services Psychology Postdoctoral Fellowship at Casa Pacifica begins in our four weeks of orientation training. Please note those Postdoctoral fellows who were prior interns will have an abbreviated orientation training specifically focused on their postdoctoral experience Those fellows new to Casa Pacifica are first oriented to the mission, values, systems and people in our agency and are integrated into our pre-service training for new employees. Topics such as, Clinical documentation, technical support in using our Electronic Healthcare System “Avatar”, Overview of Casa Pacifica programs, CPR, First Aid, Responding to Clients in Crisis, (Life Space Crisis Intervention, and Safe Environments, Multi-Sensory De-escalation), Treatment and Safety Planning, Emergency Interventions, Child Abuse Reporting, and Client Confidentiality, as well as the Care and Treatment of traumatized youth are taught. A special two-day training engages fellows in our neuro relational model, Person Brain, the foundation for our clinical services. The second part of orientation focuses on the children we serve, their histories, behaviors, interventions and getting to know our partnering agencies. Finally, fellows observe in different program areas and shadow clinicians at work. In the last week of orientation our fellows continue with on the job training experiences while learning more about the clinical practices that they will soon begin.

Integrated within the agency orientation is clinical training focused on information fellows will need to begin their experiential fellowship. Fellows will become familiar with and practice skills such as i.e., how to conduct and write an intake, behavioral observations, writing a progress note, conducting an assessment etc. Supervisors model the skill and then have the trainee demonstrate it and provide feedback to the fellow on his/her
performance. Fellows practice these skills as they observe clients in classrooms, cottages, and the therapeutic activities environment. They become familiar with program outcome measures. The Postdoctoral Fellowship Manual is provided and reviewed in detail outlining fellow responsibilities and the policies and procedures of the fellowship at Casa Pacifica. Additional trainings will include training for their assigned psycho-educational/therapy group (i.e., Aggression Replacement Training; Dialectical Behavioral Therapy-Based Group, or Matrix). Another part of the orientation includes “on the job training” in which fellows shadow clinicians during a variety of experiences, including crisis intervention, treatment teams, intakes, Individual Education Plan meetings, process groups and psychoeducational groups. During this experience, they have the opportunity to observe and discuss with psychologists the variety of clinical activities that are conducted throughout the day.

Fellows meet with their supervisors during this orientation period for additional support and to outline expectations for supervision. Fellow’s will also participate in a competency based evaluation that assesses their readiness for a postdoctoral fellowship and skill in the nine profession wide competencies outlined in the APA Benchmarks for Professional Psychology (2012): Research, ethical and legal standards, individual and cultural diversity, Professional values, attitudes and behaviors, Communication and Interpersonal skills, Assessment, Intervention, Supervision, Consultation and Interprofessional/interdisciplinary skills. Additionally, they will complete a self-assessment on their proficiency in each of these competencies. Based on the results these evaluations, the fellow and their supervisor will work collaboratively to develop a training plan and identify specific goals to be reviewed quarterly and altered as needed.

**Direct Services**

Case assignments are made with the fellows’ experience and training needs in mind. In the beginning of the training year and as the year progresses, case assignments are screened via discussion among members of the clinical training team to ensure that fellows are not overwhelmed, yet sufficiently challenged given their level of training and/or past training experiences. Whenever possible, a fellow will start with a reduced caseload in order to allow time for developing an understanding of the tasks and procedures required at our training site. If a fellow must start with a full caseload, efforts are made to reduce or delay their responsibilities in other areas such as assessment assignments or minor rotation assignments. Fellows will start with cases in one area: day school, residential treatment, ASAP, START, TYS, or PCIT. During the year, they may be given the opportunity, if they have made adequate progress in their major rotation, to take a case in one of the other program areas to widen their breadth of experiences. Direct services include, intake and evaluation, Psychological testing, treatment plan development, individual, group and family therapy, case management and consultation.

**Therapy Groups**

Clinical training for groups begins at the end of orientation. Fellows typically lead or co-lead two to three different groups per training year. Group opportunities may include evidence based practices such as DBT, Matrix Substance Abuse Treatment, process group, Communication and Self Esteem building groups, Social skills and Anger Management, Moral development, Goal setting, process group, adventure therapy, and use of the arts such as drama, art and music. Parenting skill groups and parent support groups provide opportunities to work with a youth’s family. They begin these groups with didactic trainings during orientation and by observing licensed clinicians who model the necessary skills for running the group. As a fellow become increasingly comfortable and knowledgeable he or she is then given increasingly greater roles in terms of leading the groups. Fellows typically progress from being observers in their groups to providing behavioral coaching and reinforcement to clients, to then co-leading the group with their supervisors and finally leading the groups without their supervisors or co-facilitator present.
Assessment and Diagnosis
Assessment training for the postdoctoral fellow is designed to move the fellow from competency towards mastery in assessment. As such, the training in assessment is sequential and graded in increasing complexity and addresses issues of diversity and culture throughout the training year. The assessment rotation requires a fellow to complete at least four comprehensive and two screening psychological test batteries during the year, each with integrated reports. Fellow will also have a monthly didactic in advanced assessment topics for the first half of their first training year. Fellows have the option to acquire more training and experiencing through completing additional batteries if approved by their primary supervisor and the Director of Clinical Training. The first assessment will be assigned by the assessment supervisor and the fellow will design a battery of tests to address referral questions through consolation with the assessment supervisor. The assessment supervisor will review scoring for accuracy. Upon completion of testing, the fellow will integrate test data in consultation with the assessment supervisor and draft a report for review. The assessment supervisor will attend the feedback session for this first report to model feedback skills and review the fellow feedback of test results. Once 100% scoring accuracy is obtained, fellow will subsequently design batteries to address referral questions, complete administration and scoring while consulting with the assessment supervisor, and write integrated reports for review by the assessment supervisor. The fellow will independently present testing results to referring parties for subsequent batteries as well. The assessment supervisor will obtain feedback from referring parties to monitor growth and progress of the fellow’s assessment feedback skills.

Didactic Seminar Experience
Our didactic training activities are sequential, cumulative and graded in complexity. Initial didactic trainings focus on general topics of ethical issues, professionalism, diversity training, intake interviewing, and basic assessment review. These trainings are in areas that fellows require immediate knowledge to successfully begin their training at Casa Pacifica. Fellows will then participate in advanced training beginning with psychological assessment the first semester, and second semester will focus on becoming a clinical supervisor. The second year of training fellows will meet for Supervision on Supervision as they practice their skill on providing supervision. Additionally, fellows will participate in didactic training on advanced topics about eight hours per month. They will have the opportunity to attend advanced CEU trainings provided by Casa Pacifica alongside clinical supervisors. Occasionally, fellows will participate in special topic training workshops in the community.

Interdisciplinary Rounds
Fellows will have the opportunity several times a year to present cases at clinical rounds. Clinical rounds are interdisciplinary in nature and may include peers, interns, medical staff, youth development specialists, parent and youth advocates, behavior specialists, support counselors, recreational therapist and licensed clinicians. First, fellows observe clinical supervisors present cases during rounds and then they will have the opportunity to presentation one of their cases.

Clinical rounds occur biweekly on Tuesdays from 11:30-12:30. All clinical trainees (e.g., interns, postdoctoral fellows) are expected to attend, unless specific permission has been given by the trainee’s primary supervisor to miss rounds on a particular day. In addition to clinical trainees, licensed clinical supervisors and members of the youth’s treatment team attend. The attendance of staff from other disciplines on or off campus is encouraged. The purpose of our clinical rounds is for each clinician to have the opportunity to present one of his/her cases to a multi-disciplinary team and provide a greater understanding of their client for the team. There is ample opportunity for discussion of the case allowing for theoretical discussions, consultation and problem solving.
Clinical rounds presenters are expected to be on time and prepared to present one of their clients. See Appendix XIII Meichenbaum, for a case conceptualization you may want to use. Check with your supervisor if you would like to use a different model. Adhering to a prescribed model insures that your presentation will be organized and that it will cover the necessary information for your attendees to understand your case formulation, your clinical work, and any questions you have regarding your clinical work with the youth you are presenting. Following your presentation, you should be prepared with questions for discussion regarding your case and facilitate discussion. You are expected to keep your presentation to 15 minutes to allow time for adequate discussion of the questions you present. You may ask others to participate who are assigned to the case as well such as the psychiatrist, cottage primary, etc.

Attendees are expected to be attentive and to participate. Attentiveness involves your non-verbal behaviors. Eye contact, nodding, and keeping your electronic devices on the “vibrate” mode are all important ways to demonstrate your presence. Participation in clinical rounds can include offering suggestions, asking clarifying questions, offering support to the presenter, and responding to comments made by other attendees.

Given that you are a fellow in a formal training program, it is important for you to be cognizant of the fact that your performance throughout the year is being evaluated. All trainees presenting in clinical rounds are evaluated during their presentation by their supervisor. Fellows should consult with their supervisors in preparation of their case presentation. Feedback on your clinical rounds presentation will be given to you by your primary supervisor in your supervision session which immediately follows your presentation date.

**Multidisciplinary Teams**

Casa Pacifica strives to be an integrated behavior healthcare agency. As such fellows will participate on multidisciplinary teams and often have leadership experiences. They participate in track teams, treatment teams, IEP’s etc. They begin by observing their supervisors in these meetings and then begin to increasingly participate as they become more comfortable with the expectations of their roles. Once the supervisor becomes comfortable with the fellow’s ability to perform in the role as a team leader and therapist, the fellow fully participates or leads the meeting with the supervisor attending as needed. Psychiatry services are integral to our youth’s mental health and to our program. The psychiatrist may attend clinical rounds. Clinicians attend the youth’s psychiatry appointment to enhance ongoing dialogue and integrative care.

**Supervision**

Supervision is another area that is sequential, cumulative and graded in complexity. In the beginning of the year supervisors establish relationships with their fellows, review expectations with fellows, help fellows navigate through the systems within the agency, help fellows develop relationships with their clients, colleagues and other staff members while discussing treatment concerns and advanced diagnosis and interventions. As the fellows develop a foundation, supervision becomes more complex and challenging with more complex case conceptualizations, differential diagnosis, and more sophisticated treatment options. By the end of the year fellows should be able to routinely consider the influence of cultural, and other individual factors on diagnosis and treatment, integrate theory and literature into the supervision process, as well as develop more sophisticated insight and integrated thinking processes. Diagnosis and case conceptualization should be at an advanced competency level.
Two hours of individual supervision is provided by a primary and secondary supervisor whom are both licensed psychologists. The two hours of group supervision is routinely provided by licensed psychologists but on occasion other licensed mental health professionals may facilitate.

**Clinical and Interdepartmental Meetings**
Fellows participate in clinical staff meetings that occur on an alternating bi weekly schedule with Rounds on Tuesdays from 11:30am-12:30pm. Clinical department meetings focus on training topics, program development and evaluation as well as continuous quality improvement as part of professional development. Fellows serve on committees of special interest as time permits. As participants, they can help to review program data and create new programs ideas or therapeutic interventions based on clinical impressions, theory, data and knowledge of evidenced based practices.

**Consultation**
Our training program provides fellows with experiences in consultation, program evaluation, and opportunities to learn the foundational skills of providing effective clinical supervision. Consultation opportunities are provided throughout our campus as fellows learn to provide clinical support to residential and crisis care programs, and our non-public day school and psychology interns. Clinical supervisors model effective consultation skills and observe fellows as they first begin to use these skills within our agency. Fellows have multiple opportunities to be consultants, e.g. in the school classroom, at Individual Education Plan (IEP)meetings, on the residential living units, and on multi-disciplinary teams.

**Teaching Experience**
Fellows are expected to prepare and teach two didactic seminars for interns each year. Fellows may choose topics that are both of special interest to them and would be beneficial for interns working with the population served at Casa Pacifica. Fellows will work with the Director of Clinical Training (DCT) to select an appropriate topic and date and may consult with their supervisors for additional support. The didactic seminar will be two hours in length and will occur during the routine didactic schedule for interns. Fellows are encouraged to utilize a variety of teaching strategies in their didactic trainings.

**Supervisory Training**
During the first year of the postdoctoral fellowship, fellows are trained on supervision models and practices. Limits of competency to supervise, ethical, legal and contextual issues of the supervisor role are examined within didactic training. The second year, fellows who have demonstrated knowledge of the above are provided an opportunity to practice and develop their skills in effective supervised supervision to less advanced students. This may be in the form of group supervision or individual supervision. Fellows will participate in “supervision on supervision” and engage in professional reflection of their clinical relationships with supervisees as well as supervisees relationships with their clients.
Program Evaluation and Outcomes
Casa Pacifica strives to make data driven decisions. Therefore, evaluation is a natural part of the environment. Fellows have the opportunity both at a program level and on a client level to engage in evaluation. Fellows will routinely review agency data from our extensive Incident Data Reporting System. Fellows participate as co-leaders of groups all of which have an evaluative component. Each program track collects and reviews outcome data quarterly. Fellows also participate in the evaluation of the fellowship program by completing mid-year and end of the year assessments. They have the opportunity to understand the results and make recommendations for improvement. They evaluate client progress using clinical dashboards that track the effectiveness of their interventions. They evaluate supervisors, provide feedback and interpret the results of this process. Those postdoctoral fellows that have the opportunity to supervise during their second year will provide feedback on the evaluations for their supervisees. Fellows also participate in the intern selection process. They have the opportunity to interview intern candidates and learn how to evaluate their performance on interviews and determine their readiness for internship at Casa Pacifica. They provide feedback to the clinical team as to their findings and evaluate the intern selection process. Postdoctoral fellows also participate on the Internship and Postdoctoral Quality Leadership Team which reviews the data and evaluates both programs.

Postdoctoral Project
Each fellow will develop and implement a postdoctoral project. The first semester of the training year is focused on development of the project. This will include identifying a project of interest to both the fellow and Casa Pacifica, researching literature on the proposed project and consulting with their supervisors and the DCT. The first part of second semester should focused on writing a brief proposal no longer in consultation with their clinical supervisor and DCT. The proposal should include a timeline for the project and a budget. Once the proposal is completed it should be present to the Internship and Postdoctoral Training Team and then for final approval to the Quality Leadership Team. Projects should include an evaluative component. Once projects are approved by both teams projects should begin. Projects are expected to be completed no later than Spring of the second year of the fellowship. Results should be presented at both the Internship and Postdoctoral Training Team and the Quality Leadership Team.

Training Tracks
Fellows are assigned to one of training tracks described below. The Director of Clinical Training will match fellows to tracks based on their preferences, experiences and agency need. Each year different tracks may or may not have openings for postdoctoral fellows. Client cases and groups primarily come from within the track assignment but on occasion fellows will be able to have a case assignment from another track. Psychological testing cases can come from any of the program tracks.

1. **Residential Treatment Center (RTC):** Fellows in this track are assigned to either of our two adolescent residential STRTP cottages. The RTC track offers long-term therapy experience with adolescent boys or girls depending on the cottage assigned. RTC experiences typically involve opportunity for family therapy and psycho-educational group experience. This track offers experiences working with a clinically acute population.

2. **Short Term Adolescent Residential Treatment Center (START):** The START track offers short-term therapy experience with adolescent boys and girls who are challenged with emotional and behavioral dysregulation, a clinically acute population. START fellows work as part of an interdisciplinary treatment team and experiences include individual and family therapy along with immersion in evidence based practices.
including DBT and other models of group therapy or skills groups. START includes residential treatment, a Partial Hospitalization Program (PHP) and an Intensive Outpatient Program (IOP).

3. **Non-Public School (NPS):** The fellows in this track will work with children and/or adolescents who attend the non-public school at Casa Pacifica and then return to their families or care providers in the evening. These students typically attend a minimum of 1 year at our non-public school providing the fellow with long-term treatment experiences.

4. **Assessment, Stabilization and Permanency Center (ASAP):** The fellow in this track will be provided brief/short-term assessment and therapy experiences (typically 30-45 days) with adolescents and/or children who have entered this program. Caseloads are typically mixed in terms of gender and the age range of clients served is larger than the other two tracks.

5. **Parent Child Interaction Therapy (PCIT) Program:** The fellow who is selected for this track will work with parents and their children (ages 2-8) on behavioral skills designed to improve the parent-child relationship. PCIT is an outpatient service, involving coaching parenting skills in a caregiver-child dyad through a one-way mirror. Average length of therapy is six months. Fellows work collaboratively with an in-home specialist to support generalization of skills to the natural environment.

6. **Transitional Age Youth (TAY):** This track includes a major rotation that supports youth 18-21 years old in the foster care system. Youth either live on campus at our Stepping Stones housing or in the community. Fellows provide case management and mental health services to facilitate the youth’s transition to independence.

7. **School Based Counseling Services (SBCS):** Fellows in this track are assigned to work with children and/or adolescents who are in Special Education within the Las Virgenes School District. These students are typically seen weekly to address specific social/emotional goals that interfere with academic success in the classroom. Fellows provide individual therapy and depending on the needs of a given school group therapy. These services will be provided in the community.

### Strategies for Scholarly Inquiry

Strategies for scholarly inquiry are integrated into the clinical training experience through training activities. In supervision, clinical rounds, department meetings and didactics fellows are encouraged to integrate theoretical discussion, evidence based practices, with their new knowledge and practice ideas. Shortly after fellows become familiar with their case load they are taught Practice Wise. First fellows are taught PWEBS (Practice Wise Evidence-Based Services) an evidence based data base that helps clinicians identify best practices and evidence based treatment for their client. To begin gaining competency in evaluation of effectiveness of treatment interventions, Fellows are asked to utilize Practice Wise to identify interventions that match specific client need and gain competency in evaluation of effectiveness of treatment interventions. Subsequently, fellows learn to build a clinical dashboard for their specific clients where they can integrate the evidence based treatment they will use and track outcomes of their interventions. Fellows will also utilize scholarly inquiry in developing their project proposals. This requires reviewing literature on the proposed subject matter, analyzing the implications for the project proposal, formulating hypothesis, developing methods and implementing the proposal and evaluating the results.
Cultural and Individual Diversity

Casa Pacifica’s postdoctoral fellowship recognizes the importance of cultural, individual differences and diversity in the training of psychologists. This includes but is not limited to, age, disability, ethnicity, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Casa Pacifica has made consistent and systematic efforts to recruit, attract and retain interns, post-doctoral fellows and staff of a diverse nature. Sensitivity to diversity and culture are integrated into each program goal, objective and competency. Experiential learning includes an emphasis on individual differences and a culture of respect. Additionally, cultural and diversity are interwoven into all aspects of the training program i.e. didactics, rounds, testing and supervision. Cultural and diversity competence is routinely assessed and fellows must meet satisfactory performance standards to successfully complete the fellowship.

Program Leadership

The Director of Clinical Training (DCT) is the person primarily responsible for directing the training program and has administrative authority commensurate to that responsibility. The Chief Psychologist, Clinical Supervisors, and the Assistant Director of Clinical Services has responsibility for professional service delivery. Primary and Secondary Individual supervisors are doctoral level licensed psychologists on site. They have primary responsibility for the cases for which they provide supervision. Supervisors participate on the Internship and Postdoctoral Training Team (IPTT) led by the DCT. This team meets weekly to plan, implement and evaluate the program, assess program data and trends, assess fellow performance, solicit input from key constituents, engage in creative problem solving, and address questions and recommendations from the American Psychological Association (APA) to advance continuous improvement through clearly defined strategies and tactics.

The postdoctoral fellowship program is an asset for Casa Pacifica. Training is an integral part of the mission to lead the services sector in promoting healthy outcomes for children and in strengthening families. As such, the leadership of Casa Pacifica is invested in having a quality training experience for interns and postdoctoral fellows. Members of the senior management team as well as the Chief Executive Officer, Chief Operations Officer, and Chief Financial Officer actively participate on the Internship and Postdoctoral Quality Leadership Team (IPQLT). This team, led by the DCT, meets quarterly and has general oversight and control of the Doctoral Psychology Internship Program to ensure long term sustainability of program effectiveness. Postdoctoral fellows will have the opportunity to participate on this team on a rotating basis.

Outcomes, Program Effectiveness and Quality Improvement

As part of Casa Pacifica’s ongoing commitment to ensuring the quality of its graduates, the program evaluates fellows in both profession-defined and program-defined competencies. By the end of training, fellows must demonstrate satisfactory progress in each competency. During orientation fellows are evaluated on the nine core competencies of health services psychology and an individualized training plan is created for each fellow to achieve proficiency in each competency. Throughout the year fellows are evaluated and provided feedback on their progress via a variety of assessment modes and tools: direct observation, case presentations, participation in training activities, written assessments and intakes, and on quarterly self-assessments and supervisor ratings on competency benchmarks. Each year of training a mid-year and end of the year evaluation must demonstrate satisfactory competency or a minimal rating of two for successful completion of the fellowship. It is expected
that by the completion of the training program fellows will develop advanced competency and will have ratings of 3 and 4 on most competency areas.

The program monitors its performance to ensure competence in health services psychology. Fellows meet monthly with the Director of Clinical Training (DCT) to discuss the postdoctoral fellowship. The DCT will help fellows navigate through the program and provide support as needed. Fellows use this opportunity to discuss what is working well and what suggestions they have to improve the training program. Both at mid-year and end of each year, fellows evaluate the postdoctoral fellowship program and each of their supervisors. Additionally, fellows complete evaluations on all didactics and workshops they attend. Data from these evaluations are analyzed and a report is presented to both the Internship and Post-Doctoral Quality Leadership Team and the Internship and Postdoctoral Training Team for their review. Based on this data recommendations are made for program changes and quality improvement. Fellows participate on the IPQLT team and provide feedback and ideas for quality improvement.

In summary, a critical function of the fellowship program is the evaluation of its ability to accomplish its purpose and strengthen its effectiveness. The ongoing assessments we utilize help us monitor each key process through proximal and distal measures which are analyzed by the IPQLT and IPTT and lead to continuous quality improvement as well as identification of program strengths.
Program Policies and Procedures

The Postdoctoral Fellowship Program Training Manual is a supplement to Casa Pacifica Policies and Procedures Documentation Manual and Privacy and Health Information Policies located on SharePoint Casa Pacifica’s internal website. These policies, procedures and responsibilities of Casa Pacifica pertain to the fellows and staff of the postdoctoral fellowship program. The following program policies and procedures provide clearly defined expectations and requirements for the effective implementation and achievement of the fellowship’s goals and objectives.

Postdoctoral Fellow Selection and Notification Policy

Policy Statement: The selection process for the Postdoctoral Fellowship assesses the strengths of applicants and their capacity to succeed in the training program. The selection process involves clinical supervisors and current postdoctoral fellows.

Purpose: A standard selection process is needed to assess the highest quality of applicants for the interview phase of the selection process.

Procedures:

1. A Postdoctoral Fellow is defined as a psychology trainee who has completed the requirements for doctoral degree in health services psychology including the completion of an appropriate internship. The postdoctoral fellow has a special interest and abilities appropriate for the postdoctoral training program in advanced competencies pertaining to child and adolescent psychology. The resident is in route to obtaining their clinical license.

2. Mandatory Requirements for becoming a Postdoctoral Fellow at Casa Pacifica are:
   a. Completion and Submission of Casa Pacifica Application
   b. All Postdoctoral Fellow applications are pre-screened by the Director of Clinical training, and the Chief Psychologist. The purpose of this screening includes:
      i. To ensure that all candidates meet the pre-requisites of our training program.
      ii. To select the fellows whose experience and interest best match with the training opportunities available in our training program.
      iii. To ensure, to the best of our ability, that there is sufficient applicant and program diversity among the candidates invited to interview.
   c. Invitation to Interview
      i. All applicants must participate in an onsite interview, if invited. Interviews occur in January and February each year.
   d. Completion of a doctoral degree in clinical, counseling or educational psychology from a program accredited by the American Psychological Association.
   e. Completion of an APA accredited internship.
   f. Submission of a current Curriculum Vitae
   g. Three letters of recommendation from supervisors, training directors, and educational institution which speak to the professional and ethical standards of the student as well as the applicant’s strengths and needs for future growth.
   h. Verification from applicant’s school as to the date all requirements for the doctoral degree will be met and the date the degree will be posted on the applicant’s transcript.
   i. Official transcripts of all graduate work.
   j. Previous internship experience working with adolescents. Inpatient and residential experience with children and adolescents is preferred if the applicant wishes to be
considered for one of the residential placements. Experience in crisis intervention with adolescents and utilization of evidenced based practices. Experience working with a diverse group of clients.

k. A Written sample de-identified Integrated Psychological Assessment Report

3. Factors Our Training Program Believes Increase Candidates Competitiveness:
   a. Postdoctoral Fellows – Only Fellows who have submitted completed applications and have interviewed are then rated in terms of potential match for our training program.
   b. Application Factors Which Improve/Effect Ranking of Candidate:
      i. Applied Experience. Applicants who are typically invited to interview must have experience working with adolescents facing emotional challenges and trauma. Preference is also given to candidates who have familiarity and expressed interest in working with evidence-based practices (e.g., PCIT, TF-CBT, DBT, etc.).
      ii. Use of Supervision. Our training program has a strong preference for candidates who exhibit effective use of supervision. We define effective use of supervision as knowing when to seek supervision and how to best use the supervision hour.
      iii. Applicant Diversity. We are also highly invested in attracting candidates from under-represented groups and in obtaining postdoctoral fellows which represent diversity in its broadest definition (e.g., ethnicity, gender, geography, life experience, etc.)
      iv. History of Initiative. Candidates who have (1) identified and implemented ideas in their internships and/or graduate programs and (2) evidence of ability to be a “self-starter” in previous experiences.
      v. Written Expression. Competitive applicants who can write clearly and professionally. The applicants typically submit both a cover letter and a sample integrated report which shows that they have a passion for their work, self-awareness, a theoretical model or models which guides their work, and an ability to articulate the role of diversity in their applied therapeutic work and an appropriate level of skill in their assessment work.
      vi. Strong Letters of Recommendation. For the purposes of our program we like to see at least one letter of recommendation from a psychologist who is familiar with the applicants applied clinical work, preferably therapeutic work with at-risk and/or traumatized adolescents. Other features of strong letters include letter writers who are familiar with multiple areas of the applicants training development (e.g., academic work, applied therapy, assessment, etc.), have known the applicant for a long time, list specific strengths and areas of growth for the applicant, and are known by a member or members of our training program.
      vii. Emotional Maturity. Successful Fellows in our training program tend to be emotionally mature. In reviewing applications, we are always looking for signs of emotional maturity. Often our best sources of information in the application for this area, includes the letters of recommendation, the cover letter, and the professional conduct section of the application.

4. Fellow Notification
c. Notification – Typically, candidates are notified by phone or email no later than the first week of March as to whether they are accepted into Casa Pacifica’s Postdoctoral fellowship.

d. Once a candidate accepts the position, a brief Memorandum of Understanding (MOU) is emailed to the fellow within 24 hours to confirm each party’s agreement. This must be sign and returned by the fellow within 24 hours.

e. A more formal and extensive contract agreement is then sent to each fellow within 72 hours of notification which is also signed by the fellow and returned.

**Monitoring Competency Policy**

**Policy Statement:** Individual and group supervision is provided to facilitate skill development, promote greater depth of knowledge, and proactively monitor progress toward program goals, objectives, and all competencies. In cooperation with clinical supervisors, fellows maintain an hour log documenting all clinical activities and hours of service.

**Purpose:** Competency development is monitored to ensure mastery of all competencies included in the goals and objectives of the Postdoctoral Fellowship program at Casa Pacifica. It is an opportunity to identify opportunities for new learning, remediate performance difficulties, advance skills and achieve outcomes from the individualized training plan and fulfillment of the Postdoctoral Fellow Job Description.

**Procedures:**

1. Each postdoctoral fellow maintains a weekly log documenting all clinical activities such as time devoted to assessment and diagnosis, individual therapy, crisis intervention, group therapy, consultation, service delivery evaluation, and scholarly inquiry.

2. The log is reviewed at minimum each month in clinical supervision and input is provided regarding progress toward goal achievement, adequacy of hours devoted to select activities, recommendations for new learning, and/or additional activities to strengthen new learning.

3. The clinical supervisor keeps notes on select topics or issues for continued supervision based on the Fellow’s progress, individualized training plan, and documentation responsibilities on the supervisor’s log.

4. At the end of each supervisory session, the Fellow and supervisor sign this log and a copy of the log is uploaded to the Fellow’s file. Fellows have access to their file and can review these logs at any time.

5. At the end of each month the fellow obtains all supervisor signatures on their weekly log and uploads it to their file. Once the postdoctoral fellow becomes licensed the fellow will no longer need to complete the log of supervised hours.
Clinical Supervision and Didactic Training Policy

Policy Statement: Fellows consistently receive four hours of supervision per week, at least two hours of which will be individual supervision provided by licensed clinical psychologists. Supervisory activities may include but are not limited to any consultation related to development of fellow competencies, clinical consultations, observation of services provided by the fellow and processing notes or audio/visual recordings of clinical sessions conducted by the fellow. Supervisory activities will deal with the psychological services rendered directly by the fellow. The second two hours will be in group format.

Fellows participate in a minimum of eight hours each month of didactic training. Didactic training may include but is not limited to workshops, case reviews and presentations, clinical observations, role plays and simulations of clinical procedures, exploration of ethical concerns, evaluation of clinical effectiveness, evidence based practices, psychological testing, differential diagnosis, treating trauma, and discussion related to cultural diversity.

Purpose: Clinical supervision and didactic training are provided to facilitate the acquisition of clinical skills while ensuring standards of patient care. The supervision and training process is transparent, affording fellows’ clearly defined processes and expectations necessary for the incremental development of advanced professional skills.

Procedures:
1. Prior to the beginning of the fellowship, fellows are matched with supervising psychologists most closely aligned with the fellow’s program track, clinical interests, learning needs, and career aspirations. Fellows will be matched with at least two different designated supervising psychologists plus a group supervisor.

2. During orientation, expectations for clinical supervision and participation in didactic training are discussed and reviewed, affording fellows the opportunity to raise questions, seek clarification, and resolve any questions regarding performance expectations, evaluation procedures, feedback, and/or opportunities for new or advanced learning.

3. Each fellow is provided consistent clinical supervision and didactic instruction. In cases where the supervising psychologist is not readily available, another supervisor is designated to ensure continuity.

4. Each supervisory session is based on respect, clarity, and objectivity that aids in identifying clinical strengths and opportunities for additional growth, and in some cases remediation. A supervision log is maintained for each supervisory session by the supervisor that stipulates issues and topics, topics related to competency, corrective action and impressions of progress. An example of a supervision log is found in Appendix XV. In addition, supervisors must be available to consult with fellows regarding patient care outside of formal supervisory sessions or must ensure that another qualified psychologist is available for such consultations.

5. Each fellow is evaluated on several occasions throughout the year, but is formally evaluated at mid-year and at the end of the training year. Clinical supervisors elicit feedback from other
members of the multi-disciplinary fellowship team to broaden the assessment perspective.

6. The mid-year and final evaluation is an interactive process that addresses the entire fellowship experience, including required competencies. The evaluation is based on the Assessment of Fellow Performance found in Appendix X. Results of the assessment measures are completed with input from the fellow and is shared with the Training Director, forward to the fellow’s university of professional school, and filed for future reference.

Postdoctoral Fellowship Supervision Log Policy

Policy Statement: Fellowship supervisors are expected to complete standard supervision entries documenting regular individual supervision sessions in a timely manner. Fellows require one hour of supervision for every ten hours they work. Fellows at Casa Pacifica typically work 40-44 hours per week. Their first two hours of supervision shall be face to face with a licensed psychologist. The remaining two hours may be provided in group or individual by a licensed mental health professional. A minimum of 4 hours of supervision should be documented for each week, or entries indicating absences or failure to complete supervision hours. Entries should be saved in the fellow’s supervision log folder on the shared drive.

Purpose: The purpose of this policy is to provide clear expectations for supervisors and to assure proper, thorough, and timely documentation of fellow’s supervision hours and experiences.

Procedures:
1. Supervision entries are expected to be completed in the same time frame as client care services, within 24 hours of the supervision session.

2. Entries should be saved in the Fellow’s folder on the shared drive under: S:\Campus Clinical Interns and Post Docs. For your convenience, a blank copy of the fillable supervision log may also be found in this folder.

3. Logs may be completed on line or by hand. All logs must be signed by the supervisor and intern/fellow and placed in their electronic file.

4. For the ease of auditing, supervisors will save the fellowship supervision entries using a title which includes the supervisor’s last name, fellow initials and the date of the supervision session. For example, one may save an entry in the file in the folder titled with the fellow’s name with the document title “Johnson.JP.6.4.2015.docx.”

5. The Training Director will complete a monthly audit of the supervision logs. A monthly report will be generated by the Training Director, to alert staff to any missing entries.

6. If a supervisor has missing entries on the report, the fellowship supervisor is expected to respond to and enter and save the entries in the fellow’s file within 2 work days. For example, if the supervisor does not work on Friday and the report is sent on a Friday, that supervisor’s 48 hours begins on Monday when he/she returns to the office.
7. If the missing entry is not in the fellow’s file within 48 hours, this will be addressed by the clinical manager of the fellow’s supervisor and the Training Director. If the clinical supervisor has received previous warnings and the pattern of missing entries continues, this may result in a performance improvement plan as deemed necessary by the clinical manager.

8. Each supervisor is held responsible for ensuring coverage of his/her fellow’s supervision hours and confirming entries were completed while the supervisor was out on PTO or leave. If supervision was not provided, the supervisor is also responsible for completing an entry clearly stating the reason hours of supervision were not provided along with indicating the plan to make up the hours if necessary.

**Videotaping for Mental Health Training Purposes Policy**

**Purpose:** Videotaping therapy sessions is conducted for training and clinical supervision and is an effective tool in improving patient care.

**Policy Statement:**

1. Videotaping sessions for training purposes is approved for use by the Clinical Department with Doctoral Interns and Postdoctoral Fellows. The recordings will be kept confidential and reviewed in group supervision, individual supervision, and when needed by the DCT.

2. The video recording will record the intern/fellow and will not record the patient. During the recording, the intern/fellow will refer to the patient by first name only.

3. A session will be videotaped through a webcam attached to a Casa Pacifica computer, which will be saved to an encrypted thumb drive that is properly labeled to ensure a patient’s privacy. An alternative will be to record sessions in a PCIT room on a DVD.

4. Patients will be fully informed, educated, and required to sign a written release prior to the recorded session with the right to revoke at any time. Upon revocation of a release, the Clinical Department will immediately destroy any recordings of the patient.

5. Patients will be informed that this is optional, not required for treatment purposes, has no consequences to their care, and that they have the right to discontinue the recording at any time.

6. Supervisors and the intern/fellow will be responsible for ensuring that the recording is destroyed upon completion of the supervisory and/or training review or sooner if a patient revokes a release and/or if the release expires.

7. The Training Director in collaboration with the Senior Administrative Assistant, will be responsible for maintaining all releases. Releases will be retained for six years.

8. The thumb drives will be stored in a locked cabinet by the fellow and turned into the Senior Administrative Assistant upon completion of case or no later than the last day of training.
Retention and Termination Policy

Policy Statement: Fellows are consistently informed of policies regarding expectations for performance and successful program continuation as well as procedures for termination from the program.

Purpose: Transparency regarding program policies pertinent to fellow performance are consistently communicated to ensure courtesy and respect between fellows and staff while maintaining operations that facilitate fellow learning. It is the program’s intent to provide the appropriate supervision, guidance, and mentoring to facilitate a learning environment conducive to the development of professional practice.

Procedures:
1. Each fellow receives the program training manual which clearly defines expectations, resources, and requirements during orientation.
2. Individual and group supervision each week provide opportunities for guidance and mentoring in which fellows’ questions can be clarified and answered.
3. If issues arise regarding the fellow’s performance, the Due Process Policy should be followed.

Client Services Policy

Policy Statement: Fellows actively participate in a real-world work experience to develop the necessary skills to succeed as professional psychologists. Each fellow is expected to fulfill the responsibilities defined in the Postdoctoral Fellow Job Description and client care standards defined in the following procedures.

Purpose: Fellows need to acquire realistic productivity standards, which help inform time management skills, case management competencies, and prioritization of clinical needs and patient requirements, as well as their training activities.

Procedures:
1. During fellow orientation, the roles and responsibilities of the postdoctoral fellows are discussed, affording fellows the opportunity to ask questions, raise concerns, or seek further clarification.
2. The Postdoctoral Fellow Job Description is used to help fellows better understand the competing needs and case management requirements of effective clinical practice.
3. The description is further used to aid in the evaluation of each fellow’s performance and may be incorporated into the weekly supervisory sessions, group discussions, and/or mid-term and year-end evaluations.
4. Client care services are secondary to learning activities and are modified in a developmental and sequential course through the program. In general, fellows are expected to provide an average of 20 hours of direct patient contact per week, including documentation and billing, measured in client care minutes.
Apart from billable hours, fellows typically engage in clinical supervision, case reviews, rounds and team consultations, didactic training, evaluation, and scholarly inquiry.

**Advisement Policy**

**Policy Statement:** Advising is provided to help crystallize fellow interests and career plans, adjust to the demands of professional practice, and address relevant concerns and challenges influencing performance.

**Purpose:** Clinical supervisors and program faculty are available to assist fellows in their efforts to establish a professional identity. Advisement typically helps fellows adjust to the daily demands of a clinic setting, provides mentorship regarding performance concerns, supports the exploration of future career and clinical opportunities, and provides a forum to discuss the interaction between career aspirations and personal considerations. However, mental health or other personal issues are routinely referred to the Casa Pacifica Employee Assistance Program (EAP).

**Procedures:**

1. The fellow requests advising either from the supervising psychologist or Training Director. Advisement is distinct from clinical supervision and is schedule separately.

2. Contingent on the nature of the request, other practicing psychologists in the organization may be contacted to provide more specialized advisement regarding research or teaching opportunities, mentoring for the postdoctoral project, clinical practice specialization, or other relevant professional considerations.

3. Issues requiring personal clinical assessment or treatment are referred to the Casa Pacifica Employee Assistance Program (EAP).

4. If the issue is related to performance concerns, the training Director will refer the fellow to a pre-identified Senior Clinician within the organization. This individual will serve as a mentor by providing advocacy and support from the fellow, and does not provide evaluation of the fellow.

5. Advising and mentorship may require a note to the fellow’s file addressing the basic nature of the contact and reference to additional follow up or implications for future planning. The following will be documented in the fellow’s file:
   - Date of referral
   - Reason for referral
   - Dates of advisement/mentoring sessions
   - Recommendations for additional follow up.
Due Process Policy – The Identification and Management of Intern and Postdoctoral Fellow Problems/Concerns.

Policy Statement: Casa Pacifica’s Training Program has clearly defined training goals, objectives and competencies in addition to a doctoral intern and postdoctoral fellow job description. The program recognizes that at times a trainee may not be performing at a level that meets the minimal expectations outlined in these documents. In such occasions, the program provides a standard, step by step due process procedure to address problematic performance.

Purpose: This document provides interns and postdoctoral fellows a definition of significant performance concerns, a listing of possible actions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of significant performance concerns.

Definition of Significant Performance Concerns

1. Significant Performance Concerns are defined broadly as interference in professional functioning which are reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one’s professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional judgment and functioning.

2. The Internship and Postdoctoral Training Team will use professional judgment to identify when an intern’s or fellow’s behavior becomes significant and problematic rather than of concern. Interns or fellows may exhibit behaviors, attitudes or characteristics which, while of concern and requiring attention and intervention, are not unexpected or excessive for professionals in training. Behaviors typically become identified as of significant concern when they include one or more of the following characteristics:
   a. the intern/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 which can be rectified by regularly scheduled supervision, or academic and didactic training;
   c. the quality of services delivered by the intern/fellow is sufficiently negatively affected;
   d. the problem or behavior causes or potentially causes harm to a client;
   e. the problem is not restricted to one area of professional functioning;
   f. a disproportionate amount of attention by training personnel is required; and/or
   g. the intern’s/fellow’s behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures to Respond to Significant Performance Concerns: It is important to have meaningful ways to address significant performance concerns once any have been identified. In implementing remediation interventions, clinical supervisors must be mindful and balance the needs of the
Ongoing review of the Intern/Fellow Performance. Supervising staff discuss all the interns'/fellows’ performance at the weekly Training Team Meeting. Any concerns related to intern/fellow performance are discussed in this forum and the clinical judgment of all relevant supervisory staff, as well as the Training Director, is considered in determining if the concern warrants an intervention. The following are possible responses as a first step in remediating an intern or fellow’s performance. Concerns that need a more structured plan may result in an immediate remediation plan or one of the other interventions in # 2-5 below.

а. Verbal Warning to the intern/fellow emphasizes the need to discontinue the inappropriate behavior or remediate any competency deficiencies under discussion. A record of this action will be documented on the supervision log.

b. Written Acknowledgement to the intern/fellow formally acknowledges:
   i. That the primary supervisor is aware of and concerned with the intern’s/fellow’s performance,
   ii. That the concern has been brought to the attention of the intern/fellow,
   iii. That the primary supervisor will work with the intern/fellow to rectify the problem or skill deficits, and
   iv. That the concerns are not significant enough to warrant more serious action.

c. For interns: The written acknowledgment will not be sent to the intern’s school when he/she responds to the concerns and successfully completes the internship.

2. Formal Remediation Plan. If the intern’s/fellow’s performance does not improve after the actions or a more structured response is needed to remediate a significant performance concern the following action is taken. A copy of the Problematic Performance Remediation Plan can be found in Appendix XVI.

a. The intern/fellow is notified that a written Remediation Plan will be compiled by the intern’s/fellow’s supervisor (s) in collaboration with The Training Director and shall include the following:
   i. Definition of the significant performance concern
   ii. A description of the specific areas of performance that have been cited as a concern for the intern/fellow
   iii. Specific recommendations for correcting the identified problem
   iv. An outline of an immediate remedial action that may be required such as, adjustment to training experience, adjustment to supervision format, increased supervision or clinical observation, or schedule modification and/or suspension of direct care services as outlined below.
v. Specific changes that must be completed to demonstrate satisfactory improvement to the area of significant concern.

vi. Timeline for duration of remediation plan, dates for attaining changes and date for review of plan.

b. A remediation plan may include the following modifications to an intern’s/fellow’s training program.

i. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern/post-doc fellow to a more fully functioning state. Modifying an intern’s/fellow’s schedule is an accommodation made to assist he/she in responding to personal reactions to environmental stress, with the full expectation that the intern/fellow will complete the internship/fellowship. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Director of Clinical Training. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

   a. increasing the amount of supervision, either with the same or other supervisors
   b. change in the format, emphasis, and/or focus of supervision
   c. reducing the intern’s/fellow’s clinical or other workload
   d. requiring specific academic coursework

The length of a schedule modification period will be determined by the primary supervisor in consultation with the Director of Clinical Training. The termination of the schedule modification period will be determined, after discussions with the intern/fellow, by the primary supervisor in consultation with the Director of Clinical Training.

ii. Suspension of Direct Service Activities requires a determination that the welfare of the intern’s/fellow’s clients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the primary supervisor in consultation with the Director of Clinical Training. At the end of the suspension period, the intern’s/fellow’s supervisor in consultation with the Director will assess the intern’s/fellow’s capacity for effective functioning and determine when direct service can be resumed. The completion of a remediation plan will be reviewed by the Training Director, Supervisors with the intern/fellow. If the problematic behavior has been resolved, the remediation plan will be considered complete and no further action will be taken. If the problematic performance continues to persist, the plan may be extended with further recommendations or procedures in Step 3 below will be considered.
3. **Other Interventions**: Interventions that may be considered when the intern/fellow does not respond to the above interventions are as follows.

   a. **Probation**: Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the intern/fellow to complete the internship/fellowship and to return the intern/fellow to a more fully functioning state. Probation defines a relationship that the primary supervisor systematically monitors for a specific length of time the degree to which the intern/fellow addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern/fellow is informed of the probation in a written statement which includes:
      
      i. the specific behaviors associated with the unacceptable rating;
      
      ii. the recommendations for rectifying the problem;
      
      iii. the time frame for the probation during which the problem is expected to be ameliorated, and
      
      iv. the procedures to ascertain whether the problem has been appropriately rectified.
      
      If the primary supervisor determines that there has not been sufficient improvement in the intern's/fellow’s behavior to remove the Probation or modified schedule, then the primary supervisor will discuss with the other supervisors and the Director of Clinical Training choices to be taken. The primary supervisor will communicate in writing to the intern/fellow that the conditions for revoking the probation. This notice will include the course of action the primary supervisor has decided to implement. These may include continuation of the remediation efforts for a specified period or implementation of another alternative. Additionally, the primary supervisor will communicate to the Director of Clinical Training that if the intern's/fellow's performance does not change, the intern/fellow will not successfully complete the internship/fellowship.

   b. **Administrative Leave**: Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship/fellowship, this will be noted in the intern'/fellow’s file and the intern's academic program will be informed. The primary supervisor will inform the intern/fellow of the effects the administrative leave will have on the stipend and completion of the internship.

   c. **Dismissal**: Dismissal from the Internship or Fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time, rectify the impairment and the intern/fellow seems unable or unwilling to alter her/his behavior, the primary supervisor will discuss with the Director of Clinical Training the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, unacceptable ratings on performance evaluations in any of the competency
areas combined with remediation plans or when imminent physical or psychological harm to a client is a major factor, or the intern/fellow is unable to complete the internship/fellowship due to physical, mental or emotional illness. When an intern/fellow has been dismissed, the Director of Clinical Training will communicate to the intern’s/fellow’s academic department that that he/she has not successfully completed the internship/fellowship.

**Procedures for Responding to Inadequate Performance by an Intern or Fellow:** If an intern or fellow receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern’s/fellow’s performance (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff member will consult with the primary supervisor to determine if there is reason to proceed and/or if the behavior in question is being rectified.

2. Once the staff member has brought the concern to the primary supervisor, the primary supervisor will discuss the concern with the Director of Clinical Training.

3. If the Director of Clinical Training and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the primary supervisor will inform the staff member who initially brought the complaint.

4. The primary supervisor will meet with the Director of Clinical Training and the intern's/fellow’s other supervisors to discuss the performance rating or the concern and choices to be taken to address the issues.

5. Whenever a decision has been made by the primary supervisor and Director of Clinical Training about an intern's/fellow’s training program or status in the agency, the primary supervisor will inform the intern/fellow in writing and will meet with the intern/fellow to review the decision. Any formal action taken by the Training Program with regards to an interns’ performance may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.

6. The intern/fellow may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

**Due Process: General Guidelines.** Due process ensures that decisions about interns/fellows are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all interns/fellows, and provide appropriate appeal procedures available to the intern/fellow. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns/fellows, in writing, the program's expectations related to professional functioning; discussing these expectations in both group and individual settings.

2. During the orientation period, explaining procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.

4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties. Communicating early and often with interns and fellows about any suspected difficulties they are facing.

5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.

6. Ensuring that interns/fellows have sufficient time to respond to any action taken by the program.

7. Using input from multiple professional sources when making decisions or recommendations regarding the intern’s/fellow’s performance.

8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process: Procedures: The basic meaning of due process is to inform and to provide a framework to respond, act or dispute when a matter cannot be resolved between the primary supervisor and/or Director of Clinical Training and intern/fellow. The steps to be taken are listed below.

Grievance Procedure: There are two situations in which grievance procedures can be initiated:

1. In the event an intern/fellow encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict during his/her training experiences, an intern/fellow can:
   a. Discuss the issue with the staff member(s) involved;
   b. If the issue cannot be resolved informally, the intern/fellow should discuss the concern with the primary supervisor, Director of Clinical Training, or member of the Human Resources team;
   c. If the primary supervisor, Director of Clinical Training or Human Resources cannot resolve the issue, the intern/fellow can formally challenge any action or decision taken by the supervisor, Director of Clinical Training, or any member of the training staff by following this procedure:
      i. The intern/fellow should file a formal complaint, in writing and all supporting documents, with the primary supervisor. If the intern/fellow is challenging a formal evaluation, the intern/fellow must do so within 5 days of receipt of the evaluation.
      ii. Within three days of a formal complaint, the primary supervisor must consult with the Director and implement Review Panel procedures as described below.

2. If a training staff member has a specific concern about an intern/fellow, the staff member should:
   a. Discuss the issue with the intern/fellow involved
b. Consult with the primary supervisor

c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the primary supervisor for a review of the situation. When this occurs, the primary supervisor will:

   i. Within three days of a formal complaint, the primary supervisor must consult with the Director and implement Review Panel procedures as described below.

Review Panel and Process

1. When needed, a review panel will be convened by the Director of Clinical Training. The panel will consist of three staff members selected by the Director of Clinical Training with recommendations from the primary supervisor and the intern/fellow involved in the dispute. The intern/fellow has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the Director of Clinical Training, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the Director of Clinical Training will either accept or reject the Review Panel’s recommendations. If the Director of Clinical Training rejects the panel’s recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director of Clinical Training may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred to the panel, they will report back to the Director of Clinical Training within five (5) work days of the receipt of the Director of Clinical Training’s request of further deliberation. The Director of Clinical Training then makes a final decision regarding what action is to be taken.

5. The primary supervisor and the Director of Clinical Training informs the intern/fellow, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.

6. If the intern/fellow disputes the Director of Clinical Training’s final decision, the intern/fellow has the right to contact the Human Resources Department to discuss this situation.

Individualized Training Plan Policy

Policy Statement: Each fellow collaboratively develops an Individualized Training Plan with their supervisors and the Director of Clinical Training. The plan integrates the program goals, objectives, and competencies, while building on strengths, anticipated learning needs, and special considerations necessary for a successful training experience.

Purpose: The fellowship program has clearly defined training goals, objectives, and competencies in addition to a Postdoctoral Fellow Job Description. Within that context, each fellow has varying training
needs and professional interests. The Individual Training Plan ensures each fellow’s training needs are met.

**Procedures:**

1. In collaboration with Supervisors and Training Director, each fellow completes an initial Individualized Training Plan based on the results of the Orientation Self-Assessment, Competency Assessment, anticipated learning needs, and career interests. An example of an Individualized Training Plan can be found in Appendix IV of the training manual.

2. At the completion of the first quarter, the fellow, in cooperation with the clinical supervisor, reviews and revises the training plan to help address future training needs and professional opportunities. A copy of the revised training plan is filed in the fellow’s record for future reference with their quarterly review.

3. At the completion of each remaining quarter, the Individualized Training Plan is reviewed and updated as needed to ensure accuracy and relevance to the fellow’s professional development, alignment with professional goals and the Postdoctoral Fellow Job Description. A copy of the job description is found in Appendix I of the Training Manual.

**Postdoctoral Fellow Performance Evaluation Policy**

**Policy Statement:** A Postdoctoral Fellows’ performance evaluation is addressed through a standard processes designed to evaluate their progress toward the training program goals, objectives and competencies throughout the training year.

**Purpose:** A standard and transparent process for fellow performance evaluation ensures the objective assessment of skill development for every fellow throughout the program. Assessment is a collaborative process that includes bi-directional communication positioning the fellow as an active participant.

**Procedures:** During orientation fellows are given a training manual which contains written policies, procedures and forms which will be used to evaluate their progress towards the training program goals, objectives and competencies throughout the training year. Each of these evaluation forms is explained to the fellows and the time frame for which they are due (see Evaluation Timeline in Appendix V). Performance is evaluated at strategic intervals. The evaluations include:

1. **Case Presentation for Rounds** – This form evaluates the fellow’s ability to present a case in Clinical Rounds, thus assessing the fellows’ ability to talk about his/her work in a professional manner. The evaluation occurs in conjunction with the scheduled date of the fellows’ Round Presentation. This evaluation is completed by the primary supervisor and reviewed with the Fellows. A copy is kept in the fellows’ file.

2. **Participant Evaluation Form.** This form assesses the fellow’s participation level in their Didactics Training, as well as their level of engagement and professionalism in the learning process. This is completed weekly whenever the fellow is present at the Didactics Training. The evaluation is completed by the presenter and a copy is shared with the Primary Supervisory and another copy is kept in the Didactics Training file.

3. **My Skills as a Therapist (Self Evaluation).** This form is used to assess fellow’s perception of their own skills as well as their perceptions of their progress during the training year. This self-evaluation is completed at the end of the first and third quarters. The fellow reviews this self-
evaluation with the primary supervisor and a copy is kept in the fellow’s file.

4. **Clinical Dashboard.** The clinical dashboard is a data web based tool which fellows will use to visually graph the results of outcomes designed to measure the effects of their therapeutic interventions on their clients progress toward identified treatment goals. The fellows will complete two dashboards during the training year – at the beginning of the second and fourth quarters. The fellows bring the dashboard results to share and review at group supervision.

5. **Assessment of Postdoctoral Fellow Performance.** The assessment of fellow performance is reviewed by the supervisor with the fellow. It is meant to serve as a forum for an open discussion on a fellow’s performance and to develop goals for the second half of the year as well as the following year. The evaluation is reviewed by the primary, secondary and group/assessment supervisors. These evaluations are conducted at mid-year and at year-end.

6. **Supervision Logs.** These logs are maintained as a requirement for verification of experience, but also to ensure fellows are obtaining a good balance between training activities and direct client services. The fellows are to track their hours weekly and they are turned into the supervisors monthly. A copy of the supervision log is kept in their file.

7. **Live/Taped Evaluation of Client Sessions.** These forms are used to provide quarterly assessment of fellows applied therapeutic skills. These evaluations are to be completed quarterly.

**Financial Support and Time-Off Benefits**

**Policy Statement:** Casa Pacifica provides financial and other support for interns and fellows. Interns and fellows are eligible for Casa Pacifica’s benefit package ninety days after their training program begins. Casa Pacifica recognizes that time-off for is important for personal and family business, for renewal and, on occasion for recuperation.

**Purpose:** Financial support is afforded to help off-set routine expenditures associated with a full-time internship and postdoctoral fellowship. Other benefit and support services are offered to enrich the intern’s and fellow’s experience and facilitate greater success in the training program.

**Procedures:**

1. **Financial Support.**
   a. Interns and postdoctoral fellows are informed of their stipend prior to the beginning of their internship/fellowship year. Stipends are paid on a bi-weekly basis on alternating Fridays throughout the year. A schedule of these paydays is available on Casa Pacifica’s SharePoint site.
   b. The Employee Assistance Program (EAP) is available at no cost and provides short-term assessment, counseling and referral to help support interns and postdoctoral fellows (as well as employees) effectiveness.

2. **Paid Time-Off (PTO) –** We believe that the security of pay during time off and its assurance as a benefit enhances your effectiveness and productivity throughout the year. Furthermore, the paid time-off policy is designed to give you maximum choice in determining how this benefit will
be used. Traditional categories of vacation and personal days are combined into one category—paid time-off (PTO). With the approval of your supervisor, you decide when and how to use this benefit. Additionally, you have three days specified for use as sick days.

a. PTO is accrued commencing the internship/postdoctoral fellowship. PTO will accrue as follows:
   - 4.92 hours per pay period plus nine Casa Pacifica Holidays and three sick days per year.
   - PTO can be used for an intern’s dissertation preparation/defending or for other needs. PTO for fellows can be used for professional development, which includes licensure preparation/test.
   - PTO should not be requested the first month of internship (July) for interns and PTO should not be requested during the first month of the postdoctoral fellowship (September) for post-docs. No scheduled PTO except for Casa Pacifica Holidays and emergency time off for the first 90 days unless otherwise approved.

3. Use of PTO – You may use PTO for vacations, holidays, illness, and medical or dental appointments, personal business that cannot be conducted except during working hours, and in cases of death or serious illness in your family.
   a. Once you are eligible to use your PTO you may not take time off without pay. Anytime off without pay must be made up and typically will extend the length of your training program.
   b. You may begin using your PTO benefits for emergencies as soon as your training program begins. Scheduled PTO hours such as personal days and vacation may be used 90 days after the start of your internship/fellowship.

4. Scheduling PTO – The scheduling of both work time and time off must be done in the context of the needs of our clients and the work load demands of the program/department.
   a. Effective planning necessitates that PTO be scheduled and approved by your supervisor in advance. This includes requests to conduct personal business as well as “vacation” requests.
   b. Requests for extended time off (30 days or more) should be submitted to your supervisor at least one month in advance. Requests for time-off of less than 30 hours should be submitted at least two weeks in advance.
   c. When two or more requests conflict and cannot be accommodated simultaneously, your supervisor will consider the needs of the program/department in approving time-off requests.
   d. If you wish to use your PTO, you must complete a request through PayCom and record the request on your attendance log (Appendix XIX). Please inform your supervisor of the request and have them approve your Absence Log. You will also receive an electronic response through PayCom.

5. Emergencies – Any absence not approved in advance by your supervisor will be considered emergency time off or unauthorized time off.
   a. Emergency PTO is for bona fide emergencies including illness and must be authorized by your supervisor. You must let both your supervisor and the clinical administrative assistant know of your absence as soon as possible, but no later than two hours prior to
the start of your shift. Please have your absence reflected on your time card as well as your attendance log.

b. Documentation for emergency use of PTO or for any absence not approved in advance may be required. For example, documentation of more than two consecutive days of illness is typically required. In the case of excessive absences, documentation may be required for a single day of absence. Failure to provide required documentation when requested may result in the absence being considered unauthorized and without pay.

c. PTO cannot be used to cover absences or tardies not authorized by your supervisor. Such absences or tardies will be without pay and may lead to disciplinary action and an extension of your training program.

6. FMLA – Interns/Fellows who meet leave requirements would be eligible for unpaid leave time up to the maximum per federal and state policy standards.

7. Employee Assistance Program – The EAP program benefits are also available to interns and fellows. Please see the Human resources link on SharePoint for a description of this program.

8. Casa Pacifica observes nine holidays during which the business office is closed. You may not work on a holiday unless you are required to work by your supervisor. If a holiday falls on a Saturday or Sunday it is observed on the preceding Friday or following Monday respectively or in accordance with Federal and State holiday schedules. Holidays will otherwise be observed on the dates designated on traditional calendars. The holidays are:
   a. New Year’s Day
   b. Martin Luther King Day
   c. Memorial Day
   d. Independence Day (July 4th)
   e. Labor Day
   f. Thanksgiving Day
   g. Friday following Thanksgiving
   h. Christmas Day

**Absences Policy**

**Policy Statement:** To document completion of training hours, standard records are maintained regarding absences for each intern/fellow.

**Purpose:** The internship and fellowship programs require full time participation over 24 months to achieve the program’s goals and objectives. Thus, all absences from the program are documented in the interns/fellows file.

**Procedures:**

1. Interns/fellows are afforded time off for activities such as planned vacations and sick time.

2. A standard record of all absences is maintained by each intern/fellow and reviewed and approved by the clinical supervisor.
3. Any discrepancies regarding absences are reviewed by the Training Director in collaboration with the clinical supervisor and intern/fellow to ensure accuracy and continuity with the internship/fellowship requirements.

4. Each month, records of absences are filed in the intern/fellow records. An example of the Attendance Log is included in Appendix XIX of the Training Manual.

Parental Leave and Lactation Policy

Policy Statement: Casa Pacifica’s Training Program acknowledges that interns/fellows may become pregnant or choose to adopt during their training year. Thus, the Training Program has developed a policy for leave to provide guidance to the intern/fellow on taking leave while remaining in the Training Program. Additionally, Casa Pacifica has a designated lactation room to ease the transition of lactating mothers who return to the training program following the birth of a child.

Purpose: The purpose of this policy is to provide information to the Training Program interns/fellows regarding maternity or adoption leave and lactation options.

Policy: The Training Program, including the Training Director, will work closely with Human Resources to ensure compliance in providing leave time. The Training Program intends to comply with state and federal standards regarding maternity leave, while also considering what is practical and feasible for the intern. Additionally, the Training Director will adhere to APPIC Membership Criteria and the American Psychological Association’s Standards of Accreditation.

Definitions: A parental leave of absence for a parent and includes paternity, maternity, and adoption.

Parental Leave: The Training Program recognizes that it is essential to balance the need for the intern/fellow to both complete the Training Program with acceptable outcomes and to allow appropriate time for bonding and recuperation from maternity leave or for adjustment after an adoption. Please note that APPIC Guidelines are clear that adoption or pregnancy are not acceptable reasons for deferment of the training year and that it is the sole responsibility of the intern/fellow to ensure that the hours required to complete the internship/fellowship are completed pursuant to APPIC Guidelines. It is important that the intern/fellow still receives the benefit of the full training experience.

1. Interns/fellows who met leave requirements would be eligible for unpaid leave time up to the maximum per federal and state policy standards.
2. Interns/fellows requesting leave must complete a Request for Leave of Absence form and deliver it to the training Director as early as it is reasonably possible, but no less than four (4) weeks before the anticipated date of leave.
3. Interns/fellows must contact the Training Director to provide updates on the intended start date and end date of the leave if circumstances lead to adjustments of the approximate dates provided on the Request for Leave of Absence form.
4. Interns/fellows receive a stipend for hours during their training. No additional financial resources will be provided to cover leave time. No additional benefits will be provided.
5. The intern/fellow may choose to use any accrued PTO/sick time as part of the parental leave or designate parental leave time without utilizing PTO/sick time. Unless otherwise stated on the Request for Leave of Absence form, accrued PTO/sick time will not be utilized. If the intern/fellow uses PTO/sick time for parental leave, he/she will not be required to make up that time.
To fulfill the requirements of the internship/fellowship program, any additional time off after PTO will be added on and extend the internship/fellowship year.

Lactation: Casa Pacifica supports breastfeeding women onsite by providing a private, clean location for milk expression during scheduled break times

1. Additional time to lactate outside of scheduled break or meal times will be unpaid or the intern/fellow may choose to use PTO/sick time. Interns/fellows should contact the Training Director to assist in identifying business needs and coverage when necessary. Scheduling of rooms can be done using Microsoft office Outlook Calendar. Interns/fellows requiring assistance with scheduling a lactation room may contact the program’s Senior Administrative Assistant. The following rooms have been identified as lactation rooms:
   a. Campus – located in Administration Building
   b. Flynn Road – located by reception area
   c. Santa Barbara and Santa Maria offices each have a lactation room

Record Maintenance and Retention Policy

Policy Statement: The training program must document and maintain records of interns/fellows and the training program. This must be available for the training program staff during the internship/fellowship year and after the training year ends for future reference and credentialing requests.

Purpose: The purpose of the policy is to provide clear standards for record maintenance and retention.

Procedures:

1. Each intern/fellow has a designated folder in the shared drive accessible only to the Training Director, training program supervisors, administrative staff and the fellow.

2. Documentation in this files includes, at a minimum, the signed program agreement, hour logs, absence logs, supervision contracts, individualized training plans, self-assessments, performance evaluations, supervision logs, and certificates of completion. It is the responsibility of the individual supervisor or training director completing or receiving the document to save it to the intern’s/fellow’s training file. The training program staff may utilize administrative support to help with saving and organizing documentation. Additional documentation may be included in the file for example, additional log notes, remediation plans or emails.

3. All Quality Leadership Team and Internship Training Team minutes and agendas are documented by the senior administrative staff or designee and are saved in a separate training program file.

4. Additionally, the Training Director, supervisors and administrative staff have the option to save additional information in the program file for tracking the training program data such as survey results.

5. The program will permanently retain necessary documentation regarding each intern/fellow and data to track the progress of the program for future reference as long as the training program remains. If the program no longer remains, the data will be transferred to contacts in the mental health and human resources departments to continue to support reference.
Non-Discrimination Policy

**Purpose:** Casa Pacifica Centers for Children and Families is committed to a training and work culture in which all individuals are treated with respect and dignity. Each individual has the right to train and work in a professional environment that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, Casa Pacifica expects that all relationships among persons will be business-like, respectful and free of bias, prejudice and harassment.

**Policy:** Casa Pacifica is committed to maintaining a work and training environment free of discrimination and unlawful harassment which violates federal, state or local law, including but not limited to harassment related to an individual’s race, religious creed (including religious dress or grooming practices), color, sex or gender (including gender identity and gender expression), sexual orientation, national origin, ancestry, citizenship. The training program ensures equal training access without discrimination or harassment based on race, color, creed, religion, national origin, sex, sexual orientation, gender identity or expression, age, ancestry, disability, protected veteran status, membership or activity in local human rights commission or any other protected group covered by applicable federal, state, or local laws and regulations. Discrimination against a protected group is prohibited. Such training practices include, but are not limited to recruitment, selection, placement, retention, disciplinary action, termination, and provision of services.

In keeping with this commitment, Casa Pacifica will not tolerate unlawful harassment of employees, interns or fellows by anyone, including any manager, supervisor, colleague, intern or fellow or co-worker. Please see the Notice of Casa Pacifica’s Policy against Unlawful Harassment given to you at onboarding.

Casa Pacifica and the training program encourage individuals who believe they are being subjected to discrimination or harassment to promptly advice the offender that his/her behavior is unwelcome and request that it be discontinued. Often this alone will resolve the problem. If asking the offender to stop is not effective, please report the behavior immediately to the Training Director.

If the offender is part of the training program, an individual may pursue the matter through grievance procedures. See the Grievance Policy in the Training Manual. The Due Process Policy will be utilized to make decisions and provide remediation if an intern/fellow has discriminated against or harassed another individual. If the offender is not involved in the training program, please refer to Casa Pacifica’s Harassment and Discrimination Policy.

Casa Pacifica prohibits retaliation against anyone who has reported harassment or who has cooperated in the investigation of harassment complaints. Any intern/fellow with questions or concerns about any type of discrimination in the training site should bring these issues to the attention of his or her Supervisor, Training Director, Human Resources, or any other member of management, including the Chief Executive Officer. All Supervisors, members of management and the Chief Executive Officer will immediately bring any such complaints to Human Resources. Employees can raise concerns, report problems, or make complaints without fear of reprisal. Anyone found to be engaging in any type of prohibited discrimination would be subject to disciplinary action, up to and including termination.
Appendix I – Postdoctoral Fellow

JOB DESCRIPTION
Postdoctoral Fellow

EXEMPT (Y/N): Yes
DEPARTMENT: Campus Clinical
REPORTS TO: Director of Clinical Training
PREPARED BY: Human Resources
DATE: Revised September, 2017
APPROVED BY: Director of Program Development

Position Summary: Provide consultation, assessment, diagnosis, and treatment based on the mental health needs of patients under the supervision of a licensed psychologist. Function as a member of the multidisciplinary team providing input for assessment, diagnosis, treatment planning, and delivery of service. Engage in training program activities to develop competencies to complete fellowship successfully.

TYPICAL DUTIES AND RESPONSIBILITIES:

1. Abide by the legal and ethical guidelines as set forth by the California Board of Psychology and the American Psychology Association, maintaining a sense of professionalism at all times.
2. Be on-site as assigned.
3. Attend and prepare for weekly supervisions, rounds and seminars.
4. Carry a weekly caseload of 20 direct services/client hours (including intake evaluations, individual therapy, child/adolescent groups and/or parenting groups, crisis intervention, case management, consultation and assessment as assigned). Understand that these hours will be documented in the form of progress notes the same day the service is provided and turned into your supervisor for approval.
5. Co-lead two or three child/adolescent therapy or psycho educational groups (depending on demand). Family Groups may be assigned depending on need.
6. Complete paperwork within guidelines and time frames as set forth in orientation, the fellow training manual and by the supervisor.
7. Present at least two client cases per semester (including 2 videotape samples) one of which is in group supervision and one in individual supervision per semester of your fellowship. Live supervision may be substituted for a tape for your individual supervisor. Supervisors may request additional DVD’s or audio tapes.
8. Attend I.E.P. meetings, treatment team meetings, rounds, and case conferences for assigned clients.
9. Keep supervision of cases within the agency unless given written permission to do otherwise.
10. Keep a weekly log of supervised experience hours (training and experience) to be signed by you and your supervisors monthly and uploaded to your fellow folder on the Shared Drive by the 5th of each month. Once licensed you will not need to maintain this log.
11. Maintain an absence log for time off in your post doc folder on the Shared Drive.
12. Complete intake evaluations and assessment batteries in requested time frame.
13. Commit to the time frame outline for postdoctoral fellowship.
14. Anytime taken off beyond accrued paid time may extend your post doc fellowship.
15. Participate in ongoing education and learning activities in order to produce the highest quality of service and expertise needed for our youth and their families.
16. Assure a safe and secure environment for patients, staff, families, and visitors.
17. Provide supervision for a minimum of one case to interns or practicum students. Be accessible and available to provide supervision.
18. Teach at least two (2) special topics seminars yearly and demonstrate presentation skills including appearing poised and knowledgeable, being organized and easy to follow, use of more than one instructional strategy and deliver accurate and useful information.

19. During your second year of fellowship provide supervision for a fellow or other student via group or individual supervision. Be accessible and available to provide supervision.

20. Integrate relevant psychological literature into the supervision process and in professional presentation.

21. Familiarize self with the current programming and create a proposal for a project (determined by the needs of the agency and your interests) involving research or outcome data. This may also include developing a special intervention project that is integrated into the mental health program and is based on empirical support. Collect ongoing feedback and make programmatic adjustments as needed based on your special project.

QUALIFICATIONS REQUIRED:

Position requires staff to be at least 21 years of age. Completed and cleared Livescan, criminal statement and health screening with TB test. Must undergo a one hour training which reviews mandatory reporting requirements as per Child Abuse and Neglect Reporting Act (CANRA). This training takes place during pre-service orientation training and periodically thereafter. Valid driver’s license is required for transporting youths. Any changes that occur on your driving record must be reported immediately to your supervisor.

- Completion of requirements for Ph.D. in clinical, educational or counseling psychology and degree posted on transcript from an APA accredited training program.
- Completion of an APA accredited internship.

PREFERRED QUALIFICATIONS:

Experience working with children and adolescents with severe emotional challenges in residential, hospital or school settings.

Required Competencies for Clinical Excellence

1. **Therapeutic Alliance** – Able to form a professional therapeutic relationship with youth and their families to work together on agreed upon treatment goals; understands an individual’s perspective at any given point in time and can convey that understanding when appropriate to the youth and their family; maintains high ethical standards throughout the provider-client relationship.

2. **Neurorelational Principles** – Able to conceptualize clinical cases within the Neurorelational framework; able to identify disruptions in attachment in the histories of youth and their families; understand the impact of trauma on psychological coping skills and relationship building skills; identify reimbursements appropriate for youth and their families and provide treatment recommendations and other interventions to provide those reimbursements.

3. **Conflict Management and Crisis Intervention** – Reacts calmly and professionally to interpersonal conflicts; can take charge in situations that require an immediate response (same day) to facilitate improved outcomes.

4. **Client, Customer and Stakeholder Focus** – Assertively represents clients, customers and stakeholders; ensures that the voices of the client, customer and stakeholder are heard; is responsive to their needs; communicates effectively and establishes rapport with both internal and external customers.

5. **Professional Knowledge** – Stays current on professional and emerging work-related issues; demonstrates clinical knowledge and expertise; serves as a knowledgeable resource to provide best practice advice to others; keeps up-to-date on ethical trends and issues.

6. **Communication** – Understands and is understood by others; makes complex material understandable; clearly articulates key points when writing and speaking; effectively persuades and influences others; addresses and listens to others in a respectful manner.
7. **Interpersonal Skill** – Works well with others; builds effective work relationships with a wide range of individuals; is approachable; effectively resolves disagreements or conflict; shows sensitivity to people of diverse backgrounds.

8. **Teamwork** – Supports effective team efforts; encourages a spirit of participation and belonging; enhances group cohesiveness by emphasizing team objectives and reinforcing cooperation; actively contributes as a thoughtful member of integrative teams.

9. **Adaptability and Change Management** – Appropriately adjusts strategy in response to new information; adapts positively to changes; is confident in the face of uncertainty and ambiguity; can make decisions and act responsibly without having the entire situation totally defined.

**PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand; walk; use hands to feel objects, tools, or controls; reach with hands and arm (i.e., restraining); stoop, kneel, crouch, or crawl; talk and hear; and taste and smell.

The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

**WORK ENVIRONMENT:**

The work environment includes office areas as well as cottages, and outside areas. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee will likely work in outside weather conditions, in addition to indoor spaces. Physically moves intermittently throughout the day. Is subject to frequent interruptions. The noise level in the work environment is usually moderate to loud.

Is subject to hostile and emotionally upset youth and/or family members and to callbacks during emergency conditions (e.g. severe weather, evacuation, post-disaster, etc.).

**Acknowledgement:**

I have read my postdoctoral fellowship job description and agree with its contents. I realize that other duties may be requested that are not specifically addressed here. I agree to perform these duties as directed by my supervisor when called upon. I agree to assist in the formulation of a revised job description, should the need arise in the opinion of my supervisor.

______________________________________________     __________________________
Employee Name                 Date

______________________________________________
Employee Signature
Appendix II – Postdoctoral Fellow Memorandum of Understanding

Date: August 1, 2017

To: Fellow Name

From: Robert Kretz, Psy.D., Internship Program Director & Assessment Supervisor

Congratulations on your match with Casa Pacifica for the 2017-19 fellowship training year.

I have been offered a full-time Postdoctoral Fellowship for a two-year commitment at Casa Pacifica starting on September 5, 2017 and ending on August 30, 2019. I recognize that this agreement is binding and that I will not accept any other fellowship/job offers.

A contract with additional information will be sent within the next two weeks by Casa Pacifica.

_____________________________________ Date:
Fellow Name, Degree

_____________________________________ Date:
Robert Kretz, Psy.D.
Casa Pacifica Centers for Children & Families
Appendix III – Postdoctoral Letter of Agreement

June 17, 2017

Dear Postdoctoral Fellow Name:

This letter provides detailed information, including important dates, the process for completing the Application for Registration as a Psychologist, and HR-related tasks you will need to successfully complete in advance of beginning your Postdoctoral Fellowship.

The Agreement of your Postdoctoral Fellowship will begin on Tuesday, September 5, 2017. Our Fellowship Program is an APPPIC-approved, full-time, two-year position with an annual stipend of $38,000 in the first year and $42,000 in the second year. Standard employee benefits include, insurance (dental, vision, disability and life). You will also receive vacation, sick leave, plus time off on the nine Casa Pacifica holidays. In addition, you will receive licensing exam release time, professional development time, plus two days of leave to prepare for your licensure. Additionally, should you obtain your psychologist license number during your postdoctoral training at Casa Pacifica, your stipend rate will increase by $10,000 per year.

Health Insurance does not become effective until the first day of the month following 60 days of employment; therefore, you will need to continue your existing insurance until that time. Assuming you begin as scheduled on September 5, 2017 your existing coverage should continue until at least, December 1, 2017, the date on which your coverage through Casa Pacifica would begin.

The Fellowship starts at 9:00 am on Tuesday September 5, 2017 and as a graduate of our Intern Program, your first four weeks will be spent in a modified Clinical Orientation Training.

A copy of the Board of Psychology Application for Registered Psychologist Instructions and Verification of Experience form can be obtained via the link below. There is also an informative video to walk you through the steps. We will need you to complete this application no later than June 26, 2017 and mail it to the Board of Psychology. The instruction pages direct you to send transcripts, verification of experience form signed by your supervisor and fingerprints. Since you will be required to have your finger prints taken at Casa Pacifica, you can request that our HR department send them to the Board of Psychology. We will also provide the information and signature of our agency representative, Dr. Myra Saltoun, for completion of page three of the application. This needs to be included with your application to the board.

http://www.psychology.ca.gov/applicants/registered_psychologist.shtml

If you have any questions about the information provided in this letter please call me or contact our department Senior Administrative Assistant, Sally Voorhees, at 805 366-4103.

Two originals of this letter have been sent to you. We ask that you formally accept this offer by signing one copy and returning it to us. The second original is for you to keep.
Again, congratulations! We are looking forward to an exciting year of collaboration and clinical training. Have a great summer!

Sincerely,

Robert Kretz, Psy.D.
Postdoctoral Fellowship Program Manager
(805) 366-4208

I accept the position of Postdoctoral Fellow at Casa Pacifica, in accordance with the terms described in this offer letter. I will begin my training on Tuesday, September 5, 2017 and will initiate the process as detailed in this document in order to be ready to start seeing clients by September 5, 2017.

By: _______________________________ Date: _____________________
Appendix IV – Individualized Supervision Training Plan

Individualized Supervision Training Plan (Example)

Supervisee Name: ______________________________             Date:_________________

Individualized training plans are designed to assist supervisees in meeting their personal training objectives as well as those of the training program and APA. This is based on the initial evaluation as well as our self-evaluation.

Goals of Training:
   1. Increase in a working knowledge of general ethical principles and the ability to apply ethical principles and codes.
   2. Increase in ability to conceptualize a case from specific theoretical orientations, identify treatment goals, and consistently implement evidence-based interventions using specific orientation(s).
   3. Further professional development as a psychologist, particularly in the areas of self-assessment and awareness of the impact of self on others; when deficits are noted, adjustments are made to maintain professionalism and effective communication with clients and colleagues.

Plan for Training:
   1. Assignment of independent readings related to ethics and application. Incorporating ethical considerations into case conceptualizations and treatment with discussions during supervision.
   2. Direct and independent training in the understanding use of Dialectical Behavior Therapy and other theoretical orientations. Shadowing of clinical staff in the implementation of therapeutic interventions. Video/audio taped sessions and live observation by supervisor with supervisor review and feedback. Case consultation within independent supervision, group supervision, and consultation group.
   3. Observation of interactions and behavior as part of professional role by clinical supervisor and clinical team, program director and training director. Regular feedback, provided regarding areas of needed improvement and suggestions for interventions (i.e., self-care, increased self-monitoring and awareness.)

Additional experience I would like to gain during this training:

Date for reassessment of progress:

I have read and understand this training plan and have been provided opportunities to discuss it with Dr(s). __________________________________________________________

___________________________________    ______________________________
Signature of Supervisee                                       Signature of Supervisor

___________________________________
Signature of Training Director

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# Appendix V – Evaluation Timeline

<table>
<thead>
<tr>
<th>Date Distributed/Due</th>
<th>Measurement Instrument</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quarter 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Training Plan Yr. 1</td>
<td>DCT and Supervisor</td>
</tr>
<tr>
<td></td>
<td>Competency Evaluation Assessment Yr. 1</td>
<td>Supervision Staff</td>
</tr>
<tr>
<td></td>
<td>Orientation Self-Assessment Yr. 1</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Orientation Training Evaluation Yr. 1</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td>October</td>
<td>Taped Session #1 with Supervisor</td>
<td>Fellow with Supervisor</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td>November</td>
<td>Rounds – TBD Q1</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td>Self Evaluation #1</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td><strong>Quarter 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Supervision Log</td>
<td>Fellow with Supervisor</td>
</tr>
<tr>
<td>January</td>
<td>Taped Session #2 with Supervisor</td>
<td>Fellow with Supervisor</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td>February</td>
<td>Mid-year evaluation of fellow</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td>Mid-year evaluation of supervisor (SM)</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Mid-year evaluation of program (SM)</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td><strong>Quarter 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>Taped Session #3 with Supervisor</td>
<td>Fellow with Supervisor</td>
</tr>
<tr>
<td></td>
<td>Rounds #1 (TBD 3rd Quarter)</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td>April</td>
<td>Taped Session #2 with DCT</td>
<td>Fellow with DCT</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td>May</td>
<td>Self Evaluation #2</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
<tr>
<td><strong>Quarter 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>Taped Session #4 with Supervisor</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow with Supervisor</td>
</tr>
<tr>
<td>July</td>
<td>Rounds #2 (TBD 4th Quarter)</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>Year-end evaluation of fellow</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td>Year-end evaluation of supervisor (SM)</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Year-end evaluation of program (SM)</td>
<td>Fellow</td>
</tr>
<tr>
<td></td>
<td>Supervision Log</td>
<td>Fellow</td>
</tr>
</tbody>
</table>
### Appendix VI – Casa Traditions

<table>
<thead>
<tr>
<th>Type</th>
<th>Approximate Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Party</td>
<td>September 17, 2017</td>
<td>Dinner Party (5:00-8:00 pm)</td>
</tr>
<tr>
<td>All Agency Town Hall</td>
<td>September 20, 2017</td>
<td>Lunch Meeting</td>
</tr>
<tr>
<td>Children’s Halloween Party</td>
<td>October 18, 2017</td>
<td>Carnival booths (6-8 pm)</td>
</tr>
<tr>
<td>All Agency Town Hall</td>
<td>November 1, 2017</td>
<td>Lunch Meeting</td>
</tr>
<tr>
<td>Children’s Christmas Party</td>
<td>December 6, 2017</td>
<td>Dinner &amp; Dance (6-8pm Gym)</td>
</tr>
<tr>
<td>Alumni Party</td>
<td>December 7, 2017</td>
<td>Casa Alumni Party (6-8pm Gym)</td>
</tr>
<tr>
<td>Holiday Boutique</td>
<td>December 8, 2017</td>
<td>Youth shop for their family</td>
</tr>
<tr>
<td>Staff Holiday Party</td>
<td>December 9, 2017</td>
<td>Dinner &amp; Dance (TBD)</td>
</tr>
<tr>
<td>All Agency Town Hall</td>
<td>February 7, 2018</td>
<td>Lunch Meeting</td>
</tr>
<tr>
<td>All Agency Town Hall</td>
<td>April 4, 2018</td>
<td>Lunch Meeting</td>
</tr>
<tr>
<td>Prom for Youth</td>
<td>May 2018*</td>
<td>Dinner &amp; Dance (TBD Gym)</td>
</tr>
<tr>
<td>Graduation for Youth</td>
<td>June 6, 2018*</td>
<td>Day Time Assembly</td>
</tr>
<tr>
<td>All Agency Town Hall</td>
<td>June 6, 2018</td>
<td>Lunch Meeting</td>
</tr>
</tbody>
</table>

*Dates not finalized yet*
Appendix VII – Orientation Satisfaction Survey

Regarding Orientation Goals:

Please indicate the accuracy of the following statements according to the scale:

<table>
<thead>
<tr>
<th>Orientation Provided</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Orientation provided me with the opportunity to learn ethically &amp; culturally sound and evidence based interventions</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. This orientation provided me with the basic foundations for evaluating and assessing children and adolescents, e.g., behavioral observations, psychosocial evaluations and intakes, assessment procedures and format.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Orientation provided knowledge of the children, adolescents and families that Casa Pacifica serves and the wide variety of problems I will be treating.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. The teaching methods utilized in training included: modeling, observation, role playing and guided practice with feedback.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Upon completion of orientation, I feel prepared to begin my training year.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Orientation provided me with an understanding of my clinical role at Casa Pacifica, including advocacy, prevention and intervention.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Orientation helped the process of socialization into the clinical department of Casa Pacifica and the agency as a whole.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. During orientation, questions were encouraged and clinical supervisors and/or the training director were available for support.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Upon completion of orientation I was clear as to agency expectations for my fellowship.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. Orientation provided me with a clear understanding of the expectations for completing a successful fellowship.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments regarding orientation goals:

Regarding overall content:
11. Class materials (handouts, presentations, etc.) were well organized and clearly written. 4 3 2 1

12. Class examples helped me to learn the content 4 3 2 1

13. I will be able to apply what I learned in orientation to my training experience. 4 3 2 1

14. This orientation provided the foundation for beginning my fellowship training at Casa Pacifica. 4 3 2 1

Comments regarding content:

Regarding the Instructors: “In general the instructors...”

15. Effectively presented training class content. 4 3 2 1

16. Clearly explained the class exercises and their relevance. 4 3 2 1

17. Were supportive and responsive to participants. 4 3 2 1

18. Demonstrated mastery of the subject matter in the class. 4 3 2 1

Comments regarding the instructors:

Regarding the Facilities/Equipment:

19. The facilities and equipment used supported my learning 4 3 2 1

20. The facilities provided a comfortable learning environment 4 3 2 1

Comments regarding the facilities/equipment:

Other comments:

21. What aspects of the orientation did you like the most and why?

22. What aspects of the orientation did you like the least and why?

23. Suggests for improvements in orientation:

Overall class effectiveness rating (4 being the highest and 1 the lowest):

4 3 2 1

Thank you for completing this evaluation. Your feedback is important to our programs. We look forward to an excellent training year.
Appendix VIII – Orientation Self-Assessment

Orientation Self-Assessment

Directions: The Orientation Self-Assessment is designed for psychology supervisees to assess their own professional development at the beginning of the training or clinical experience. Supervisees are asked to use the 3-point scale below to rate their skills, competence, and knowledge. Please assess your current level of skill, ability, proficiency, competence and knowledge using the following scale:

1=Rudimentary  2=Intermediate  3=Advanced  NA= Not Applicable/Cannot Say

<table>
<thead>
<tr>
<th></th>
<th>Knowledge (Theory, Practical) and Understanding of Assessment, Diagnosis</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Skills, Proficiency and Competence in Assessment and Diagnosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Knowledge (Theory, Practical) and Understanding of Effective Intervention(^1)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Skills, Proficiency and Competence in Effective Intervention(^1)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Knowledge (Theory, Practical) and Understanding of Consultation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Skills, Proficiency and Competence in Consultation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>7</td>
<td>Knowledge (Theory, Practical) and Understanding of Evaluation(^2)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>8</td>
<td>Skills, Proficiency and Competence in Evaluation(^2)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>9</td>
<td>Knowledge (Theory, Practical) and Understanding of Supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>10</td>
<td>Skills, Proficiency and Competence in Supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge (Theory, Practical) Understanding, Skills, Proficiency and Competence in Scholarly Inquiry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge (Theory, Practical) and Understanding of Issues of Cultural and Individual Diversity relevant to all the above</td>
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<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>13</td>
<td>Knowledge (Theory, Practical) and Understanding of Ethical and Legal Issues in Professional Psychology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
</tbody>
</table>

\(^1\) including empirically supported treatments  
\(^2\) e.g., program evaluation

Further comments:

__________________________________________________________

Supervisee’s Signature

Thank you for completing this self-assessment. Please return it to the Director of Training by the end of orientation.
Appendix IX - Baseline Competency Evaluation for Postdoctoral Fellows

Instructions: “This is an oral evaluation being conducted as part of the training program’s baseline assessment of your competencies in specific domains – this is not a test that you can pass or fail. Instead, this is an opportunity to us to explore your specific and individual training needs in order to best prepare your individualized training plan. The format for today’s assessment will be to show you a brief vignette followed by semi-structured interview questions. You will have approximately 15 minutes to answer each series of questions for each vignette (i.e., about 5 minutes per question). We will be rating your responses based on the competency benchmarks within Professionalism, Ethics, Diversity, Interventions, Assessment, Diagnosis, Report Writing. Do you have any questions about the PROCESS before we begin?”

Raters – the videos will play straight through; thus, you will need to pause each video at its completion. You will see the follow-up questions displayed on the screen and you will also need to play and pause the movie to move through each of the follow-up questions.

Raters – for scoring purposes, only trainees identifying both the obvious and subtle issues in each vignette should obtain higher rating (this depth of identification is necessary but not sufficient for RCI or CAP ratings).

CAP = Capable of autonomous practice/Advanced Skills /Rating frequent at completion of residency training

RCI = Rating frequent at completion of fellowship training. Common rating at the start of and throughout residency training. Competency attained in all but non-routine cases. Supervisor provides overall management of trainee's activities. Depth of supervision varies as clinical needs warrant

NOS= Needs occasional supervision- Expected rating at midpoint of fellowship. Possible rating for some domains at the end of fellowship training or at the beginning of residency.

NRS = Needs regular supervision-Rating frequent during training and upon beginning fellowship training.

NRW = Needs remedial work; Not frequently seen at beginning of fellowship; rarely seen at the beginning of residency.
Appendix X Postdoctoral Fellow Rating Form

Postdoctoral Fellowship in Professional Psychology

Postdoctoral Fellow Rating Form

Fellow: Date
Rotation-Specified Activities Supervised:

Primary Supervisor: Secondary Supervisor

Competency Ratings: Use the four-point scale below to evaluate the Fellow’s performance in each area listed.

1. Direct observation of the fellow in the application of the task is required (Entry level rating).
2. In-depth supervision of each activity; direct observation not required. (Common rating throughout the fellowship training rotations.)
3. Competency attained in all but non-routine cases; supervisor provides overall management of Fellow’s activities; depth of supervision varies on clinical needs warrant, direct observation not required. (Rating expected at completion of training).
4. Competency attained at full psychology staff privilege level, however, as a postdoctoral fellow, supervision is required while in training status; direct observation not required. (Rating expected at completion of postdoctoral training).

U Fellow is performing the activity unsatisfactorily. (Remediation is required).
N/O No opportunity to observe this activity.

Competency: Professional/Ethical Issues
Fellow demonstrates competency in his/her ability to use sound professional judgment and has the capability to function autonomously and responsibly as a practicing psychologist. He/she is aware of his/her strengths and limitations, as well as the need for consultation and continued professional development.

Rating (months) 6 12 18 24

Specific Objectives
Fellow’s behavior is in compliance with the APA Ethical Principles and Code of Conduct, state licensure regulations, APA rules and regulations and other laws that govern the professional behavior of psychologists. Fellow obtains informed consent with all youth she/he serves including discussion of her/his trainee status, supervisor’s name and contact information, as well as confidentiality issues.
Specific Objectives
Fellow has the ability to routinely consider the influence of cultural factors (defined broadly to include age, gender, racial, ethnic, national origin, religious, sexual orientation, disability, and socioeconomic factors) on the diagnostic evaluation process and its outcomes. Ability to give appropriate feedback and consultation to professionals, the youth we serve, and/or families based on treatment findings and recommendations.

Overall Rating:
Professional/Ethical Issues

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<th>4</th>
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<th>N/O</th>
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Comments:

Competency: Assessment/Diagnosis
Resident demonstrates competency in conducting psychological evaluations which integrate patient biopsychosocial history, interview data, and a variety of psychological tests to provide accurate diagnoses and to make useful treatment/intervention recommendations.

Rating (months)

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<th>6</th>
<th>12</th>
<th>18</th>
<th>24</th>
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Specific Objectives
Fellow demonstrates application of diagnostic interviewing skills to effectively gather medical, biological, psychological, and social information during an intake interview.
Fellow is able to administer and interpret basic psychological tests in the areas of intellectual assessment, cognitive, and personality assessment.
Fellow is able to effectively communicate assessment results verbally and in writing to the youth we serve, family members, and other health care providers.
Fellow demonstrates knowledge of relevant empirical bases of assessment procedures used.
Fellow is knowledgeable of the legal, ethical, and diversity issues involved in psychological assessment.

Overall Rating:
Assessment/Diagnosis

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Comments:
Competency: Interventions

Resident demonstrates competency in conducting individual and group psychotherapy and psychological interventions across a variety of problems and populations. He/she reviews and integrates relevant scholarly literature to assist in clinical problem solving.

Rating (months)

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</table>

Specific Objectives

- Fellow is able to establish rapport with the recipients of the psychological interventions.
- Fellow is able to formulate a useful and consistent case conceptualization that is grounded in accepted psychological theory.
- Fellow has the ability to identify treatment needs and strengths in the youth we serve as the foundation of an appropriate treatment plan.
- Fellow formulates appropriate treatment goals in collaboration with the youth she/he serves as demonstrated in the writing of the Client Plan (Master Treatment Plan).
- Fellow uses well-timed, effective techniques that are consistent with the case conceptualization and treatment goals.
- Fellow demonstrates an understanding and knowledge of strategies of scholarly inquiry, awareness of current empirical studies in professional journals, and application of empirically supported processes and interventions.
- Fellow coordinates his/her interventions with other members of the interprofessional teams involved in the patient’s care.
- Fellow is knowledgeable of the legal, ethical, and diversity issues involved in psychological treatment.
- Fellow gathers relevant clinical data promptly; appropriately evaluates immediate concerns such as suicidality, homicidality, and any other safety issues. Fellow makes appropriate contingency plans with the youth we serve regarding safety issues, as necessary.
- Fellow has the ability to contribute effectively to a multidisciplinary treatment plan.

Overall Rating:

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Comments:
**Competency: Post Doctoral Project**

Residents should be able to design, implement and oversee one programmatic intervention/project aimed at improving patient care, psychology management activities, or medical center administration activities.

**Specific Objectives**

Fellow familiarizes self with current programming/research related to selected postdoctoral project.

Fellow designs an integrated program intervention/project that is based on empirically supported interventions and or evidence based practices.

Fellow presents program design to agency managers for approval.

Fellow integrates the psychological programming/intervention or project within the context of the clinical setting. Fellow successfully implements program/intervention.

Fellow collects ongoing feedback and makes programmatic/project adjustments as needed.

Fellow has the ability to understand program evaluation/project efforts from both clinical and research perspectives. Fellow designs and implements an evaluation component for project.

Upon completion of project, fellow writes a professional summary of project and presents results to agency staff.

Fellow actively searches for opportunities to present project at a professional conference or publish an article regarding project in a professional journal.

**Overall Rating**

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>U</th>
<th>N/O</th>
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<tr>
<td>☐</td>
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**Comments:**
### Competency: Supervisory Experience and Teaching

Resident understands the theory and methods of providing effective psychological supervision and is able to conduct effective professional presentations for psychologists, students and other members of the interprofessional health care staff.

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<thead>
<tr>
<th>Rating (months)</th>
<th>Specific Objective</th>
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<tbody>
<tr>
<td>6</td>
<td>Fellow is accessible and available for supervision.</td>
</tr>
<tr>
<td>12</td>
<td>Fellow is tolerant and respectful of individual differences between self and students/supervisees.</td>
</tr>
<tr>
<td>18</td>
<td>Fellow develops effective supervision skills including providing supervisees with feedback on strengths and weaknesses.</td>
</tr>
<tr>
<td>24</td>
<td>Fellow integrates relevant psychological literature into the supervision process and in professional presentation.</td>
</tr>
<tr>
<td></td>
<td>Fellow demonstrates presentation skills including appearing poised and knowledgeable, being organized and easy to follow, and delivering accurate and useful information.</td>
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<tr>
<td></td>
<td>Fellow gives appropriate levels of positive feedback to staff during training efforts.</td>
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</tbody>
</table>

**Overall Rating**

<table>
<thead>
<tr>
<th>Supervision and Teaching</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>U</th>
<th>N/O</th>
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</table>

**Comments:**

**A. Supervision**

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<th>4</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1. Well-prepared, organized and prompt for supervision</td>
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<tr>
<td>2. Approach to supervision is active, open and collaborative</td>
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<td>3. Receptive to feedback and suggestions</td>
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<td>4. Uses supervision to build on existing skills and to develop his/her own style/approach</td>
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<td>5. Demonstrates enthusiasm for learning; seeks new opportunities (readings, training, etc.)</td>
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<tr>
<td>6. Actively participates in group supervision</td>
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**Overall Rating:**

<table>
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<tr>
<th>Supervision</th>
<th>1</th>
<th>2</th>
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57
### B. Multi-Disciplinary Team Functioning

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</thead>
<tbody>
<tr>
<td>1. Active, contributing member of teams to which assigned</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Capacity to provide feedback to team members</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Ability to accept feedback from team members</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Respect for special skills and training of staff/fellows from other disciplines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Referrals made for clients when appropriate (e.g., psychiatrist, parent advocate)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>6. Collaboration with staff from other institutions (DCF, schools, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Relationships with support and technical staff, property management staff, etc.</td>
<td>☐</td>
<td>☐</td>
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**Overall Rating**

Multi-Disciplinary Team Functioning

**Comments:**

### Diversity and Cultural Competence

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<tbody>
<tr>
<td>1. Level of sensitivity to and understanding of cultural and individual diversity in dealings with youth we serve, colleagues, and other professionals.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>2. Contribution to the maintenance of an environment that supports learning about and appreciating all aspects of diversity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Commitment to serving a diverse clientele during the fellowship year (gender, race/ethnicity, religion, presenting problems).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</table>

**Overall Rating**

Diversity and Cultural Competence

**Comments:**
This evaluation has been discussed by the supervisor and Fellow and the Fellow has had the opportunity to ask any questions and/or share her/his thoughts with the supervisor.

Signatures:

_______________________________________  _______________________
Fellow                          Date

_______________________________________  _______________________
Primary Supervisor             Date

_______________________________________  _______________________
Postdoctoral Training Director            Date

Fellow Comments (optional):
Appendix XI – Supervisor Evaluation (Survey Monkey)

Please complete one evaluation for each one of your supervisors. For any item that is not applicable, please indicate “N/A.” Besides specific questions on mechanics, there are five categories of questions: Aspects of the Supervisory Relationship, Facilitation of Training Experience, Mentoring, Multidisciplinary Team Functioning, and Cultural and Individual Diversity. After you rate the specific sections there is a space for additional comments on the category. Please enter enough narrative to anchor your ratings. Please also note there are two open ended items for you to provide some description.

1. Please indicate which Supervisor this evaluation is for:
2. Please indicate which type of supervision they did:
   - ☐ Primary
   - ☐ Secondary
   - ☐ Assessment
   - ☐ Group

3. Please indicate below which modalities you have experienced in your work with this supervisor (check all that apply):
   - ☐ Supervisor listened to your reports of interview/therapy session
   - ☐ Supervisor reviewed audiotapes of interview/therapy session
   - ☐ Supervisor reviewed videotapes of interview/therapy session
   - ☐ Supervisor did direct, live observation of interview/therapy session
   - ☐ Intern/Fellow observed supervisor conducting an interview/therapy session
   - ☐ Experience during group supervision sessions
   - ☐ Joint participation during team meetings
   - ☐ Co-therapy conducted by fellow and supervisor
   - ☐ Review of written material

4. Was supervision structured and dependable regarding time?  ☐ Yes  ☐ No  ☐ N/A
5. Was supervision structured and dependable regarding content?  ☐ Yes  ☐ No  ☐ N/A
6. Was supervision structured and dependable regarding process?  ☐ Yes  ☐ No  ☐ N/A

7. Please rate these mechanical aspects of supervision:
   1 – not useful  2  3  4  5 – very useful  N/A
   - Supervisor’s comments on my tapes
   - Supervisor’s availability for brief on the spot consultation
   - Supervisor’s awareness of agency procedures
   - Supervisor’s promptness and regularity of appointments
   - Supervisor’s productive use of our time

8. Did the supervisor provide you with a letter of agreement regarding expectations for supervision during orientation?  ☐ Yes  ☐ No  ☐ N/A
9. Did the supervisor sign a monthly log of supervised hours of experience?  □ Yes  □ No  □ N/A

<table>
<thead>
<tr>
<th>Aspects of Supervisory Relationship</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Middle of the Road</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expectations of supervision processes were clear.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>2. Facilitates the establishment and maintenance of a collaborative supervisory relationship.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>3. Supervisor is amenable to working through conflicts, disagreements, or difference in opinions with supervisee.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Supervisor is respectful and supportive of supervisee.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Supervisor promotes positive motivation in supervision process.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Supervisor demonstrates empathy, respect and understanding of supervisee’s experience.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. Supervisor is physically and emotionally available for supervision,</td>
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<tr>
<td>8. Comments on previous section:</td>
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<table>
<thead>
<tr>
<th>Facilitation of Training Experience</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Middle of the Road</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>1. Supervisor works well with you to reach the goals in your clinical setting.</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>2. Supervisor provides feedback on performance that helps develop your clinical skills.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Supervisor provides supervision and guidance in all stages of assessment and/or treatment planning, and working through clinical impasses.</td>
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<td>☐</td>
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<tr>
<td>4. Supervisor helps you to integrate and apply theory and research literature into your clinical practice.</td>
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### Facilitation of Training Experience, cont’d.

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<tr>
<td>5.</td>
<td>Supervisor encourages development of your professional identity.</td>
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<td>6.</td>
<td>Supervisor provides direction on documentation.</td>
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<td>7.</td>
<td>Supervisor provides concrete direction in crisis management.</td>
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<tr>
<td>9.</td>
<td>Supervisor provides concrete feedback on skill development.</td>
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<tr>
<td>10.</td>
<td>Supervisor takes the initiative in raising important diagnostic and clinical issues.</td>
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<tr>
<td>11.</td>
<td>Supervisor helps in defining treatment goals for your client.</td>
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<td>12.</td>
<td>Comments on previous section:</td>
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### Mentoring

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<tbody>
<tr>
<td>1.</td>
<td>The supervisor models professional behavior.</td>
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<tr>
<td>2.</td>
<td>The supervisor provides the fellow with opportunities for socialization in the field of psychology.</td>
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<tr>
<td>3.</td>
<td>The supervisor acts ethically and clarifies ethical and legal issues in psychology.</td>
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<tr>
<td>4.</td>
<td>Supervisor clarifies supervisee’s strengths.</td>
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<tr>
<td>5.</td>
<td>Supervisor models professional self-care.</td>
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<tr>
<td>6.</td>
<td>Supervisor fosters a learning environment and a safe environment in which you could explore your weaker areas.</td>
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<tr>
<td>7.</td>
<td>Comments on previous section:</td>
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</table>
Multidisciplinary Team Functioning

1. The supervisor helps the supervisee learn about the role of team members from professions other than psychology.

2. The supervisor helps the supervisee understand the role of the clinician within the context of the team.

3. The supervisor helps the supervisee develop skills for working as a leader within the treatment team.

4. The supervisor helps the supervisee find ways to work and collaborate with team members of all professions.

5. The supervisor helps the supervisee deal with conflicts or problems he/she experiences in team interactions.

6. The supervisor demonstrates how to communicate with other team members in a way that conveys understanding of their point of view and does not use excessive psychological jargon.

7. The supervisor facilitates team interactions to help members function in a collaborative, inter-professional way that enhances treatment for patients.

8. Comments on previous section
**Cultural and Individual Diversity**

1. The supervisor exhibits knowledge of and respect for cultural and individual diversity in clinical work and research.

2. The supervisor models the process of consultation with colleagues about diversity issues when needed.

3. The supervisor is helpful in seeking out additional information about diverse groups and effective assessment approaches or therapeutic interventions with patients of different backgrounds when relevant to your cases or training needs.

4. Comments on previous section:

**Narrative Summary**

1. Identify two strengths of supervision experience.

2. Identify two areas on which you desire greater emphasis in the supervision process.
Appendix XII – Site Evaluation (Survey Monkey)

We appreciate you taking the time to fill out this survey. It will help us in improving our Intern/Post-Doc program at Casa Pacifica.

<table>
<thead>
<tr>
<th>Section I</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Middle of the Road</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Casa Pacifica engages in actions that indicate respect for and understanding of cultural and individual diversity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2. Training for practice is sequential, cumulative, and graded in complexity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>3. The training program promotes integration of practice and scholarly inquiry.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>4. Legal and ethical considerations are integrated into the training program.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>5. The training program encourages clinicians to develop multicultural sensitivity and understanding.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>6. The orientation training prepared me for working at Casa Pacifica and for my initial contact with clients.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>7. The training manual consisted of useful information that assisted me throughout the year.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>8. The clinical experiences provided were appropriate for my level of skill and experience.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>9. Clinical training was an important part of the agency’s service.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>10. I felt like I fit at this site.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>11. I felt I could contribute something at this site.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>12. The staff with whom I worked were receptive to my ideas.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>
13. The staff with whom I worked were friendly and helpful.

☐ ☐ ☐ ☐ ☐

14. My experience here allowed me to develop as a person.

☐ ☐ ☐ ☐ ☐

15. My experience here allowed me to develop as a psychologist.

☐ ☐ ☐ ☐ ☐

16. I was satisfied with the quality of the (Friday) didactic training sessions.

☐ ☐ ☐ ☐ ☐

17. I was satisfied with the quality of the psychotherapy activities.

☐ ☐ ☐ ☐ ☐

18. I was satisfied with the quality of the psychotherapy experience.

☐ ☐ ☐ ☐ ☐

19. I was satisfied with the quality of the diagnostic testing activities.

☐ ☐ ☐ ☐ ☐

20. I was satisfied with the quality of the diagnostic testing experience.

☐ ☐ ☐ ☐ ☐

21. This site exposed me to a variety of clinical/diagnostic experiences.

☐ ☐ ☐ ☐ ☐

22. I was satisfied with the quality of office space, equipment and support here.

☐ ☐ ☐ ☐ ☐

23. I was satisfied with the workload expectations.

☐ ☐ ☐ ☐ ☐

24. Supervisors served as professional role models.

☐ ☐ ☐ ☐ ☐

25. I would recommend this site to another student with similar interests.

☐ ☐ ☐ ☐ ☐

26. Please add any additional comments or explanations on items ranked above:

Section II
1. Please rank the following topic: Training Meetings

<table>
<thead>
<tr>
<th>Quality</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Were there any areas you wish were covered that were not?

3. Please rank the following topic: Rounds
   Quality
   Relevance
   Please provide additional comments or explanations of items ranked above:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rounds</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

4. Please rank your participation experience in the Intern and Postdoctoral Quality Leadership Team.

5. Did you receive specific training, consultation and/or supervision for working with diverse groups?
   YES   NO

6. What did you like best about the seminars and other training?

7. What did you like least about the seminars and other training?

Section III

1. Were you treated as a professional?

2. Was use of current/previously acquired skills emphasized?

3. Were opportunities and resources available for development of new skills?

4. Were you included in Casa Pacifica’s activities, conferences, etc. as appropriate?

5. What did you like best about the Professional Training Seminars?

6. What things would you want changed or added to improve your experience in the Professional Training Seminars?

7. What did you like best about Supervision on Supervision?

8. What would you change about Supervision on Supervision?

9. What did you like best about your overall training at Casa Pacifica?

10. What did you like least about your overall training at Casa Pacifica?

11. Is there any other information that you provide which might be useful to Casa Pacifica in its understanding of the nature and quality of training?
Appendix XIII Meichenbaum’s Case Conceptualization Model for Rounds

Case Conceptualization: Using a theoretical orientation, please provide a case conceptualization for your presentation, integrating your understanding of how this theory applies to the treatment you're providing for the client.

1. Background Info
2. Current Living Conditions
3. Reasons for Referral

9. Barriers clinician/psychiatrist
   9 A. Individual
   9 B. Social
   9 C. Systemic

2. Presenting Problems (PP)
2 A. Comorbidity
2 B. Level of Current Functioning (Clinician/psychiatrist)

3. History PP (clinician/psychiatrist)
   3 A. Criminal/Substance/Media/Temperament
   3 B. Medical History Med Clinic
       Youth/Family members
   3 C. Academic History teacher
       Performance/Motivation/Discipline
   3 D. Peer and Sibling Influences S.T.O.P./primary cottage staff

4. Stressors clinician
   4 A. Current
   4 B. Ecological
   4 C. Developmental
   4 D. Familial

5. Treatments Received (Current/Past) clinician
   5 A. Efficacy
   5 B. Adherence
   5 C. Patient Satisfaction
   5 D. Medication Trials psychiatrist

6. Strengths clinician, teacher, and Primary in STOP/cottage
   6 A. Individual
   6 B. Social
   6 C. Community

7. Summary Factors Clinician/psychiatrist
   7 A. Risk
   7 B. Protective

8. Outcomes clinician/psychiatrist
   8 A. Short-term
   8 B. Intermediate
   8 C. Long-term
Dear Postdoctoral Fellow:

This confirms that I have agreed to provide postdoctoral fellowship supervision for you, for your assigned clients at Casa Pacifica. I will expect you to act in accord with all Casa Pacifica policies, including videotaping the required number of sessions.

For each new client that we accept, I expect you to provide informed consent at the outset of treatment and to explain verbally the limits of confidentiality. Your discussion with the client should include your training status, the fact that I supervise you, and the fact that your therapy will be videotaped at times and examined by me. This will be accompanied by a letter that must be sent to parents and guardians. I will provide the client with my name and telephone number. In addition, I want you to personally explain the limits of confidentiality (e.g., reporting laws and the HIPAA patients’ rights form). While I realize that we obtain written informed consent, I want the procedure to be explained orally to each potential client. I also want your therapy notes to reflect what you told your potential clients regarding informed consent, the limits of confidentiality, and patient rights, as well as what the client said to communicate his or her understanding.

In obtaining informed consent, I want you to make it clear that the possibility exists that the case could be transferred to another trainee therapist and/or supervisor when your fellowship is completed. I want you to bring your progress notes to each supervisory session so that I can examine and countersign your notes. Please also bring clinical dashboards for the cases you maintain one for. Additionally, on the first supervision meeting of each month I expect you to bring your completed “Supervisee’s Weekly Log of Activities” for the prior month to be signed by me, your group supervisor, and secondary supervisor. You should then provide a copy to the clinical administrative manager for your file and keep the original for your records.

In our supervisory sessions, I will concentrate on two major issues: enhancing your professional development and providing formal evaluative feedback. Regarding professional growth, I will concentrate on correct application of the APA Ethical Code. I will also concentrate on the development of your skills as a therapist, and on helping you to identify blind spots or limitations that you must confront as a professional psychologist. I also consider it to be my job to help you sort out the difference between opinion and empirically-demonstrated techniques.

Regarding the evaluative feedback, it is important for you to realize that any written evaluations by me will enter into your student file and may be discussed with others involved with your training. This is usual and customary practice in clinical programs.

I want to make it clear that I cannot supervise you on any case that I could not competently handle myself. You and I will discuss each potential case and make an evaluation pertaining to the appropriateness of the case, given your level of skill and my areas of competency. In order to facilitate my assessment of your skill level, I would like you to provide me with a summary of your clinical experience, which we will review in our first supervisory session.
I want you to know that, in providing you with this informed consent concerning our relationship, I am trying to act as a model for you.

Ethically, I am required to inform you of factors that might influence your willingness to enter a supervisee relationship with me, just as you must similarly inform your clients in advance of the relationship.

Since responsibility in clinical work is always multiplied, and never divided, you and I both have 100% responsibility for the welfare of any client you should see under my direction. I therefore expect you to notify me immediately should any problem arise.

I am enclosing a copy of our agreement so that you can keep one for your files and return one signed copy to me. Please let me know if you have any questions. At our first supervising session, I will go over the provisions outlined in this letter.

I look forward to working with you.

Sincerely,

Supervisor Name  
Clinical Supervisor  
License PSY  
Phone:

I have read and understand this supervisory agreement between me and Dr.

By: ________________________________  ____________________  
    Postdoctoral Fellow, Degree                     Date
Dear Postdoctoral Fellow:

RE: Secondary Supervisory Agreement

This confirms that I have agreed to provide postdoctoral fellowship supervision for you, for your assigned clients and therapy groups at Casa Pacifica. I will expect you to act in accord with all Casa Pacifica policies.

In our supervisory sessions, I will concentrate on two major issues: enhancing your professional development and providing formal evaluative feedback. Regarding professional growth, I will concentrate on correct application of the APA Ethical Code. I will also concentrate on the development of your skills as a therapist, and on helping you to identify blind spots or limitations that you must confront as a professional psychologist. I also consider it to be my job to help you sort out the difference between opinion and empirically-demonstrated techniques.

Regarding the evaluative feedback, it is important for you to realize that any written evaluations by me will enter into your student file and may be discussed with others involved with your training. My input will be integrated into your mid and end year evaluations. This is usual and customary practice in clinical programs.

I want to make it clear that I cannot supervise you on any case that I could not competently handle myself. You and I will discuss each potential case and make an evaluation pertaining to the appropriateness of the case, given your level of skill and my areas of competency. In order to facilitate my assessment of your skill level, I would like you to provide me with a summary of your clinical experience, which we will review in our first supervisory session. Additionally, I may be providing supervision to you on psychoeducation or process groups you may be leading.

I want you to know that, in providing you with this informed consent concerning our relationship, I am trying to act as a model for you.

Ethically, I am required to inform you of factors that might influence your willingness to enter a supervisee relationship with me, just as you must similarly inform your clients in advance of the relationship.

Since responsibility in clinical work is always multiplied, and never divided, you and I both have 100% responsibility for the welfare of any client you should see under my direction. I therefore expect you to notify me immediately should any problem arise.
I am enclosing a copy of our agreement so that you can keep one for your files and return one signed copy to me. Please let me know if you have any questions. At our first supervising session, I will go over the provisions outlined in this letter.

I look forward to working with you.

Sincerely,

Supervisor Name  
Clinical Supervisor  
License # PSY  
Phone:

I have read and understand this supervisory agreement between me and Dr. ______________.

By: _______________________________________        ______________________  
Postdoctoral Fellow, Degree                                                                   Date
Appendix XV – Supervision Log

Date: Click or tap to enter a date.

Supervisee(s): Click or tap here to enter text.

Supervisor: LIC #

Others in attendance (if applicable): Click or tap here to enter text.

Length of Supervision Session: Choose an item.

Group Supervision: ☐ Individual Supervision: ☐

Weekly Hours Reviewed (if individual session): ☐ Yes ☐ No

If no, explanation: Click or tap here to enter text.

Topics related to competency areas discussed:

Assessment ☐ Group or individual ☐ Ethical/legal standards ☐

Providing interventions ☐ Professional behavior/interpersonal skills ☐

supervision/consultation ☐

Research ☐ Individual and cultural diversity ☐

Agenda items brought by supervisee(s): Click or tap here to enter text.

Agenda items brought by supervisor: Click or tap here to enter text.

Corrective action needed with explanation: Click or tap here to enter text.

Notes: Click or tap here to enter text.

Signature of Supervisor / Date  Signature of Trainee / Date
Appendix XVI – Problematic Performance Remediation Plan

Problematic Performance Remediation Plan

Casa Pacifica’s Centers for Children and Families’ Training Committee aim to provide you with the best training experience possible to meet your training needs. This includes meeting all the APA competency benchmarks to successfully move through the training program and ultimately to move you closer to becoming a competent psychologist. It is the duty of the training program to become aware of the strengths you contribute to the program and your demonstrated areas of need. Areas for remediation have been identified. Performance includes, for example, problems with an intern’s/fellow’s professional behavior, attitude, or competencies, as well as other factors that may result in impaired clinical services or professional relationships. Problematic performance is determined by the intern’s/fellow’s supervisor(s), in collaboration with the Training Director. It has been determined that one of the ways we can support your training at this time is to create a remediation plan. Our hope is that the following plan will help to improve your skills, support you to meet competency benchmarks for your training position, and to support your trajectory toward independent practice in the future. Please refer to the training program’s Due Process Policy.

Date of remediation plan meeting: __________  
Name of intern/fellow: __________
Primary Supervisor: __________  
Secondary Supervisor: __________
Training Director: __________  
Names of all individuals present at the meeting: __________
Names of all relevant additional training program supervisors/staff involved in supervision and/or remediation of the intern/fellow: __________

**Problematic Behavior #1**  
Describe the specific areas of problematic performance in as much detail as possible focusing on objective information:

Describe steps taken thus far to informally resolve the problematic behavior, if possible:

Identify the psychology competency/competencies not currently being met considering the intern’s/fellow’s current level of training as indicated by the problematic behavior (please check all that apply):

- [ ] Research  
- [ ] Ethical and legal Standards  
- [ ] Individual and Cultural Diversity  
- [ ] Professional Values, Attitudes, and Behaviors  
- [ ] Communication and Interpersonal Skills  
- [ ] Assessment  
- [ ] Intervention  
- [ ] Supervision  
- [ ] Consultation and interprofessional/interdisciplinary skills
Plan for Remediation of Problematic Behavior #1:
List the program’s specific recommendations for correcting the identified performance problem:

List any immediate remedial actions/sanctions indicated:

List the time frame the intern/fellow is expected to be able to adequately resolve the problematic performance:

Clarify methods and procedures of evaluation providing guidelines for determining whether problematic performance issues are resolved:

Date the plan will be reviewed:

Problematic Behavior #2
Describe the specific areas of problematic performance in as much detail as possible focusing on objective information:

Describe steps taken thus far to informally resolve the problematic behavior, if possible:

Identify the psychology competency/competencies not currently being met considering the intern’s/fellow’s current level of training as indicated by the problematic behavior (please check all that apply):

☐ Research
☐ Ethical and legal Standards
☐ Individual and Cultural Diversity
☐ Professional Values, Attitudes, and Behaviors
☐ Communication and Interpersonal Skills
☐ Assessment
☐ Intervention
☐ Supervision
☐ Consultation and interprofessional/interdisciplinary skills

Plan for Remediation of Problematic Behavior #2:
List the program’s specific recommendations for correcting the identified performance problem:

List any immediate remedial actions/sanctions indicated:

List the time frame the intern/fellow is expected to be able to adequately resolve the problematic performance:
Clarify methods and procedures of evaluation providing guidelines for determining whether problematic performance issues are resolved:

Date the plan will be reviewed:

**Communication of Acknowledgement of Receiving the Information:**

I, _________________________ (interns’/fellow’s name), have reviewed the problematic performance remediation plan on the meeting date listed above with individuals from the training program. My signature below indicates I fully understand the plan and am aware of the right to request an appeal.

______________________________  _______________
Intern’s/fellow’s Signature      Date

**Communication of Acknowledgement of the Plan and Agreement to Support the Plan:**
The Clinical Training Director and Supervisor(s) with responsibilities or involvement in this plan must also sign indicating their knowledge of the plan and agreement to support the plan as written. Please sign and date below. The steps taken regarding due process must also be documented clearly in the intern’s/fellow’s file.

__________________________________ _______________
Director of Clinical Training’s Signature  Date

__________________________________ _______________
Supervisor Name / Signature           Date

__________________________________ _______________
Supervisor Name / Signature           Date
Appendix XVII – Assessment Case Review

Name/Case #  Date:

Ratings are based upon the four-point scale below to evaluate the fellow’s performance in each area listed.

1. **Unsatisfactory** – Functioning does not meet standards and/or exceptions. Remediation and/or intensive supervision needed.
2. **Satisfactory** – Functioning at an expected level for a postdoctoral fellow. Standard supervision needed. Expected score at this point in their training.
3. **Very Good** – Functioning in this area is strong. Fellow utilizes supervision for continued growth. Expected score at the end of fellowship training.
4. **Excellent** – Functioning in this area is excellent. Supervision has become more collaborative in nature and the fellow’s performance meets standards for independent practice.

**N/A (Not Applicable)** – Fellow has not participated in this activity and/or information is not available

**Management of Time and Resources**

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<thead>
<tr>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Collaborating with collateral contacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Timely completion of testing and scoring</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Updating supervisor of case status</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Completing write up of report in timely</td>
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</tbody>
</table>

Comments:

**Scoring, Administration and Interpretation**

5. Knowledge of test instruments
6. Accuracy in administration of test instruments
7. Accuracy in scoring of test instruments
8. Integration of test data
9. Accuracy of DSM-V: TR diagnosis

Comments:

**Writing/Communication Abilities**

10. Organization and sophistication of written reports
11. Clarity of integration of tests results in reports
12. Communicating test results to clients, parents and treatment team

Comments:
Appendix XVIII – Didactic Training Evaluation Form

Regarding the Content:

Please indicate the accuracy of the following statements according to the scale.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The class content met my expectations</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Class materials (handouts, presentations, etc.) were well organized and clearly written.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Class examples and exercises helped me learn the content.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. I will be able to apply what I’ve learned.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Regarding the Instructor: “The Instructor . . . “

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Effectively presented training class content.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Clearly explained the class exercises and their relevance.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Was supportive and responsive to participants</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Demonstrated mastery of the subject matter in the class.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Regarding the Facilities/Equipment:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. The facilities and equipment used supported my learning.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

10. Please indicate which parts of the class and/or what the instructor did particularly well that you found valuable and why.

11. Please indicate which parts of the class need to be improved, and add your suggestions.

OVERALL CLASS EFFECTIVENESS RATING (4 BEING THE HIGHEST AND 1 THE LOWEST):

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>4</td>
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<td>3</td>
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<td>2</td>
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Appendix XIX – Attendance Log

Casa Pacifica’s Absence Log

Interns/Fellows get 4.92 hours of PTO per pay period, plus nine Casa Pacifica Holidays and three sick days per year. All supervisors are responsible for confirming this log is up to date.

<table>
<thead>
<tr>
<th>Intern/Fellow Name:</th>
<th>Date</th>
<th># PTO Hours</th>
<th>Date Approved</th>
<th>Approved By</th>
</tr>
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<tbody>
<tr>
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Total:
# Appendix XX – Rounds Presentation Feedback Form

<table>
<thead>
<tr>
<th>Clinical Area Assessed</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Case presented used a recognized theory of psychology and an evidence-based practice (1A1).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Engaged in systematic effort to increase knowledge of client’s clinical needs through implementing and reviewing research and advances in the field (1A2).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ability to apply ethical and legal issues relating to therapy. Were issues raised by presenter (2A4)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Used sound clinical judgment about unexpected issues, such as crisis intervention, confrontation, and the use of supervision (1C3).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Managed and was aware of transference and counter transference. Issues raised (2B3)?
   Comments:
   1  2  3  4  N/A

6. Evaluated treatment progress and modified treatment planning using a clinical dashboard, formal and informal outcome measures (1A6).
   Comments:
   1  2  3  4  N/A

7. Accurately assessed and conceptualized independently client needs taking into account the larger life context, including diversity issues (1B1).
   Comments:
   1  2  3  4  N/A

8. Independently selected an
   Comments:
   1  2  3  4  N/A

9. Ability to formulate questions and lead discussion regarding a clinical dilemma or future directions for treatment?
   Comments:
   1  2  3  4  N/A

10. Summary and Overall Impression
    Comments:
    1  2  3  4  N/A
Appendix XXI – Grading Criteria for Live Supervision or Taped Client Sessions

Supervisee:  
Supervisor:  
Date:

Instructor’s Observations & Evaluation

| Self-Awareness/Other Awareness | | | | | |
|-------------------------------|---|---|---|---|
| Relaxed, comfortable relevant behavior | 1 | 2 | 3 | 4 |
| Rigid, uncomfortable, or irrelevant | 5 | | | |

| Dependency/Autonomy | | | | | |
|---------------------|---|---|---|---|
| Able to focus on interviewee | 1 | 2 | 3 | 4 |
| Unable to focus due to evaluation anxiety | 5 | | | |

<table>
<thead>
<tr>
<th>Skill Development</th>
</tr>
</thead>
</table>

### Self Awareness/Other Awareness

| Non-verbal attending present | | | | | |
|-------------------------------|---|---|---|---|
| Non-verbal attending not present | 1 | 2 | 3 | 4 |

| Silence present | | | | | |
|-----------------|---|---|---|---|
| Silence not present | 1 | 2 | 3 | 4 |

| Paraphrase present | | | | | |
|--------------------|---|---|---|---|
| Paraphrasing not present or poorly done | 1 | 2 | 3 | 4 |

| Summarizing present | | | | | |
|---------------------|---|---|---|---|
| Summarizing not present or poorly done | 1 | 2 | 3 | 4 |

| Reflecting feeling present | | | | | |
|-----------------------------|---|---|---|---|
| Reflecting feeling not present or inaccurate | 1 | 2 | 3 | 4 |

<p>| Asking questions, primarily open-ended, present | | | | | |
|--------------------------------------------------|---|---|---|---|
| Asking questions not present | 1 | 2 | 3 | 4 |</p>
<table>
<thead>
<tr>
<th>Empowering: themes/goals present</th>
<th>Unable to identify themes &amp; goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information-giving: expertise present</th>
<th>Information-giving: expertise not present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self disclosure present, relevant not dominating</th>
<th>Self disclosure not present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to identify a discrepancy</th>
<th>Unable to identify a discrepancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- **Motivation**

<table>
<thead>
<tr>
<th>Turned assignment in on time</th>
<th>Assignment in late without permission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- **Dependency/Autonomy**

<table>
<thead>
<tr>
<th>Identify all skills</th>
<th>Multiple misidentifications of skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- **For Audiotaping Only**

<table>
<thead>
<tr>
<th>Accurate transcription of tape</th>
<th>Major gaps in transcription, paraphrasing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Comments:____________________________________________________________________________________
____________________________________________________________________________________

- **Written Self-Assessment**

- **Self Awareness/Other Awareness**

<table>
<thead>
<tr>
<th>Articulate self awareness</th>
<th>Inability to articulate self-awareness during interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Articulate impact on interviewee</th>
<th>Inability to articulate impact on interviewee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- **Motivation**

<table>
<thead>
<tr>
<th>Completed commentary portion</th>
<th>Incomplete commentary portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dependency/Autonomy</td>
<td>Able to evaluate one’s use of skills</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Able to evaluate impact of skills</th>
<th>Unable to evaluate impact of skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Points: _________

Summary Comments: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Supervisee Comments: _________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Supervisor Signature ___________________________ Supervisee Signature ______________
Appendix XXIII – Quality Improvement Process

Quality Improvement Process

- Strategy Plans
- Financial Data
- Program Outcomes
- Professional Accountability
- Quality Measures

Internship Quality Leadership Team (IQLT)

Internship Program Implementation Team (IPIT)

Improvements and Innovations
## Appendix XXIV

### Casa Pacifica Internship and Postdoctoral Training Team

<table>
<thead>
<tr>
<th><strong>Mission</strong></th>
<th>The purpose of the Internship and Postdoctoral Training Team (IPTT) is to implement the program, assess program data and trends, solicit input from key constituents, engage in creative problem solving, and address questions and recommendations from the American Psychological Association (APA) in order to advance continuous improvement through clearly defined strategies and tactics.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Membership</strong></td>
<td>DCT, Primary and Secondary Clinical Supervisors</td>
</tr>
<tr>
<td><strong>Team Leader</strong></td>
<td>The training Director serves as the team leader, sets the meeting agenda, facilitates an inclusive environment, promotes constructive discussion, strives to achieve consensus, adheres to timelines and ensures a results orientation.</td>
</tr>
<tr>
<td><strong>Recording Secretary</strong></td>
<td>The senior administrative assistant for the Internship and Postdoctoral Fellowship Programs or designee is the recording secretary, schedules each meeting, provides clerical support, maintains all records, completes meeting minutes and forwards minutes to all team members one week prior to the next scheduled meeting.</td>
</tr>
<tr>
<td><strong>Meetings</strong></td>
<td>Weekly</td>
</tr>
<tr>
<td><strong>Consultants</strong></td>
<td>Consultants are used at the discretion of the team and may include, but are not limited to: CEO, CFO, Human Resources, Director of Health Care, Representative from the Internship or Postdoctoral Fellowship Programs.</td>
</tr>
<tr>
<td><strong>Decision Making Mechanisms</strong></td>
<td>Decisions and recommendations are based on consensus and, as called for, democratic vote.</td>
</tr>
</tbody>
</table>
| **Scope** | The role of the IPTT Team includes all aspects of the internship and postdoctoral program including:  
  - Purview to all program data and information such as Program evaluation data, alumni survey results, clinical supervisor evaluations, recruitment data  
  - Development, revision and improvement of internship operations  
  - Literature review and updates regarding internship innovations and improvements  
  - Focus groups and/or individual interviews  
  - Review of promotional materials and communications with other schools and programs |
| **Responsibilities** | The team is responsible for the effective operation of the internship program. The team is not only empowered to develop, revise, and improve the internship and postdoctoral program, but studies the improvements implemented to ensure their efficacy sustained effectiveness. |
| **Ad Hoc Committees/Groups/Teams** | The team is empowered to establish short-term, goal directed groups to address key issues with greater focus and intensity. |
### Casa Pacifica Internship and Postdoctoral Fellowship Quality Leadership Team (IPQLT)

<table>
<thead>
<tr>
<th><strong>Mission</strong></th>
<th>The purpose of the Internship Quality Leadership Team (IPQLT) is the general oversight and control of the Mental Health Centers Doctoral Psychology Internship Program to ensure long term sustainability of program effectiveness.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Membership</strong></td>
<td>DCT, Chief Psychologist, CEO, CFO, COO, Director of Human Resources, Quality Assurance Manager, Compliance Officer, Director of Training, Director of Health Services, Intern representative, Clinical Supervisor Representative</td>
</tr>
<tr>
<td><strong>Team Leader</strong></td>
<td>The training Director serves as the team leader, sets the meeting agenda, facilitates an inclusive environment, promotes constructive discussion, strives to achieve consensus, adheres to timelines and ensures a results orientation.</td>
</tr>
<tr>
<td><strong>Recording Secretary</strong></td>
<td>The senior administrative assistant for the Internship and Postdoctoral Fellowship Program is the recording secretary, schedules each meeting, provides clerical support, maintains all records, completes meeting minutes and forwards minutes to all team members one week prior to the next scheduled meeting.</td>
</tr>
<tr>
<td><strong>Meetings</strong></td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Consultants</strong></td>
<td>Consultants are used at the discretion of the team and may include, but are not limited to: Casa Pacifica General Counsel, Director of Healthcare, Representation from other Doctoral Psychology Internship or Postdoctoral Fellowship programs, Casa Pacifica Board of Directors</td>
</tr>
<tr>
<td><strong>Decision Making Mechanisms</strong></td>
<td>Decisions and recommendations are based on consensus and, as called for, democratic vote.</td>
</tr>
<tr>
<td><strong>Scope</strong></td>
<td>The purview of the IPQLT includes all aspects of the program such as strategic effectiveness and operational efficiencies with an emphasis on:</td>
</tr>
<tr>
<td></td>
<td>- Strategic Alignment with the Casa Pacifica Mission, vision and strategic priorities</td>
</tr>
<tr>
<td></td>
<td>- Long term financial viability</td>
</tr>
<tr>
<td></td>
<td>- Internship personnel performance</td>
</tr>
<tr>
<td></td>
<td>- Program evaluation data and related information</td>
</tr>
<tr>
<td></td>
<td>- Review of quality data and related information</td>
</tr>
<tr>
<td></td>
<td>- Identification and prioritization of opportunities for improvement</td>
</tr>
<tr>
<td></td>
<td>- Mobilization of resources for performance improvement initiatives</td>
</tr>
<tr>
<td></td>
<td>- Charter time limited teams and work groups to advance program performance.</td>
</tr>
<tr>
<td><strong>Responsibilities</strong></td>
<td>The team is responsible for:</td>
</tr>
<tr>
<td></td>
<td>- Critically reviewing program data and trends</td>
</tr>
<tr>
<td></td>
<td>- Identifying, empowering and overseeing quality improvement initiatives</td>
</tr>
<tr>
<td></td>
<td>- Ensuring that improvements and innovations initiated</td>
</tr>
</tbody>
</table>
are evaluated for effectiveness over time.

- Reviewing the general performance of internship personnel in terms of quantity and quality
- Aligning internship goals and objectives with the Casa Pacifica mission, vision and values.
- Ensuring that time lines are met and accountability for program performance is secured.
- Providing input regarding the size, growth or reductions for program enrollment

| Ad Hoc Committees/Groups/Teams | The team is empowered to establish short-term, goal directed groups to address key issues with greater focus and intensity. |
Appendix XXVI - Postdoctoral Fellows Goals, Objectives and Competencies

Fellows, with their supervisors and the Training Director, develop individualized goals and activities that will meet their specific career goals. New goals are set each semester. Values are implemented via the following specific goals and objectives.

**GOAL #1**

Postdoctoral fellows will embrace and integrate into their identity as a psychologist professionalism, relational maturity, and scientific knowledge and methods as a foundation for independent practice.

**Objectives**

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.
4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.
5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.
6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.
7. Research/Evaluation: generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

**Competencies Expected**

**Objective #1**

A. Integrity-Honesty, personal responsibility and adherence to professional values.
B. Deportment: Understands professional values; honest, responsible.
C. Accountability- accountable and reliable; accepts responsibility for own actions; independently accepts personal responsibility across settings and contexts.
D. Concern for the welfare of others- demonstrates awareness of the need to uphold and protect the welfare of others; acts to understand and safeguard the welfare of others.
E. Professional Identity- Demonstrates beginning understanding of self as professional: “thinking like a psychologist.

**Objective #2**

A. Self as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture,
national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context.
B. Others as shaped by individual and cultural diversity and context- demonstrates knowledge, awareness and understanding of other individuals as cultural beings.
C. Interaction of self and others as shaped by individual and cultural diversity and context.
D. Applications based on Individual and Cultural context- applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation.

Objective #3
A. Knowledge of ethical, legal and professional standards and guidelines.
B. Awareness and application of ethical decision making.
C. Ethical conduct- Displays ethical attitudes and values.

Objective #4
A. Reflective practice- displays broadened mindfulness and self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity.
B. Self-assessment- demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills.
C. Self-care- attention to personal health and well-being to assure effective professional functioning. 4D. Participation in Supervision process.

Objective #5
A. Interpersonal Relationships- forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines.
B. Affective skills- negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively.
C. Expressive skills- communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language.

Objective #6
A. Scientific mindedness- values and applies scientific methods to professional practice.
B. Scientific foundation of psychology.
C. Scientific foundation of professional practice.

Objective #7
A. Scientific approach to knowledge generation- demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology.
B. Application of scientific method to practice.

**GOAL #2**

Postdoctoral fellows will demonstrate the functional competencies in the areas of practice and application, teaching and supervision, and navigating multiple systems addressing the needs of youth and young adults in a clinical setting.

**Objectives**

1. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.
2. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.
3. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
4. Consultation: The ability to provide expert guidance or professional assistance in response to a client’s needs or goals.
5. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.
6. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.
7. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professional in multiple disciplines.
8. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).
9. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

**Competencies Expected**

**Objective #1**

A. Knowledge and application of evidence-based practice.

**Objective #2**

A. Knowledge of Measurement and psychometrics.
B. Knowledge of assessment methods.
C. Application of assessment methods.
D. Diagnosis- applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity.
E. Conceptualization and recommendations.
F. Communication of assessment findings.
Objective #3
A. Intervention planning.
B. Skills- displays clinical skills.
C. Intervention implementation.
D. Progress evaluation.

Objective #4
A. Role of consultant.
B. Addressing referral question.
C. Communication of consultation findings.
D. Application of consultation methods.

Objective #5
A. Knowledge- demonstrates awareness of theories of learning and how they impact teaching.
B. Skills- demonstrates knowledge of application of teaching methods.

Objective #6
A. Expectations and roles- demonstrates knowledge of, purpose for, and roles in supervision.
B. Processes and procedures.
C. Skills Development.
D. Supervisory practices- provides helpful supervisory input in peer and group supervision.

Objective #7
A. Knowledge of the shared and distinctive contributions of other professions.
B. Functioning in multidisciplinary and interdisciplinary contexts.
C. Understands how participation in interdisciplinary collaboration/consultation enhances outcomes.
D. Respectful and productive relationships with individuals from other professions.

Objective #8
A. Appraisal of management and leadership.
B. Management- demonstrates awareness of roles of management in organizations.
C. Administration.
D. Leadership.

Objective #9
A. Empowerment.
B. Systems change.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC 300</td>
<td>Dependent of Court</td>
<td>The CA welfare and institutions code that provides the legal basis for juvenile court jurisdiction and authorized the court to remove children from the care and custody of their parents if such action is necessary to keep them safe.</td>
</tr>
<tr>
<td>600</td>
<td>Juvenile Probation</td>
<td>This unit provides initial juvenile case screening for in-custody juveniles and those cited by law enforcement to the probation officer for serious or chronic delinquency.</td>
</tr>
<tr>
<td>5585</td>
<td>Psychiatric Hospital for Children</td>
<td>Involuntary hospitalization for generally 72 hours.</td>
</tr>
<tr>
<td>AAS</td>
<td>American Association of Suicidology</td>
<td></td>
</tr>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
<td></td>
</tr>
<tr>
<td>ACRC</td>
<td>Association of Children’s Residential Centers</td>
<td></td>
</tr>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
<td></td>
</tr>
<tr>
<td>ADMHS</td>
<td>Alcohol, Drug and Mental Health Services</td>
<td>Santa Barbara County Mental Health Department</td>
</tr>
<tr>
<td>AFDC-FC</td>
<td>Aid to Families with Dependent Children-Foster Care</td>
<td></td>
</tr>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
<td></td>
</tr>
<tr>
<td>APA</td>
<td>American Psychological Association</td>
<td></td>
</tr>
<tr>
<td>BS</td>
<td>Behavioral Specialist</td>
<td></td>
</tr>
<tr>
<td>CACFS</td>
<td>California Alliance of Child and Family Services</td>
<td></td>
</tr>
<tr>
<td>CART</td>
<td>Coordinated Assessment and Response Team</td>
<td>Are scheduled on a monthly basis and is an extension of the core treatment team in which representatives from a child's entire multi-disciplinary team are present. Information is shared, assessments are presented, further needs are identified, treatment issues are developed and reviewed and discharge planning is discussed. The client may attend the last 15 minutes of the CART if he/she chooses.</td>
</tr>
<tr>
<td>CASA</td>
<td>Court Appointed Special Advocate</td>
<td>Trained volunteer community members appointed by a juvenile court judge as sworn officers of the court to help advocate for and determine the best interests of a child who has been removed from home due to abuse, neglect, or abandonment. They lease office space from us at Flynn Road.</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavior Therapy</td>
<td>Combines cognitive therapy and behavioral therapy. Links thinking and behavioral patterns.</td>
</tr>
<tr>
<td>CCBC</td>
<td>Community Care Licensing</td>
<td>Regulatory body that oversees State Regulations of Social Services for group homes and transitional age youth.</td>
</tr>
<tr>
<td>CCCBHA</td>
<td>California Council of Community Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>CDBG</td>
<td>Community Development Block Grant</td>
<td>A grant that assists with community and economic projects. Is a federally funded program that benefits low to moderate income people.</td>
</tr>
<tr>
<td>CFS</td>
<td>Children &amp; Family Services</td>
<td>One of 2 divisions within CDSS. CFS provides leadership and oversight of county and community agencies in implementing child welfare programs through training, technical assistance, incentives, and program evaluations. CCL consists of 6 branches: (CPFS) Child Protection and Family Support, Child and Youth Permanency, Operations and Evaluation, Foster Care Audits and Rates, (CWS/CMS Child Welfare Services/Case Management System, and Foster Care Ombudsman Office.</td>
</tr>
<tr>
<td>CHDP</td>
<td>Child Health &amp; Disability Prevention Program</td>
<td>CHDP funds preventive and diagnostic screening services and treatment to foster children through early and periodic screening, diagnostic and treatment (EPSDT).</td>
</tr>
<tr>
<td>Acronym</td>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>CIRT</td>
<td>Children’s Intensive Response Team</td>
<td>CIRT is a mobile crisis response service available to all Ventura County youths up through the age of 21 years. This program is available 24 hours/day and 7 days/week. The objective is to provide quick and accessible service to families by providing specialized crisis intervention, in-home support and linkage to county mental health services.</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
<td></td>
</tr>
<tr>
<td>COA</td>
<td>Council on Accreditation</td>
<td>Our national accrediting body.</td>
</tr>
<tr>
<td>CPS</td>
<td>Collaborative Problem Solving</td>
<td>An evidence supported strategy to engage young people in solving problems leading to challenging behavior.</td>
</tr>
<tr>
<td>CWLA</td>
<td>Child Welfare League of America</td>
<td>Is the Nations oldest and largest organization devoted entirely to the wellbeing of America’s children.</td>
</tr>
<tr>
<td>CWS</td>
<td>Child Welfare Services</td>
<td></td>
</tr>
<tr>
<td>CYA</td>
<td>California Youth Authority</td>
<td>A State Correctional Facility that works closely with Law Enforcement, Courts, Prosecutors, Probation, and a broad spectrum of public and private agencies concerned with the problems of youth.</td>
</tr>
<tr>
<td>CYC</td>
<td>California Youth Connection</td>
<td>Is a continuum of programs and services aimed at safeguarding the well being of children and families in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.</td>
</tr>
<tr>
<td>CYC-Net</td>
<td>The Int’l Child and Youth Care Network</td>
<td>An international network made available to all staff which includes access to a 4,000 member discussion board, over 50,000 pages of training and support on relational care, and a monthly journal.</td>
</tr>
<tr>
<td>CYC-P</td>
<td>Child and Youth Care Professional</td>
<td>A nationally recognized certification for child and youth care practitioners.</td>
</tr>
<tr>
<td>CYCCB</td>
<td>Child and Youth Care Certification Board</td>
<td>The North American organization which oversees the certification of child and youth care practitioners.</td>
</tr>
<tr>
<td>DCFS</td>
<td>Department of Children and Family Services</td>
<td>County system that deals with court dependants and child welfare.</td>
</tr>
<tr>
<td>DHCS (CA)</td>
<td>Department of Health Care Services</td>
<td>A staff development curriculum which teaches skills to recognize and use everyday events to promote change.</td>
</tr>
<tr>
<td>DLE</td>
<td>Daily Life Events</td>
<td>Through the Attorney General’s Child Protection Program, administers the Child Abuse Central Indes, a registry of all substantiated and inconclusive child abuse reports submitted by county child welfare agencies. The DOJ also conducts criminal background checks.</td>
</tr>
<tr>
<td>DOJ</td>
<td>Department of Justice</td>
<td></td>
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<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
<td>Employment benefit - counseling program available to employees.</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidence Based Practice</td>
<td></td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
<td></td>
</tr>
<tr>
<td>ELOPEMENT</td>
<td>Absent With Out Leave</td>
<td>Refers to a client who leaves campus without permission for longer than a few minutes.</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early, Periodic, Screening, Diagnosis and Treatment</td>
<td>A voluntary healthcare program for Medicaid eligible persons from birth to age 21.</td>
</tr>
<tr>
<td>FFA</td>
<td>Foster Family Agency</td>
<td></td>
</tr>
<tr>
<td>FMAP</td>
<td>Federal Medical Assistance Percentage</td>
<td>Federal Government’s share of a state’s expenditure.</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
<td></td>
</tr>
<tr>
<td>HEP</td>
<td>Health Education Passport</td>
<td>HEP is a statewide program. A Passport is a CWS case management form that reflects the child’s vital information, including medical, dental, and education. The HEP Notebook contains the Passport, placement information, legal information, other health information, developmental information, pictures, awards, etc. Along with vital and legal information the book is used like a scrap book.</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability &amp; Accountability Act</td>
<td>Federal regulations governing client rights and privacy issues.</td>
</tr>
<tr>
<td>Acronym</td>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>HIT</td>
<td>Health Information Technology</td>
<td></td>
</tr>
<tr>
<td>HRSA</td>
<td>Health Resources &amp; Services Administration</td>
<td></td>
</tr>
<tr>
<td>HSA</td>
<td>Human Services Agency of Ventura County</td>
<td>Ventura County Social Services Department.</td>
</tr>
<tr>
<td>ICMC</td>
<td>Interagency Case Management Committee</td>
<td>A County and Private collaborative group that meets to plan interventions for difficult high risk children.</td>
</tr>
<tr>
<td>IEP</td>
<td>Individual Education Plan (legal document)</td>
<td>Outlines goals and objective needs of children with disabilities; learning or behavioral - school related.</td>
</tr>
<tr>
<td>ILP</td>
<td>Independent Living Program</td>
<td>PL 99-272 (1986) Provides services for foster youth age 16 and older to promote self sufficiency and to help them transition out of the system at age 18.</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
<td></td>
</tr>
<tr>
<td>ITFC</td>
<td>Intensive Treatment Foster Care</td>
<td></td>
</tr>
<tr>
<td>LBS</td>
<td>Lead Behavior Specialist</td>
<td></td>
</tr>
<tr>
<td>LSCI</td>
<td>Life Space Crisis Intervention</td>
<td></td>
</tr>
<tr>
<td>MAR</td>
<td>Medication Administration Record</td>
<td>A record that documents types and frequency of medications administered.</td>
</tr>
<tr>
<td>MHSAs</td>
<td>Mental Health Services Act</td>
<td>Passed in November in 2004. It provides funding for mental health programs and monitors progress toward statewide goals for children, transition age youth, adults, older adults and families. (Formerly known as Prop. 63)</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
<td>Agreement between two parties.</td>
</tr>
<tr>
<td>MSDR</td>
<td>Multi Sensory De-escalation Room</td>
<td>Use of sensory stimulation to help kids regulate their emotions and resulting behavior.</td>
</tr>
<tr>
<td>MSSR</td>
<td>Medication Support Services Record</td>
<td>A record that documents length of time it takes for Nurses to administer medication; part of the Administering Support Contract.</td>
</tr>
<tr>
<td>NCASES</td>
<td>National Commission for the Accreditation of Special Education Services</td>
<td>A foster child who is a current or former dependent child or ward of the juvenile court who satisfies all of the following criteria: 1) He/She has attained 18 years of age, but is less than 21 years of age, 2) He/She is in foster care under the responsibility of the county welfare department</td>
</tr>
<tr>
<td>NMD</td>
<td>Non Minor Dependent</td>
<td></td>
</tr>
<tr>
<td>NOC</td>
<td>Night Shift (Nocturnal Shift)</td>
<td></td>
</tr>
<tr>
<td>NPS</td>
<td>Non-Public School</td>
<td></td>
</tr>
<tr>
<td>OJT</td>
<td>On the Job Training</td>
<td></td>
</tr>
<tr>
<td>Acronym</td>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>PATAY</td>
<td>Progressing the Advancement of Transitional Age Youth</td>
<td>Is a voluntary association of likeminded professionals and concerned citizens who are dedicated in supporting the transitional age youth (TAY) population in Ventura County (primarily ages 16 to 25). It is a collaborative effort committed to empowering Ventura County youth and young adults who are or have experienced abuse, neglect, homelessness, or mental illness in accessing resources, achieving developmental tasks, and taking the next steps toward independence. It is our goal to positively impact the overall wellbeing of the TAY in the following domains: Educational Opportunities, Employment and Career, Living Situation, Community Life Functioning and Personal Effectiveness and Wellbeing.</td>
</tr>
<tr>
<td>PCIT</td>
<td>Parent Child Interaction Therapy</td>
<td>PCIT is an intensive treatment program that is designed to help both parents and children. The program works with parents and children together to improve the quality of the parent-child relationship and to teach parents the skills necessary to manage their child’s severe behavior problems.</td>
</tr>
<tr>
<td>PERSONBRAIN</td>
<td>The PersonBrain Model</td>
<td>A strength-based training that provides essential skills within a neuro-relational framework of care.</td>
</tr>
<tr>
<td>PFP</td>
<td>Pay for Performance</td>
<td></td>
</tr>
<tr>
<td>PRN</td>
<td>Medication as Needed</td>
<td>A prescribed medication by a physician or psychiatrist that is given to a client on an as-needed basis only. PRNs are generally used for agitation, asthma, headaches, minor injuries or illness, and sleeping aids. The client may ask for the medication to be given or an assigned staff or clinician may ask the child if he/she would like it if they observe them to be in a state of agitation or need.</td>
</tr>
<tr>
<td>PTO</td>
<td>Paid Time Off</td>
<td>Employee benefit - combines vacation, cash and personal time off.</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
<td></td>
</tr>
<tr>
<td>RCL</td>
<td>Rate Classification Levels</td>
<td>There are 14 RCL’s - the more staff hours per child the higher the RCL and the higher the monthly rate. Our RTC is an RCL-14, Shelter is an RCL-12.</td>
</tr>
<tr>
<td>RCYCP</td>
<td>Relational Child and Youth Care Practice</td>
<td>A quarterly journal featuring best practices provided to all staff.</td>
</tr>
<tr>
<td>RFI</td>
<td>Request for Information</td>
<td>Information seeking process sent to possible vendors regarding specific grants/moneys.</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposal</td>
<td>Seeking vendors for services specific to grants.</td>
</tr>
<tr>
<td>RFQ</td>
<td>Request for Qualifications</td>
<td></td>
</tr>
<tr>
<td>ROP</td>
<td>Regional Occupational Program</td>
<td>Offers technical support and consultation services to school districts on Vocational/Technical Education related issues. ROP is available to high school age students and adults.</td>
</tr>
<tr>
<td>RTC</td>
<td>Residential Treatment Center</td>
<td>Is a 28 bed residential treatment program that is designed to treat age appropriate, severely emotionally disturbed (SED) clients who meet the criteria for RCL 14 placement. Complemented by day treatment services delivered via a Mental Health Rehabilitation Clinic and special education services offered by a Non-Public School, this intensive residential treatment approach provides multiple services through a comprehensive, integrated campus-based program.</td>
</tr>
<tr>
<td>SAFE</td>
<td>Safe Environments for Learning and Growth</td>
<td>A staff development curriculum promoting relational safety and positive interactions while reducing the use of physical restraint.</td>
</tr>
<tr>
<td>SAFTY</td>
<td>Safe Alternatives For Treating Youths</td>
<td>The goal of the SAFTY program is to keep the youths in the Santa Barbara County in the community in the least restrictive setting. This program aims to achieve this goal by supporting families in a crisis situation by restoring safety in the home and developing plans for reducing the frequency and intensity of future crisis.</td>
</tr>
<tr>
<td>SB 82</td>
<td>Investment in Mental Health Wellness Act</td>
<td>It provides funds to increase capacity in crisis service systems.</td>
</tr>
<tr>
<td>SBIRT</td>
<td>Screening, Brief Intervention and Referral to Treatment</td>
<td>Public Health approach to the delivery of early intervention, treatment services to people with substance use disorder.</td>
</tr>
<tr>
<td>Acronym</td>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>SBS</td>
<td>Supportive Behavioral Services</td>
<td>This program provides in-home services to children in the Oxnard area who are diagnosed and who have no access to other services. We will be working closely with VCBH, City Impact, St. Paul’s Church and CRT for initial referrals.</td>
</tr>
<tr>
<td>SED</td>
<td>Seriously Emotionally Disturbed</td>
<td>Responsible for special education, ensuring public education for all students with identified disabilities.</td>
</tr>
<tr>
<td>SELPA</td>
<td>Special Education Local Plan Area</td>
<td>The purpose of the program is to support youth transitioning from a RCL 12 or above to make a smooth transition to a lower level of care. Casa Pacifica’s program is in both Santa Barbara and Ventura County.</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled Nursing Facilities</td>
<td>A licensed facility that provides personal care services and skilled nursing care.</td>
</tr>
<tr>
<td>TBS</td>
<td>Therapeutic Behavior Specialist</td>
<td>Recipients of the services must be under 21 years of age, have full scope Medi-Cal benefits, are currently receiving specialty Mental Health Services and must meet MHP medical necessity criteria.</td>
</tr>
<tr>
<td>TEC</td>
<td>TEACH Training &amp; Education for Achievement by Children</td>
<td>Is an endowment fund that provides scholarships to Ventura County youth who have been in foster care.</td>
</tr>
<tr>
<td>TEC-FC</td>
<td>TEACH Transitional Housing Placement Plus Foster Care</td>
<td>Provides housing and individualized services and supports to emerging adults who are transferring from foster care.</td>
</tr>
<tr>
<td>TILP</td>
<td>Transitional Independent Living Plan &amp; Agreement</td>
<td>Describes the youth’s transition goal(s); activities that will assist the youth in achieving the goal(s); identifies the individuals assisting the youth; the planned completion date and progress evaluation toward reaching the goals.</td>
</tr>
<tr>
<td>THPC</td>
<td>Transitional Housing Placement &amp; Agreement</td>
<td>Is a planned response when a client is viewed as being in imminent danger to self or others. Assigned staff stays within arms length, carries a radio, and documents behavior every 15 minutes.</td>
</tr>
<tr>
<td>TYS</td>
<td>Transitional Youth Services</td>
<td>Foster youth 16 to 25 years old. A youth-driven program that focuses on helping transitional-aged young people make a smooth transition to independent living.</td>
</tr>
<tr>
<td>VCBH</td>
<td>Ventura County Behavioral Health</td>
<td>Oversees and operates public mental health services in Ventura County.</td>
</tr>
<tr>
<td>VCSSO</td>
<td>Ventura County Superintendent of Schools Office</td>
<td>Performs exemplary service delivery of quality and cost effective services to families.</td>
</tr>
<tr>
<td>WET</td>
<td>Wraparound Services</td>
<td>Wraps services around the child and family. The Wrap Team identifies the child’s individual needs and then develops and implements a plan to meet those needs.</td>
</tr>
<tr>
<td>WRAP</td>
<td>Wraparound Services</td>
<td>Wraps services around the child and family. The Wrap Team identifies the child’s individual needs and then develops and implements a plan to meet those needs.</td>
</tr>
</tbody>
</table>
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Principle B: Fidelity and Responsibility
Principle C: Integrity
Principle D: Justice
Principle E: Respect for People’s Rights and Dignity

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   1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
   1.03 Conflicts Between Ethics and Organizational Demands
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   7.07 Sexual Relationships With Students and Supervisees

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AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016
INTRODUCTION AND APPLICABILITY

The American Psychological Association’s (APA’s) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A–E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists’ activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association’s Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (See p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242.

This Ethics Code and information regarding the Code can be found on the APA website, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereof, as follows:


Request copies of the APA’s Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.
The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people’s understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists’ work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists’ obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists’ scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues’ scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of
psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

**Principle D: Justice**

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

**Principle E: Respect for People’s Rights and Dignity**

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

**ETHICAL STANDARDS**

1. **Resolving Ethical Issues**

1.01 Misuse of Psychologists’ Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.
1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents
Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies
In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments
Psychologists’ work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)
3. **Human Relations**

3.01 **Unfair Discrimination**

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 **Sexual Harassment**

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 **Other Harassment**

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 **Avoiding Harm**

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 **Multiple Relationships**

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 **Conflict of Interest**

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 **Third-Party Requests for Services**

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 **Exploitative Relationships**

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-
cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual’s assent, (3) consider such persons’ preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist’s illness, death, unavailability, relocation, or retirement or by the client’s/patient’s relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)
4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists’ Work.)

(c) A paid advertisement relating to psychologists’ activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,
they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials
Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation
Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists’ withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client’s/patient’s emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements
(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists’ fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients
Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources
In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

Effective January 1, 2017
6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-
ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants’ rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants’ employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study’s significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal’s life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another’s work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on inform-
tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual’s language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists’ notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists’ judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)
9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist’s role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.
10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client’s/patient’s welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client’s/patient’s personal history; (5) the client’s/patient’s current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.
AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability
If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. Take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm
(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.
Professional Therapy Never Includes Sex
Professional Therapy Never Includes Sex

State of California
Department of Consumer Affairs
Dear Reader:

As a reader of “Professional Therapy Never Includes Sex,” you may be a California consumer concerned about the conduct of your therapist. You may be a licensed therapist, or training to become a therapist. In any case, it’s good to know more about the high standards of professional conduct expected — and required — in the therapy relationship.

Consumers are looking for professionals they can trust. Therapists value the trust of their patients. When this mutual trust is violated by sexual exploitation, everyone loses. The patient loses an opportunity for improved health and becomes a victim. The therapist stops being a healer and becomes a victimizer. And the profession itself loses when the good reputation of the many is diminished by the illegal conduct of a few.

The California Department of Consumer Affairs is dedicated to working with its professional licensing board partners to protect and educate consumers. If you are a victim of sexual abuse by a therapist, it’s important for you to report your experience to the board that licenses your therapist.

This booklet offers guidance and resources for consumers. For more consumer guidelines and information, you may contact the appropriate licensing board or professional association, or contact the Department of Consumer Affairs at 1-800-952-5210 or www.dca.ca.gov.

California Department of Consumer Affairs
Professional Therapy Never Includes Sex

Publishing Information

The 2011 edition of “Professional Therapy Never Includes Sex” is published by the California Department of Consumer Affairs. This publication is a joint project of the California Board of Psychology, the California Board of Behavioral Sciences and the Department of Consumer Affairs’ Office of Publications, Design & Editing.

This booklet is available in the “Publications” section of the Department of Consumer Affairs’ Web site at www.dca.ca.gov.

Single copies of the publication are available at no charge from the boards listed above and from Publications Office, California Department of Consumer Affairs, P.O. Box 989004, West Sacramento, CA 95798-0004.

This booklet may be copied, if (1) the meaning of copied text is not changed or misrepresented, (2) credit is given to the California Department of Consumer Affairs, and (3) all copies are distributed free of charge.

Acknowledgments

The Department of Consumer Affairs, the Board of Psychology and the Board of Behavioral Sciences wish to thank former Senator Diane Watson, whose Senate Task Force on Psychotherapist and Patient Sexual Relations prompted the development of “Professional Therapy Never Includes Sex” in 1990.
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Introduction

Professional psychotherapy never includes sex. It also never includes verbal sexual advances or any other kind of sexual contact or behavior. Sexual contact of any kind between a therapist and a patient is unethical and illegal in the state of California. Additionally, with regard to former patients, sexual contact within two years after termination of therapy is also illegal and unethical.

Sexual contact between a therapist and a patient can also be harmful to the patient. Harm may arise from the therapist’s exploitation of the patient to fulfill his or her own needs or desires, and from the therapist’s loss of the objectivity necessary for effective therapy. All therapists are trained and educated to know that this kind of behavior is inappropriate and can result in the revocation of their professional license.

Therapists are trusted and respected, and it is common for patients to admire and feel attracted to them. However, a therapist who accepts or encourages these normal feelings in a sexual way — or tells a patient that sexual involvement is part of therapy — is using the trusting therapy relationship to take advantage of the patient. And once sexual involvement begins, therapy for the patient ends. The original issues that brought the patient to therapy are postponed, neglected, and sometimes lost.

Many people who endure this kind of abusive behavior from therapists suffer harmful, long-lasting emotional and psychological effects. Family life and friendships are often disrupted, or sometimes ruined.

California’s lawmakers, licensing boards, professional associations and ethical therapists want such inappropriate sexual behavior stopped. This booklet was developed to help patients who have been sexually exploited by their therapists. It outlines their rights and options for reporting what happened. It also defines therapist sexual exploitation, gives warning signs of unprofessional behavior, presents a “Patient Bill of Rights,” and answers some frequently asked questions.
Definition of Terms

Throughout this booklet, the terms “therapist,” “therapy” and “patient” will be used. “Therapist” refers to anyone who is licensed to practice psychotherapy, or is training to become licensed, and includes:

- Psychiatrists (physicians practicing psychotherapy)
- Psychologists
- Registered psychologists
- Psychological interns
- Psychological assistants
- Licensed clinical social workers
- Registered associate clinical social workers
- Licensed marriage and family therapists
- Marriage and family therapist registered interns and trainees
- Licensed professional clinical counselors
- Professional clinical counselor interns

The terms “therapy,” “therapist” and “patient” in this booklet also refer to educational psychology, educational psychologists and their clients. Though educational psychologists do not practice psychotherapy, these licensed professionals work with clients, performing educational evaluations, diagnosis and test interpretation.

“Therapy” includes any type of mental health counseling from any of the licensed or registered, therapists listed above. “Patient” refers to anyone receiving therapy or counseling.
According to California laws:

- Any act of sexual contact, sexual abuse, sexual exploitation, sexual misconduct or sexual relations by a therapist with a patient is unprofessional, illegal, as well as unethical as set forth in Business and Professions Code sections 726, 729, 2960(o), 4982(k), 4992.3(l), 4989.54(n), and 4999.90(k).

- “Sexual contact” means the touching of an intimate part of another person, including sexual intercourse.

- “Touching” means physical contact with another person either through the person’s clothes or directly with the person’s skin.

- “Intimate part” means the sexual organ, anus, groin or buttocks of any person and the breast of a female.

Sexual exploitation can include sexual intercourse, sodomy, oral copulation, or any other sexual contact between a therapist and a patient or a former patient under certain circumstances. Sexual misconduct includes a much broader range of activity, which may include fondling, kissing, spanking, nudity, verbal suggestions, innuendoes or advances. This kind of sexual behavior by a therapist with a patient is unethical, unprofessional and illegal.
Warning Signs

In most sexual abuse or exploitation cases, other inappropriate behavior comes first. While it may be subtle or confusing, it usually feels uncomfortable to the patient. Some clues or warning signs are:

- Telling sexual jokes or stories.
- “Making eyes at” or giving seductive looks to the patient.
- Discussing the therapist’s sex life or relationships excessively.
- Sitting too close, initiating hugging, holding the patient or lying next to the patient.

Another warning sign is “special” treatment by a therapist, such as:

- Inviting a patient to lunch, dinner or other social activities.
- Dating.
- Changing any of the office’s business practices (for example, scheduling late appointments so no one is around, having sessions away from the office, etc.).
- Confiding in a patient (for example, about the therapist’s love life, work problems, etc.).
- Telling a patient that he or she is special, or that the therapist loves him or her.
- Relying on a patient for personal and emotional support.
- Giving or receiving significant gifts.

Signs of inappropriate behavior and misuse of power include:

- Hiring a patient to do work for the therapist, or bartering goods or services to pay for therapy.
- Suggesting or supporting the patient’s isolation from social support systems, increasing dependency on the therapist.
- Providing or using alcohol (or drugs) during sessions.
- Any violation of the patient’s rights as a consumer (see “Patient Bill of Rights,” page 24).
Therapy is meant to be a guided learning experience, during which therapists help patients to find their own answers and feel better about themselves and their lives. A patient should never feel intimidated or threatened by a therapist’s behavior.

If you are experiencing any of these warning signs, trust your own feelings. Check on the therapist’s behavior with a different therapist, or with any of the agencies in “Where To Start” (see page 10). Depending on what you find out, you may want to find another therapist.

What If It’s Me?

If you have been sexually abused or exploited by your therapist, you may be feeling confused. You may feel:

- Guilty and responsible — even though it’s the therapist’s responsibility to keep sexual behavior out of therapy.
- Mixed feelings about the therapist — protectiveness, anger, love, betrayal.
- Isolated and empty.
- Distrustful of others or your own feelings.
- Fearful that no one will believe you or understand what happened, or that someone will find out.
- Confused about dependency, control and power.

You may even have nightmares, obsessive thoughts, depression, or suicidal or homicidal thoughts. You may feel overwhelmed as you try to decide what to do or whom to tell.

It’s essential that you face what happened. This may be painful, but it is the first major step in healing and recovering from the experience. You may have positive and negative feelings at the same time, such as starting to feel personal control, being afraid of what may happen in the future, remembering the experience, and feeling relieved that the sexual relationship is over.
The second step in the healing process is to decide what YOU want to do next. Try to be open-minded about your options.

Remember: It doesn’t matter if you, the patient, started or wanted the sexual involvement with the therapist. Therapists are responsible for keeping sexual intimacy out of the therapy relationship and are trained to know how to handle a patient’s sexual attractions and desires.

Where To Start

You may need to (1) talk to someone who will understand what you’re going through, (2) get information on whether the therapist’s behavior was illegal and/or unethical, and (3) find out what you can do about it. Three places to get help are:

> **Licensing Boards** — In the Department of Consumer Affairs, three different boards license therapists. They can give general information on appropriate behavior for therapists and your rights for reporting what happened, as well as how to file a complaint (see page 13 for licensing board contact information).

> **Sexual Assault/Crisis Centers** — These centers have staff trained in all types of sexual abuse and exploitation. They can provide general information on appropriate behavior for therapists, crisis services, your rights for reporting what happened, and names of therapists and support groups that may be helpful. Centers are located throughout California. Look in your telephone book under “sexual assault center” or “crisis intervention service.”

> **Professional Associations** — Each licensed therapy profession has at least one professional association. Associations can provide general information on appropriate behavior for therapists, your rights for reporting what happened, and how to file a complaint. They can provide names of therapists who may be helpful (see pages 16-17 for association contact information).
What You Can Do

You can deal with your situation in several different ways. Take time to explore all of your rights and options. It may help to decide what your goals are:

> Reporting the Therapist — Perhaps you want to prevent the therapist from hurting other patients. You may want to make it known that sexual exploitation is always wrong. If this is your decision, you have several reporting options (see page 12).

It is important to note that reporting misconduct is time-sensitive. What can be done in response to the report of misconduct usually depends on who the misconduct is reported to and the length of time between the misconduct and when the report was filed.

Such a time limit is called a “statute of limitations.” As you consider your options, be aware of these time limits.

> Your Recovery — You may also want to explore and process what happened between you and the therapist. If you decide to do this, you can look into therapy or support groups (see pages 20–21).

> Moving On — You may wish simply to move on past this experience as quickly as possible and get on with your life. Remember — you have the right to decide what is best for you.
Your Reporting Options

If you decide to report a therapist’s behavior that you believe is unethical and illegal, there are four different ways to do so. All of these reporting options are affected by time limits, so you should consider reporting misconduct at the earliest appropriate opportunity. You may choose one or more of the options listed below. These options and their time limits are discussed in more detail on the following pages:

- **Administrative Action** — File a complaint with the therapist’s licensing board. (See “More About Administrative Action, page 13.)

- **Professional Association Action** — File a complaint with the ethics committee of the therapist’s professional association. (See “More About Professional Association Action,” page 15.)

- **Civil Action** — File a civil lawsuit. (See “More About Civil Action,” page 18.)

- **Criminal Action** — File a complaint with local law enforcement. (See “More About Criminal Action, page 19.”)
More About Administrative Action

Three California boards license and regulate therapists:

**Board of Behavioral Sciences**
1625 N. Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov
This board licenses and regulates educational psychologists; licensed clinical social workers; registered associate clinical social workers; licensed marriage and family therapists; registered marriage and family therapist interns; licensed professional clinical counselors; and registered professional clinical counselor interns.

**Board of Psychology**
1625 N. Market Blvd., Suite N-215
Sacramento, CA 95815
(916) 574-7720
www.psychology.ca.gov
This board licenses and regulates psychologists, psychological assistants and registered psychologists.

**Medical Board of California**
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2389
www.mbc.ca.gov
This board licenses and regulates physicians, including psychiatrists.

The purpose of these licensing boards is to protect the health, safety and welfare of consumers. Licensing boards have the power to discipline therapists by using the administrative law process. Depending on the violation, the board may revoke or suspend a license, and/or place a license on probation with terms and conditions the licensed professional must follow. When a license is revoked, the therapist cannot legally practice.
In many cases, the California Business and Professions Code requires revocation of a therapist’s license or registration whenever sexual misconduct is admitted or proven.

It is best to report any case of therapist-patient sexual exploitation as soon as possible, since delays may restrict the disciplinary options available to the board. Time limits require a licensing board to initiate disciplinary action by filing an “accusation” against a licensed professional accused of sexual misconduct:

— within three years from the date the board discovered the alleged sexual misconduct, or
— within 10 years from the date the alleged sexual misconduct occurred.

That means an accusation of sexual misconduct against a therapist can’t be filed more than 10 years after the alleged incident. For complaints involving allegations other than sexual misconduct, the licensing board must file an accusation within seven years from the date of the alleged offense.

**How the Complaint Process Works**

The licensing boards can give you information about the complaint filing process and discuss your situation with you. To file a complaint, you can request a complaint form, write a letter, or start the complaint process online with the appropriate licensing board. With your complaint, be sure to include your name, address, and telephone number; the therapist’s name, address, and telephone number; a description of your complaint; copies of any available documentation (for example, letters, bill receipts, canceled checks, or pictures); and names, addresses and telephone numbers of any witnesses.

Each complaint is evaluated and investigated, and you and the therapist will be notified if the board has sufficient evidence to initiate disciplinary action. You and the therapist will be interviewed separately.

Most cases are settled by a *stipulated agreement* — the therapist typically admits to the violation(s) and accepts the disciplinary action, no hearing is held, and the patient does not have to testify. In the event that your case is not settled by a stipulated agreement, a hearing will be held by an administrative law judge, and you will be required to testify. When the judge makes a decision about the case, the board
will then decide whether to accept this decision or to issue its own decision.

It is board policy to use only initials, rather than full names, to identify patients in public disciplinary documents. However, hearings are open to the public, and there is a possibility that confidentiality may be jeopardized during the investigation process or at the hearing itself. If you are concerned about this, discuss it with the licensing board investigator.

The disciplinary process may take about two years from the time a complaint is received to the time a final decision is made. Sometimes the process takes longer. Keep in mind that you cannot receive monetary compensation from the therapist by using this option, but you may affect the therapist’s ability to practice and thereby protect other patients from similar misconduct.

More About Professional Association Action

Many therapists join professional associations — organizations that provide education and guidance to members of a profession. Each association has ethics guidelines, and all such guidelines state that sexual involvement with patients is unacceptable and unethical.

If your therapist is a member of a professional association, you may file a formal complaint with the association. After investigating the complaint, the association may recommend disciplinary actions that may include removal of the therapist from its membership. Removing a therapist from the association will let other members know about the person’s unethical behavior, but it will not keep the therapist from practicing. Only a licensing board or court action can do that. In addition, the action will not result in monetary recovery for you (only a civil action can do that), and will not result in criminal action against the therapist.

Each association has different ways of filing complaints. Call or write the appropriate association for this information. To find out which association, if any, the therapist belongs to, call the therapist’s office and request this information; have a friend call the office or therapist for you; or check with the different associations.
Most professional association ethics committees will typically review only those complaints that include allegations made within one year of the date of the alleged misconduct.

Contact the appropriate association for specifics on reporting professional misconduct, or to get more general information.

**Psychiatrist, Physician**

American Psychiatric Association  
1000 Wilson Blvd. Suite 1825  
Arlington, VA 22209  
(888) 357-7924  
www.psych.org

California Medical Association  
1201 J Street, Suite 200  
Sacramento, CA 95814  
(916) 444-5532  
www.cmanet.org

California Psychiatric Association  
1029 K Street, Suite 28  
Sacramento, CA 95814  
(916) 442-5196  
www.calpsych.org

**Licensed Psychologist**

American Psychological Association  
750 First Street, NE  
Washington, DC 20002  
(800) 374-2721  
www.apa.org

California Psychological Association  
1231 I Street, Suite 204  
Sacramento, CA 95814  
(916) 286-7979  
www.cpapsych.org

**Licensed Clinical Social Worker**

National Association of Social Workers, California Chapter  
1016 23rd Street  
Sacramento CA 95816  
(916) 442-4565  
www.naswdc.org

National Association of Social Workers  
750 First Street, NE, Suite 700  
Washington, DC 20002  
(202) 408-8600  
www.naswdc.org

California Society for Clinical Social Work  
6060 Sunrise Vista Drive, Suite 1300  
Citrus Heights, CA 95610  
(916) 560-9238  
www.clinicalsocialworksociety.org
Licensed Marriage and Family Therapist
American Association for Marriage and Family Therapy
112 South Alfred Street
Alexandria, VA 22314-3061
(703) 838-9808
www.aamft.org

American Association for Marriage and Family Therapy, California Division
Post Office Box 6907
Santa Barbara, CA 93160
(800) 662-2638
(805) 681-1413
www.aamftca.org

California Association of Marriage and Family Therapists
7901 Raytheon Road
San Diego, CA 92111
(858) 292-2638
www.camft.org

Licensed Professional Clinical Counselors
California Association for Licensed Professional Clinical Counselors
P.O. Box 280640
Northridge, CA 91328
http://calpcc.org/

Licensed Educational Psychologist
California Association of Licensed Educational Psychologists
P.O. Box 387
Aptos, CA 95001
www.calep.com

California Association of School Psychologists
1020 12th Street, Suite 200
Sacramento, CA 95814
(916) 444-1595
www.casponline.org

Professional Therapy Never Includes Sex
More About Civil Action

Suing the Therapist or Their Employer

Generally, civil lawsuits are filed to seek money for damages or injuries to a patient. For a sexual misconduct case, a patient may want to sue the therapist for injuries suffered and for the cost of future therapy sessions.

Under California law, you may file a lawsuit against the therapist or the therapist’s employer if you believe the employer knew or should have known about the therapist’s behavior. If the employer is a local or state public mental health agency for which the therapist works, you must first file a complaint with the agency within six months of the sexual misconduct. Consult with an attorney for specific advice.

If you think you want to file a lawsuit, it is important to consult an attorney as soon as possible, since there are different time limits for filing civil lawsuits. Most civil lawsuits must be filed within one year after the sexual misconduct occurred.

Media Attention

Once a lawsuit is filed, there is the possibility of media coverage, especially if the patient or therapist is well-known. While many cases are settled out of court, some do go to trial, and it can take years before your case is tried.

Patients Don’t Always Win

You should be aware that some cases end up being decided in favor of the therapist, rather than the patient.

Finding an Attorney

Take time to choose an attorney to represent you. You may need to interview several. Here are some points to consider:

- Get a list of attorneys from your County Bar Association’s referral service. You can also check with your local legal aid society for legal assistance.
Contact a lawyer referral service certified by the State Bar of California. To find a certified lawyer referral service, look in the telephone book yellow pages at the beginning of the “Attorneys” listings, or visit the State Bar Web site at www.calbar.ca.gov.

Check with the State Bar of California (www.calbar.ca.gov) to make sure the attorney has a clear license.

While some attorneys are willing to wait to be paid based on the outcome of the suit (contingency basis), some will not.

Be sure that the attorney has civil litigation experience in the area of medical and/or psychological malpractice.

Make sure that you feel comfortable with your attorney and can trust and confide in him or her.

More About Criminal Action

Sexual exploitation of patients by therapists is wrong. The law makes it a crime for a therapist to have sexual contact with a patient. For a first offense with only one victim, an offender would probably be charged with a misdemeanor. For this charge, the penalty may be a sentence of up to one year in county jail, or up to $1,000 in fines, or both. Second and following offenses, or offenses with more than one victim, may be misdemeanors or felonies. The penalty in such felony cases can be up to three years in prison, or up to $10,000 in fines, or both.

This law applies to two situations:

- The therapist has sexual contact with a patient during therapy, or

- The therapist ends therapy primarily to start having sexual contact with the patient (unless the therapist has referred the patient to an independent and objective therapist who has been recommended by a third-party therapist).
To file a criminal complaint against a therapist:

- Contact your local law enforcement agency. Many agencies in larger cities have sexual assault units that handle these complaints.

- Contact your local victim/witness assistance program for help through the legal process. Look in your local telephone book under “District Attorney” or call 1-800-VICTIMS (842-8467).

Once a complaint is filed, it will be investigated by the law enforcement agency, which will give the results of the investigation to the district attorney’s office. The district attorney’s office will decide whether there is enough evidence to file criminal charges.

Time limits, or statutes of limitations, affect this reporting option. If you are considering this option, contact your local law enforcement agency. The agency’s authority to take action may expire as soon as one year from the date the alleged misconduct occurred.

**Where to Get Help**

Many patients who have been sexually exploited by therapists find it difficult to see another therapist for help and support. However, for most people, the issues that brought them to therapy were never worked on or resolved, and the sexual exploitation created even more issues to handle. If this is your situation, therapy may be an important tool in your healing process.

Before selecting a therapist, interview several until you find one you are comfortable with. Use the “Patient Bill of Rights” as a guide (see page 24). If you are unsure after one session, either consider a different therapist or set up a follow-up session to clarify your concerns. Do not feel pressured to stay with one therapist.
Finding a Therapist

Some ways of finding a therapist are:

- Asking someone you know who has been in therapy, who feels good about the experience and who has changed in ways you consider positive.

- Calling your local sexual assault center or crisis intervention service (in the telephone book yellow pages). These centers can refer you to therapists experienced in dealing with those who have suffered sexual exploitation or abuse.

- Calling professional associations (see pages 16-17) and asking for referrals to therapists who specialize in helping those who have been sexually abused or exploited by therapists.

After getting several names, call the appropriate licensing board (see page 13) or visit their Web site for on-line license verification and disciplinary actions. You can also call the professional association (see pages 16-17) and ask if the therapists are licensed and if any disciplinary actions have been filed against them. Check with your county Superior Court to see if there is a record of any malpractice lawsuits filed against the therapists.

Self-Help Support Groups

There is an informal network of self-help support groups throughout California. While there might not be a group in your area specifically focused on sexual exploitation by therapists, there may be groups dealing with more general kinds of sexual abuse. To find out if there are any groups in your area, call your local sexual assault center or crisis intervention service (listed in the telephone book yellow pages).
**Frequently Asked Questions**

> **Is it normal to feel attracted to my therapist?**

Yes. It is normal to feel attracted to someone who is attentive, kind and caring. This is a common reaction toward someone who is helping you. However, all therapists are trained to be aware of this and to maintain a therapy relationship that is beneficial to the patient.

> **What if I was the one who brought up having sex?**

That doesn’t matter. The therapist is the one who is responsible for keeping sexual intimacy out of therapy.

> **Does this happen a lot?**

A national study revealed that probably fewer than 10 percent of all therapists have had sexual contact with their patients and that 80 percent of the sexually exploiting therapists have exploited more than one patient. If a therapist is sexually exploiting a patient, they have probably done so before and are likely to do so again. In recent years, aggressive prosecution of offending therapists—and passage of laws that facilitate the enforcement work of licensing boards—have helped to significantly reduce the number of such cases reported to the licensing boards.

> **Why do some therapists sexually exploit their patients?**

There are probably as many excuses as there are therapists who engage in such unprofessional conduct. But no excuse is acceptable for a therapist to abuse the therapeutic relationship and the trust of a patient for the therapist’s own sexual gain. All therapists should know that this conduct is unethical and illegal.
Why do I feel scared or confused about reporting my therapist?

Feelings of confusion, protectiveness, shame or guilt are common. In most cases, the therapist is an important person in the patient’s life. Get as much information as possible about your options. Keep in mind that you are in control and can choose what to do.

What if the therapist retaliates against me, harasses me or files a lawsuit against me for reporting him or her?

Retaliation against a patient or harassment of a patient is illegal. Contact your local district attorney. If the therapist files a lawsuit against you, you will be required to defend yourself in the lawsuit. However, the law does provide immunity from monetary liability for reporting misconduct to a licensing board.

How can I prevent this from happening again?

1. Acknowledge your right to be free from sexual exploitation.

2. When choosing a therapist, check with the licensing board (see page 13) to see if the therapist is licensed and if the license is under suspension or probation. Check on any complaints filed with a professional association. Review county Superior Court records to see if any malpractice lawsuit judgments are on file against the therapist.

3. Question any action that may seem sexual.

4. Remember that while feelings of attraction are natural, therapy is supposed to be a means to explore and resolve feelings, without having to act them out.

5. Feel free to end a relationship that no longer seems safe.

Can I file an anonymous complaint with a licensing board?

Anonymous complaints are accepted, but they are almost impossible to investigate without the cooperation of the accuser.
Patient Bill of Rights

Patients have the right to:

- Request and receive information about the therapist’s professional capabilities, including licensure, education, training, experience, professional association membership, specialization and limitations.

- Have written information about fees, payment methods, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.

- Receive respectful treatment that will be helpful to you.

- A safe environment, free from sexual, physical and emotional abuse.

- Ask questions about your therapy.

- Refuse to answer any question or disclose any information you choose not to reveal.

- Request and receive information from the therapist about your progress.

- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.

- Know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.

- Refuse a particular type of treatment, or end treatment without obligation or harassment.

- Refuse electronic recording (but you may request it if you wish).

- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and the type of treatment.

- Report unethical and illegal behavior by a therapist (see “Your Reporting Options,” page 12).

- Receive a second opinion at any time about your therapy or therapist’s methods.

- Have a copy of your file transferred to any therapist or agency you choose.
Questions related to Casa Pacifica’s Psychology Post Doctoral Fellowship Program should be directed to:

Casa Pacifica Centers for Children and Families
1722 S Lewis Road
Camarillo CA 93012

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Questions related to Casa Pacifica’s membership status should be directed to the Association of Psychology Postdoctoral and Internship Centers (APPIC):

17225 El Camino Real Ste 170
Houston TX 77058-2748

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