Sovereign Health provides treatment of behavioral health conditions, including mental health, addiction, and dual diagnosis concerns. All treatment is overseen by accomplished, licensed practitioners utilizing an integration of evidence-based, innovative, and holistic programming options for both adults and adolescents. Current locations for adult mental health, addiction, or dual diagnosis treatment options in California include Sovereign’s headquarters in San Clemente, as well as Culver City and Palm Springs. Other facilities include a women’s facility specializing in trauma treatment located in Chandler, Arizona, an adult mental health addiction and dual diagnosis facility in Fort Myers, Florida, and adolescent programs in Rancho San Diego, California and Delta, Utah.

Mission Statement

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

Treatment Philosophy

Sovereign Health utilizes an appreciation for the neurobiological aspects of mental health and substance abuse problems as a foundation for our comprehensive assessment, diagnosis, and treatment. Successful recovery is achieved with a multidisciplinary clinical team through the integration of evidence-based modalities including traditional, holistic, and innovative therapeutic approaches.
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CLINICAL TRAINING PROGRAM

CLINICAL TRAINING PROGRAM SUMMARY

Overview

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

Training Philosophy

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

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

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

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

CLINICAL PRACTICUM TRAINING

Practicum Overview

Sovereign Health’s Practicum Student Training Program follows the traditional academic year calendar. Unless otherwise contracted with a student’s school, practicum rotations begin on the first Monday in August, and end on the last Friday in July of the following year. Unless otherwise contracted, Practicum Students are expected to be available for 16-24 hours of training per week. Training days can be flexible based on student and school schedules, but must be established at the start of the training contract.

The core focus of the practicum experience is an initiation into the application of clinical skills with a diverse base of adult clients in treatment for mental health, addiction, and/or dual diagnosis concerns. It is expected that this will be one of the Practicum Student’s first applied training experiences while in graduate school. The focus of the practicum training year is to support the transition of the student from classroom learning to application, integration, and development of both clinical skills and professional identity. Clinical development opportunities are focused on core clinical competencies such as clinical interviews, case conceptualization, diagnostic determinations, developing treatment recommendations, and opportunities to be part of a multidisciplinary team treatment setting. Other clinical opportunities may include the provision of group therapy, psychological testing and report writing, as well as mentorship from other early career professionals.

Placement Matching

1. Practicum matching is a process specific to each Sovereign location and managed by the Site Training Director or other designated Clinical Supervisors. At a minimum, it will involve student submission of a letter of interest in practicum placement, submission of a CV, and invited in-person interviews for qualified candidates.

2. Candidates selected for Practicum placement will receive a match letter in the mail with an identified HR Representative to contact for completing the trainee on-boarding process.

Practicum Student Clinical Duties

Practicum Students successfully matched to a Sovereign Health training site will have the following expectations with regard to clinical duties:
1. Intake Interviews/Evaluations  
   a. Depending on placement, student availability, and client census, Practicum Students may complete an average of 1 to 2 intake interviews per week.  
   b. This includes completion of the Bio-Psycho-Social report (intake interview report) within the appropriate timelines for review by a Supervisor and submission to Sovereign Health’s Utilization Review (UR) Department. In most cases, insurance companies require this within 24 hours.

2. Group Therapy  
   a. Effectively facilitate or co-facilitate at least 4 psycho-educational and/or treatment groups per week.  
      i. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health Electronic Medical Record (EMR).

3. Clinic Duty Coverage  
   a. For half of one day each week, all direct care clinical staff, including Practicum Students, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.

4. Psychological Testing (optional)  
   a. In most cases, Practicum Students have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training year. However, unless other arrangements have been made through a signed training agreement, all psychological testing must be completed as an additional aspect of training and professional development beyond the core training duties mentioned above.

5. Supervision  
   a. Individual Supervision  
      i. Practicum Students will receive at least 1 hour (60 minutes) per week of individual supervision by a Licensed Clinical Psychologist.  
      ii. Attendance to this supervision is mandatory.  
         1. Lack of attendance to, and participation in individual supervision will, at minimum, lead to consultation with the student’s school Training Director, and may be grounds for termination of the student’s practicum training agreement.

   b. Group Supervision  
      i. Practicum Students facilitating or co-facilitating treatment groups are required to attend a Clinical Group Supervision Meeting each week.
ii. Practicum Students completing psychological testing/evaluation are required to attend a Psychological Testing Group Supervision Meeting each week.

iii. Supervision groups for therapy are 2 hour groups facilitated by a Licensed Clinical Psychologist.

iv. Supervision Groups for psychological testing/assessment are 1 hour groups facilitated by a Licensed Clinical Psychologist with specialized competency in psychological testing.

v. Group supervision presentation/participation requirements will vary based on individual Supervisor expectations, but may include case presentations in various formats.

vi. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, students choosing to be part of a Group Supervision Meeting will be expected to attend the same group on a weekly basis.

c. Treatment Team

i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultations and important updates about relevant clinical news.

ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.

iii. Practicum Students are strongly encouraged, but not required, to attend and participate in the weekly Treatment Team meetings.

d. Weekly Hour Log

i. Practicum Students should track their supervised clinical training hours based on the specific requirements of their school program.

ii. It is the responsibility of each Practicum Student to ensure accurate documentation of their training time, and for maintaining the documentation in accordance with their school requirements.

e. Lack of attendance to, and participation in either individual or group supervision will, at minimum, lead to consultation with the student’s school Training Director, and may be grounds for termination of the student’s practicum training agreement.

6. Didactic Seminars

a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual
diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” Appendix K.)

b. Practicum Students are encouraged, *but not required*, to attend weekly didactic/seminar trainings.

c. Didactic Seminars are educational presentations by both outside guest speakers, and various members of Sovereign Health Staff.

d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.

e. Practicum Students are encouraged to make suggestions for additional didactic trainings as a part of Sovereign’s ongoing didactic development process.
PRE-DOCTORAL INTERNSHIP

Overview

Sovereign Health’s Pre-Doctoral Internship Training Program is a full year, 2000 hour supervised training opportunity. This includes the completion of at least 2000 hours of supervised clinical training, with at least 500 face-to-face client contact hours. Sovereign Health’s Pre-Doctoral Internship rotations are a full-year commitment. Pre-Doctoral Interns begin their internship on the first Monday in August, and end on the last Friday in July of the following calendar year. Pre-Doctoral Interns are expected to maintain an 8:30am-5pm Monday-Friday work schedule throughout their internship year.

The core focus of the Pre-Doctoral Internship is continued professional development and skill building with a diverse base of adult clients in treatment for mental health, addiction, and/or dual diagnosis concerns. The Pre-Doctoral Internship traditionally marks the final pre-doctoral training requirement prior to matriculation. Accordingly, Pre-Doctoral Interns are an integrated part of Sovereign Health’s multidisciplinary treatment team to support their transition from trainees to well-rounded post-doctoral clinicians. Clinical skill building is focused on the effective provision of individual and group therapies, being an active participant in a multi-disciplinary treatment team, and active refinement of individual professional identity. Additional training opportunities include ongoing refinement in the area of clinical interviewing and report writing, case conceptualization and diagnosis, as well as a chance to obtain supervised experience with psychological testing and report writing.

Pre-Doctoral Interns are strongly encouraged to have their dissertation (or equivalent) completed and defended prior to the start of their internship year. The Sovereign Health Pre-Doctoral Internship year does not include standard time-off for the completion of such educational requirements.

Sovereign Health’s Pre-Doctoral Internship positions do not currently include a stipend or health benefits.

NOTE for CA Pre-Doctoral Interns: In accordance with CAPIC and the California Board of Psychology requirements, Pre-Doctoral Interns may NOT accrue more than 44 hours of supervised experience per week during their internship year. Accordingly, time off in excess of the allocated two weeks (10 days) may result in a need to extend the internship completion date, and/or may result in failure to successfully complete the formal internship program.
Placement Matching

As a CAPIC program member, Sovereign’s California sites participate in the Pre-Doctoral Intern application, matching, placement, and clearinghouse processes coordinated by CAPIC. Please refer to the CAPIC website for current information on these processes and timelines. (www.capic.net)

Pre-Doctoral Internship Duties

1. Intake Interviews/Evaluations
   a. Depending on placement, student availability, and client census, Pre-Doctoral Interns may complete an average of 1 to 2 intake interviews per week.
   b. This includes completion of the Bio-Psycho-Social report (intake interview report) within the appropriate timelines for review by a Supervisor, and submission to the Sovereign Health’s UR Department. In most cases, insurance companies require this within 24 hours.

2. Group Therapy
   a. Effectively facilitate at least 2 psycho-educational and/or treatment groups per week.
      i. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.

3. Individual Therapy
   a. Have an active caseload of up to 5 individual therapy clients.
      i. Clients are expected to be seen for 2 individual sessions per week.
   b. Individual therapy interventions are expected to be within the realm of evidence based treatments, discussed in an ongoing basis in group supervision, individual supervision, and Treatment Team meetings.
   c. Individual therapy clients are also supported in treatment through the timely, thoughtful, and clinically focused UR documentation regarding the course of treatment, and justification of ongoing treatment or discharge based on client needs and presentation.
   d. There is an expectation that a client’s individual therapist works to encourage and facilitate the involvement of a client’s family/significant others (as appropriate based on circumstances and active releases). This may take place through phone contact, teletherapy, and/or the direct provision of family therapy.
      i. At a minimum, individual therapists are expected to have weekly contact with a single delegated family member. This is dependent upon appropriate releases being in place and active.
      ii. The delegated family member is an individual determined by the client.
iii. It is often appropriate for the individual therapist and the client to coordinate the determination of the delegated family member.

e. Being the individual therapist for clients includes being an active participant in the client’s treatment team, which includes line-staff and a Case Manager, as well as outside medical and prescribing professionals.
   i. Pre-Doctoral Interns are expected to take on, or develop into, a leader within the treatment team by engaging in clear, professional, and proactive communication with their Supervisor and the client’s other treatment team members. The goal is to ensure a smooth, ethical, and full continuum of care for each client.
   ii. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.

f. Individual therapists are also expected to collaborate with Case Managers on discharge planning for all assigned clients. This includes ongoing development of aftercare plans throughout the course of a client’s treatment at Sovereign Health.

4. Clinic Duty Coverage
   a. For half of one day each week, all direct care clinical staff, including Pre-Doctoral Interns, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.

5. On-Call Coverage
   a. All Pre-Doctoral Interns are required to complete assigned rotations of “On-Call Duty” as part of the internship program. (See “On-Call Procedures,” Appendix D.)
   b. The rotation will start on a Monday at 8:30am, and end the following Monday at 8:30am.
   c. For each week of “On-Call Duty” a Pre-Doctoral Intern completes, they will be compensated by receiving 1 additional day of time off.
   d. If a trainee’s “On-Call Duty” rotation falls on a week that includes a Company Holiday, they will be compensated with 2 additional days of time off.

6. Psychological Testing
   a. Pre-Doctoral Interns will have the opportunity to specify whether or not they have an interest in additional experience and supervision in the area of psychological testing and report writing.
   b. If interested, Pre-Doctoral Interns have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training year.
c. Supervisory staff will do their best to make schedule and clinical responsibility arrangements to support the inclusion of regular psychological testing experiences being a part of a Pre-Doctoral Intern’s schedule.

7. Providing Supervision
   a. Throughout the course of the Pre-Doctoral Internship year, there may be opportunities for Pre-Doctoral Interns to provide some delegated supervision to more junior trainees.
   b. Determination of a Pre-Doctoral Intern’s developmental appropriateness for these opportunities will be at the sole discretion of their Site Training Director or Primary Supervisor.
   c. Attributes considered indicators of readiness for this opportunity include clinical skills, work management abilities, and level of professional development.

8. Program Development/Refinement
   a. Throughout the course of the Pre-Doctoral Internship year, there may be opportunities for Pre-Doctoral Interns to engage in some level of program development with activities such as group therapy curriculum development and/or refinement, development and implementation of process improvement initiatives, or other professionally relevant special projects.
   b. Determination of a Pre-Doctoral Intern’s developmental appropriateness for these opportunities will be at the sole discretion of their Site Training Director or Primary Supervisor.
   c. Attributes considered indicators of readiness for this opportunity include clinical skills, work management abilities, and level of professional development.

9. Supervision
   a. Expectations
      i. Regular supervision is a required part of clinical work as a trainee/intern.
      ii. It must take place for both ethical and legal practice, and for the accrual of supervised training hours.
      iii. Weekly individual and group supervision, as well as didactic training and Treatment Team/Staffing are required supervisory activities. Pre-Doctoral Intern attendance is mandatory to each.
      iv. Absences must be coordinated with the Pre-Doctoral Intern’s Primary Supervisor, and both group and individual supervision appointments must be rescheduled if missed.
      v. Problems with attendance to, and/or participation in the above noted supervision activities will be grounds for intervention, which at a minimum, will be consultation with the Pre-Doctoral Intern’s School Training Director,
and, at maximum, may be grounds for dismissal from Sovereign Health’s Pre-Doctoral Internship Program.

b. Individual Supervision
   i. Pre-Doctoral Interns will receive at least 2 hours (120 minutes) per week of individual supervision by a Licensed Clinical Psychologist.
   ii. Additional clinical and operational guidance, supervision, and/or consultation are available as needed.
   iii. If choosing to utilize opportunities for psychological testing training, additional individual and group supervision specific to psychological testing is required.

c. Group Supervision
   i. Supervision groups for therapy are 2 hour groups facilitated by a Licensed Clinical Psychologist.
   ii. Supervision groups for psychological testing/assessment are 1 hour groups facilitated by a Licensed Clinical Psychologist with specialized competency in psychological testing.
   iii. Group supervision presentation/participation requirements will vary based on individual Supervisor expectations, but may include case presentations in various formats.
   iv. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, Pre-Doctoral Interns will be expected to attend the same supervision group on a weekly basis.

d. Treatment Team
   i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultation and important updates about relevant clinic news.
   ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.
   iii. Treatment Team meetings are NOT a replacement or alternative to the formal Group Supervision requirements noted above.

e. Weekly Hour Log
   i. All Pre-Doctoral Interns are required to complete a Weekly Hour Log that will be initialed weekly by their Primary Supervisor. (See “Weekly Hour Log,” Appendix M.)
   ii. The Weekly Hour Log will then be signed at the end of each month.
iii. Completion of this log is a requirement for documentation of hours for State Licensing Boards.

iv. It is the responsibility of each Pre-Doctoral Intern to ensure accurate documentation of their training time, and for maintaining the log with regularly updated initials and Primary Supervisor signatures.

10. Didactic Seminars
   a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” Appendix K.)
   b. Pre-Doctoral Interns are required to attend weekly didactic/seminar trainings as a required part of their training experience.
   c. Didactic seminars are educational presentations provided by both outside guest speakers, and various members of Sovereign Health Staff.
   d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.
   e. Pre-Doctoral Interns are encouraged to make suggestions for additional, didactic trainings as part of Sovereign Health’s ongoing didactic development process.
**POST-DOCTORAL FELLOWSHIP**

*Overview*

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

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

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

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

Clinical refinement is focused on increased effectiveness in the provision of individual and group therapies, being an active leader through mentorship and modeling during Treatment Team meetings, and active refinement of individual professional identity. Additional training opportunities include the development and provision of didactic trainings, increased opportunities for delegated supervision, increased opportunities for assisting with program and staff management, as well as leading peer-reviews, and continued development in the area of psychological testing and report writing.
NOTE for CA Post-Doctoral Fellows: In accordance with the California Board of Psychology requirements, Post-Doctoral Fellows may NOT accrue more than 44 hours of supervised experience per week.

Post-Doctoral Fellowship Duties

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

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

3. Individual Therapy
   a. Have an active caseload of at least 3 individual therapy clients.
      i. Clients are expected to be seen for 2 individual sessions per week.
      ii. Total individual therapy caseloads can vary among Post-Doctoral Fellows, depending upon clinic needs, as well as the individual areas of professional interest for each individual Post-Doctoral Fellow. As an overall guideline, Post-Doctoral Fellows are expected to maintain at least 15 hours of client contact per week through some combination of intake interviews, individual clients, and/or group facilitation/co-facilitation.
   b. Individual therapy interventions are expected to be within the realm of evidence based treatments, discussed in an ongoing basis in group supervision, individual supervision, and Treatment Team meetings.
   c. Individual therapy clients are also supported in treatment through the timely, thoughtful, and clinically focused UR documentation regarding the course of treatment, and justification of ongoing treatment or discharge based on client needs and presentation.
   d. There is an expectation that a client’s individual therapist works to encourage and facilitate the involvement of a client’s family/significant others (as appropriate based on circumstances and active releases). This may take place through phone contact, teletherapy, and/or the direct provision of family therapy.
      i. At a minimum, individual therapists are expected to have weekly contact with a single delegated family member. This is dependent upon appropriate releases being in place and active.
      ii. The delegated family member is an individual determined by the client.
      iii. It is often appropriate for the individual therapist and the client to coordinate the determination of the delegated family member.
   e. Being the individual therapist for clients includes being an active participant in the client’s treatment team, which includes line-staff and a Case Manager, as well as outside medical and prescribing professionals.
      i. Post-Doctoral Fellows are expected to take on, or develop into, a leader within the treatment team by engaging in clear, professional, and proactive communication with their supervisor and the client’s other treatment team members. The goal is to ensure a smooth, ethical, and full continuum of care for each client. Post-Doctoral Fellows are expected to provide additional levels of leadership within their treatment teams, especially through
mentorship and/or delegated supervision of more junior trainees, considering their status as early career professionals.

ii. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.

f. Individual therapists are also expected to collaborate with Case Managers on discharge planning for all assigned clients and the development of aftercare plans throughout the course of a client’s treatment at Sovereign Health.

4. Clinic Duty Coverage
   a. For half of one day each week, all direct care clinical staff, including Post-Doctoral Fellows, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.
   b. Post-Doctoral Fellows are scheduled for Clinic Duty Coverage, but are considered a second level of support to other clinical staff. Their primary involvement comes with situations involving other clinicians who require support, consultation, or when other clinical staff is not available.

5. On-Call Coverage
   a. Post-Doctoral Fellows are not included in the On-Call Coverage rotation.

6. Psychological Testing
   a. Post-Doctoral Fellows will have the opportunity to specify whether or not they have an interest in additional experience and supervision in the area of psychological testing and report writing.
   b. If interested, Post-Doctoral Fellows have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training.
   c. As competency permits, Post-Doctoral Fellows will also have an opportunity to provide delegated supervision to more junior trainees developing skills with Psychological Testing.
   d. As competency and interest dictates, Post-Doctoral Fellows will have opportunities to develop clinical didactics, and facilitate/co-facilitate psychological testing group supervision.
   e. In addition to diagnostic evaluations, Post-Doctoral Fellows will also have opportunities to be involved with monitoring, analyzing, and reporting on outcome measures while also providing recommendations based on the data.

7. Leadership Development/Supervision
   a. As early career professionals, Post-Doctoral Fellows are encouraged to develop increased skills in the areas of Clinical Supervision and Leadership, delegated
supervision of more junior trainees, and co-facilitating or facilitating individual and/or group supervision (depending upon levels of development and interest).

b. Post-Doctoral Fellows are also encouraged to provide clinical mentorship and guidance by encouraging other staff to seek out consultation and mentorship on an as needed basis, including assisting other trainees in the development of collaborative professional relationships with prescribing professionals, intervention to support improved medication compliance, and, within appropriate scope of practice, evaluating clients’ symptoms in response to, and needs for, psychotropic medications.

c. Post-Doctoral Fellows are expected to assist Clinical Leadership in documentation and concurrent review and editing process, such as progress note correction, or UR review for the Post-Doctoral Fellow’s delegated supervisees. They will be supported in this process by their Primary Supervisor.

d. Post-Doctoral Fellows will be expected to present at least 2 different 1-hour long didactic trainings during the course of their Fellowship. One didactic should focus on a more intensive clinical topic specifically targeting clinical staff, and the other should be a more generalized clinical topic appropriate for providing education and mentorship to non-clinical staff that interact with the clients on a regular basis.

e. Determination of a Post-Doctoral Fellow’s developmental appropriateness for these opportunities will be at the discretion of their Primary Supervisor.

8. Program Development/Refinement
   a. Post-Doctoral Fellows will be expected to develop clinical administrative leadership skills through audits and refinement of group curricula and develop new groups as appropriate or needed.
   b. Post-Doctoral Fellows will also be encouraged to develop clinical leadership skills through curriculum development and/or refinement, development and implementation of process improvement initiatives, or other professionally relevant special projects.

9. Supervision
   a. Expectations
      i. Regular supervision is a required part of clinical work as a Post-Doctoral Fellow.
      ii. It must take place for both ethical and legal practice, and for the accrual of supervised training hours.
      iii. Weekly Individual Supervision and Treatment Team/Staffing attendance are required for all Post-Doctoral Fellows.
      iv. Post-Doctoral Fellow weekly participation in Group Supervision and/or Didactic Training is strongly encouraged.
v. Absences to required supervision and/or Treatment Team/Staffing must be coordinated with the Post-Doctoral Fellow’s Primary Supervisor. Individual supervision appointments must be rescheduled if missed.

vi. Problems with attendance to, and/or participation in the above noted supervision activities will be grounds for intervention, which at a minimum, will be consultation with the Post-Doctoral Fellow’s Primary Supervisor, and, at maximum, may be grounds for dismissal from Sovereign Health’s Post-Doctoral Fellowship Program.

b. Individual Supervision
   i. Post-Doctoral Fellows will receive at least 1 hour (60 minutes) per week of individual supervision by a Licensed Clinical Psychologist for every 20 hours worked. (E.g. 2 hours per week of individual supervision required for Full-Time, 40 hours per week of work.)
   ii. Additional clinical and operational guidance, supervision, and/or consultation are available as needed.
   iii. If choosing to utilize opportunities for psychological testing training, additional individual supervision and consultation specific to psychological testing is required.

c. Group Supervision
   i. Weekly supervision groups are fixed-schedule, size-limited, 2 hour groups facilitated by a Licensed Clinical Psychologist.
   ii. Group supervision presentation/participation requirements will vary based on individual supervisor expectations, but may include case presentations in various formats.
   iii. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, Post-Doctoral Fellows choosing to be part of a Group Supervision meeting will be expected to attend the same group on a weekly basis.

d. Treatment Team
   i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultation and important updates about relevant clinic news.
   ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.
iii. Treatment Team meetings are NOT a replacement or alternative to the formal Group Supervision requirements noted above.

e. Weekly Hour Log
i. All Post-Doctoral Fellows are required to complete a Weekly Hour Log that will be initialed weekly by their Primary Supervisor. (See “Weekly Hour Log,” Appendix M.)
ii. The Weekly Hour Log will then be signed at the end of each month.
iii. Completion of this log is a requirement for documentation of hours for State Licensing Boards.
iv. It is the responsibility of each Post-Doctoral Fellow to ensure accurate documentation of their training time, and for maintaining the log with regularly updated initials and Primary Supervisor signatures.

10. Didactic Seminars
a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” Appendix K.)
b. Post-Doctoral Fellows are required to attend weekly didactic/seminar trainings as a required part of their training experience.
c. Didactic seminars are educational presentations provided by both outside guest speakers, and various members of Sovereign Health Staff.
d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.
e. Post-Doctoral Fellows are encouraged to make suggestions for additional didactic trainings as part of Sovereign Health’s ongoing didactic development process.
SUPERVISION

SUPERVISION GUIDELINES
Sovereign Health

Supervisors and trainees will work collaboratively to identify specific training needs and goals throughout the course of the training experience. It is expected that training needs and goals will be a combination of over-arching big-picture training objectives and more focused goals that are amended as new challenges and opportunities present themselves.

At the core, individual supervision time is structured to address the following points:

1. Self-care concerns
2. Cause-Effect relationships between:
   a. Theoretical approach(es) to treatment
   b. Treatment plan(s)
   c. Chosen intervention(s)
   d. Presenting problem(s) and client attributes
3. Transference and Counter-transference
4. Multicultural aspects of treatment
5. Professional development and meeting/missing expectations in areas such as:
   a. Quality and timeliness of documentation
   b. Clinical acumen
   c. Professional dress and demeanor
   d. Progress toward the individual trainees professional development goals

Trainees of all levels are encouraged to take an active role in their supervision process. This includes making sure supervision is conducted in a manner that is most conducive to their personal learning style(s) and provides adequate time and emphasis on their desired areas of development. It is important that trainees maintain, or work toward establishing, an internal locus of control over their personal and professional development, while also appreciating the need to address core clinical skills as a priority if there are developmental needs in those areas.

Supervision typically relies on trainee self-reports about what is taking place with their clinical work. However, it will also regularly include information obtained during the course of the supervisor reviewing and signing off on notes, audio/video tapes of client sessions, and feedback the supervisor may have received as to the trainee’s performance. Live observation is also utilized, but typically only for group therapy.
Trainees should be aware that training issues will be discussed with other supervisors and administrators when appropriate and/or necessary. This is particularly true throughout the quarterly intern evaluation processes. Personal matters will be only discussed with other supervisors and/or leadership personnel on a need to know basis (i.e. if it is affecting personal performance and others need to know in order to provide support to the trainee). When personal matters are being shared for the purposes of supporting the trainee, the standard is to inform the trainee prior to information being shared.

Sovereign Health’s training program recognizes the benefit of personal psychotherapy for all psychology trainees, but recognizes that the decision to seek therapy is a personal one. While self-disclosure is not a requirement, some trainees do find it helpful to volunteer personal information as it pertains to issues of counter-transference. Disclosure of personal information is only required when it is needed to evaluate or obtain assistance for a trainee whose personal problems are preventing them from performing professional activities competently, or whose problems are posing a threat to the well being of themselves, their clients, or others.

Trainees are encouraged to utilize supervision and mentorship approaches to obtaining personal guidance, support, information, and references that promote progress toward personal development goals. The depth of attention paid to these issues will be largely based on the trainee’s initiative and desire.
EVALUATION OF THE TRAINING PROGRAM AND SUPERVISION

Trainees are encouraged to provide constructive feedback on an ongoing basis along with a written evaluation of the overall Training Program and Supervision.

1. Trainees will be asked to complete Supervisor Evaluation Forms at the end of the first and third quarters of the training year. (See “Supervisor Evaluation Form,” Appendix F.)
   a. Supervisor Evaluation Forms may be completed in an anonymous manner if the trainee chooses to do so.
   b. Supervisor ratings will be shared with the Supervisor by a senior member of the Clinical Leadership Team in order to promote professional development.

2. Trainees will be asked to complete a written evaluation of the training program at the end of the training year. (See “Program Evaluation Form,” Appendix L.)
   a. Training Program Evaluations will have no bearing on final determinations of successfully completing the training year.
   b. Training Program Evaluations are not reviewed by Clinical Leadership until the trainees have received, reviewed and signed their own written evaluations.
   c. Supervisors and training staff will review program and trainee evaluations in order to improve the quality of the overall program.

3. Trainees are always encouraged to express any concerns or grievances directly to their Site Training Director or Primary Supervisor at any time. If the concern or grievance is not addressed in a satisfactory manner, the trainee is encouraged to approach the Site Training Director, Primary Supervisor, or any other member of the company leadership team to share their concerns and initiate internal personnel review protocols to ensure the situation is fully investigated and remedied (as necessary).

Successful Completion of the Training Program

The successful completion of each training program will be certified with the following:

1. Final Supervisor sign-off of accumulated Supervised Training Hours, broken down into various training categories.
   a. All trainees will be responsible for having the appropriate paperwork completed and signed by their Primary Supervisor in compliance with their academic institution and the Board of Psychology.

2. A signed letter of completion certifying the successful completion of the training program, with a brief review of the types of clinical work completed, and the total number of Supervised Training Hours accumulated.

3. A certificate of completion.
ADDITIONAL TRAINING RESOURCES

Work Place/Technology

All trainees will be provided with a laptop computer, internet access, and a corporate email account. These resources are provided with the expectation they will be used in an appropriate professional manner. All trainees will be expected to maintain accurate accounting for their time utilizing the previously mentioned supervised weekly hour log, to maintain professional use and access to Sovereign’s EMR system, and to document clinical contact with clients through Sovereign’s internal LDS system to facilitate correct client billing. Post-Doctoral Fellows are expected to utilize Sovereign’s internal timekeeping programs to maintain accurate accounting of their work hours. All trainees will also have access to our staff training website http://www.sovinstitute.com/Stafftraining/ where they can receive virtual training on many of the topics covered during the training year.

Sovereign Health also utilizes various other forms of technology for business and clinically related tasks. This includes resources for psychological testing. It is expected that trainees ensure appropriate care for, and monitoring of these tools, while at Sovereign Health.

All work-place technology provided for use during a person’s training at Sovereign must be returned at the conclusion of the training period.

Orientation

As the internship start-date nears for Pre-Doctoral Interns and Practicum Students, they will receive information about necessary paperwork that must be completed prior to their start date as well as log-in information for Sovereign’s internal training website. Trainees are encouraged to take advantage of the online training opportunities prior to their start date to maximize their initial orientation week and use the online training site as a reference and refresher resource on an as-needed basis throughout their training experience.

All trainees are required to attend an orientation/training week that introduces Sovereign and provides didactic training covering a variety of topics relevant to Sovereign Health’s treatment program, policies, procedures, technology resources, EMR, and client care.

The week after the initial orientation will focus on mentorship as trainees transition into their clinical work. This will include opportunities to sit in on groups being run by other clinicians, to co-facilitate groups, to receive mentorship on the use of workplace technology and Sovereign’s EMR, to participate in additional trainings related to clinical work such as group facilitation training, and to participate in follow-up discussions and question-answer sessions about the various mentorship week experiences.
The Sovereign Health Clinical Leadership Team consists of Site Training Directors, Program Directors, Clinical Supervisors, and the Group Clinical Director, as well as input from Sovereign Health’s Executive Leadership. Clinical Leadership Team members work collaboratively to monitor each trainee’s development in order to provide ongoing feedback to all trainees, including Post-Doctoral Fellows.

Sovereign Health Practicum Students, Pre-Doctoral Interns, and Post-Doctoral Fellows will be evaluated at 4 points during their training. Evaluations will take place after the first, second, third, and final quarters of the training year. Based on the timeline of the Post-Doctoral Fellowship Program, Post-Doctoral Fellow evaluations take place approximately every 6 months during their fellowship, but follow the same progression outlined in detail below.

First and Third Quarter evaluations are abbreviated evaluations that provide an overview assessment of the trainees. (See “First/Third Quarter Trainee Evaluation Form,” Appendix G1.) It is completed by the Site Training Director and includes input from the trainees as well as other Clinical Leadership. These evaluations are meant to serve as tools to identify specific training interests, desires, needs, initiative, and goals to individualize and maximize the training experience. Abbreviated First and Third Quarter evaluations primarily include an evaluation and feedback in the following areas:

Personal strengths
- Areas for development (as identified by the trainee)
- Areas of development as identified by the Clinical Leadership Team (Site Training Director and other clinical supervisors/leaders at each location)
- Personal goals/objectives for training development (developed in collaboration with the trainee and Site Training Director)
- Any specific project(s)/task(s)/area(s) of interest the trainee would like to develop above and beyond the core training program opportunities.

(Note: Trainee focus on additional areas of development is supported for trainees who are achieving and maintaining a satisfactory baseline level of competency in core training areas. The inclusion of focus on additional areas of development is allowed at the discretion of the Site Training Director.)

Second and Fourth Quarter trainee evaluations are meant to coincide with the trainee evaluations required by most trainees’ academic programs. These evaluations are independent of other evaluations required by a trainee’s school. They are more comprehensive tools identifying whether or not a trainee is on track to successfully complete their training year. (See “Evaluation Forms,” Appendices G2-G4.)
TRAINEE RIGHTS AND RESPONSIBILITIES

It is the specific intent of the facility to guarantee that Practicum Students, Pre-Doctoral Interns, and Post-Doctoral Fellows are afforded the highest quality experience possible. These Rights & Responsibilities include:

Trainee Rights:

1. The right to work in a setting conducive to the acquisition of skills and knowledge required for a professional in the field of psychology.
2. The right to a clear statement of general rights and responsibilities upon entry into the training program, including a clear statement of goals of the training experience.
3. The right to clear statements of the standards upon which the trainee is to be evaluated.
4. The right to be trained by professionals who behave in accordance with the APA ethical guidelines.
5. The right to be treated with professional respect, as well as being recognized for the training and experience obtained prior to participation in the training program at Sovereign Health.
6. The right to ongoing evaluation that is specific, respectful and pertinent to training goals.
7. The right to engage in an ongoing evaluation of the training experience.
8. The right to initiate an informal resolution of problems that might arise in the training experience through requests to the individual(s) concerned, Site Training Director, and/or other Clinical Leadership staff.
9. The right to due process after informal resolution of problems has failed, or to determine when rights have been infringed upon (see grievance procedures in next section).
10. The right to request assistance in job search and application.
11. The right to privacy and respect for one's personal life.
12. The right to request any accommodations to meet any special training needs of the trainee.

Trainee Responsibilities:

- Acting in accordance with the guidelines established by the APA Ethical Principles of Psychologists and Code of Conduct.
- Acting in accordance with the laws and regulations of the State of California.
- Conducting oneself in a professionally appropriate manner that is congruent with the standards and expectations of Sovereign Health, and to integrate these standards as a professional clinician into one's repertoire of behaviors, and to be aware of the impact of one's behaviors upon other colleagues and clients.
• Meeting training expectations responsibly by developing areas outlined under "Core Training Competencies".
• Making appropriate use of supervision and other training formats (e.g., seminars) through such behaviors as arriving on time, being prepared with relevant materials for discussion, as well as maintaining an openness to learning, and being able to accept and use constructive feedback effectively, as evidenced by appropriate changes in clinical or professional behavior.
• Managing personal stress, such that work productivity is kept at acceptable levels, according to training and agency norms.
  o Stress management includes tending to personal needs, recognizing the possible need for professional help, considering feedback, and seeking help, if necessary.
• Giving professionally appropriate feedback to peers and training staff on the impact of the training experience.
• Participating actively in the training, service, and overall activities of Sovereign Health’s trainee program and clinical program, with the end goal of being able to provide services across a range of clinical activities.
DUE PROCESS

Trainees are expected to attempt to resolve problems informally. For purposes of trainee grievance procedures, the term "Supervisor" refers to individuals having administrative authority over the person who is the object of the complaint. The Site Training Director and Primary Supervisor will act jointly as Supervisor with regard to all grievances brought by trainees, except:

1. those that involve complaints against the Site Training Director, in which case the Clinical or Program Director will hear the grievance, or
2. those that involve complaints against the Clinical or Program Director, in which case the Site Training Director will hear the grievance.

If the grievance is of a highly sensitive nature, such as alleged harassment, the trainee may bring the issue directly to a Supervisor without attempting informal resolution. The trainee is strongly encouraged to give the Supervisor a written description, in as behavioral terms as possible, of the nature of the problem and the attempts that have been made to resolve it, if any.

- Within 3 business days from receipt of the written description of the problem, the Supervisor will provide written notification to the appropriate Leadership Staff to initiate further investigation and/or remediation. If the trainee complaint is against an employee, the Human Resources (HR) manager or other delegated HR representative will be involved. Such notification will include a copy of the trainee’s written grievance.

If the trainee believes s/he has been discriminated against based on arbitrary considerations such as age, color, disability, ethnicity, gender, marital status, national origin, race, religion, sexual orientation, veteran status, or any other protected category, s/he may consult with their Site Training Director, Primary Supervisor, or other member of the company Leadership Team, depending on the circumstance and individual(s) involved.
**PROGRESSIVE DISCIPLINE**

Trainees are expected to make significant developmental transitions during their training year. If a trainee is failing to perform at the expected level of competence in particular areas of their training, the Site Training Director/Primary Supervisor has several options about how to address their development needs. These options represent an increasingly formal and intensive approach to trainee development. They are developed in order to provide supervisor flexibility in how they address concerns about a trainee’s development and to encourage and nurture trainee growth and success. The objective is to provide each trainee with abundant opportunity and support in their development to foster success in their training program and development of their professional identity.

**Trainee Concerns**

Trainees are encouraged to have open dialogue with their Supervisor(s) in order to address any concerns they may have in a timely and expeditious manner. However, if needed, any trainee may, at any time, approach another member of the Clinical, Operations, or Executive Leadership Teams to voice concerns, seek advocacy, or initiate an investigation into allegations about a situation or against any Supervisor or other member of the company leadership or staff.

Any form of unprofessional behavior(s) or misconduct on the part of any member of the company leadership team is considered inappropriate. If experiencing any form of supervisory misconduct or unprofessionalism, trainees are strongly encouraged to come forward to ensure the matter is addressed. Any and all form(s) of retaliation against trainees is unacceptable, and will not be tolerated. (See **Trainee Rights and Responsibilities**.)

**Identifying Problem(s)**

Lamb et al. describe a problem as “a behavior, attitude, or other characteristic that, although causing concern, is not excessive or outside the domain of expected behaviors for professionals in training”. (Lamb, Presser, Pfost, Baum, Jackson, & Jarvis, 1987) Problems are typically amenable to correction through management, mentorship, supervision, or education. The formal procedures described in this section may be utilized if the initial approaches to problem correction do not result in satisfactory problem resolution.

**Identifying Impairment(s)**

A Primary Supervisor is generally the individual determining whether or not a trainee’s behavior reaches the threshold of being an impairment rather than a problem (see immediately above). Impairment can be defined broadly as interference in professional functioning reflected in one or more of the following ways:
1. An inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviors;
2. An inability or unwillingness to acquire/develop professional skills that reach an acceptable level of competency;
3. An inability or unwillingness to control personal stress, psychological dysfunction, and/or strong emotional reactions that interfere with professional functioning.

Examples of Impairments

- A trainee consistently and grossly fails to meet Sovereign Health’s expectations of trainees.
- Repeated problem(s), despite having the problem(s) and plan(s) for remediation identified and documented by the Primary Supervisor in supervision notes.
- Problem(s) (personal or professional) not merely reflecting skill deficit(s) that can be rectified through supervision or academic or didactic training.
- Impairments that clearly and negatively impact the quality of service(s) delivered by the trainee to a degree that limits their ability to fulfill basic training expectations.
- Problem(s) affecting multiple aspects of professional functioning.
- A trainee having needs that consistently require a disproportionate amount of attention by training staff.

Due Process/Progressive Discipline Guidelines

Psychology trainees occupy a unique position at Sovereign Health. They are trainees working with professional staff members and are thus subject to the policies and procedures applicable to all professional staff. Some trainees are also graduate students at educational institutions, and by completing a psychology practicum or internship, are fulfilling an academic requirement of their home institution. Others are accruing their final supervised professional experience prior to licensure. All Sovereign Health trainees will have multiple supervisors and reporting lines beyond their Primary Clinical Supervisor. It is therefore necessary to define a due process procedure that takes into account the personnel policies, the multiplicity of lines of authority over trainees, the duality of their status, and published professional standards. The following procedures clarify Sovereign Health’s Progressive Discipline policy and how it shall be applied to trainees.
General Due Process Guidelines Include:

- Presenting trainees with clear documentation at the start of training that clearly outline:
  - The program’s expectations for professional functioning.
  - Procedures and timelines for trainee evaluations, including when, how, and by whom evaluations will be conducted.
- Supervisors using input from multiple professional sources when evaluating and/or making decisions or recommendations regarding the trainee's performance.
- Supervisors clearly documenting and reviewing with the trainee the various procedures, actions, and collection of information involved in determinations about problem(s) and/or impairment(s).
- Supervisors communicating early and often with a trainee’s graduate program Training Director about any suspected trainee difficulties, problem(s), and/or impairment(s) as denoted in our progressive discipline protocols.
- Supervisors instituting, potentially including input from the trainee's graduate program Training Director (or other designated representative), a remediation plan (Trainee Improvement Plan - TIP) for identified problem(s)/impairment(s). (See “Trainee Improvement Plan,” Appendix I.) TIPs will include:
  - Clear identification of the problem(s) and/or impairment(s).
  - Clear identification of what the remediated problem(s) and/or impairment(s) would look like.
  - A clear plan to promote trainee success through problem/impairment remediation.
  - A time frame for expected improvement.
  - Identified means of measuring and following up on trainee development in the indicated areas.
  - Consequences if remediation is not adequate.
- Supervisors providing trainees with a written statement of procedural policy describing how they may appeal disciplinary actions or decisions.
- Supervisors ensuring that trainees have a reasonable amount of time to respond to any corrective and/or disciplinary action(s) taken by the Clinical Leadership Team.
- Documenting, in writing and to all relevant parties (e.g. the trainee, the trainee's academic Training Director/designated educational institution representative, other relevant supervisors, etc.) the identified problem(s)/impairment(s), action(s) taken by Training Program Representative(s), and the rationale for those actions, as denoted in the Progressive Discipline Policy.
Progressive Discipline Policy

The following procedures shall be followed in implementing Sovereign Health’s Progressive Discipline policy as it applies to formal trainees:

**Recognizing a problem/impairment:**

A problem affecting trainee performance is typically identified through formal evaluation procedures or through the interactions of supervisors and other training staff working with the trainee. Such problems can usually be categorized as being a byproduct of one or more of the following areas;

- Competence/Skill Deficit(s)
- Professional/Ethical Behavior(s)
- Psychological/Personal maladjustment/problems affecting the trainee’s ability to meet their responsibilities. (See “Trainee Rights and Responsibilities”.)

1. **First Course of Action: Attempts at an informal resolution.**

1a. Problems noted by the Site Training Director or Primary Supervisor.

   a. Problems initially noted by clinical supervisory staff will be addressed in a non-formal manner through management, mentorship, supervision, or education, depending on the particular problem(s) and/or trainee needs as determined by the Site Training Director or Primary Supervisor. Documentation would be that which is consistent with standard supervision notes and this would be considered an informal intervention.

   b. In cases of egregious misconduct or skill deficits, this step may be bypassed in lieu of an Advisory Review Panel.

1b. Problems noted by other staff.

   a. A staff member identifying a problem(s) or impairment(s) with a trainee will provide either the trainee, or the trainee’s Site Training Director/Primary Supervisor, with feedback identifying the problem(s), and will attempt to reach a satisfactory resolution. Staff member(s) or supervisor(s) identifying problems with a trainee’s performance are encouraged to seek consultation with the trainee’s Site Training Director/Primary Supervisor, or other Clinical Leadership as needed.

2. **Second Course of Action: Formal identification of a potential problem.**

2a. If informal resolution approaches do not effectively remediate identified problem(s) or impairment(s), the problem(s)/impairment(s) will be brought to the attention of the Site Training Director or Primary Supervisor. A second course of action is also appropriate in cases where the
Site Training Director or Primary Supervisor is escalating a problem that has persisted despite focused attention on remediation in supervision.

a. The staff member(s) recognizing the problem will bring it to the attention of the Site Training Director or Primary Supervisor. This notification must be in written format. *(Please reference 2-a-c below.)*

b. If the Site Training Director or Primary Supervisor is escalating a previously addressed problem or impairment that has not responded to informal corrective measures, the Site Training Director or Primary Supervisor will document the problems and initiate formal Progressive Discipline protocols. This notification must be in written format. *(Please reference 2-a-c below.)*

c. Documentation of problem(s)/impairment(s) completed by either the Site Training Director, Primary Supervisor, or other staff member(s) must include:
   - A clear, written description of the nature of the problem(s) or impairment(s) using factual, behaviorally focused language.
   - Previous attempts at informal resolution *(See “First Course of Action, 1a-1b).*
   - Information clarifying how the problem(s) or impairment(s) persist.

2b. The trainee is notified of the documented concerns and is given an opportunity to respond.

a. Within 3 working days of receipt of the written description of the problem(s) or impairment(s) and previous attempts to resolve it or of them, the Site Training Director or Primary Supervisor will notify the trainee in writing that a problem has been identified, and that it has been reviewed by the Site Training Director or Primary Supervisor (if not originating from them).

b. The Site Training Director or Primary Supervisor will schedule a meeting with the trainee to:
   i. Provide the trainee with a copy of written documentation of a possible problem.
   ii. Obtain any information or statements from the trainee related to the identified problem(s) or impairment(s).
   iii. Review the appropriate Trainee Rights and Responsibilities, Progressive Discipline Policy, and Due Process information from the Training Manual with the trainee.
   iv. Notify the trainee that they have 3 business days (from the date of the meeting with the Site Training Director or Primary Supervisor) to provide a written response to the documented concern(s). This should be written using factual, behaviorally focused language.

c. After receiving the written response from the trainee, the Site Training Director or Primary Supervisor will investigate the situation further. This investigation may include, but is not limited to:
   - Consultation and discussion with other supervisors and Clinical Leadership staff
• Review of the trainee’s documentation.
• Discussion with the trainee’s academic Training Director/designated educational institution representative.
• Inquiry with other clinic staff about the trainee’s professional conduct and capabilities as they relate to the documented problem(s) or impairment(s)

Based on the collective information about the identified problem(s) or impairment(s), the Site Training Director or Primary Supervisor may determine that the noted concerns are unsubstantiated or are best addressed through informal means. Upon this determination, the Site Training Director or Primary Supervisor may conclude the matter and proceed with informal supervisory intervention, as necessary.

i. In this case, a copy of the original written concern(s), trainee response, summary of the collected information about the matter, outline of Due Process steps completed, and justification for the Site Training Director’s or Primary Supervisor’s decision to resolve the matter informally will be placed in the trainee’s file.

ii. A copy of this documentation will **NOT** be shared with the trainee's academic Training Director or other designated educational institution representative.

e. If the documented problem(s) or impairment(s) are determined to be substantiated, the Site Training Director or Primary Supervisor may, at their sole discretion, request a Mediated Solution Meeting or that an Advisory Review Board is convened to review the matter and determine a course of action.

2c. Attempts at a mediated solution.

a. Considering all information obtained about the situation, including the originally documented concerns, the trainee’s written response, and all other information obtained during the course of the investigation, the Site Training Director or Primary Supervisor will consider the appropriateness of attempting a formally documented Mediated Solution Meeting to address the identified problem(s) or impairment(s).

i. If attempts at a mediated solution fail, or if the Site Training Director or Primary Supervisor uses their discretionary option to bypass attempts at a mediated solution, they will bring the concerns about the trainee to Senior Leadership (any Director or Executive level manager) and document their decision and the need for an Advisory Review Panel to be convened.

b. If determined to be appropriate, the Mediated Solution Meeting must be completed within 5 business days of the Site Training Director or Primary Supervisor receiving the trainee’s written response to the identified problem(s) or concern(s).

i. All individuals expected to be present must be given verbal and written notice of their required attendance at least 24 hours prior to the scheduled meeting time.

ii. Written notification must include the date, time, place, and/or conference number and access information.
iii. Attendance to this meeting must include at least one other Clinical Supervisor or member of the Clinical Leadership Team of the Site Training Director’s/Primary Supervisor’s choosing.

iv. If deemed appropriate by the Site Training Director or Primary Supervisor, attendance to this Mediated Solution Meeting may include the original staff member who identified the problem(s) or impairment(s).

c. The focus of the Mediated Solution Meeting will be to:

i. Arrive at a clearly documented identification of the problem(s) or impairment(s).

ii. Arrive at an agreed upon plan of corrective action with documented timelines for successful remediation of the noted problem(s) or impairment(s) using the Trainee Counseling form for more minor concerns and the Trainee Improvement Plan for more significant and/or persistent concerns.

- A Trainee Counseling Form is a brief, but formally documented training tool. It is used to document problem(s) or impairment(s) that have not been responsive to informal supervision based remediation, but which do not necessitate the use of the more comprehensive Trainee Improvement Plan (TIP). (See “Trainee Counseling Form,” Appendix H.)

- A Trainee Improvement Plan (TIP) may include several, and perhaps concurrent, courses of action designed to remediate deficiencies or impairments. (See “Trainee Improvement Plan,” Appendix I.) Such courses of action may include, but are not limited to:
  1. Increasing supervision or changing the Primary Supervisor.
  2. Changing the format, emphasis, and/or focus of supervision.
  3. Recommending specific behavioral changes while in the training environment.
  4. Reducing or limiting the type of direct client contact or other traineeship or practicum responsibilities.
  5. Requiring specific academic coursework or other educational development.
  6. Recommending a leave of absence or a second internship or practicum.

iii. At a minimum, documentation from the Mediated Solution Meeting will include the following:

- Documentation of the problem(s) or impairment(s).
- Documentation of the goal(s) that would represent the trainee having successfully corrected the problem(s) or impairment(s).
- Documentation of the resources (Supervisory and otherwise) being made available to promote trainee development and successful accomplishment of
goals outlined on the Trainee Counseling Form or Trainee Improvement Plan (TIP).

- Documentation of a timeline for formal follow-up meetings to monitor progress, or lack there-of, including a firm date where the expected goals must be achieved.
- Comments from the trainee (if the trainee desires).
- Documentation of the next steps of action should the trainee not successfully achieve the identified Trainee Counseling Form or Trainee Improvement Plan goals within the documented timelines.

iv. The Site Training Director or Primary Supervisor, trainee, and other Clinical Supervisor or Leadership member in attendance at the Mediated Solution Meeting will all sign the Trainee Counseling Form or Trainee Improvement Plan.

- If the trainee is unwilling to sign the plan, the Supervisor will document the refusal to sign in place of the trainee’s signature, as well as a reason for the refusal to sign.

v. The trainee will receive a copy of the Trainee Counseling Form or Trainee Improvement Plan.

vi. The Site Training Director or Primary Supervisor will communicate the outcome of the Mediated Solution Meeting to the trainee's academic Training Director or other designated educational institution representative, and provide them with a copy of the Trainee Counseling Form or Trainee Improvement Plan.

- If the trainee does not agree with the proposed Mediated Solution(s) proposed in this meeting, they may request, in writing, that the complaint(s) be appealed to an Advisory Review Panel.

vii. A copy of the written complaint, the trainee's written response, and a copy of the Trainee Counseling Form or Trainee Improvement Plan will be placed in the trainee's file.

- If the trainee requests an Advisory Review Panel, the above mentioned documentation as well as a copy of the written request for an Advisory Review Panel will be withheld from placement in the trainee file until a final resolution has been determined.

viii. If, within 5 working days of receipt of the trainee's written response, a mediated solution is not achieved, the period of mediation may be extended an additional 5 working days at the discretion of the Site Training Director or Primary Supervisor.

ix. If the problem(s) or impairments(s) is/are not resolved within 10 working days of receipt of the trainee's written response, the Site Training Director or Primary Supervisor will convene an Advisory Review Panel.
3. Presentation of the Reported Problem(s)/Impairment(s) to an Advisory Review Panel.

a. The Advisory Review Panel will review the case and make a final determination on the course of action within 5 business days of the request that an Advisory Review Panel be convened.

b. The Advisory Review Panel will be comprised of no fewer than 3 and no more than 7 of the following leadership positions: Clinical Director(s), Program Director(s), Site Training Director or Primary Supervisor, Executive Director, Corporate General Counsel, Director of Human Resources, and/or the Director of Operations.

c. The Advisory Review Panel will review the original complaint(s)/concern(s) and arrive at a course of corrective action in the form of a Trainee Improvement Plan.

d. If the complaint involves the Site Training Director or Primary Supervisor, they are to be excluded from participation in the Advisory Review Panel as a panel member, but may be required to appear in front of the panel to provide information.

e. Documentation related to the proceedings of the Advisory Review Panel will include.
   i. A collective record of all information reviewed by the Advisory Review Panel that assisted in arriving at their conclusion(s) will be included in the trainee’s file.
   ii. A completed Trainee Improvement Plan addressing the identified problem(s) or impairment(s) that will be presented to the trainee by the Advisory Review Panel with a request that the trainee sign the plan.
   iii. A situational summary and copy of the Advisory Review Panel’s recommendations and the associated Trainee Improvement Plan (when applicable) will be:
      - Included in the trainee’s file
      - Provided to the trainee

4. Advisory Review Panel Recommendations

a. Advisory Review Panel conclusions will generally include one or more of the following courses of action:
   i. Determination that the problem is not severe enough to warrant remediation. In this case, no further action is taken.
   ii. Development of a Trainee Improvement Plan without probation.
   iii. Trainee probation with a Trainee Improvement Plan.
   iv. Recommendation for termination of the trainee from the training program.

b. Remediation without Probation
   i. If the Advisory Review Panel determines that termination or probation would not be appropriate; they may elect to develop a Trainee Improvement Plan without probation.
ii. Remediation without probation would not involve the same degree of supervision and monitoring as probation, nor would it entail notifying the trainee's department of the remediation recommendations.

iii. It will specify a time period during which change should occur with clearly measurable goals that would represent successful remediation, ways the trainee will be supported to meet the identified goals, and identification of the next course of action if the trainee is unable or unwilling to meet the Trainee Improvement Plan goals on the documented timelines.

iv. At the end of the identified period, the Advisory Review Panel will reconvene and the Site Training Director or Primary Supervisor will present the panel with updated information about the current status of the trainee as it relates to the Trainee Improvement Plan.

v. Considering the updated information presented by the Site Training Director or Primary Supervisor, as well as input from the trainee in question and feedback from other Clinical and Operations Department Leadership (as appropriate), the panel will make a determination about the future status of the trainee. (See “Resolution of the Trainee Improvement Plan,” 5a-5e.)

c. Remediation with Probation

i. As used in this section, "Probation" means the trainee will be actively and systematically monitored by supervisors, the Site Training Director or Primary Supervisor, and/or other staff as required to support achievement of the Trainee Improvement Form development goals.

ii. Probation is to be established for a reasonable and specific length of time.

iii. During the trainee’s Probationary Period, attention is to be paid to the necessary and expected changes in the problematic behavior as indicated by the Trainee Improvement Plan and documented accordingly.

iv. If Probation is a determined course of corrective action, a Trainee Improvement Plan will be developed by the Advisory Review Panel.

v. Following the trainee's notification of his/her probationary status:
   1. The Site Training Director or Primary Supervisor will meet with the trainee to review the probationary conditions.
   2. The trainee may then choose to accept the conditions of the Probation.
   3. If accepted, the Probationary Period is started and the Trainee Improvement Plan will be put into action.
      i. A Situational Summary, Probation Notice, and Trainee Improvement Plan will be given to the trainee and placed in the trainee’s file. Copies of all forms will be given to the trainee’s academic Training Director or other designated education institution representative.
vi. If not accepting the probationary status and/or Trainee Improvement Plan, the trainee may request a formal review by an Appeals Board. (See “Process for Trainee Appeals,” 6a-6f.)

d. Termination

i. Termination will only be recommended in extreme circumstances.
   • Examples of such circumstances include acts of physical aggression against a staff member or (a) client(s), intractable impairments to performing the duties of the trainee’s training program level despite explicit, documented efforts at satisfactory remediation, and/or serious ethical misconduct (See APA Code of Ethics).

ii. If the Advisory Review Panel concludes that termination of the trainee’s training contract is warranted and the most appropriate course of action, they will document that decision and provide the trainee with a copy (preferably in person), including a copy of the Due Process and Appeals Process Procedures.

iii. After the trainee is notified in writing of the Advisory Review Panel’s recommendation for termination, they may choose to appeal the decision. (See “Process for Trainee Appeals,” 6a-6f.)

5. Resolution of the Trainee Improvement Plan

a. The Site Training Director or Primary Supervisor will actively work with the trainee in a focused manner to facilitate and monitor change while a Trainee Improvement Plan is active.

b. This process will include collaboration and coordination with other Clinical and Operations Department leadership.

c. Those monitoring the trainee will communicate frequently with the Site Training Director or Primary Supervisor throughout the remediation and/or probationary period.

d. At the end of the period defined in the first Trainee Improvement Plan as the remediation/probation period, the following outcomes may result:

   i. Determination of Satisfactory Resolution
      • When a simple majority of the Advisory Review Panel members is satisfied that sufficient positive change has taken place, the matter will be considered concluded.

      • Documentation of the successful remediation will be completed by the Site Training Director or Primary Supervisor. It will be signed by the Site Training Director or Primary Supervisor, the trainee identified in the plan, and a representative of the Advisory Review Panel.
Copies of this concluding document will be placed in the trainee’s file, provided to the trainee, and provided to the supervisory representative of the trainee’s educational institution.

ii. Determination of Unsatisfactory Resolution
1. When a simple majority of the Advisory Review Panel concludes that the Trainee Improvement Plan objectives have not been satisfactorily achieved, the Advisory Review Panel may recommend one of the following:

   a. Extension of Remediation and/or Probation Period.
      i. The period of remediation and/or probation is extended with a new time period specified on an updated Trainee Improvement Plan.
      ii. If accepting the extension, an updated Trainee Improvement Plan will be drafted, signed by the Site Training Director or Primary Supervisor, trainee, and a representative of the Advisory Review Panel.
      iii. This updated documentation will serve as notice to the trainee that failing to satisfactorily meet the objectives in the updated Trainee Improvement Plan, on the updated timelines may result in a final meeting with an Appeals Board to discuss termination of the training contract.
      iv. This document should be signed by the trainee, and should include documentation of the steps needed to request a review by an Appeals Board. (See “Process for Trainee Appeals,” 6a-6f.)
         • If requesting a review by an Appeals Board, documentation is NOT to be shared with the identified representative of the trainee’s educational institution until the final decision by the Appeals Board is rendered.
      v. If choosing not to appeal, copies of documentation of the decision to extend the remediation/probation period through an updated Trainee Improvement Plan will be placed in the trainee’s file, provided to the trainee, and provided to the supervisory representative of the trainee’s educational institution.

   b. Revised/New Intern Improvement Plan & Timelines.
      i. The Advisory Review Panel determines that the trainee has not satisfactorily met the expectations of the initial Trainee Improvement Plan, but that moving forward with termination is premature.
      ii. A new Trainee Improvement Plan will be generated in another effort to promote change. This plan will include new timelines for the remediation period and/or probation.
iii. If accepting the extension, an updated Trainee Improvement Plan will be drafted, signed by the Site Training Director or Primary Supervisor, trainee, and a representative of the Advisory Review Panel.

iv. This updated documentation will serve as notice to the trainee that failing to satisfactorily meet the objectives in the updated Trainee Improvement Plan, on the updated timelines may result in a final meeting with an Appeals Board to discuss termination of the training contract.

v. This document should be signed by the trainee and should include documentation of the steps needed to request a review by an Appeals Board. (See “Process for Trainee Appeals,” 6a-6f.)

- If requesting a review by an Appeals Board, documentation is not to be shared with the identified representative of the trainee’s educational institution until the final decision by the Appeals Board is rendered.

vi. Copies of this revised document will be placed in the trainee’s file, provided to the trainee, and provided to the supervisory representative of the trainee’s educational institution.

vii. This process for review and determination of progress by the Advisory Review Board will continue until a Determination of Satisfactory Resolution or decision to recommend termination of the training contract has been made.

c. **Termination of Training Contract.**

i. This decision may be made if the Advisory Review Panel unanimously agrees that:

- The trainee has not satisfactorily met the expectations of the initial Trainee Improvement Plan.
- The initial problem(s) or impairment(s), combined with the lack of satisfactory remediation, or satisfactory progress toward the identified remediation goals indicates them being both serious and resistant to change.
- The problem(s) or impairment(s) identified on the Trainee Improvement Plan are unlikely to be able to be remediated in the course of the training year, and/or pose high potential for unacceptable/unethical levels of clinical performance.
- The termination of the training contract is the most prudent course of action.
ii. When appropriate, it is preferred that the trainee in question will appear in front of the Advisory Review Panel so the decision can be communicated in person.

iii. An Advisory Review Panel representative will document the decision for termination of the training contract and will present a copy to the trainee at their appearance in front of the panel.

iv. This document should be signed by the trainee and at least two members of the Advisory Review Panel, include documentation of the steps needed to request a review by an Appeals Board, and indicate the date and time a request for an Appeals Board review must be received. (See “Process for Trainee Appeals,” 6a-6f.)

v. If requesting a review by an Appeals Board, documentation is not to be shared with the identified representative of the trainee’s educational institution until the final decision by the Appeals Board is rendered.

vi. Once the trainee has declined the opportunity for appeal, or after the deadline for submitting an Appeals Board request has passed, the lack of initiation of appeal should be documented as the concluding note on the Advisory Review Panel documentation.

vii. Copies of documentation of the decision for termination will be placed in the trainee’s file, provided to the trainee, and provided to the supervisory representative of the trainee’s educational institution.

viii. In addition to providing copies of the final documentation by the Advisory Review Board, the Site Training Director or Primary Supervisor will notify the supervisory representative of the trainee’s educational institution about the decision to move toward termination via phone and/or email.

e. At the end of the period defined in the second Trainee Improvement Plan, which is also the end of the remediation/probation period, the following outcomes may result:

i. **Determination that sufficient positive change has not taken place, but that termination is not yet warranted.**
   1. Additional Advisory Review Panel review of the situation within 5 business days of the identified end date of the second remediation/probation period with recommendations as follows:
      a. Determination that the trainee has made good, but still inadequate progress with their Trainee Improvement Plan, and has shown that a final extension of the Trainee Improvement Plan timelines is warranted. This should include documentation of any barriers to the Trainee Improvement Plan success and appropriate modifications if necessary.
b. In this case, the Advisory Review Panel will meet with the trainee and inform them of their determination, both verbally and in written form.

c. This documentation will include new timelines and clear notice that a failure to satisfactorily meet the identified Trainee Improvement Plan guidelines may result in an Advisory Review Panel recommendation for termination of the training contract.

d. This document should be signed by the trainee, and should include documentation of the steps needed to request a review by an Appeals Board if the trainee disagrees with the Advisory Review Panel decision to extend the remediation/probation period. (See “Process for Trainee Appeals,” 6a-6f).

   • If requesting a review by an Appeals Board, documentation is NOT to be shared with the identified representative of the trainee’s educational institution until the final decision by the Appeals Board is rendered.

e. If choosing not to appeal, copies of the above noted documentation will be placed in the trainee’s file, provided to the trainee, and provided to the supervisory representative of the trainee’s educational institution.

ii. Determination that sufficient positive change has not taken place and that termination of the training contract is warranted.

   1. Additional Advisory Review Panel review of the situation within 5 business days of the identified end date of the second remediation/probation period with conclusions as follows:

   a. Determination that the trainee has made inadequate progress with their Trainee Improvement Plan, that further remediation efforts are unlikely to prove effective, documentation of the rationale for this determination, and that termination of the training contract is warranted.

   b. Communication to the trainee, both in writing and through a meeting in front of the Advisory Review Panel that the training has not been successfully completed, and that the Panel’s determination is to recommend termination of the training contract.

   c. This document should be signed by the trainee and should include documentation of the steps needed to request a review by an Appeals Board. (See “Process for Trainee Appeals,” 6a-6f).

   • If requesting a review by an Appeals Board, documentation is not to be shared with the identified representative of the trainee’s educational institution until the final decision by the Appeals Board is rendered.

   d. Documentation associated with this final determination should include:

      • A limited endorsement of the trainee’s capabilities and competencies related to clinical work, including specification of settings and
conditions in which the trainee can function adequately and those that should be avoided.

- Recommendations of areas of needed development for the trainee prior to their moving forward with additional clinical work.
- Communication to the previously identified representative of the trainee’s educational program, both in writing and verbally, that the training has not been successfully completed, and that the Panel’s determination is to terminate the trainee’s training contract.

e. If choosing not to appeal, copies of documentation of the decision for termination will be placed in the trainee’s file, provided to the trainee (as noted above), and provided to the supervisory representative of the trainee’s educational institution.

6. Process for Trainee Appeals

a. A trainee may appeal within 5 business days after receiving written notice of:
   i. A remediation plan
   ii. Probationary status
   iii. Termination

b. If a trainee is requesting a review by an Appeals Board, the request must be presented to a member of the Clinical Leadership team, which may be the Site Training Director, Primary Supervisor, or representative of the Advisory Review Board within 3 business days the Appeals Board’s documented recommendation being shared with the trainee.
   i. The Appeal will be reviewed by an Appeals Board comprised of at least 3 but no more than 7 Director or Executive level managers, up to, and potentially including the CEO.
   ii. The decision of the Appeal Board will be deemed final.

c. If requesting a review by an Appeals Board, documentation of a decision on the trainee’s status is NOT to be shared with the identified representative of the trainee’s educational institution until a final decision by the Appeals Board is rendered.

d. When a trainee is appealing an Advisory Review Panel’s recommendation for termination of the training contract, the trainee is to be temporarily suspended from work until a final determination of the Appeals Board is made and documented.
   i. During this suspension period, the trainee must relinquish all company property, including their identification and security badge, computer, and any other company property to their Site Training Director or Primary Supervisor.
   ii. During this suspension period, all trainee access to corporate property, including email and other electronic resources, will be suspended pending a final Appeals Board decision.
e. Grounds for appeal include the following:
   i. Denial of the described due process granted to the trainee in any part of the evaluation procedures.
   ii. Denial of the opportunity to present data fairly to refute criticism in the evaluation.
   iii. Trainee disagreement with an Advisory Review Board recommendation for termination of the trainee’s training contract.

f. The Appeals Process to be conducted by the Appeals Board is as follows:
   i. The trainee and his/her supervisor(s) will be notified that an Appeals Board review meeting will be held, including the date, time, location, and members of the Appeals Board.
   ii. The Appeals Board may request personal interviews and/or written statements from individuals as it deems appropriate.
   iii. The trainee may submit to the Appeals Board any written statements they believe to be appropriate, may request a personal interview, and/or may request that the Appeals Committee interview other individuals who may have relevant information not included in the initial Advisory Review Panel investigation.
   iv. The supervisor or staff members involved will also be afforded the same privileges noted immediately above.
   v. The Appeals Board will meet with any Sovereign Health staff member or trainee requested by the trainee making the appeal, or by staff members involved. The Appeals Board may choose, at its discretion, to meet with individuals who are not Sovereign Health staff members or trainees, but is not under obligation to do so.
   vi. The Appeals Board will complete its fact-finding review within 5 business days of an appropriately identified member of the Clinical Leadership Team (see 6b above) receiving the trainee request.
   vii. If the Appeals Board cannot complete its review within 10 business days from the date the request for an Appeal is received, it will notify the trainee and the Site Training Director or Primary Supervisor in writing and will provide an anticipated completion date.
   viii. The Appeals Board may choose to sustain any previous actions taken, or may implement a new course of action, up to and including termination of the training contract.
   ix. Within 2 business days of the conclusion of the fact finding review, a representative of the Appeals Board will communicate the final determination of the Appeals Board, in writing, to the trainee, Site Training Director or Primary Supervisor, and the previously identified representative of the trainee’s educational institution.
   x. If termination of the training contract is the determined Appeals Board decision, it will be effective immediately.
**HOURS AND LEAVE POLICY**

Practicum Students are allotted 5 days of time off during the practicum training year.

Pre-Doctoral Interns are allotted 10 days of time off during the internship year.

Post-Doctoral Fellows should refer to the Sovereign Employee Handbook for time-off allocations, policies, and procedures.

Time off can be utilized for sick days, personal, educational, or professional leave purposes.

- For instances of pre-planned time-off requests, Practicum Students and Pre-Doctoral Interns must complete a Leave Request form and submit it to the Program Director for approval (see “Leave Request Form,” Appendix C).
  - The request must also be approved by the Primary Supervisor if other than the Site Training Director and when possible, should be submitted for approval at least two weeks prior to the scheduled time-off.
- The Program Director will determine if the requested absence will be approved based upon the clinic needs.
- If a trainee is absent due to unplanned illness, they must notify their Program Director and Clinical Supervisor of their absence by phone and/or email.

**Note:** In situations involving extended medical leave, or significant illness, a note from an appropriate medical professional may be requested for excusing the time off, as well as for clearance to return to clinical training duties.

Health benefits are not currently available for Practicum and Pre-Doctoral candidates.
APPENDIX A1

PRACTICUM STUDENT TRAINING AND SUPERVISION PLAN
Sovereign Health

The following plan has been prepared to outline specific duties, expectations, and means of supporting the below identified Practicum Student Trainee with regard to their responsibilities and needs as trainees in the practice of psychology:

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<th>Practicum Student Name</th>
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<th>Practicum Training Start Date</th>
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<th>Name of Practicum Student’s Educational Institution</th>
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<th>Educational Institution Training Director/Delegated Supervisor Name</th>
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Sovereign Health Primary Clinical Supervisor

Sovereign Health Delegated Supervisor (If applicable.)

Clinical Practicum Students

Practicum Overview

Sovereign Health’s Practicum Student Training Program follows the traditional academic year calendar. Unless otherwise contracted with a student’s school, practicum rotations begin on the first Monday in August, and end on the last Friday in July of the following year. Unless otherwise contracted, Practicum Students are expected to be available for 16-24 hours of training per week. Training days can be flexible based on student and school schedules, but must be established at the start of the training contract.

The core focus of the practicum experience is an initiation into the application of clinical skills with a diverse base of adult clients in treatment for mental health, addiction, and/or dual
diagnosis concerns. It is expected that this will be one of the Practicum Student’s first applied training experiences while in graduate school. The focus of the practicum training year is to support the transition of the student from classroom learning to application, integration, and development of both clinical skills and professional identity. Clinical development opportunities are focused on core clinical competencies such as clinical interviews, case conceptualization, diagnostic determinations, developing treatment recommendations, and opportunities to be part of a multidisciplinary team treatment setting. Other clinical opportunities may include the provision of group therapy, psychological testing and report writing, as well as mentorship from other early career professionals.

**Practicum Student Clinical Duties**

Practicum Students successfully matched to a Sovereign Health training site will have the following expectations with regard to clinical duties:

1. **Intake Interviews/Evaluations**
   a. Depending on placement, student availability, and client census, Practicum Students may complete an average of 1 to 2 intake interviews per week.
   b. This includes completion of the Bio-Psycho-Social report (intake interview report) within the appropriate timelines for review by a Supervisor and submission to Sovereign Health’s Utilization Review (UR) Department. In most cases, insurance companies require this within 24 hours.

2. **Group Therapy**
   a. Effectively facilitate or co-facilitate at least 4 psycho-educational and/or treatment groups per week.
      i. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health Electronic Medical Record (EMR).

3. **Clinic Duty Coverage**
   a. For half of one day each week, all direct care clinical staff, including Practicum Students, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.

4. **Psychological Testing (optional)**
   a. In most cases, Practicum Students have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training year. However, unless other arrangements have been made through a signed training agreement, all psychological testing must be completed as an additional aspect of training and professional development beyond the core training duties mentioned above.
5. Supervision
   a. Individual Supervision
      i. Practicum Students will receive at least 1 hour (60 minutes) per week of individual supervision by a Licensed Clinical Psychologist.
      ii. Attendance to this supervision is mandatory.
         1. Lack of attendance to, and participation in individual supervision will, at minimum, lead to consultation with the student’s school Training Director, and may be grounds for termination of the student’s practicum training agreement.
   b. Group Supervision
      i. Practicum Students facilitating or co-facilitating treatment groups are required to attend a Clinical Group Supervision Meeting each week.
      ii. Practicum Students completing psychological testing/evaluation are required to attend a Psychological Testing Group Supervision Meeting each week.
      iii. Supervision groups for therapy are 2 hour groups facilitated by a Licensed Clinical Psychologist.
      iv. Supervision groups for psychological testing/assessment are 1 hour groups facilitated by a Licensed Clinical Psychologist with specialized competency in psychological testing.
      v. Group supervision presentation/participation requirements will vary based on individual Supervisor expectations, but may include case presentations in various formats.
      vi. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, students choosing to be part of a Group Supervision Meeting will be expected to attend the same group on a weekly basis.
   c. Treatment Team
      i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultation, and important updates about relevant clinical news.
      ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.
      iii. Practicum Students are strongly encouraged, but not required, to attend and participate in the weekly Treatment Team meetings.
   d. Weekly Hour Log
i. Practicum Students should track their supervised clinical training hours based on the specific requirements of their school program.

ii. It is the responsibility of each Practicum Student to ensure accurate documentation of their training time, and for maintaining the documentation in accordance with their school requirements.

e. Lack of attendance to, and participation in either Individual or Group Supervision will, at minimum, lead to consultation with the student’s school Training Director, and may be grounds for termination of the student’s practicum training agreement.

6. Didactic Seminars

a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” Appendix K.)

b. Practicum Students are encouraged, *but not required*, to attend weekly didactic/seminar trainings.

c. Didactic Seminars are educational presentations by both outside guest speakers, and various members of Sovereign Health Staff.

d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.

e. Practicum Students are encouraged to make suggestions for additional didactic trainings as a part of Sovereign’s ongoing didactic development process.
APPENDIX A2

PRE-DOCTORAL INTERN TRAINING AND SUPERVISION PLAN
Sovereign Health

The following plan has been prepared to outline specific duties, expectations, and means of supporting the below identified Pre-Doctoral Intern with regard to their responsibilities and needs as trainees in the practice of psychology:

Pre-Doctoral Intern Name ___________________________ Date ___________________________

Internship Start Date ___________________________ Projected Internship End Date ___________________________

Name of Pre-Doctoral Intern’s Educational Institution ___________________________

Educational Institution Training Director/Delegated Supervisor Name ___________________________

Phone ___________________________ Email ___________________________

Sovereign Health Primary Clinical Supervisor

Sovereign Health Delegated Supervisor (If applicable.)

Pre-Doctoral Interns

Overview

Sovereign Health’s Pre-Doctoral Internship Training Program is a full year, 2000 hour supervised training opportunity. This includes the completion of at least 2000 hours of supervised clinical training, with at least 500 face-to-face client contact hours. Sovereign Health’s Pre-Doctoral Internship rotations are a full-year commitment. Pre-Doctoral Interns begin their internship on the first Monday in August, and end on the last Friday in July of the following calendar year. Pre-Doctoral Interns are expected to maintain an 8:30am-5pm Monday-Friday work schedule throughout their internship year.

The core focus of the Pre-Doctoral Internship is continued professional development and skill building with a diverse base of adult clients in treatment for mental health, addiction, and/or...
dual diagnosis concerns. The Pre-Doctoral Internship traditionally marks the final pre-doctoral training requirement prior to matriculation. Accordingly, Pre-Doctoral Interns are an integrated part of Sovereign Health’s multidisciplinary treatment team to support their transition from trainees to well-rounded post-doctoral clinicians. Clinical skill building is focused on the effective provision of individual and group therapies, being an active participant in a multidisciplinary treatment team, and active refinement of individual professional identity. Additional training opportunities include ongoing refinement in the area of clinical interviewing and report writing, case conceptualization and diagnosis, as well as a chance to obtain supervised experience with psychological testing and report writing.

Pre-Doctoral Interns are strongly encouraged to have their dissertation (or equivalent) completed and defended prior to the start of their internship year. The Sovereign Health Pre-Doctoral Internship year does not include standard time-off for the completion of such educational requirements.

Sovereign Health’s Pre-Doctoral Internship positions do not currently include a stipend or health benefits.

**Pre-Doctoral Internship Duties**

1. Intake Interviews/Evaluations
   a. Depending on placement, student availability, and client census, Pre-Doctoral Interns may complete an average of 1 to 2 intake interviews per week.
   b. This includes completion of the Bio-Psycho-Social report (intake interview report) within the appropriate timelines for review by a Supervisor, and submission to the Sovereign Health’s UR Department. In most cases, insurance companies require this within 24 hours.

2. Group Therapy
   a. Effectively facilitate at least 2 psycho-educational and/or treatment groups per week.
      i. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.

3. Individual Therapy
   a. Have an active caseload of up to 5 individual therapy clients.
      i. Clients are expected to be seen for 2 individual sessions per week.
   b. Individual therapy interventions are expected to be within the realm of evidence based treatments, discussed in an ongoing basis in group supervision, individual supervision, and Treatment Team meetings.
   c. Individual therapy clients are also supported in treatment through the timely, thoughtful, and clinically focused UR documentation regarding the course of
treatment, and justification of ongoing treatment or discharge based on client needs and presentation.

d. There is an expectation that a client’s individual therapist works to encourage and facilitate the involvement of a client’s family/significant others (as appropriate based on circumstances and active releases). This may take place through phone contact, teletherapy, and/or the direct provision of family therapy.

   i. At a minimum, individual therapists are expected to have weekly contact with a single delegated family member. This is dependent upon appropriate releases being in place and active.

   ii. The delegated family member is an individual determined by the client.

   iii. It is often appropriate for the individual therapist and the client to coordinate the determination of the delegated family member.

e. Being the individual therapist for clients includes being an active participant in the client’s treatment team, which includes line-staff and a Case Manager, as well as outside medical and prescribing professionals.

   i. Pre-Doctoral Interns are expected to take on, or develop into, a leader within the treatment team by engaging in clear, professional, and proactive communication with their Supervisor and the client’s other treatment team members. The goal is to ensure a smooth, ethical, and full continuum of care for each client.

   ii. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.

f. Individual therapists are also expected to collaborate with Case Managers on discharge planning for all assigned clients. This includes ongoing development of aftercare plans throughout the course of a client’s treatment at Sovereign Health.

4. Clinic Duty Coverage

   a. For half of one day each week, all direct care clinical staff, including Pre-Doctoral Interns, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.

5. On-Call Coverage

   a. All Pre-Doctoral Interns are required to complete assigned rotations of “On-Call Duty” as part of the internship program. (See “On-Call Procedures,” Appendix D.)

   b. The rotation will start on a Monday at 8:30am, and end the following Monday at 8:30am.

   c. For each week of “On-Call Duty” a Pre-Doctoral Intern completes, they will be compensated by receiving 1 additional day of time off.
d. If a trainee’s “On-Call Duty” rotation falls on a week that includes a Company Holiday, they will be compensated with 2 additional days of time off.

6. Psychological Testing
   a. Pre-Doctoral Interns will have the opportunity to specify whether or not they have an interest in additional experience and supervision in the area of psychological testing and report writing.
   b. If interested, Pre-Doctoral Interns have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training year.
   c. Supervisory staff will do their best to make schedule and clinical responsibility arrangements to support the inclusion of regular psychological testing experiences being a part of a Pre-Doctoral Intern’s schedule.

7. Providing Supervision
   a. Throughout the course of the Pre-Doctoral Internship year, there may be opportunities for Pre-Doctoral Interns to provide some delegated supervision to more junior trainees.
   b. Determination of a Pre-Doctoral Intern’s developmental appropriateness for these opportunities will be at the sole discretion of their Site Training Director or Primary Supervisor.
   c. Attributes considered indicators of readiness for this opportunity include clinical skills, work management abilities, and level of professional development.

8. Program Development/Refinement
   a. Throughout the course of the Pre-Doctoral Internship year, there may be opportunities for Pre-Doctoral Interns to engage in some level of program development with activities such as group therapy curriculum development and/or refinement, development and implementation of process improvement initiatives, or other professionally relevant special projects.
   b. Determination of a Pre-Doctoral Intern’s developmental appropriateness for these opportunities will be at the sole discretion of their Site Training Director or Primary Supervisor.
   c. Attributes considered indicators of readiness for this opportunity include clinical skills, work management abilities, and level of professional development.

9. Supervision
   a. Expectations
      i. Regular supervision is a required part of clinical work as a trainee/intern.
      ii. It must take place for both ethical and legal practice, and for the accrual of supervised training hours.
iii. Weekly individual and group supervision, as well as didactic training and Treatment Team/Staffing are required supervisory activities. Pre-Doctoral Intern attendance is mandatory to each.

iv. Absences must be coordinated with the Pre-Doctoral Intern’s Primary Supervisor, and both group and individual supervision appointments must be rescheduled if missed.

v. Problems with attendance to, and/or participation in the above noted supervision activities will be grounds for intervention, which at a minimum, will be consultation with the Pre-Doctoral Intern’s School Training Director, and, at maximum, may be grounds for dismissal from Sovereign Health’s Pre-Doctoral Internship Program.

b. Individual Supervision
   i. Pre-Doctoral Interns will receive at least 2 hours (120 minutes) per week of individual supervision by a Licensed Clinical Psychologist.
   ii. Additional clinical and operational guidance, supervision, and/or consultation are available as needed.
   iii. If choosing to utilize opportunities for psychological testing training, additional individual and group supervision specific to psychological testing is required.

c. Group Supervision
   v. Supervision groups for therapy are 2 hour groups facilitated by a Licensed Clinical Psychologist.
   vi. Supervision groups for psychological testing/assessment are 1 hour groups, facilitated by a Licensed Clinical Psychologist with specialized competency in psychological testing.
   vii. Group supervision presentation/participation requirements will vary based on individual Supervisor expectations, but may include case presentations in various formats.
   viii. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, Pre-Doctoral Interns will be expected to attend the same supervision group on a weekly basis.

d. Treatment Team
   i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultation and important updates about relevant clinic news.
ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.

iii. Treatment Team meetings are NOT a replacement or alternative to the formal Group Supervision requirements noted above.

e. Weekly Hour Log
   i. All Pre-Doctoral Interns are required to complete a Weekly Hour Log that will be initialed weekly by their Primary Supervisor. (See “Weekly Hour Log,” Appendix M.)
   ii. The Weekly Hour Log will then be signed at the end of each month.
   iii. Completion of this log is a requirement for documentation of hours for State Licensing Boards.
   iv. It is the responsibility of each Pre-Doctoral Intern to ensure accurate documentation of their training time, and for maintaining the log with regularly updated initials and Primary Supervisor signatures.

10. Didactic Seminars
   a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” Appendix K.)
   b. Pre-Doctoral Interns are required to attend weekly didactic/seminar trainings as a required part of their training experience.
   c. Didactic seminars are educational presentations provided by both outside guest speakers, and various members of Sovereign Health Staff.
   d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.
   e. Pre-Doctoral Interns are encouraged to make suggestions for additional, didactic trainings as part of Sovereign Health’s ongoing didactic development process.

Pre-Doctoral Intern Signature ___________________________________ Date ________________

Sovereign Health Primary Clinical Supervisor Signature _______________________________ Date ________________

Sovereign Health Delegated Supervisor Signature (If applicable.) _______________________________ Date ________________
APPENDIX A3

POST-DOCTORAL FELLOW TRAINING AND SUPERVISION PLAN
Sovereign Health

The following plan has been prepared to outline specific duties, expectations, and means of supporting the below identified Post-Doctoral Fellow with regard to their responsibilities and needs as trainees in the practice of psychology:

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<thead>
<tr>
<th>Post-Doctoral Fellow Name</th>
<th>Date</th>
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<thead>
<tr>
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<tr>
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<tr>
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<tr>
<th>Sovereign Health Delegated Supervisor (If applicable.)</th>
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Post-Doctoral Fellows

Overview

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

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

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

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

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

**Post-Doctoral Fellowship Duties**

1. **Intake Interviews/Evaluations**
   a. Post-Doctoral Fellows are expected to work closely with clinical leadership to assist with screening client admission requests to ensure an appropriate fit between the client and Sovereign’s treatment offerings. Considerations include the safety of the incoming client and the safety and well-being of other clients through consideration of the treatment environment as a whole.
   b. Post-Doctoral Fellows are also expected to work closely with clinical leadership to assist with placement of admitting clients to ensure maximization of best fit to meet the individual client’s needs, while also considering the treatment environment as a whole.
   c. Post-Doctoral Fellows serve as mentors for performing effective intake interviews, including advanced level case conceptualizations on the Bio-Psycho-Social reports.
d. Bio-Psycho-Social reports (intake interview reports) must be submitted within the appropriate timelines for review by a supervisor, and submission to the Sovereign Health’s UR Department. In most cases, insurance companies require this within 24 hours.

e. Post-Doctoral Fellows are expected to be able to provide, or develop the proficiency to provide, delegated supervision and mentorship of more junior clinicians with regard to interview skills, case conceptualization based on a clinical interview, and diagnostic determinations.

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

3. Individual Therapy
   a. Have an active caseload of at least 3 individual therapy clients.
      i. Clients are expected to be seen for 2 individual sessions per week.
      ii. Total individual therapy caseloads can vary among Post-Doctoral Fellows, depending upon clinic needs, as well as the individual areas of professional interest for each individual Post-Doctoral Fellow. As an overall guideline, Post-Doctoral Fellows are expected to maintain at least 15 hours of client contact per week through some combination of intake interviews, individual clients, and/or group facilitation/co-facilitation.
   b. Individual therapy interventions are expected to be within the realm of evidence based treatments, discussed in an ongoing basis in group supervision, individual supervision, and Treatment Team meetings.
   c. Individual therapy clients are also supported in treatment through the timely, thoughtful, and clinically focused UR documentation regarding the course of
treatment, and justification of ongoing treatment or discharge based on client needs and presentation.

d. There is an expectation that a client’s individual therapist works to encourage and facilitate the involvement of a client’s family/significant others (as appropriate based on circumstances and active releases). This may take place through phone contact, teletherapy, and/or the direct provision of family therapy.

   i. At a minimum, individual therapists are expected to have weekly contact with a single delegated family member. This is dependent upon appropriate releases being in place and active.
   ii. The delegated family member is an individual determined by the client.
   iii. It is often appropriate for the individual therapist and the client to coordinate the determination of the delegated family member.

e. Being the individual therapist for clients includes being an active participant in the client’s treatment team, which includes line-staff and a Case Manager, as well as outside medical and prescribing professionals.

   i. Post-Doctoral Fellows are expected to take on, or develop into, a leader within the treatment team by engaging in clear, professional, and proactive communication with their supervisor and the client’s other treatment team members. The goal is to ensure a smooth, ethical, and full continuum of care for each client. Post-Doctoral Fellows are expected to provide additional levels of leadership within their treatment teams, especially through mentorship and/or delegated supervision of more junior trainees, considering their status as early career professionals.

   ii. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.

f. Individual therapists are also expected to collaborate with Case Managers on discharge planning for all assigned clients and the development of aftercare plans throughout the course of a client’s treatment at Sovereign Health.

4. Clinic Duty Coverage

   a. For half of one day each week, all direct care clinical staff, including Post-Doctoral Fellows, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.

   b. Post-Doctoral Fellows are scheduled for Clinic Duty Coverage, but are considered a second level of support to other clinical staff. Their primary involvement comes with situations involving other clinicians who require support, consultation, or when other clinical staff is not available.

5. On-Call Coverage
a. Post-Doctoral Fellows are not included in the On-Call Coverage rotation.

6. Psychological Testing
   a. Post-Doctoral Fellows will have the opportunity to specify whether or not they have an interest in additional experience and supervision in the area of psychological testing and report writing.
   b. If interested, Post-Doctoral Fellows have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training.
   c. As competency permits, Post-Doctoral Fellows will also have an opportunity to provide delegated supervision to more junior trainees developing skills with Psychological Testing.
   d. As competency and interest dictates, Post-Doctoral Fellows will have opportunities to develop clinical didactics, and facilitate/co-facilitate psychological testing group supervision.
   e. In addition to diagnostic evaluations, Post-Doctoral Fellows will also have opportunities to be involved with monitoring, analyzing, and reporting on outcome measures while also providing recommendations based on the data.

7. Leadership Development/Supervision
   a. As early career professionals, Post-Doctoral Fellows are encouraged to develop increased skills in the areas of Clinical Supervision and Leadership, delegated supervision of more junior trainees, and co-facilitating or facilitating individual and/or group supervision (depending upon levels of development and interest).
   b. Post-Doctoral Fellows are also encouraged to provide clinical mentorship and guidance by encouraging other staff to seek out consultation and mentorship on an as needed basis, including assisting other trainees in the development of collaborative professional relationships with prescribing professionals, intervention to support improved medication compliance, and, within appropriate scope of practice, evaluating clients’ symptoms in response to, and needs for, psychotropic medications.
   c. Post-Doctoral Fellows are expected to assist Clinical Leadership in documentation and concurrent review and editing process, such as progress note correction, or UR review for the Post-Doctoral Fellow’s delegated supervisees. They will be supported in this process by their Primary Supervisor.
   d. Post-Doctoral Fellows will be expected to present at least 2 different 1-hour long didactic trainings during the course of their Fellowship. One didactic should focus on a more intensive clinical topic specifically targeting clinical staff, and the other should be a more generalized clinical topic appropriate for providing education and mentorship to non-clinical staff that interact with the clients on a regular basis.
   e. Determination of a Post-Doctoral Fellow’s developmental appropriateness for these opportunities will be at the discretion of their Primary Supervisor.
8. Program Development/Refinement  
   a. Post-Doctoral Fellows will be expected to develop clinical administrative leadership skills through audits and refinement of group curricula and development of new groups as appropriate or needed.  
   b. Post-Doctoral Fellows will also be encouraged to develop clinical leadership skills through curriculum development and/or refinement, development and implementation of process improvement initiatives, or other professionally relevant special projects.  

9. Supervision  
   a. Expectations  
      i. Regular supervision is a required part of clinical work as a Post-Doctoral Fellow.  
      ii. It must take place for both ethical and legal practice, and for the accrual of supervised training hours.  
      iii. Weekly Individual Supervision and Treatment Team/Staffing attendance are required for all Post-Doctoral Fellows.  
      iv. Post-Doctoral Fellow weekly participation in Group Supervision and/or Didactic Training is strongly encouraged.  
      v. Absences to required supervision and/or Treatment Team/Staffing must be coordinated with the Post-Doctoral Fellow’s Primary Supervisor. Individual supervision appointments must be rescheduled if missed.  
      vi. Problems with attendance to, and/or participation in the above noted supervision activities will be grounds for intervention, which at a minimum, will be consultation with the Post-Doctoral Fellow’s Primary Supervisor, and, at maximum, may be grounds for dismissal from Sovereign Health’s Post-Doctoral Fellowship Program.  
   b. Individual Supervision  
      i. Post-Doctoral Fellows will receive at least 1 hour (60 minutes) per week of individual supervision by a Licensed Clinical Psychologist for every 20 hours worked. (E.g. 2 hours per week of individual supervision required for Full-Time, 40 hours per week of work.)  
      ii. Additional clinical and operational guidance, supervision, and/or consultation are available as needed.  
      iii. If choosing to utilize opportunities for psychological testing training, additional individual supervision and consultation specific to psychological testing is required.  
   c. Group Supervision
i. Weekly supervision groups are fixed-schedule, size-limited, 2 hour groups facilitated by a Licensed Clinical Psychologist.

ii. Group supervision presentation/participation requirements will vary based on individual supervisor expectations, but may include case presentations in various formats.

iii. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, Post-Doctoral Fellows choosing to be part of a Group Supervision meeting will be expected to attend the same group on a weekly basis.

d. Treatment Team

i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultation and important updates about relevant clinic news.

ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.

iii. Treatment Team meetings are NOT a replacement or alternative to the formal Group Supervision requirements noted above.

e. Weekly Hour Log

i. All Post-Doctoral Fellows are required to complete a Weekly Hour Log that will be initialed weekly by their Primary Supervisor. (See “Weekly Hour Log,” Appendix M.)

ii. The Weekly Hour Log will then be signed at the end of each month.

iii. Completion of this log is a requirement for documentation of hours for State Licensing Boards.

iv. It is the responsibility of each Post-Doctoral Fellow to ensure accurate documentation of their training time, and for maintaining the log with regularly updated initials and Primary Supervisor signatures.

10. Didactic Seminars

a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” Appendix K.)
b. Post-Doctoral Fellows are required to attend weekly didactic/seminar trainings as a required part of their training experience.

c. Didactic seminars are educational presentations provided by both outside guest speakers, and various members of Sovereign Health Staff.

d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.

a. Post-Doctoral Fellows are encouraged to make suggestions for additional didactic trainings as part of Sovereign Health’s ongoing didactic development process.

_________________________  _________________________
Post-Doctoral Fellow Signature  Date

_________________________  _________________________
Sovereign Health Primary Clinical Supervisor Signature  Date

_________________________  _________________________
Sovereign Health Delegated Supervisor Signature  Date

(If applicable.)
APPENDIX B

NOTICE OF UNLICENSED CLINICIAN SUPERVISION FORM
Sovereign Health

I, ____________________________, have been informed and understand that my clinician, ____________________________ is an unlicensed clinician working under the supervision of_____________________, a Licensed _______________. Consequently, information that I share with my clinician may also be discussed with their supervisor in order to provide me with the best possible services.

Furthermore, I understand that if I have any questions or concerns about provided services while under the care of this clinician, I am encouraged to discuss them with him/her. I may contact their supervisor at Sovereign Health to discuss questions or concerns regarding my treatment. I acknowledge that the clinician’s supervisor information is provided on this form and that a copy of this form has been offered to me.

_________________________________________  ________________
Client Signature                                      Date

_________________________________________  ________________
Staff Signature                                        Date
APPENDIX C

LEAVE REQUEST FORM
Sovereign Health

If you plan to request leave, discuss it with your supervisor and submit the completed paperwork at least two weeks in advance. Submit this form to your Clinical Supervisor for review and approval. If multiple requests are made for the same period of time, they may be approved or rejected based on clinic needs and will be reviewed in the order in which they were submitted.

Trainee Name ___________________________ Date ____________

I am requesting time off: ___________________________ Total Days: ____________

If approved, the date that I will return to work is: ____________________________

The Group/Individual Sessions that I will be missing during my time off are as follows:

______________________________________________________________________________

The following individual(s) have agreed to cover my assigned clients/groups while I am out:

______________________________________________________________________________

Clinician Signature ___________________________ Date ____________

Supervisor Signature ___________________________ Date ____________

APPROVED: ________ NOT APPROVED: ________

Reason Not Approved:

______________________________________________________________________________

FOR OFFICE USE ONLY:

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<thead>
<tr>
<th>No. Days Requested</th>
<th>No. Days Taken</th>
<th>No. Days Available</th>
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APPENDIX D

PRE-DOCTORAL INTERN ON-CALL PROCEDURES
Sovereign Health

On-Call Duty Rotation
All Pre-Doctoral Interns are required to complete assigned rotations of “On-Call Duty” as part of the internship program. For each week a Pre-Doctoral Intern is assigned to “On-Call Duty”, they will be compensated by receiving 1 additional day of time off. If a Pre-Doctoral Intern’s “On-Call Duty” rotation falls on a week that includes a Company Holiday, they will be compensated with 2 days of time off.

On-Call Duty procedures will be scheduled on a rotating basis among all Pre-Doctoral Interns as a collaborative scheduling effort by the Clinical Leadership Team, including the Site Training Director. Any scheduling conflicts must be brought to the attention of a member of the Clinical Leadership Team immediately.

“On-Call Duty” clinical coverage is a service provided for the benefit of clients, authorized family members, and other staff in order to promote safety, stability, and excellence in clinical care. All information will be presented in a clear, concise manner.

- Provide accurate client information regarding care, treatment and services.
- Maintain open communication and assistance to non-clinical staff for all clients currently participating in treatment.
- Crisis-intervention and coaching through de-escalation procedures as necessary, up-to and including directions to contact the appropriate emergency support services.
- Provide directives to non-clinical staff (ex. house managers).
- Refer clients for psychiatric evaluation or emergency medical treatment when required.
- Advise the Client Advocate, Program Director, and/or Director of Operations for clients who request to leave against medical advice (AMA).

The procedure will be adhered to as follows:
- On-Call Duty is scheduled from Monday at 8:30am to the following Monday at 8:30am.
- The On-Call Pre-Doctoral Intern is responsible for carrying the On-Call binder and cell phone with them at ALL TIMES.
- During the On-Call Duty week, Pre-Doctoral Interns are not permitted to be out of town and must be available to respond to ALL calls that come to the On-Call Duty cell phone in a timely manner.
• If conflicts arise during the year and changes need to be made to the scheduled On-Call Duty assignment, please find another clinician who is willing to trade with you, complete the “On-Call Duty Change Form”, obtain approval from your Site Training Director and submit the form to the Program Director or Associate Program Director for approval at least 2 weeks in advance. (See “On-Call Duty Change Form,” Appendix E.)
• Maintain compliance with HIPAA guidelines (maintaining proper client consent).
• Maintain compliance with HIPAA guidelines (maintaining proper client consent).
• Ensure all documentation will be completed as necessary (ex. internal incident reports from non-clinical staff, updated notes to primary therapists with specific concerns, weekly reports, etc.)
• Update the Program Director, Associate Program Director, Medical Director, and/or Director of Operations for emergencies as needed.
• If a call is from a client’s family members, be sure to CONFIRM that the caller is on the active consent/release BEFORE you confirm the client is in treatment with us and before providing any information. Once you verify that you have consent to speak with the caller, answer the questions as appropriate, or call the appropriate house manager and forward a message to the client.
• If a call is from a house manager, provide clinical support as necessary
  o Follow escalation procedures as necessary.
  o Contact Dr. Snyder for medical emergencies.
  o Ask house managers to complete an incident report if necessary.
• All calls to the On-Call Duty cell phone should be tracked by the on-call clinician and by the house managers on their appropriate log forms.
• At the end of the on-call rotation, return the On-Call Duty cell phone and binder to the Program Director or Associate Program Director.
• At the end of the on-call rotation, complete the On-Call Duty Report and email it to the clinical distribution list by Monday at 10:00am. Include the Director of Operations, Intake Coordinators, Finance Team, and Clinical Supervisors.

The “On-Call Duty” helps to ensure client safety and provide excellence in client care. Failure to comply with responsibilities may result in verbal and/or written warnings, including and up-to termination of the training contract for egregious misconduct.
APPENDIX E

PRE-DOCTORAL INTERN ON-CALL DUTY CHANGE REQUEST FORM
Sovereign Health

If you plan to change On-Call Duty, discuss it with your supervisor and submit the completed paperwork at least two weeks in advance when at all possible. Submit this form to the Program Director or Associate Program Director for review and approval. If multiple requests are made for the same period of time, they may be approved or rejected based on clinic needs and will be reviewed in the order in which they were submitted.

Pre-Doctoral Intern Name ___________________________ Date ______________

I am requesting to change On-Call Duty from: ___________________ to ______________. (assigned date) (new date)

I have arranged to change with: ________________________________.

_________________________ __________________________
Pre-Doctoral Intern Accepting Change Date

_________________________ __________________________
Supervisor Signature Date

APPROVED: __________ NOT APPROVED: __________

Reason Not Approved:

_________________________________________________

_________________________________________________

_________________________________________________

_________________________ __________________________
Program Director/Associate Program Director Date
These forms can be completed anonymously, if desired.
Please reference the instructions at the end of this evaluation form.

Supervisor Name: __________________________________________________________

Trainee Name (optional): __________________________________________________

Hours of supervision received each week from this supervisor: ________________

Type of supervision received:  Individual   Group

1. Overall evaluation of supervisor:

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<th></th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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2. Supervision has been based on (put an “X” next to all that apply):

<table>
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<tr>
<th>Direct Observation</th>
<th>Audiotape</th>
<th>Videotape</th>
<th>Therapist’s Report</th>
<th>Other (specify):</th>
</tr>
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</table>

3. Supervision time is sufficient.

4. Supervisor demonstrates an appropriate command of the field.

5. I have developed as a therapist or psychologist through supervision.

6. Supervisor is available when needed.

7. Supervisor is reliable and punctual.

8. Supervisor gives constructive feedback.

9. Supervisor is supportive and respectful.

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

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

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

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

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

FIRST / THIRD QUARTER TRAINEE EVALUATION FORM
Sovereign Health

Trainee Name: ______________________________________ Date: ________________

Supervisor Name: __________________________________________________________

Review Period: _____________________________________________________________

This evaluation form is designed to provide constructive feedback regarding the clinical proficiency and progress of all trainees regardless of status. Use the expected competency level of someone at the same level of training when filling out this evaluation and reference the appropriate training level expectations from the training manual. Please provide additional feedback in the comments section where appropriate. The trainee and Clinical Supervisor should review the completed evaluation together and sign the form. The trainee should be offered a copy of the evaluation form.

Method of Observation (mark all that apply):

[ ] Intern/Trainee Report [ ] Audiotape [ ] Review of Progress Notes
[ ] Videotape [ ] Direct Observation [ ] Case Presentation
[ ] Unscheduled Consultation [ ] Clinical Staffing [ ] Other: _____________________

OVERALL EVALUATION AND COMMENTS

1. Strengths
   a. What strengths does the trainee have?

   b. Where have they particularly demonstrated growth during training?

2. Areas of Improvement
   a. TRAINEE: What areas need improvement?
b. SUPERVISOR: What are some areas of improvement for the trainee? Are any of these areas for improvement concerning to a degree that may impact the trainee’s ability to move forward in the training program if not corrected? If yes, which?

c. TRAINEE FEEDBACK: How can the clinical leadership potentially improve to better support your training needs?

3. Goals and Objectives for Next Stage of Training:
   a. TRAINEE INPUT:

   b. SUPERVISOR INPUT:

4. Specific projects and/or areas of trainee interest:
   a. TRAINEE INPUT:

   b. SUPERVISOR INPUT: Is there a way for the trainee to develop in this area of interest during their training? If so, how?

5. Preparation
   Please indicate your view of the intern’s academic preparation for their current internship:

   [ ] Very Poor   [ ] Poor   [ ] Adequate   [ ] Very Good   [ ] Excellent
6. **Progress**  
Please indicate your view of the intern’s progress for their current internship:

[ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent

7. **Rate Overall Improvement:**

[ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent

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<td>Based on the intern's level of training and the above items, please evaluate overall performance and competence during this period.</td>
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Supervisor Name

Supervisor Signature

Date

Trainee Name

Trainee Signature

Date
APPENDIX G2

PRACTICUM STUDENT EVALUATION FORM
Sovereign Health

Practicum Student Name: ______________________________________________________

Supervisor Name: ____________________________________________________________

Practicum Start Date: ___________________________ Evaluation Date: __________________

Review Period: __________________________________________________________________

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

Method of Observation (mark all that apply):

[ ] Intern/Trainee Report [ ] Audiotape [ ] Review of Progress Notes
[ ] Videotape [ ] Direct Observation [ ] Case Presentation
[ ] Supervision [ ] Discussions [ ] Clinical Staffing
[ ] Other:

Please use this scale to rate the intern/trainee as follows:
[1] – Significantly Below Expected Competency
[2] – Below Expected Competency
[3] – Meets Expected Competency
[4] – Above Expected Competency
[5] – Significantly Above Expected Competency
[N/A] – Not Assessed

Professionalism:

1. Demonstrates honesty, even in difficult situations. [1] [2] [3] [4] [5] [N/A]

2. Takes responsibility for own actions. [1] [2] [3] [4] [5] [N/A]

3. Displays basic understanding of core professional values. [1] [2] [3] [4] [5] [N/A]

4. Demonstrates appropriate personal hygiene and attire. [1] [2] [3] [4] [5] [N/A]

5. Distinguishes between appropriate and inappropriate language and demeanor in professional contexts. [1] [2] [3] [4] [5] [N/A]
6. Takes ownership over maintaining accurate and timely training hour logs required for successful completion of their training. 

7. Completes work in accordance with established deadlines.

8. Presents for supervision, client appointments, and other scheduled activities on time and prepared.

9. Demonstrates personal organizational skills by planning and organizing own workload.

10. Is aware of and follows Sovereign’s policies and procedures.

11. Communicates clearly using verbal, nonverbal, and written skills.

12. Is able to establish and maintain appropriate professional boundaries with clients.

13. Is able to establish and maintain appropriate professional boundaries with other trainees and/or staff.

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

1. Displays problem solving skills, critical thinking, organized reasoning, intellectual curiosity and flexibility.

2. Demonstrates openness to considering own personal concerns, challenges, values, beliefs, and attitudes, recognizing their impact on self and others.

3. Is aware of training level/status and seeks supervision and/or consultation as needed to promote personal development and excellence in clinical care.

4. Is aware of clinical competencies for professional training and develops initial competency goals.

5. Demonstrates intellectual curiosity and utilizes a scientific approach to exploring their curiosities.

6. Listens to and utilizes feedback from others.

7. Is aware of the importance of work-life balance, and to the degree possible pursues balance between personal and professional needs.
Scientific Knowledge and Methods:

1. If attending, is able to be an active, engaged participant in didactic trainings.
2. Understands the development of evidence based practice in psychology (EBP) as defined by the APA.
3. Is able to utilize and integrate academic information from a practitioner-scholar approach.

Diversity and Relationships:

1. Demonstrates knowledge, awareness and understanding of self and the way culture and context shape the behavior of individuals.
2. Is respectful, tolerant, emotionally mature, empathetic, and shows interest in other cultures and experiences.

Ethical, Legal Standards, and Policy:

1. Demonstrates ethical behavior and basic knowledge of APA Ethical Principles and Code of Conduct and other legal issues.
2. Recognizes the importance of basic ethical concepts applicable in initial practice.
3. Articulates importance of confidentiality, privacy, and informed consent.
4. Recognizes junior trainee status and maintains appropriate boundaries of practice that remain within the scope of their current training and supervision.

Interdisciplinary Systems:

1. Demonstrates ability to cooperate with others in task completion.
2. Expresses interest in developing collaborative relationships and respect for other professionals.
FUNCTIONAL COMPETENCIES

Assessment:

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

Intervention:

1. Identifies basic strengths and weaknesses of intervention approaches for different problems and populations. [1] [2] [3] [4] [5] [N/A]
2. Demonstrates preparation, professionalism, and leadership with regard to group facilitation and co-facilitation. [1] [2] [3] [4] [5] [N/A]
3. Articulates a basic understanding of how intervention choices are informed by assessment. [1] [2] [3] [4] [5] [N/A]
4. Demonstrates helping skills such as empathic listening, framing problems. [1] [2] [3] [4] [5] [N/A]
5. Is able to display group therapy management skills that allow client engagement while maintaining order and structure. [1] [2] [3] [4] [5] [N/A]

6. Demonstrates appropriate judgment about when to consult supervisor. [1] [2] [3] [4] [5] [N/A]

7. Articulates awareness and basic knowledge of methods to examine intervention outcomes. [1] [2] [3] [4] [5] [N/A]

8. Describes instances of lack in progress in treatment and actions taken in response. [1] [2] [3] [4] [5] [N/A]

**Supervision:**


2. Systematically reviews own professional performances with supervisors/teachers. [1] [2] [3] [4] [5] [N/A]

3. Demonstrates ability to organize and present information related in a topic. [1] [2] [3] [4] [5] [N/A]

**OVERALL EVALUATION AND COMMENTS**

1. **Strengths**
   a. What strengths does the Practicum Student have?
   b. Where have they particularly demonstrated growth during training?

2. **Areas of Improvement**
   a. PRACTICUM STUDENT: What areas need improvement?
b. SUPERVISOR: What are some areas of improvement for the Practicum Student? Are any of these areas for improvement concerning to a degree that may impact the Practicum Student’s ability to move forward in the training program if not corrected? If yes, which?

c. PRACTICUM STUDENT FEEDBACK: How can the clinical leadership potentially improve to better support your training needs?

3. Goals and Objectives for Next Stage of Training:
   a. PRACTICUM STUDENT INPUT:

   b. SUPERVISOR INPUT:

4. Specific projects and/or areas of Practicum Student interest:
   a. PRACTICUM STUDENT INPUT:

   b. SUPERVISOR INPUT: Is there a way for the Practicum Student to develop in this area of interest during their training? If so, how?
5. **Preparation**
   Please indicate your view of the Practicum Student’s academic preparation for their current practicum training:
   
   [ ] Very Poor   [ ] Poor   [ ] Adequate   [ ] Very Good   [ ] Excellent

6. **Progress**
   Please indicate your view of the Practicum Student’s progress for their current practicum training:
   
   [ ] Very Poor   [ ] Poor   [ ] Adequate   [ ] Very Good   [ ] Excellent

7. **Rate Overall Improvement:**
   
   [ ] Very Poor   [ ] Poor   [ ] Adequate   [ ] Very Good   [ ] Excellent

### Overall Evaluation Score:
Based on the Practicum Student’s level of training and the above items, please evaluate overall performance and competence during this period.

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Supervisor Name

__________________________________________
Supervisor Signature

____________________________
Date

__________________________________________
Practicum Student Name

__________________________________________
Practicum Student Signature

____________________________
Date
PRE-DOCTORAL INTERN EVALUATION FORM
Sovereign Health

Pre-Doctoral Intern Name: ____________________________________________

Supervisor Name: ____________________________________________

Internship Start Date: ________________ Evaluation Date: ________________

Review Period: ____________________________________________

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

Method of Observation (mark all that apply):

[ ] Intern/Trainee Report [ ] Audiotape [ ] Review of Progress Notes
[ ] Videotape [ ] Direct Observation [ ] Case Presentation
[ ] Supervision [ ] Discussions [ ] Clinical Staffing
[ ] Other:

Please use this scale to rate the intern/trainee as follows:
[1] – Significantly Below Expected Competency
[2] – Below Expected Competency
[3] – Meets Expected Competency
[4] – Above Expected Competency
[5] – Significantly Above Expected Competency
[N/A] – Not Assessed

**Professionalism:**

1. Demonstrates honesty, even in difficult situations. [1] [2] [3] [4] [5] [N/A]
2. Takes responsibility for own actions. [1] [2] [3] [4] [5] [N/A]
3. Displays basic understanding of core professional values. [1] [2] [3] [4] [5] [N/A]
4. Demonstrates appropriate personal hygiene and attire. [1] [2] [3] [4] [5] [N/A]
5. Distinguishes between appropriate and inappropriate language and demeanor in professional contexts. [1] [2] [3] [4] [5] [N/A]
6. Takes ownership over maintaining accurate and timely training hour logs required for successful completion of their training. [1] [2] [3] [4] [5] [N/A]

7. Completes work in accordance with established deadlines. [1] [2] [3] [4] [5] [N/A]

8. Presents for supervision, client appointments, and other scheduled activities on time and prepared. [1] [2] [3] [4] [5] [N/A]

9. Demonstrates personal organizational skills by planning and organizing own workload. [1] [2] [3] [4] [5] [N/A]

10. Is aware of and follows Sovereign’s policies and procedures. [1] [2] [3] [4] [5] [N/A]

11. Communicates clearly using verbal, nonverbal, and written skills. [1] [2] [3] [4] [5] [N/A]

12. Is able to establish and maintain appropriate professional boundaries with clients. [1] [2] [3] [4] [5] [N/A]

13. Is able to establish and maintain appropriate professional boundaries with other trainees and/or staff. [1] [2] [3] [4] [5] [N/A]

14. Provides appropriate mentorship to more junior trainees and/or staff, while maintaining awareness of personal limitations. [1] [2] [3] [4] [5] [N/A]

15. Presentation in the workplace reflects the pending transition from student to early career professional. [1] [2] [3] [4] [5] [N/A]

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

1. Displays problem solving skills, critical thinking, organized reasoning, intellectual curiosity and flexibility. [1] [2] [3] [4] [5] [N/A]

2. Demonstrates openness to considering own personal concerns, challenges, values, beliefs, and attitudes, recognizing their impact on self and others. [1] [2] [3] [4] [5] [N/A]

3. Is aware of training level/status and seeks supervision and/or consultation as needed to promote personal development and excellence in clinical care. [1] [2] [3] [4] [5] [N/A]

4. Is aware of clinical competencies for professional training and develops initial competency goals. [1] [2] [3] [4] [5] [N/A]

5. Demonstrates intellectual curiosity and utilizes a scientific approach to exploring their curiosities. [1] [2] [3] [4] [5] [N/A]
6. Listens to and utilizes feedback from others. [1] [2] [3] [4] [5] [N/A]

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

**Scientific Knowledge and Methods:**

1. Is an active, engaged participant in didactic trainings. [1] [2] [3] [4] [5] [N/A]

2. Understands the development of evidence based practice in psychology (EBP) as defined by the APA. [1] [2] [3] [4] [5] [N/A]

3. Is able to utilize and integrate academic information from a practitioner-scholar approach. [1] [2] [3] [4] [5] [N/A]

4. Is able to utilize and integrate academic information from a practitioner-scholar approach. [1] [2] [3] [4] [5] [N/A]

**Diversity and Relationships:**

1. Demonstrates knowledge, awareness and understanding of self and the way culture and context shape the behavior of individuals. [1] [2] [3] [4] [5] [N/A]

2. Is respectful, tolerant, emotionally mature, empathetic, and shows interest in other cultures and experiences. [1] [2] [3] [4] [5] [N/A]

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

1. Demonstrates ethical behavior and basic knowledge of APA Ethical Principles and Code of Conduct and other legal issues. [1] [2] [3] [4] [5] [N/A]

2. Recognizes the importance of basic ethical concepts applicable in initial practice. [1] [2] [3] [4] [5] [N/A]

3. Articulates importance of confidentiality, privacy, and informed consent. [1] [2] [3] [4] [5] [N/A]

4. Recognizes junior trainee status and maintains appropriate boundaries of practice that remain within the scope of their current training and supervision. [1] [2] [3] [4] [5] [N/A]
**Interdisciplinary Systems:**

1. Demonstrates ability to cooperate with others in task completion.  
   [1] [2] [3] [4] [5] [N/A]

2. Expresses interest in developing collaborative relationships and respect for other professionals.  
   [1] [2] [3] [4] [5] [N/A]

3. Professional behaviors with non-clinical staff represent collaborative intentions, acknowledging the expertise and experience of others, and openness to both learning and teaching  
   [1] [2] [3] [4] [5] [N/A]

**FUNCTIONAL COMPETENCIES**

**Assessment:**

1. Demonstrates awareness of the benefits of standardized assessment and knowledge of constructs being assessed.  
   [1] [2] [3] [4] [5] [N/A]

2. Exhibits understanding of basic psychometric constructs such as validity, reliability, and test construction.  
   [1] [2] [3] [4] [5] [N/A]

3. Accurately and consistently administers and scores various assessment tools.  
   [1] [2] [3] [4] [5] [N/A]

4. Demonstrates knowledge of initial interviewing (structured and semi-structured interviews, mini-mental status exams, and BioPsychoSocial assessments).  
   [1] [2] [3] [4] [5] [N/A]

5. Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information that are appropriate to the presenting problem.  
   [1] [2] [3] [4] [5] [N/A]

6. Identifies DSM criteria and describes normal development consistent with broad area of training.  
   [1] [2] [3] [4] [5] [N/A]

7. Utilizes information from multiple sources to arrive at and support specific DSM diagnoses appropriate to the case/situation.  
   [1] [2] [3] [4] [5] [N/A]

8. Demonstrates the ability to discuss diagnostic formulation and case conceptualization, and prepares basic reports which articulate an integrated, whole-person approach to conceptualization, diagnosis, and treatment planning/recommendations.  
   [1] [2] [3] [4] [5] [N/A]
9. Is able to provide thoughtful rationale for the inclusion or exclusion of other diagnostic possibilities for a patient.

**Intervention:**

1. Identifies basic strengths and weaknesses of intervention approaches for different problems and populations.

2. Demonstrates preparation, professionalism, and leadership with regard to group facilitation and co-facilitation.

3. Articulates a basic understanding of how intervention choices are informed by assessment.

4. Demonstrates helping skills such as empathic listening, framing problems.

5. Is able to display group therapy management skills that allow client engagement while maintaining order and structure.

6. Demonstrates appropriate judgment about when to consult supervisor.

7. Articulates awareness and basic knowledge of methods to examine intervention outcomes.

8. Describes instances of lack in progress in treatment and actions taken in response.

**Supervision:**


2. Systematically reviews own professional performances with supervisors/teachers.

3. Demonstrates ability to organize and present information related in a topic.

4. Advanced trainee status is reflected in ongoing pursuit of professional development through consultation, supervision, and mentorship that go beyond the minimum supervision requirements.
OVERALL EVALUATION AND COMMENTS

1. Strengths
   a. What strengths does the Pre-Doctoral Intern have?

   b. Where have they particularly demonstrated growth during training?

2. Areas of Improvement
   a. PRE-DOCTORAL INTERN: What areas need improvement?

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

   c. PRE-DOCTORAL INTERN FEEDBACK: How can the clinical leadership potentially improve to better support your training needs?
3. **Goals and Objectives for Next Stage of Training:**
   a. **PRE-DOCTORAL INTERN INPUT:**

   b. **SUPERVISOR INPUT:**

4. **Specific projects and/or areas of Pre-Doctoral Intern interest:**
   a. **PRE-DOCTORAL INTERN INPUT:**

   b. **SUPERVISOR INPUT:** Is there a way for the Pre-Doctoral Intern to develop in this area of interest during their training? If so, how?

5. **Preparation**
   Please indicate your view of the Pre-Doctoral Intern’s academic preparation for their current internship:
   [ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent

6. **Progress**
   Please indicate your view of the Pre-Doctoral Intern’s progress for their current internship:
   [ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent

7. **Rate Overall Improvement:**
   [ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent
Overall Evaluation Score:
Based on the Pre-Doctoral Intern’s level of training and the above items, please evaluate overall performance and competence during this period.

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________________________________________
Supervisor Name

________________________________________
Supervisor Signature

________________________________________
Date

________________________________________
Pre-Doctoral Intern Name

________________________________________
Pre-Doctoral Intern Signature

________________________________________
Date
APPENDIX G4

POST-DOCTORAL FELLOW EVALUATION FORM
Sovereign Health

Post-Doctoral Fellow Name: ______________________________________________________

Supervisor Name: ____________________________________________________________________

Fellowship Start Date: ___________________ Evaluation Date: _______________________

Review Period: ______________________________________________________________________

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

Method of Observation (mark all that apply):

[ ] Intern/Trainee Report  [ ] Audiotape  [ ] Review of Progress Notes
[ ] Videotape  [ ] Direct Observation  [ ] Case Presentation
[ ] Supervision  [ ] Discussions  [ ] Clinical Staffing
[ ] Other:

Please use this scale to rate the intern/trainee as follows:
[1] – Significantly Below Expected Competency
[2] – Below Expected Competency
[3] – Meets Expected Competency
[4] – Above Expected Competency
[5] – Significantly Above Expected Competency
[N/A] – Not Assessed

Professionalism:

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

Reflective Practice/Self-Assessment/Self-Care:

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

Page 92 of 111
6. Listens to and utilizes feedback from others. [1] [2] [3] [4] [5] [N/A]
7. Is aware of the importance of work-life balance, and to the degree possible pursues balance between personal and professional needs. [1] [2] [3] [4] [5] [N/A]

**Scientific Knowledge and Methods:**

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

**Diversity and Relationships:**

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

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

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

5. Provides mentorship and guidance to other clinicians in a supportive encouraging manner, and models adherence to ethical, legal, and policy excellence.

**Interdisciplinary Systems:**

1. Demonstrates ability to cooperate with others in task completion.

2. Expresses interest in developing collaborative relationships with, and respect for, other professionals.

3. Professional behaviors with non-clinical staff represent collaborative intentions, acknowledging the expertise and experience of others, and openness to both learning and teaching.

4. Demonstrates ability to provide non-authoritarian leadership, mentorship, and guidance to more junior trainees or staff in order to promote the development of others and effective collaborative task completion.

**FUNCTIONAL COMPETENCIES**

**Assessment:**

1. Demonstrates awareness of the benefits of standardized assessment and knowledge of constructs being assessed.

2. Exhibits understanding of basic psychometric constructs such as validity, reliability, and test construction.

3. Accurately and consistently administers and scores various assessment tools.

4. Demonstrates knowledge of initial interviewing (structured and semi-structured interviews, mini-mental status exams, and BioPsychoSocial assessments).
5. Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information that are appropriate to the presenting problem. [1] [2] [3] [4] [5] [N/A]

6. Identifies DSM criteria and describes normal development consistent with broad areas of training. [1] [2] [3] [4] [5] [N/A]

7. Utilizes information from multiple sources to arrive at and support specific DSM diagnoses appropriate to the case/situation. [1] [2] [3] [4] [5] [N/A]

8. Demonstrates the ability to discuss diagnostic formulation and case conceptualization, and prepares basic reports which articulate an integrated, whole-person approach to conceptualization, diagnosis, and treatment planning/recommendations. [1] [2] [3] [4] [5] [N/A]

9. Is able to provide thoughtful rationale for the inclusion or exclusion of other diagnostic possibilities for a client. [1] [2] [3] [4] [5] [N/A]

10. Is able to guide more junior trainees through a thoughtful review of differential diagnoses using supportive Socratic questioning as a means of leadership, guidance and mentorship. [1] [2] [3] [4] [5] [N/A]

**Intervention:**

1. Identifies basic strengths and weaknesses of intervention approaches for different problems and populations. [1] [2] [3] [4] [5] [N/A]

2. Demonstrates preparation, professionalism, and leadership with regard to group facilitation and co-facilitation. [1] [2] [3] [4] [5] [N/A]

3. Articulates advanced understanding of how intervention choices are informed by assessment. [1] [2] [3] [4] [5] [N/A]

4. Demonstrates use of helping skills such as empathic listening, framing/reframing problems in a manner that reflects a developing personal professional style and identity. [1] [2] [3] [4] [5] [N/A]

5. Is able to display group therapy management skills that allow client engagement while maintaining order and structure. [1] [2] [3] [4] [5] [N/A]

6. Demonstrates appropriate judgment about when to consult supervisor. [1] [2] [3] [4] [5] [N/A]
7. Articulates awareness and basic knowledge of methods to examine intervention outcomes. [1] [2] [3] [4] [5] [N/A]

8. Describes instances of lack in progress in treatment and actions taken in response. [1] [2] [3] [4] [5] [N/A]

9. Advanced trainee status is reflected in applied clinical interventions and reflects positive modeled behavior for more junior trainees and other clinicians. [1] [2] [3] [4] [5] [N/A]

10. Advanced trainee status is reflected in the ability to develop EBP-based group protocols. [1] [2] [3] [4] [5] [N/A]

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

**Supervision:**


2. Systematically reviews own professional performances with supervisors. [1] [2] [3] [4] [5] [N/A]

3. Demonstrates ability to organize and present information related in a topic. [1] [2] [3] [4] [5] [N/A]

4. Advanced trainee status is reflected in ongoing pursuit of professional development through consultation, supervision and mentorship that go beyond the minimum supervision requirements. [1] [2] [3] [4] [5] [N/A]

5. Is actively developing the educational background and skills necessary to provide clinical supervision by completing necessary supervision coursework and providing ongoing delegated supervision. [1] [2] [3] [4] [5] [N/A]

**OVERALL EVALUATION AND COMMENTS**

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

2. Areas of Improvement
   a. POST-DOCTORAL FELLOW: What areas need improvement?

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

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

3. Goals and Objectives for Next Stage of Training:
   a. POST-DOCTORAL FELLOW INPUT:

   b. SUPERVISOR INPUT:

4. Specific projects and/or areas of Post-Doctoral Fellow interest:
   a. POST-DOCTORAL FELLOW INPUT:

   b. SUPERVISOR INPUT: Is there a way for the Post-Doctoral Fellow to develop in this area of interest during their training? If so, how? (If something was previously identified in this area, please evaluate the question on whether or not the Post-Doctoral Fellow moved forward with development in the identified area(s).)
5. **Preparation**
   Please indicate your view of the Post-Doctoral Fellow’s preparation for their current transition from student to early-career professional:
   
   [ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent

6. **Progress**
   Please indicate your view of the Post-Doctoral Fellow’s current fellowship progress:
   
   [ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent

7. **Rate Overall Improvement:**
   
   [ ] Very Poor  [ ] Poor  [ ] Adequate  [ ] Very Good  [ ] Excellent

---

**Overall Evaluation Score:**
Based on the Post-Doctoral Fellow’s level of training and the above items, please evaluate overall performance and competence during this period.

<table>
<thead>
<tr>
<th>[ ] 1</th>
<th>[ ] 2</th>
<th>[ ] 3</th>
<th>[ ] 4</th>
<th>[ ] 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significantly Below Expected Competency</td>
<td>Below Expected Competency</td>
<td>Meets Expected Competency</td>
<td>Above Expected Competency</td>
<td>Significantly Above Expected Competency</td>
</tr>
</tbody>
</table>

__________________________

Supervisor Name

__________________________

Supervisor Signature  Date

__________________________

Post-Doctoral Fellow Name

__________________________

Post-Doctoral Fellow Signature  Date
# APPENDIX H

## TRAINEE COUNSELING FORM

Sovereign Health

### TRAINEE INFO

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
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</table>

<table>
<thead>
<tr>
<th>SITE LOCATION:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHOOL TRAINING DIRECTOR:</th>
<th>CONTACTED?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] YES</td>
</tr>
</tbody>
</table>

### CIRCUMSTANCE

Please check all that apply:

- [ ] Documented Verbal Warning
- [ ] Absenteeism/Tardiness
- [ ] Harassment
- [ ] Other: __________________________
- [ ] Written Warning
- [ ] Company Policy Violation
- [ ] Insubordination
- [ ] Unsatisfactory work performance
- [ ] Suspension
- [ ] Falsification of records
- [ ] Misconduct
- [ ] Violation of safety rules
- [ ] Probation
- [ ] Absenteeism/Tardiness
- [ ] Harassment
- [ ] Other: __________________________

### DESCRIPTION OF CIRCUMSTANCES

If more space is needed, please use additional forms.

### CORRECTIVE ACTION

(Please be specific including names, dates and times)

Has this trainee previously been warned? [ ] NO [ ] YES – If Yes, when? __________________________

Further violations or failure to demonstrate immediate changes in work behaviour may result in:

- [ ] Additional Warnings
- [ ] Suspension
- [ ] Termination of Training Contract

### TRAINEE COMMENTS


### AUTHORIZATION

Refusal to sign does not invalidate the incident.

- [ ] By signing this counselling form, I acknowledge the above information has been discussed with and/or communicated to me.

<table>
<thead>
<tr>
<th>TRAINEE SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTHORIZED COMPANY REPRESENTATIVE SIGNATURE</th>
<th>AUTHORIZED COMPANY REPRESENTATIVE NAME</th>
<th>DATE</th>
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<tbody>
<tr>
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</tbody>
</table>
# APPENDIX I

## TRAINEE IMPROVEMENT PLAN

Sovereign Health

### TRAINEE INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
<th>DATE OF PLAN:</th>
</tr>
</thead>
</table>

**PERIOD IDENTIFIED CONCERNS TOOK PLACE:**

/ / Through / /

**PROJECTED TIP MONITORING PERIOD:**

/ / Through / /

**FOLLOW UP REQUIRED:**

- [ ] 30 Days
- [ ] 60 Days
- [ ] 90 Days
- [ ] Other: ____________________________

**SUPERVISORY REVIEW OF PROGRESS REQUIRED:**

- [ ] Coaching/Mentoring
- [ ] Corrective Action Plan and Monitoring
- [ ] Warning
- [ ] Documentation of Suspension

### SCHOOL TRAINING DIRECTOR

<table>
<thead>
<tr>
<th>CONTACT INFORMATION:</th>
<th>CONTACTED?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] YES</td>
</tr>
</tbody>
</table>

**CORRECTIVE ACTION:**

**MONITORING/FOLLOW UP:**

### SUPERVISOR SECTION

List the trainee’s essential functions and standards which require attention and describe the specific improvement(s) needed to meet those standards.

**ESSENTIAL FUNCTIONS:**

**DEFINE THE PROBLEM(S) OR IMPAIRMENT(S) (TRAINEE STANDARDS REQUIRING IMPROVEMENT):**

**IDENTIFY WHAT WOULD BE DIFFERENT IF THE PROBLEM(S) OR IMPAIRMENT(S) ARE SATISFACTORILY REMEDIED (USE BEHAVIORAL TERMS THAT ARE AS OBJECTIVE AND MEASURABLE AS POSSIBLE):**

**STEPS TO ACHIEVE THE IDENTIFIED OBJECTIVE:**
**TRAINEE SECTION**

List any notable obstacles you encountered in performing your essential functions during the evaluation period:

---

Do you have any questions about what is expected of you in your essential functions? If yes, please explain:

---

How can we work together to help you address the identified problem(s) or impairment(s)?

---

What, if any, additional training would be helpful?

---

Is there anything else you would like to include in this trainee improvement plan?

---

**SIGNATURES**

Upon establishment of this plan, obtain the following signatures. Give one copy to the trainee and maintain the original in the trainee’s personnel file. **Failure to achieve and sustain improvement may lead to further corrective action up to and including termination of the training contract.**

<table>
<thead>
<tr>
<th>Trainee Signature:</th>
<th>Date:</th>
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</table>

<table>
<thead>
<tr>
<th>Supervisor Signature:</th>
<th>Supervisor Name:</th>
<th>Date:</th>
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</tbody>
</table>
## FOLLOW-UP

**STATUS:**

- [ ] RESOLVED  
- [ ] OTHER (EXPLAIN):

**DAYS SINCE LAST REVIEW:**

- [ ] 30 DAYS  
- [ ] 60 DAYS  
- [ ] 90 DAYS  

**DATE OF FOLLOW UP DISCUSSION:**

**NOTES:**

**TRAINEE SIGNATURE:**

**DATE:**

/ / /

**SUPERVISOR SIGNATURE:**

**SUPERVISOR NAME:**

**DATE:**

/ / /

**STATUS:**

- [ ] RESOLVED  
- [ ] OTHER (EXPLAIN):

**DAYS SINCE LAST REVIEW:**

- [ ] 30 DAYS  
- [ ] 60 DAYS  
- [ ] 90 DAYS  

**DATE OF FOLLOW UP DISCUSSION:**

**NOTES:**

**TRAINEE SIGNATURE:**

**DATE:**

/ / /

**SUPERVISOR SIGNATURE:**

**SUPERVISOR NAME:**

**DATE:**

/ / /
APPENDIX J

DIDACTIC EVALUATION FORM
Sovereign Health

Trainee Name (optional): ____________________________ Date: __________________

Training Site: ______________________________________

While at this site, I was a (please select one):
[   ] Practicum Student  [   ] Pre-Doctoral Intern  [   ] Post-Doctoral Fellow

Please use the following key to answer questions 1 to 7:

5 – Absolutely    4 – Somewhat    3 – Uncertain    2 – Probably Not    1 – Absolutely Not

1. Were the didactics consistent with their objectives and titles? _______
2. Were the didactics appropriately challenging? _______
3. Did the didactic program expand and promote professional development? _______
4. Were the didactics progressive and building upon each other over the course of the training year? _______
5. Was the material immediately relevant to your professional activities? _______
6. Was the meeting room/facility comfortable? _______
7. How would you rate the overall value of the presentations?
   [   ] Excellent      [   ] Good       [   ] Fair       [   ] Poor

Which didactic training stood out as most beneficial?

Which didactic was least relevant or helpful?

Additional Comments/Suggestions:
### APPENDIX K

**SAMPLE DIDACTIC SEMINAR SCHEDULE**  
Sovereign Health

<table>
<thead>
<tr>
<th>Week 1:</th>
<th>New Pre-Doc Intern Training Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2:</td>
<td>Group Dynamics 1</td>
</tr>
<tr>
<td></td>
<td>Cog Lab Purpose and Process</td>
</tr>
<tr>
<td><strong>Guest Speaker - Open Topic (Network Lunch)</strong></td>
<td></td>
</tr>
<tr>
<td>Week 3:</td>
<td>Clinical Review Writing 1 - Panel and Discussion</td>
</tr>
<tr>
<td></td>
<td>Diagnosis and Justification</td>
</tr>
<tr>
<td></td>
<td>Group Dynamics 2</td>
</tr>
<tr>
<td>Week 4:</td>
<td>Treatment Planning</td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
</tr>
<tr>
<td></td>
<td>Clinical Report Writing 2</td>
</tr>
<tr>
<td>Week 5:</td>
<td>Working with Difficult Populations</td>
</tr>
<tr>
<td></td>
<td>Meditative Practice Techniques</td>
</tr>
<tr>
<td></td>
<td>Clients in Addiction</td>
</tr>
<tr>
<td>Week 6:</td>
<td>Substances and the Brain</td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
</tr>
<tr>
<td><strong>Guest Speaker - Open Topic (Network Lunch)</strong></td>
<td></td>
</tr>
<tr>
<td>Week 7:</td>
<td><strong>Guest Speaker - DSM 5</strong></td>
</tr>
<tr>
<td>Week 8:</td>
<td>Opiates</td>
</tr>
<tr>
<td></td>
<td>Benzodiazepines</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse Diagnosis- DSM IV vs. DSM5</td>
</tr>
<tr>
<td>Week 9:</td>
<td>Polysubstance &amp; Dual Diagnosis</td>
</tr>
<tr>
<td></td>
<td>Methamphetamines</td>
</tr>
<tr>
<td><strong>Guest Speakers- 12 Step Community Meetings (AA/NA)</strong></td>
<td></td>
</tr>
<tr>
<td>Week 10:</td>
<td>Mindfulness/Meditation Techniques in Group Setting</td>
</tr>
<tr>
<td></td>
<td>Cocaine</td>
</tr>
<tr>
<td><strong>Guest Speaker - Open Topic (Network Lunch)</strong></td>
<td></td>
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<tr>
<td>Week 11:</td>
<td>Marijuana</td>
</tr>
<tr>
<td></td>
<td>EBP Interventions- CBT</td>
</tr>
<tr>
<td></td>
<td>Sex Addiction</td>
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</table>
| Week 12: | EBP Interventions- Motivational Interviewing  
Sexual Health in Recovery  
Club Drugs |
|---|---|
| Week 13: | Psychological Assessment, Diagnosis, and Consultation  
EBP Interventions- Stages of Change  
Relapse Prevention |
| Week 14: | EBT Interventions- DBT Techniques  
EBT Interventions- Seeking Safety  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 15: | At Risk Populations (General MH concerns for substance use)  
Trauma and Substance Use  
Women and Substance Abuse |
| Week 16: | Adolescents and Substance Abuse (Intergenerational Substance Abuse)  
Multicultural Dynamics and Substance Abuse- African Americans |
| Week 17: | **Guest Speakers- Recovery Programs- Smart Recovery/Celebrate Recovery** |
| Week 18: | Multicultural Dynamics and Substance Abuse- LGBT Community and Drugs  
Termination  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 19: | **Guest Speaker- Drug Testing: Process and Importance**  
**Guest Speaker- Pharmacogenetic Testing** |
| Week 20: | Relapse Prevention Revisited- Strategies  
Multicultural Dynamics and Substance Abuse- Latinos  
Profession |
| Week 21: | Family Therapy Techniques 1  
Multicultural Dynamics and Substance Abuse |
| Week 22: | Medication- SSRI/SSNRI  
Attachment and Treatment Strategies  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 23: | Family Therapy Techniques 2  
Medication- Anti-Depressants (Tricyclics and Others) |
| Week 24: | Alternative Therapies- ECT  
Medication- Antipsychotics (Old School) |
| Week 25: | Medication- Antipsychotics (New School)  
Eating Disorders and Treatment Part 1  
**Guest Speaker- One in Six** |
| Week 26: | Anti-Craving Medications  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 27: | Medication- Benzodiazepines (Appropriate Use)  
Medication- Mood Stabilizers  
Eating Disorders and Treatment Part 2 |
| Week 28: | Medication- Other Common Medications in Treatment  
Transference and Counter-transference  
Eating Disorders and Treatment Part 3  
**Guest Speaker- Nutritionist** |
| Week 29: | Medication- Pain Medications in Treatment Settings  
Case Presentation- Bipolar 1 Disorder  
Case Presentation- Bipolar 2 Disorder |
| Week 30: | Case Presentation- Schizophrenia  
Case Presentation- Borderline Personality Disorder  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 31: | Case Presentation- Depression/Dysthymia  
Psychosis and Substance Abuse  
Self Harm |
| Week 32: | Case Presentation: Schizoaffective Disorder  
Post Traumatic Stress Disorder  
Suicide and Prevention |
| Week 33: | Psychological Testing for Treatment Settings (General Assessments)  
Psychological Testing for Treatment Settings (Cognitive Measures) |
| Week 34: | General Anxiety Disorder  
Dissociative Identity Disorder  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 35: | Childhood Adjustment and Conduct Disorders  
Antisocial Personality |
| Week 36: | Psychological Testing for Treatment Settings (Personality Testing) |
| Week 37: | Psychological Testing for Treatment Settings (Case Battery Presentation 1)  
Psychological Testing for Treatment Settings (Case Battery Presentation 2) |
| Week 38:        | Obsessive Compulsive Disorder  
Panic Disorder, Social Anxiety, and Agoraphobia  
**Guest Speaker- Open Topic (Network Lunch)** |
|----------------|--------------------------------------------------------------------------------|
| Week 39:       | Geriatric Populations  
Co-Dependence  
**Guest Speaker- Private Practice** |
| Week 40:       | Maintenance of the Therapeutic Frame  
Managing Angry Clients |
| Week 41:       | Managing Difficult Clients  
Ethics Revisited  
Taboos in Treatment |
| Week 42:       | Dissertation Presentation  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 43:       | Dissertation Presentation  
**Guest Speaker- Drama/Media Therapy: Therapeutic Models for Improvement** |
| Week 44:       | Dissertation Presentation  
Neurofeedback Process |
| Week 45:       | Dissertation Presentation  
Neurofeedback Results Presentation |
| Week 46:       | Dissertation Presentation  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 47:       | Termination Refresher- For Transition  
Dissertation Presentation |
| Week 48:       | Differential Diagnosis  
Dissertation Presentation |
| Week 49:       | Dissertation Presentation  
EPPP Planning |
| Week 50:       | Dissertation Presentation  
**Guest Speaker- Open Topic (Network Lunch)** |
| Week 51:       | Dissertation Presentation  
Psych Holds and Hospitalization Requirements |
| Week 52:       | Ethics in Practice Revisited |
APPENDIX L

TRAINING PROGRAM EVALUATION FORM
Sovereign Health

The purpose of this form is to gather information about the quality of our sites and to insure that those sites remain appropriate, productive, and beneficial to our trainees. General information may be conveyed to the site in an effort to help strengthen the site’s educational value, but neither your identity nor your specific comments/evaluation will be identified to the site.

Trainee Name: ___________________________ Supervisor Name: ___________________________

Training Site: ___________________________ Date: ___________________________

While at this site, I was a (please select one):
[   ] Practicum Student   [   ] Pre-Doctoral Intern   [   ] Post-Doctoral Fellow

Please provide an honest appraisal of your internship/trainee experience by answering the following questions.

1. **This program has aided in my personal growth and professional development by nurturing my professional identity.**
   
   [   ] Strongly Agree   [   ] Agree   [   ] Neutral   [   ] Disagree   [   ] Strongly Disagree

   Comments: ___________________________________________________________

2. **This program has allowed me to develop valuable, professional clinical skills.**

   [   ] Strongly Agree   [   ] Agree   [   ] Neutral   [   ] Disagree   [   ] Strongly Disagree

   Comments: ___________________________________________________________

3. **This program has encouraged the development of marketable skills and knowledge.**

   [   ] Strongly Agree   [   ] Agree   [   ] Neutral   [   ] Disagree   [   ] Strongly Disagree

   Comments: ___________________________________________________________
4. There was a sufficient amount of psychological resources, references, and testing materials as well as high quality and availability of personal work spaces and equipment.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree
Comments: ____________________________________________________________

5. There was wide availability of diverse clients for diagnostic and intervention services.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree
Comments: ____________________________________________________________

6. There was ample opportunity to audiotape or videotape diagnostic and intervention sessions.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree
Comments: ____________________________________________________________

7. I was provided an orientation process which described and explained basic procedures and policies such that I felt comfortable on my first few days on the job (where you should be, your basic responsibilities, etc.).

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree
Comments: ____________________________________________________________

8. Professionals at the site demonstrated respect and appreciation of individual differences (e.g., age, gender, sexual orientation, disability, social class, religion, spirituality).

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree
Comments: ____________________________________________________________
9. The site has a consistent philosophy and plan to guide and improve its program.

[   ] Strongly Agree   [   ] Agree   [   ] Neutral   [   ] Disagree   [   ] Strongly Disagree
Comments: ________________________________________________________________


[   ] Strongly Agree   [   ] Agree   [   ] Neutral   [   ] Disagree   [   ] Strongly Disagree
Comments: ________________________________________________________________

11. There was an adequate forum for discussing intervention concerns and questions and offering suggestions for improvements.

[   ] Strongly Agree   [   ] Agree   [   ] Neutral   [   ] Disagree   [   ] Strongly Disagree
Comments: ________________________________________________________________

12. The overall quality of supervision I received was excellent.

[   ] Strongly Agree   [   ] Agree   [   ] Neutral   [   ] Disagree   [   ] Strongly Disagree
Comments: ________________________________________________________________

Program strengths:

Program weaknesses:

Additional suggestions, comments, or concerns:
# APPENDIX M

## WEEKLY HOUR LOG

Sovereign Health

<table>
<thead>
<tr>
<th>Supervisee's Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Site</td>
<td>Site</td>
</tr>
</tbody>
</table>

**Supervised Hours for the Month of:**

<table>
<thead>
<tr>
<th>Supervision &amp; Training Week of:</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-face individual supervision (on site)</td>
<td>0</td>
</tr>
<tr>
<td>Group supervision</td>
<td>0</td>
</tr>
<tr>
<td>Training &amp; Didactic Activities</td>
<td>0</td>
</tr>
</tbody>
</table>

**Professional Services Performed**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Psychotherapy</td>
<td>0</td>
</tr>
<tr>
<td>Couples, Children &amp;/or family psychotherapy</td>
<td>0</td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td>0</td>
</tr>
<tr>
<td>Testing &amp; Assessment</td>
<td>0</td>
</tr>
<tr>
<td>Intakes</td>
<td>0</td>
</tr>
<tr>
<td>Consultations</td>
<td>0</td>
</tr>
</tbody>
</table>

**Other Work Performed**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Meetings</td>
<td>0</td>
</tr>
<tr>
<td>Administrative duties</td>
<td>0</td>
</tr>
<tr>
<td>Other Professional Duties (describe)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Weekly Total Hours**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Supervisor Initial**

I certify that the information on this form accurately represents the training activities of (Supervisee):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor's Name and Psychology license number:</td>
<td>Supervisor's Signature:</td>
</tr>
<tr>
<td>Trainee Name:</td>
<td>Trainee Signature:</td>
</tr>
</tbody>
</table>