Fraser

Est. 1935 YOU BELONG HERE.™

CLINICAL PSYCHOLOGY POSTDOCTORAL RESIDENCY TRAINING PROGRAM

2026-2027 CLASS RECRUITMENT CYCLE

You belong Here

Fraser welcomes residents into our program to share in our mission to make a meaningful and lasting difference in the lives of children, adults, and families with special needs. Our residency is an APPIC member. The program is accredited on contingency through the American Psychological Association (APA). Accreditation is granted by the APA Commission on Accreditation. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002 Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Questions related to the program should be directed to the Training Director, Dr. Jael Jaffe-Talberg
Fraser
1801 American Blvd. East
Bloomington, MN 55425
jael.jaffe-talberg@Fraser.org

ELIGIBILITY

Postdoctoral Residency candidates must have graduated from an APA-accredited clinical, counseling or school psychology program. Individuals from Ph.D. and Psy.D. programs will be considered. Candidates must have completed an APA-accredited internship prior to beginning the Postdoctoral Residency. Applicants are required to extensive supervised experience in the areas of child clinical psychology, autism spectrum disorder, and/or clinical neuropsychology prior to beginning the Postdoctoral Residency. Because of the strong emphasis on assessment in this program, preference is also given to resident applicants who have most of their experience in supervised assessment.

Adequate coursework and clinical experience with children and families, including supervised experience in the areas of child clinical psychology, autism spectrum disorder and/or clinical neuropsychology are required for residents to be ready for training at Fraser. Residents are ranked considering their education, training experiences, interests, training goals, and their fit with Fraser's training aims.

Residency applicants should demonstrate particular interest and aptitudes for research-informed and evidence-based approaches to assessment and intervention with the populations served by Fraser, notable for its demographic and diagnostic diversity, including autism spectrum disorders and complexity created by chronic health and disability conditions.

Fraser demonstrates a commitment to diversity and ethnic minority recruitment and retention. Staff and Postdoctoral Residency applicants from all cultural and ethnic minorities are considered based on their training and experience and its relevance to our training site.

STIPEND AND BENEFITS

The stipend is currently $60,000 for twelve months. Fraser provides a complete benefits package including a flexible Paid Time Off (PTO) Plan. residents earn PTO at the rate of .0693 x hours paid per pay period (approximately 10 days) which may be used for vacation and sick days. Fraser recognizes eight paid holidays (New Year's Day, Memorial Day, Juneteenth, 4th of July, Labor Day, Thanksgiving and the day after, and Christmas Day) and grants one additional My Holiday annually to be used at the employee's discretion. Additional time off is allowed for continuing education and conference attendance with approval from the training director. Residents are eligible for group health, dental, life, and disability insurance, as well as other Fraser offered benefits, at the first of the month following 42 days of full-time employment. In addition, residents are eligible to contribute to Fraser's 403(b) retirement plan immediately upon start date.

In the event of a medical or family issue requiring a leave of absence, including maternity and paternity leave, residents will be supported in adjusting their individual training plan to allow for successful completion of the Postdoctoral Residency.

Residents are provided financial support to attend a psychological conference in Minnesota (i.e. Minnesota Psychological Association or Minnesota Association for Children's Mental Health), training on an evidence based approach (i.e. Parent Child Interaction Training), or a specific assessment measures (Autism Diagnostic Observation Schedule-ADOS).

A Postdoctoral Residency handbook is provided to residents both electronically and in hard copy during orientation. The handbook is available for review on the manuals page of Frasernet.

PHILOSOPHY AND AIMS

The scholar-practitioner model guides the philosophy of Fraser's Postdoctoral Residency program. Consistent with this model, we seek to help residents develop the ability to apply scholarly and scientific theory and knowledge in direct service (assessment, intervention, and consultation) and to evaluate the efficacy of interventions.

The primary aim of the Postdoctoral Residency is to prepare residents for advanced practice in children's mental health and Autism Spectrum Disorder, with potential specializations in neuropsychology or adult psychological assessment. Residents are exposed to a wide variety of educational and clinical experiences, with diverse client populations. The resident should be knowledgeable about and demonstrate sensitivity to cultural and individual diversity in all aspects of their work. Training is based on evidence-based practices and consistent with standards of professional practice (i.e., Ethical Principals of Psychologists and the Code of Conduct of the American Psychological Association).

COMPETENCIES AND OUTCOMES

Residents are expected to master profession-wide competencies over the course of the Postdoctoral Residency year. We utilize competency-based training approaches to help the resident master strong diagnostic/assessment/evaluation and conceptualization skills, effective psychotherapeutic intervention, consultation and collaboration, knowledge of and compliance with statues and rules, professional values, attitudes, and behaviors, ethics and legal standards, supervision, application of knowledge and sensitivity to individual and cultural diversity, and applied research skills.

These core competencies are developed through clinical experiences, didactic seminars, supervision, literature reviews, case conferences, and opportunities to participate in various committees and applied research projects. Progress is evaluated in weekly supervision and through written performance evaluations conducted quarterly.

Diagnostic/assessment/evaluation and conceptualization skills are developed by completing comprehensive background interviews, psychological assessment, and conducting client focused feedbacks under the supervision of a licensed psychologist. residents receive training specific to their areas of interest and desired specialty. They may choose to focus on early childhood evaluations (birth to five year olds), child and adolescent evaluations (six to 17 year olds), adult evaluations, or neuropsychological evaluations, or a combination of these specialties.

Psychotherapeutic intervention competency is developed through maintenance of a therapeutic caseload of 2-8 clients (children/adolescents, families, groups, or parent coaching). Caseload assignments are determined by the resident's chosen training track.

Consultation and collaboration skills are developed formally through weekly hour long group case conference/consultation meetings, as well as through ongoing collaboration with various services providers and reviewing records of past services.

Supervisory competency is developed through a tiered supervision model of co-facilitating the weekly doctoral intern group supervision and forty five minutes of weekly group provision supervision of supervision training. This training experience is specific to the Postdoctoral Residency cohort and tailored to their unique strengths and areas of growth as supervisors.

State statues and rules, professional values, attitudes, and behaviors, ethics and legal standards, application of knowledge and sensitivity to individual and cultural diversity, and research skills are a part of the ongoing focus of individual supervision, supervision of supervision, case consultations and monthly didactics. Applied research opportunities and responsibilities are developed over the course of the training year.

Successful completion of Fraser's Postdoctoral Residency meets the postdoctoral training requirements in the jurisdiction of Minnesota, based on the Board of Psychology's standards.

DIRECT CLINICAL HOURS AND WEEKLY ACTIVITIES

The therapy and evaluation caseload for residents depends on their chosen training track described on the following page. A typical work week for those interested in the neuropsychology track includes two to three diagnostic evaluations per week and an outpatient therapeutic caseload over the course of the year or two to three individual cases. residents interested in the child clinical psychology training track maintain an evaluation caseload two evaluations per week and of a therapeutic caseload of 7 to 8 outpatient psychotherapy cases (children/adolescents, families).

Another four hours and forty-five minutes are spent in supervision, specifically two hours of direct one on one supervision with a licensed psychologist, one hour providing group supervision to doctoral interns, 45 minutes weekly supervision of supervision (or 3 hours monthly), and one hour per week in group case consultation meetings. residents receive a monthly two hour didactic on a range of topics related to areas of competency (e.g., ethics, diversity, development, differential diagnosis). residents are also invited to participate in journal clubs facilitated by the doctoral interns (neuropsychology, autism, and mental health topics). residents interested in a career in neuropsychology and board certification participate in monthly book chapter reviews specific to the board requirements for neuropsychology. Additional time is generally required for consultation with referral sources, community agencies, schools, and co-therapists. Fraser promotes internal and external consultation.

OUTPATIENT TREATMENT SERVICES

Residents are required to provide therapy services for 2 to 8 clients throughout the year. residents will see clients and families for individual and family therapy with clients from early childhood through adulthood. Related to therapy, clients have an annual comprehensive evaluation, which residents will provide. Past residents have treated clients with a range of mental health diagnoses, including: Autism Spectrum Disorder, Post-traumatic Stress Disorder and other trauma- and stressor-related disorders, depressive disorders, anxiety disorders, Attention-Deficit/Hyperactivity Disorder, and behavioral disorders.

Most outpatient staff have received training in DC: 0-5 assessment and treatment for young children ages birth through 5. residents are expected to attend Early Childhood Diagnostic Assessment Training incorporating DC:0-5 from a Fraser staff who has been a national trainer on DC:0-5 and will be exposed to this framework through evaluations and therapy services. Many of the families we work with are concerned with the impact of trauma, attachment development, open adoption relationships, grief and loss, transracial family identity, and managing challenging behaviors. Because we believe in strengthening connections with key figures in a child's life, we support foster parents, birth/first parents, adoptive parents, kinship caregivers, siblings or other key family members to support the child. Several clinicians have received Permanency and Adoption Competency Certification and are available to work with, or consult with, residents.

In addition, residents have the opportunity to provide adult psychotherapy to a small number of adult clients. Typical referral issues for adult clients include: depression, anxiety, trauma history, parent/child and other relationship issues, and family difficulties.

TRACKS FOR PSYCHOLOGICAL EVALUATIONS

The Postdoctoral Residency has opportunities around three types of evaluations, specifically the Early Childhood Evaluation (Birth through 5), Child and Adolescent Evaluation (6 and older), and Neuropsychology or Adult Evaluation. Overall, residents participate in two to three evaluations per week. residents are expected to spend 21 hours of direct client contact once oriented to the Residency and Fraser policies and practices, with adjustments throughout the year as additional responsibilities are assigned, including applied research opportunities and program development.

Residents have the option between two training tracks. Both training tracks are designed to require 40 hours per week of each resident's time; variability in this estimate is most likely related to resident experience and facility in report writing, and is reduced over the course of the year. residents receive a three month ramp up, incrementally increasing their evaluation caseload monthly during the ramp up period while receiving more hands on role modeling, observation and supervision toward increasing independence by the end of their ramp up period.

Training Track #1: Clinical Child Psychology
The Training Track option 1 combines Fraser Autism and Mental Health psychological evaluations and an outpatient caseload. residents are expected to complete two evaluations per week, along with one hour of corresponding supervision.

The typical outpatient intervention caseload for each resident includes seven to eight outpatient psychotherapy cases (children/adolescents, adults, families, groups) per year, with clientele drawn from the Mental Health and Autism programs. Another hour is spent in supervision, with an additional two hours monthly devoted to didactic seminars and at least one hour per week in group multidisciplinary case consultation meetings. As is typical for child serving agencies, additional time is required for consultation with referral sources, community agencies, schools, families and other service providers.

Training Track #2: Neuropsychology
The Training Track option 2 includes a combination of Fraser Autism and Mental Health psychological evaluations and neuropsychological evaluation. residents will complete two neuropsychological evaluations and receive an hour of supervision with a qualified neuropsychologist.

Residents have the choice to complete one Autism and Mental Health psychological evaluation or an additional neuropsychological evaluation, and maintain a small, short-term therapy caseload of outpatient psychotherapy clients (e.g., parent coaching, executive functioning skill building) or psychoeducational groups while receiving one additional hour of individual supervision. residents receive an additional two

hours monthly devoted to didactic seminars and at least one hour per week in group multidisciplinary case consultation meetings. As is typical for child serving agencies, additional time is required for consultation with referral sources, community agencies, schools, families and other service providers.

The goals for evaluation tracks include increasing depth of clinical skills and independence in choosing appropriate assessment measures, expanding the number and types of assessment measures familiar to the resident, diagnostic interviewing, improving proficiency in case conceptualization and differential diagnosis, making appropriate recommendations, writing professional reports, and providing feedback to families.

Referrals for psychological evaluations come from a variety of sources, including physicians, teachers, case managers, mental health providers and families. Fraser takes a team approach with parents/caregivers actively involved in the evaluation process so that they understand their child's diagnosis. While the focus is on children referred for a specific type of evaluation (neuropsychology, autism, or general mental health), the resident's experiences ensure proficiency in differential diagnosis. Service and strategy recommendations are selected based on the individual client needs and the family's preferences and cultural considerations. The appropriate community and educational, as well as Fraser, resources are recommended to help strengthen social, emotional, behavioral, and academic performance.

EARLY CHILDHOOD EVALUATION ROTATION (birth through five)

The Fraser Early Childhood Evaluation Rotation (birth through five) consists of a yearlong assessment training focused on children ranging in age from birth through age five.

These evaluations use the DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The DC: 0-5 is a systematic developmentally based approach to the classification of mental health and developmental difficulties in the first five years of life.
These evaluations assess for a variety of clinical disorders, as classified by DC: 0-5: Neurodevelopmental Disorders (Autism Spectrum Disorder, ADHD, developmental delay), Sensory Processing Disorders, Anxiety Disorders, Mood Disorders, Obsessive Compulsive and Related Disorders, Sleep, Eating, and Crying Disorders, Trauma, Stress, and Deprivation Disorders, and Relationship Disorders.
Use of the DC: 0-5 classification system not only allows for diagnosing young children but also contributes to an understanding of mental health within the context of developmental competencies in different settings and with different people. Assessment of a child's developmental profile helps to inform clinical and diagnostic formulations. Areas of development include emotional, social-relational, language-social communication, cognitive, and movement and physical. The care giving relationship is central in the development and health of young children; therefore, assessment of the adaptive functioning of this relationship and what each contributes to the relationship is included in these assessments.
These evaluations include assessment of development, cognitive, and adaptive functioning (Mullen Scales of Early Learning, Bayley Scales of Infant and Toddler Development, 4th Ed.; Wechsler Pre- school

and Primary Scale of Intelligence, 4th Ed. (WPPSI-IV); and Vineland Adaptive Behavior Scales, 3rd Ed). Social, emotional, and behavioral measures that residents will gain experience and skills in administration and interpretation of include, but are not limited to: Autism Diagnostic Observation Scale-2nd Ed (ADOS-2), Infant-Toddler Social-Emotional Assessment (ITSEA), Behavior Assessment Scale for Children, 3rd Ed. (BASC-3); and Achenbach Child Behavior Checklist (CBCL).

While residents develop and refine their assessment skills, they also gain a more comprehensive understanding of young children, their relationships, and variations in adaptation and development.

CHILD AND ADOLESCENT EVALUATION ROTATION (six and older)

The Fraser Child and Adolescent Evaluation Rotation (six and older) consists of a yearlong assessment training focused on children ranging in age from six through late adolescence and across Fraser Autism and Fraser Mental Health.

These evaluations assess for a variety of neurodevelopmental and mental health diagnoses, including, but not limited to: Autism Spectrum Disorder, Intellectual Disability, ADHD, Depressive Disorders, Anxiety Disorders, Trauma- and Stressor-Related Disorders (e.g., Reactive Attachment Disorder, PTSD), and Disruptive Behavior Disorders.

As part of the evaluation process, residents organize and integrate information about clients and families, including medical data, mental health history, educational information, interview, observations, and testing data. residents are expected to review mental health and school records and contact current providers and teachers to assist in formulating a comprehensive evaluation.

Residents gain experience in administration and interpretation of a variety of instruments to assess cognitive functioning (e.g., Wechsler Intelligence Scale for Children, 5th Ed. (WISC-V), Wechsler Individual Achievement Test, 3rd Ed. (WIAT-III); adaptive functioning (e.g., Vineland Adaptive Behavior Scales, 3rd Ed.); executive functioning (e.g., Behavior Rating Inventory of Executive Functioning, 2nd Ed. (BRIEF-2)); memory and learning (e.g., Wide Range Assessment of Memory and Learning, 2nd Ed. (WRAML-2)); social, emotional, and behavioral functioning (e.g., Autism Diagnostic Observation Scale-2nd Ed (ADOS-2), Behavior Assessment Scale for Children, 3rd Ed. (BASC-3); Achenbach Child Behavior Checklist (CBCL); Conners Parent Rating Scale, 3rd Ed; Parenting Stress Index, 4th Ed. (PSI-4); Trauma Symptom Checklist for Young Children (TSCYC); Multidimensional Anxiety Scale for Children, 2nd Ed. (MASC-2); Children's Depressive Inventory, 2nd Ed. (CDI-2)); and personality patterns (e.g., Millon Adolescent Clinical Inventory (MACI)). Use of projective measures and semi-structured interviews are also commonly used, including Robert's Apperception Test, 2nd Ed.; Kinetic Family Drawing; House-Tree-Person projective drawings; sentence completion; Children's Yale-Brown Obsessive Compulsive Scale; and Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS).

NEUROPSYCHOLOGICAL EVALUATION ROTATION

The Neuropsychology Clinic at Fraser serves children, adolescents, and young adults referred for assessment of neurodevelopmental or neurological disorders, including complex cases of ADHD, Autism Spectrum Disorders, language disorders, developmental delay, and learning disabilities. Neurological disorders include seizure disorder, traumatic brain injury, chromosome anomalies, brain tumors, Tourette's disorder, and infectious diseases. Training in several types of assessments will be provided. Cases are often complex and include co-occurring psychiatric and medical issues.

Residents will administer assessment measures and work under the supervision of the staff neuropsychologist to conduct diagnostic interviews with parent/caregivers and the child/adolescent, determine the diagnosis, develop appropriate intervention recommendations, and provide feedback to the family.

ADULT PSYCHOLOGICAL EVALUATION ROTATION

The Adult Psychological evaluations consist of a yearlong assessment training focused on adults seeking diagnostic evaluation for Autism Spectrum Disorder and differential diagnosis. residents will administer assessment measures, initially working alongside the psychologist, then independently, to conduct diagnostic interviews with adults and their collateral reporters (e.g., partners, parents), determine the diagnosis, develop appropriate intervention recommendations, and provide feedback to the family.

Residents gain experience in administration and interpretation of a variety of instruments to assess cognitive functioning (e.g., Wechsler Adult Intelligence Scale, 4th Ed. (WAIS-IV), Wechsler Individual Achievement Test, 3rd Ed. (WIAT-III), Wide Range Achievement Test (WRAT), Peabody Picture Vocabulary Test (PPVT), Comprehensive Test of Nonverbal Intelligence (CTONI), Stanford-Binet, 5th Ed; adaptive functioning (e.g., Texas Functional Living Scale, Vineland Adaptive Behavior Scales, 3rd Ed.); executive functioning (e.g., Behavior Rating Inventory of Executive Functioning, 2nd Ed. (BRIEF-2), Conners Self Rating Scale, 3rd Ed; Wisconsin Card Sort, Delis-Kaplan Executive Functioning System (DKEFS), Rey Complex Figure Test, Stroop test); memory and learning (e.g., Wide Range Assessment of Memory and Learning, 2nd Ed. (WRAML-2), Wechsler Memory Scales, Rey Complex Figure Test, Clock Drawing, California Verbal Learning Test (CVLT)); social, emotional, and behavioral functioning (e.g., Autism Diagnostic Observation Scale (ADOS), Autism Quotient (AQ), Social Responsive Scale (SRS), Behavior Assessment Scale for Children, 3rd Ed. (BASC-3), Repetitive Behavior Scale (RBS)); attention (e.g., Vanderbilt, Conners Continuous Performance Test, 3rd Ed. (CPT-3), Conners Adult ADHD Rating Scale (CAARS)); visuo-motor integration (e.g., Pegboard, Beery-Buktenica Visual-Motor Integration (BEERY)); effort and malinger measures (e.g., B test, Test of Memory Malingering (TOMM), Mini Mental Status Exam(MMSE)) and personality patterns (e.g., Minnesota Multiphasic Personality Inventory (MMPI), Millon Adolescent Clinical Inventory (MACI)).

RESEARCH

Residents will demonstrate substantially independent ability to critically evaluate and disseminate research and other scholarly activities (e.g., case conferences, presentations, publications) at the local, regional, or national level. Residents receive a reduction in their clinical responsibility and billable expectations when research responsibilities are assigned. Residents participate in existing research projects at Fraser or develop an independent project during the second half of the training year with supervision. Research projects focus on Fraser program evaluation and outcomes, program development and improvement, reviewing and distributing literature in response to clinical staff questions related to evidence-based and best practice, and developing tools or procedures to support psychological evaluations and other services. Residents present the results of the research project at the Fraser Conference in the spring, at other local or state conferences or to Fraser Leadership.

SUPERVISION

At the beginning of the Postdoctoral Residency year, each resident completes a self-assessment and individual training plan. The resident's previous academic training, clinical experiences, and skills are considered along with their individual training goals in order to plan the resident's training experiences.

Each resident has one year-long primary individual supervisor for either evaluations or therapy with Fraser Mental Health and Fraser Autism Center of Excellence (ACE) clients. Each resident has one additional designated supervisor for evaluations or their outpatient caseload. residents are responsible for attending and helping facilitate the doctoral interns' group supervision (one hour weekly) with mentorship and group provision of supervision from a licensed psychologist (45 minutes weekly). residents also participate in in weekly one hour group case consultation meetings. residents receive a monthly two hour didactic on a range of topics related to areas of competency (e.g., ethics, diversity, development, differential diagnosis).

During assessment rotations, they receive more direct supervision initially from the psychologist with greater independence in evaluations as competencies are developed throughout the year. residents will continue to meet with their primary supervisor for weekly supervision once they achieve independence in administration of evaluations. residents receive an additional hour of assessment supervision each week. Full-time residents receive two hours of individual supervision weekly, in compliance with licensure requirements in the state of Minnesota.

The resident's evaluation supervisor and individual therapy supervisor evaluate the resident's progress tri-annually over the course of the year-long Residency. The competency evaluations are discussed individually with each supervisor. A more formal evaluation of the resident is completed mid-year and at the end of the training year. These evaluations determine if Postdoctoral Residency met the minimum requirements and individual objectives for the training director to attest to their hours for licensure.

Fraser supervisor staff include the Director of Training, Jael Jaffe-Talberg, Psy.D., L.P.; Nicholas Spangler, Psy.D., L.P.; Kim Klein, Ph.D., L.P.; Jessica Dodge, Ph.D., L.P., BCBA; Jessica Vaughan-Jensen, Ph.D., L.P., Jennica Tomassoni, Psy.D., L.P., Valerie Lardnois, Psy.D., L.P. Supervisors are subject to change.

LOCATIONS

Postdoctoral residents are located at Fraser Bloomington (1801 American Blvd E, STE 6-8, Bloomington, MN 55425). residents are provided a designated cubicle space in proximity to other doctoral level training staff (e.g., interns and practicum externs). During evaluations, residents may be required to provide services at alternative Fraser locations where the evaluation supervisor provides services. A supervisor will be available when services are being provided by the resident. The Director of Training has direct contact with supervisors during monthly Training Department meetings. Alternative locations may include Fraser Minneapolis (3333 University Ave SE, Minneapolis, MN 55414), Fraser Woodbury (721 Commerce Drive, Woodbury MN 55125), and Fraser Coon Rapids (9120 Springbrook Dr. NW, Coon Rapids MN 55433).

GRIEVANCE DUE PROCESS

Fraser encourages a strong working relationship between supervisors and supervisees where differences and disagreements are worked out between them through the supervisory process. When this does not occur, the due process guidelines provide a framework to respond, act or dispute conflicts. It ensures that decisions about residents are not arbitrary or personally based. The guidelines require that the Training Program identify specific procedures which are applied to all resident complaints, concerns and appeals. It is the policy of the Residency training program that psychology residents will be treated respectfully and with dignity consistent with the APA Ethical Principles of Psychologists and Code of Conduct (www.apa.org/ethics/).

The Fraser Clinical Psychology Post-Doctoral Residency Didactic and Case Conference Syllabus 2024-2025

Didactic seminars occur on the 3rd Wednesday of the month from 1:00 to 3:00 pm in Bloomington.

Didactic seminars will initially relate to introductory topics and progress through more advanced/ professional level topics over the course of the fellowship year. Key topics will include focus on evidenced-based assessment and intervention practices, supervision, ethics, and diversity.

The presenter will send out 1-2 journal articles the week before each presentation, so that fellows have a foundation for the didactic. The presenter will introduce the topic and propose discussion questions for the fellows. The fellows are expected to be prepared to discuss the topic at a high level. In addition, as the year progresses, fellows will be expected to participate in the didactics by presenting topic-related cases for discussion.

09/18/24
Didactic Topic: Minnesota Practice Act
Presenter and Credentials: Ruth Swartwood, Ph.D., L.P.
Format: Virtual

10/16/24
Didactic Topic: Evidence-Based Early Childhood Interventions
Presenter and Credentials: Heather Krug, MA, LPCC and Claire Hysell, MA, LPCC
Format: Virtual

11/20/24
Didactic Topic: Guardianship Options for Adults with Disabilities
Presenter and Credentials: Autism Advocacy and Law Center, Jason Schellack, JD and Molly Whitley, JD
Format: Virtual

12/18/24
Didactic Topic: Supervision Series: Introduction and Overview of Supervision Models
Presenter and Credentials: Jael Jaffe-Talberg, Psy.D., L.P.
Format: In Person

01/15/25*
Didactic Topic: Supervision Series: Reflective Supervision**
Presenter and Credentials: Tracy Schreifels, MS, LMFT, IMH-E®
Format: Virtual
***Date subject to change based on agency**

2/19/25 **Didactic Topic: Assessing Early Psychosis and Autism/Schizophrenia Differential Diagnosis**
Presenter and Credentials: Aimee Murray, Ph.D., LP
Format: Virtual

3/19/25 **Didactic Topic: Supervision Series: Developing Personal Supervisory Model****
Presenter and Credentials: Tracy Schreifels, MS, LMFT, IMH-E®
Format: Virtual*

4/16/25 **Didactic Topic: Supervision Series: Ethical Dilemmas in Supervision**
Presenter and Credentials: Jael Jaffe-Talberg, PsyD, LP
Format: In Person

5/21/25 **Didactic Topic: Supervision Series: Evaluating Performance and Providing Feedback****
Presenter and Credentials: Tracy Schreifels, MS, LMFT, IMH-E®
Format: Virtual

6/18/25 **Didactic Topic: Avoiding Obstacles in Applying for Licensure**
Presenter and Credentials: Members of the Minnesota Board of Psychology
Format: Virtual

7/16/25 **Case Conference: Residents' Case Presentations**
Presenter and Credentials: Postdoctoral Residents
Format: In Person

Interns lead a monthly Journal Club which occurs on the third Tuesday of each month at 12:00 p.m. which Fellows are encouraged to attend.

Fellows are invited to the Neuropsychology Study Group on the second Tuesday of each month at 12:00 p.m.

INTERN AND RESIDENT COMPETENCY RATING FORM Dates: XX, 2022 - XX, 2022

Supervisee Name:
Evaluation Dates:
Evaluator Name:
Evaluator Status:

Supervised Internship Rotation:
□ DC: 0-5 Evaluation □ Neuropsychological Evaluation □ Child and Adolescent Evaluation
□ Autism Outpatient Therapy □ Mental Health Outpatient Therapy

Supervised Residency Track:
□ Autism/Mental Health Evaluation □ Neuropsychological Evaluation
□ Outpatient Therapy □ Provision of Supervision

These ratings are based on at least two direct observations of trainee: □ Yes □ No

General:
Overall assessment of trainee's current level of competence: Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to include specific behavior that addresses the following questions:

a. What are the trainee's particular strengths?

b. What are the trainee's opportunities for growth and development and where have they demonstrated improved skills?

c. Are there any behaviors that are uncharacteristic of the trainee or extenuating circumstances (e.g., medical condition, family stressors) to consider in their evaluation?

d. Has the trainee reached the level of competence expected at this point in training? If no, what steps or interventions are being implemented to address deficiencies?

Use the following scale to make ratings in all areas listed below that are applicable to the supervisor's training role. It is expected that interns will receive ratings of 3 and residents will receive ratings of 4 or better across items by the completion of their training year.

N/A Not applicable or not observed.

1 **Unsatisfactory**. Needs basic training, and/or modeling, and/or supervision, and/or basic help or extra time in supervision; Concerns about professional, ethical, or clinical behavior arise and need to be addressed. Requires remediation plan for interns and residents to achieve successful completion of the goal.

2 **Development Needed**. Basic skills intact; Independent in test administration/scoring and basic psychotherapy; Basic report writing and therapy documentation adequate and timely; Needs supervision for integration of findings, conceptualization, recommendations, and intervention implementation; Behavior is typically professional and ethical but should remain a focus of supervision, role modeling, and direction.

3 **Basic Competency**. Minimal level of performance needed to pass internship rotation. Can perform with minimal supervision in typical clinical situations; Needs assistance with novel or complex clinical and professional situations. Generally exercises good clinical, ethical, and professional judgment and seeks supervision when concerns arise. At times, needs to be prompted by supervisor to address issues but modifies behavior when indicated.

4 **Advanced Competency**. Exceeds standards expected of intern. Minimal level of performance needed to pass residency. Can perform independently in clinical and administrative tasks; Seeks supervision on most difficult or complex cases; Reviews clinical work, professional behavior, and ethical issues proactively with colleagues/ supervisors.

5 **Early Career Level Competency**. **Not applicable to interns**. Postdoctoral resident demonstrates independent clinical skills and exhibits self-supervisory skills necessary to continue to hone the competency. Refines and deepens independent clinical skills and ethical decision making with colleagues/ supervisors at a collegial level.

I. APPLIED RESEARCH AND PROGRAM EVALUATION

1. Trainee case presentations
   - ☐ Unsatisfactory (1) No incorporation of research material in case presentations
   - ☐ Development Needed (2) Sporadic use of research data, or failure to use most relevant sources
   - ☐ Basic Competency (3) Case presentations are research-informed
   - ☐ Advanced Competency (4) Case presentations routinely integrate clinical and research data
   - ☐ Early Career Competency (5) Case presentations seamlessly integrate clinical and research data
   - ☐ N/A (6) Does not apply

2. Use of clinical outcome data
   - ☐ Unsatisfactory (1) Does not collect clinical outcome data, or refuses to use data in decision-making
   - ☐ Development Needed (2) Most clinical decisions made without outcome data
   - ☐ Basic Competency (3) Obtains data when needed for treatment decisions
   - ☐ Advanced Competency (4) Consistently obtains and uses clinical outcome data in treatment decisions
   - ☐ Early Career Competency (5) Routinely and thoughtfully obtains and uses clinical outcome data in treatment decisions
   - ☐ N/A (6) Does not apply

3. Completion of research or evaluation project
   - ☐ Unsatisfactory (1) Fails to make progress on dissertation/project development or participate in staff led research project
   - ☐ Development Needed (2) Developing plan for programmatic changes or participation in staff led research project
   - ☐ Basic Competency (3) Completes dissertation, and/or staff-led project, and/or program development/evaluation
   - ☐ Advanced Competency (4) Completes multiple research/program evaluation projects
   - ☐ Early Career Competency (5) Completes multiple research/program evaluation projects or facilitates implementation of project findings
   - ☐ N/A (6) Does not apply

4. Presentation of applied research or evaluation project
   - ☐ Unsatisfactory (1) Fails to make progress on research presentation
   - ☐ Development Needed (2) Limited or incomplete progress on research presentation
   - ☐ Basic Competency (3) Presents dissertation or staff-led project to peer audience
   - ☐ Advanced Competency (4) Presents multiple research projects
   - ☐ Early Career Competency (5) Presents multiple research projects with varied aims, and/or presents to varied audiences (e.g., leadership, professional conferences, didactics)
   - ☐ N/A (6) Does not apply

5. Adheres to all APA/ethical standards for research and dissemination.
   - ☐ Unsatisfactory (1) Lacks knowledge or violates ethical standards for research
   - ☐ Development Needed (2) Needs supervisor guidance regarding ethical standards
   - ☐ Basic Competency (3) Understands and offers input on ethical standards for research
   - ☐ Advanced Competency (4) Demonstrates and applies knowledge regarding ethical standards for research
   - ☐ Early Career Competency (5) Viewed by colleagues as a resource regarding knowledge of ethical standards for research
   - ☐ N/A (6) Does not apply

6. Applies research and evidence-based practices to case conceptualization in evaluations and intervention.
   - ☐ Unsatisfactory (1) Lacks knowledge of applicable research and evidence-based practices
   - ☐ Development Needed (2) Needs supervisor guidance to understand research and evidence-based practices to case conceptualization in evaluations and intervention
   - ☐ Basic Competency (3) Understands and applies research and evidence-based practices to case conceptualization in evaluations and intervention, with supervisor support
   - ☐ Advanced Competency (4) Applies research and evidence-based practices to case conceptualization in evaluations and intervention independently
   - ☐ Early Career Competency (5) Independently and routinely seeks out and applies research and evidence-based practices to case conceptualization in evaluations and intervention.
   - ☐ N/A (6) Does not apply

Applied research and program evaluation comments:

II. ETHICAL AND LEGAL STANDARDS

7. Compliance with statutes and rules
   - ☐ Unsatisfactory (1) Violations of statute or rule; ignorance of the law
   - ☐ Development Needed (2) Attempts compliance without full knowledge of state and federal rules
   - ☐ Basic Competency (3) Knows relevant rules and adheres, but may not consistently explain to clients
   - ☐ Advanced Competency (4) Knowledgeable of rules, explains clearly to children and families, and acts consistently
   - ☐ Early Career Competency (5) Viewed by colleagues as a resource regarding knowledge of rules and statutes
   - ☐ N/A (6) Does not apply

8. Observance of professional ethics
   - ☐ Unsatisfactory (1) Fails to understand ethical code; serious lapses in application
   - ☐ Development Needed (2) Limited or incorrect understanding of ethical code; non-serious lapses in application
   - ☐ Basic Competency (3) Articulates basic components of ethical code, and acts accordingly
   - ☐ Advanced Competency (4) Knows, understands, and consistently acts on basis of ethical code
   - ☐ Early Career Competency (5) Exhibits critical analysis of the considerations in ethical decision making when applying the ethics code
   - ☐ N/A (6) Does not apply

9. Recognizes ethical dilemmas
   - ☐ Unsatisfactory (1) Fails to recognize ethical dilemmas or understand ethical decision making processes
   - ☐ Development Needed (2) Limited ability to recognize ethical dilemmas and/or emerging understanding of ethical decision-making processes
   - ☐ Basic Competency (3) Recognizes ethical dilemmas and understands ethical decision-making processes
   - ☐ Advanced Competency (4) Recognizes ethical dilemmas and applies ethical decision-making process
   - ☐ Early Career Competency (5) Recognizes ethical dilemmas and analyzes the impact of different pathways in applying ethical decision-making
   - ☐ N/A (6) Does not apply

Professionalism and ethical conduct comments:

III. COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

10. Sensitivity to cultural diversity
    - ☐ Unsatisfactory (1) Biased or prejudicial orientation
    - ☐ Development Needed (2) Beginning to learn to recognize diversity and has limited effectiveness with certain populations
    - ☐ Basic Competency (3) Acknowledges and respects differences. Actively acquires knowledge when needed.
    - ☐ Advanced Competency (4) Discussed differences with client/family and/or supervisor when appropriate
    - ☐ Early Career Competency (5) Viewed by colleagues as a resource regarding knowledge of and sensitivity to cultural diversity
    - ☐ N/A (6) Does not apply

11. Application of knowledge, skills, and attitudes toward diversity
    - ☐ Unsatisfactory (1) Fails to reflect on or acknowledge need to accommodate diversity
    - ☐ Development Needed (2) Beginning to inquire about child's and family's cultural context
    - ☐ Basic Competency (3) Tailors interventions to meet child or family needs and preferences
    - ☐ Advanced Competency (4) Integrates child/family needs and preferences with research-informed interventions.
    - ☐ Early Career Competency (5) Fluidly interweaves knowledge of research-based interventions and cultural modifications
    - ☐ N/A (6) Does not apply

12. Shows self-awareness of their own cultural background and biases
    - ☐ Unsatisfactory (1) Fails to reflect on or acknowledge their own cultural background and biases
    - ☐ Development Needed (2) Beginning to reflect on or acknowledge their own cultural background and biases
    - ☐ Basic Competency (3) Actively reflects on and acknowledges their own cultural background and biases. Acknowledges personal limitations in working with specific populations
    - ☐ Advanced Competency (4) Fluidly considers and interweaves knowledge of their own cultural background and biases impacts their perceptions of/interactions with clients
    - ☐ Early Career Competency (5) Demonstrates willingness to discuss differences in their cultural backgrounds with clients to encourage openness around acknowledging and exploring differences. Actively works to continue to confront personal biases
    - ☐ N/A (6) Does not apply

Competence in cultural diversity comments:

IV. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

13. Completion time of tasks
    - ☐ Unsatisfactory (1) Tasks unfinished, and work falls increasingly behind
    - ☐ Development Needed (2) Multiple tasks completed past timelines. Highly dependent on reminders
    - ☐ Basic Competency (3) Completed most tasks in a timely manner, generally on time. May need occasional reminders
    - ☐ Advanced Competency (4) Completes tasks in a timely manner, without prompting or reminders
    - ☐ Early Career Competency (5) Completes tasks in a timely manner and/or proactively identifies and collaborates with supervisor around past due tasks, without prompting or reminders.
    - ☐ N/A (6) Does not apply

14. Completion of Records
    - ☐ Unsatisfactory (1) Consistently lacking documentation
    - ☐ Development Needed (2) Needs considerable direction from supervisor or may seem uncertain about documentation
    - ☐ Basic Competency (3) Rarely leaves out necessary information
    - ☐ Advanced Competency (4) Records always include crucial information
    - ☐ Early Career Competency (5) Records always include crucial information, as well as consults with and supports resident trainees in completing records thoroughly
    - ☐ N/A (6) Does not apply

15. Professional conduct
    - ☐ Unsatisfactory (1) Consistently presents as immature, awkward or uninformed
    - ☐ Development Needed (2) May occasionally present as immature, awkward, or uninformed
    - ☐ Basic Competency (3) Presents self and discipline in consistently professional manner
    - ☐ Advanced Competency (4) Demonstrates competence and warmth in consistently professional manner
    - ☐ Early Career Competency (5) Integrates competence, confidence and compassion in consistently professional presentation
    - ☐ N/A (6) Does not apply

16. Socialization into Profession
    - ☐ Unsatisfactory (1) Disregards evidenced-based practices
    - ☐ Development Needed (2) Needs guidance to seek scientific information and utilize data
    - ☐ Basic Competency (3) Takes initiative in seeking scientific information and resource information
    - ☐ Advanced Competency (4) Independently seeks scientific information and resource information
    - ☐ Early Career Competency (5) Independently seeks scientific information and resource information and shares information with colleagues and peers
    - ☐ N/A (6) Does not apply

Professional responsibility, values, behaviors, and documentation comments:

V. COMMUNICATION AND INTERPERSONAL SKILLS

17. Communication and Interaction with Clients and Families
    - ☐ Unsatisfactory (1) Fails to establish working alliances
    - ☐ Development Needed (2) Inconsistently establishes working alliances
    - ☐ Basic Competency (3) Establishes working alliances with occasional support
    - ☐ Advanced Competency (4) Actively builds therapeutic rapport and working alliances
    - ☐ Early Career Competency (5) Maintains trusting therapeutic rapport with families and repairs relationship ruptures that occur
    - ☐ N/A (6) Does not apply

18. Communication and Interaction with Other Professionals
    - ☐ Unsatisfactory (1) Rude or disrespectful in interactions
    - ☐ Development Needed (2) Inconsistently demonstrates collegiality and respect in interactions
    - ☐ Basic Competency (3) Demonstrates collegiality and respect in most interactions
    - ☐ Advanced Competency (4) Demonstrates collegiality and respect in all interactions with minimal support.
    - ☐ Early Career Competency (5) Demonstrates collegiality and respect in all interactions. Seeks to build professional relationships
    - ☐ N/A (6) Does not apply

19. Other Oral and Written Communication
    - ☐ Unsatisfactory (1) Lack of response to emails and calls
    - ☐ Development Needed (2) Inconsistent or inadequate response to emails and calls
    - ☐ Basic Competency (3) Consistently responds to emails and calls but may require some support
    - ☐ Advanced Competency (4) Responds quickly and appropriately to emails and calls
    - ☐ Early Career Competency (5) Responds quickly and appropriately to emails and calls and demonstrates planning for task completion
    - ☐ N/A (6) Does not apply

Communication and Interpersonal Skills Comments:

VI. ASSESSMENT

20. Collection of History/Background Information
    - ☐ Unsatisfactory (1) Information not gathered
    - ☐ Development Needed (2) Absent or incomplete data
    - ☐ Basic Competency (3) Gathers relevant data to determine which tests to use, to develop case formulation, and to make useful treatment recommendations, with some support
    - ☐ Advanced Competency (4) Comprehensive, independent data collection to determine which tests to use, to develop case formulation, and to make useful treatment recommendations
    - ☐ Early Career Competency (5) Comprehensive data collection for accurate determinations, while building and maintaining rapport, meeting client needs and adapting interview structure, as necessary, guided by presenting concerns for each individual case
    - ☐ N/A (6) Does not apply

21. Collection of current educational performance data
    - ☐ Unsatisfactory (1) Information not gathered
    - ☐ Development Needed (2) Missing or inadequate
    - ☐ Basic Competency (3) Gathers relevant data to determine which tests to use and to develop case formulation, may require some support

- □ Advanced Competency (4) Gathers relevant data for test selection, case formulation, and useful treatment recommendations
- □ Early Career Competency (5) Autonomously gathers relevant data for test selection, case formulation, and useful treatment recommendations
- □ N/A (6) Does not apply

22. Collection of previous intervention data
    - □ Unsatisfactory (1) Information not gathered
    - □ Development Needed (2) Missing or inadequate Basic Competency (3) Gathers relevant data to determine which tests to use and to develop case formulation, may require some support
    - □ Advanced Competency (4) Gathers relevant data for test selection, case formulation, and useful treatment recommendations
    - □ Early Career Competency (5) Autonomously gathers relevant data for test selection, case formulation, and useful treatment recommendations
    - □ N/A (6) Does not apply

23. Observation data
    - □ Unsatisfactory (1) Not collected
    - □ Development Needed (2) Missing or inadequate
    - □ Basic Competency (3) Anecdotal/descriptive information
    - □ Advanced Competency (4) Behavioral data that is summarized and descriptive
    - □ Early Career Competency (5) Behavioral data that is summarized and clearly incorporated in case conceptualization
    - □ N/A (6) Does not apply

24. Selection of Assessments
    - □ Unsatisfactory (1) Fails to make selections
    - □ Development Needed (2) Needs supervision on selection of assessments
    - □ Basic Competency (3) Occasionally needs reassurance that selected tests are appropriate to answer referral questions.
    - □ Advanced Competency (4) Autonomously chooses appropriate tests to answer referral question, rarely requires supervisor advisement or adjustments
    - □ Early Career Competency (5) Autonomously chooses appropriate tests to answer referral question without supervisory changes
    - □ N/A (6) Does not apply

25. Administration and Scoring of Assessments
    - □ Unsatisfactory (1) Non-standardized or chaotic
    - □ Development Needed (2) Test administration is irregular or slow. Some scoring errors present
    - □ Basic Competency (3) Occasional input needed regarding fine points of test administration. Few scoring errors

- ☐ Advanced Competency (4) Accurately administers all familiar tests. Double checks and catches own potential scoring errors
- ☐ Early Career Competency (5) Proficiently and accurately administers all tests. No scoring errors
- ☐ N/A (6) Does not apply

26. Interpretation of results
    - ☐ Unsatisfactory (1) Interpretation not related to test results
    - ☐ Development Needed (2) Deficits in interpretation and understanding of psychological testing. Reaches inaccurate conclusions
    - ☐ Basic Competency (3) Accurately interprets test results and uses empirical results to guide DSM-5 TR/DC:0-5 diagnosis and treatment recommendations, with occasional inaccurate interpretation or need for supervisor encouragement
    - ☐ Advanced Competency (4) Skillful and accurate interpretation of tests with use of empirical results to guide DSM-5 TR/DC:0-5 diagnosis and treatment recommendations
    - ☐ Early Career Competency (5) Skillful, accurate, and concise interpretation of tests with use of empirical results to guide DSM-5 TR/DC:0-5 diagnosis and treatment recommendations done autonomously
    - ☐ N/A (6) Does not apply

27. Considers cultural diversity in assessing patient's responses to testing procedures and in interpreting results.
    - ☐ Unsatisfactory (1) Little awareness of potential cultural issues and impact on testing
    - ☐ Development Needed (2) Some consideration of potential cultural/diversity issues on evaluation but needs supervisor assistance
    - ☐ Basic Competency (3) Good awareness of potential impact of cultural/diversity issues on evaluation process, including use of interpreters
    - ☐ Advanced Competency (4) Independently applies knowledge of potential cultural/diversity issues on evaluation process
    - ☐ Early Career Competency (5) Independently applies research and knowledge of potential cultural/diversity issues on evaluation process and incorporates information in interpretation of findings and in recommendations
    - ☐ N/A (6) Does not apply

28. Diagnosis
    - ☐ Unsatisfactory (1) Fails to use diagnoses, or relies on limited set of or outdated diagnoses
    - ☐ Development Needed (2) Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-5 criteria to develop a diagnostic conceptualization
    - ☐ Basic Competency (3) Understands basic diagnosis terms and is able to accurately diagnose many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires some supervisory input on complex diagnostic decision-making
    - ☐ Advanced Competency (4) Demonstrates a thorough knowledge of psychiatric classification, differential diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation

- ☐ Early Career Competency (5) Demonstrates a thorough knowledge of psychiatric classification, differential diagnosis, diagnostic criteria and accounts for a range of symptoms in complex diagnostic cases
- ☐ N/A (6) Does not apply

29. Clinical summary conceptualization
    - ☐ Unsatisfactory (1) No case formulations; lacks theoretical perspective to create
    - ☐ Development Needed (2) Inadequacies in theoretical understanding and case formulation. Supervisor needs to write summary
    - ☐ Basic Competency (3) Synthesizes test results, history, and other information to develop a coherent picture of client's strengths, weaknesses, diagnosis, and intervention needs. Reaches case conceptualization with some supervisor assistance for more complex cases
    - ☐ Advanced Competency (4) Reaches case conceptualization on own. Well-developed and supported diagnostic conclusions and conceptualization
    - ☐ Early Career Competency (5) Clear, complete, and concise summary with well-developed and supported diagnostic conclusions and conceptualization
    - ☐ N/A (6) Does not apply

30. Construction of Recommendations
    - ☐ Unsatisfactory (1) Inappropriate or missing recommendations
    - ☐ Development Needed (2) Limited appropriateness for the client being evaluated. Limited in providing treatment relevant information
    - ☐ Basic Competency (3) Appropriate for the client being evaluated. Adequate in providing treatment relevant information. Recommendations may exceed the family's capacity
    - ☐ Advanced Competency (4) Research-based recommendations based on assessment data. Recommendations are tailored or prioritized to meet family's capacity and preferences
    - ☐ Early Career Competency (5) Specific, individualized, research-based recommendations based on assessment data
    - ☐ N/A (6) Does not apply

31. Feedback to Client/Family
    - ☐ Unsatisfactory (1) Unable to communicate feedback to family
    - ☐ Development Needed (2) Supervisor frequently needs to assume leadership in feedback session to ensure correct feedback is given to address issues
    - ☐ Basic Competency (3) With input from supervisor, develops and implements a plan for the feedback session
    - ☐ Advanced Competency (4) Explains test results, interpretation, and recommendations warmly and in terms the client/family can understand. May require supervisor support on more complex cases
    - ☐ Early Career Competency (5) Autonomously conducts thorough, therapeutic feedback sessions reviewing interpretive results and recommendations
    - ☐ N/A (6) Does not apply

32. Writing Skills
- □ Unsatisfactory (1) Significant communication deficits
- □ Development Needed (2) Issues with grammar, content, organization, vocabulary, style, and/or tone that require multiple revisions
- □ Basic Competency (3) Report is well written with only minor grammar, content, organization, vocabulary, style or tone issues
- □ Advanced Competency (4) Report is clear and thorough without serious error
- □ Early Career Competency (5) Written report requires no supervisor edits, beyond supervisors' writing style/preferences
- □ N/A (6) Does not apply

Assessment comments:

VII. INTERVENTION

33. Development of Treatment Goals
- □ Unsatisfactory (1) Consistently absent
- □ Development Needed (2) Absent or poorly defined
- □ Basic Competency (3) Identifies measurable treatment goals, with supervisor support
- □ Advanced Competency (4) Treatment goals are independently developed, measurable, and appropriate to referral concerns and diagnosis
- □ Early Career Competency (5) Treatment goals are independently developed, measurable, and appropriate to referral concerns and diagnosis, as well as prioritized based on client's current needs and capabilities
- □ N/A (6) Does not apply

34. Theory/Approach
- □ Unsatisfactory (1) No identifiable theoretical orientation or approach to understanding change
- □ Development Needed (2) Limited awareness of various theoretical orientations and theories of change
- □ Basic Competency (3) Anecdotal/descriptive approaches to theoretical orientation with emerging integration with therapeutic skills
- □ Advanced Competency (4) Thorough understandings of major theoretical orientations and developed personal theory/approach based on these orientations
- □ Early Career Competency (5) Clear, identifiable integrative or specific theory of change affecting therapeutic decision making and intervention
- □ N/A (6) Does not apply

35. Demonstrates Knowledge of Evidence-Based Practices
- ☐ Unsatisfactory (1) Consistently absent
- ☐ Development Needed (2) Limited knowledge
- ☐ Basic Competency (3) Identifies some techniques from evidence-based practices
- ☐ Advanced Competency (4) Consistently demonstrates knowledge
- ☐ Early Career Competency (5) Demonstrates knowledge of best practice and integrates with theoretical orientation
- ☐ N/A (6) Does not apply

36. Utilizes Evidence-Based Practices
- ☐ Unsatisfactory (1) Consistently absent
- ☐ Development Needed (2) Limited application
- ☐ Basic Competency (3) Able to critically evaluate and integrate research and data to inform intervention strategies
- ☐ Advanced Competency (4) Consistently integrates evidence-based practices independently
- ☐ Early Career Competency (5) Integrates best practices and theoretical orientation thoughtfully and independently
- ☐ N/A (6) Does not apply

37. Methods and strategies
- ☐ Unsatisfactory (1) Inconsistent, biased or harmful methods and strategies
- ☐ Development Needed (2) No evidence that strategies are based on sound theory and research
- ☐ Basic Competency (3) Evidence that strategies are based on sound theory and research.
- ☐ Advanced Competency (4) Evidence that strategies are based on theory and research and uses objective feedback and treatment outcome indicators to inform clinical decision-making
- ☐ Early Career Competency (5) Clearly communicates decision making based on theory and research and seen as an asset to colleagues in their area of specialization
- ☐ N/A (6) Does not apply

38. Empathy
- ☐ Unsatisfactory (1) Consistently absent
- ☐ Development Needed (2) Minimal or inconsistent demonstration of empathy
- ☐ Basic Competency (3) Empathic interactions with clients in most situations
- ☐ Advanced Competency (4) Consistently and independently interacts with clients in an empathic manner
- ☐ Early Career Competency (5) Empathy extends beyond therapy
- ☐ N/A (6) Does not apply

39. Cultural Sensitivity
- ☐ Unsatisfactory (1) Consistently absent
- ☐ Development Needed (2) Inconsistent or applied only in limited situations
- ☐ Basic Competency (3) Considers cultural and individual diversity in assessing treatment needs and intervention approaches and in relating to client with occasional supervisor support

- ☐ Advanced Competency (4) Consistently and independently adapts approach based on cultural and individual diversity for assessing treatment needs, intervention approaches, and in relating to client
- ☐ Early Career Competency (5) Seeks out additional knowledge and resources to incorporate based on cultural and individual diversity factors
- ☐ N/A (6) Does not apply

40. Progress Notes
- ☐ Unsatisfactory (1) Consistently absent
- ☐ Development Needed (2) Absent or incomplete
- ☐ Basic Competency (3) Adequate progress notes. Makes timely and clinically appropriate progress note entries into client record
- ☐ Advanced Competency (4) Progress notes are consistently concise, relevant and submitted in a timely manner
- ☐ Early Career Competency (5) Progress notes are consistently concise, relevant and submitted in a timely manner, with clear plan for next steps
- ☐ N/A (6) Does not apply

41. Measurement of Outcomes
- ☐ Unsatisfactory (1) None specified
- ☐ Development Needed (2) Cannot be determined, or intervention is unsuccessful and the outcome is inadequately explained
- ☐ Basic Competency (3) Intervention is successful or, if unsuccessful, the outcome is adequately explained
- ☐ Advanced Competency (4) Intervention is successful or, if unsuccessful the outcome is adequately explained, and a plan for further intervention is developed with occasional supervisor support
- ☐ Early Career Competency (5) Adequately explains successfully and unsuccessful outcomes, and independently plans to adapt further intervention
- ☐ N/A (6) Does not apply

Intervention comments:

VIII. SUPERVISION

42. Seeks out and Uses Supervision Appropriately
- ☐ Unsatisfactory (1) Fails to accept supervision; hostility to supervisors
- ☐ Development Needed (2) Generally seeks out supervision and accepts supervision well, but occasionally defensive. May have difficulty assessing own strengths and limitations

- □ Basic Competency (3) Open to feedback, awareness of strengths and weaknesses, and seeks out additional supervision as necessary
- □ Advanced Competency (4) Consistently identifies strengths and weaknesses. Actively contributes to supervision with research-/evidence-based information. Seeks supervision/ consultation for complex cases or unfamiliar symptom presentation.
- □ Early Career Competency (5) Demonstrates appropriate self-supervision skills by being prepared with research/evidence based resources to develop areas of weakness in supervision, demonstrates confidence in strengths. Seeks out consultative relationships within and outside of supervision for further professional development in complex cases
- □ N/A (6) Does not apply

43. Model of Supervision
- □ Unsatisfactory (1) Unable to describe models of supervision
- □ Development Needed (2) Rudimentary understanding of supervisory models
- □ Basic Competency (3) Able to generally describe several supervisory models and beginning to integrate within supervisory practices
- □ Advanced Competency (4) Identify and describe personal approach of supervision based on established supervisory models
- □ Early Career Competency (5) Established supervisory philosophy consistent with supervisory practice
- □ N/A (6) Does not apply

44. Developing Skills as Supervisor
- □ Unsatisfactory (1) Unable to assume any supervisory role
- □ Development Needed (2) Limited ability. Demonstrates skills only as directed
- □ Basic Competency (3) Demonstrates beginning level skills on an independent basis. Fully prepares and participates in supervisor role-plays and supervisor experiences. Provides guidance and suggestions to peers
- □ Advanced Competency (4) Consistently demonstrates supervisory skills with appropriate level of support
- □ Early Career Competency (5) Exhibits strong supervisory skills, with minimal support, and is viewed as a supplemental supervisory resources to other trainees
- □ N/A (6) Does not apply

Supervision comments:

IX. CONSULTATION AND INTERPERSONAL/ INTERDISCIPLINARY SKILLS

45. Interactions with treatment teams and supervisors
- □ Unsatisfactory (1) Unduly harsh with others or lacking fundamental social skills
- □ Development Needed (2) Ability to participate in team is limited, or has trouble relating to other, or may be withdrawn, overly confrontational, or insensitive
- □ Basic Competency (3) Actively participates in team meetings. Appropriately seeks input and assistance with interpersonal concerns
- □ Advanced Competency (4) Smooth working relationships, handles differences openly, tactfully, and effectively
- □ Early Career Competency (5) Viewed as role model by trainees and colleagues in demonstrating strong working relationships and navigating differences respectfully
- □ N/A (6) Does not apply

46. Interactions with other professionals
- □ Unsatisfactory (1) Fails to understand need for reciprocal relationships
- □ Development Needed (2) Fails to take advantage of opportunities to engage in professional growth and learning
- □ Basic Competency (3) Works well with others. Learns from others. Consults with other professionals to determine appropriate referrals for services outside their areas of competence
- □ Advanced Competency (4) Provides mentoring and coaching
- □ Early Career Competency (5) Sought out by trainees and professional for mentoring and coaching
- □ N/A (6) Does not apply

47. Provides Consultation
- □ Unsatisfactory (1) Minimal to no participation in case consultations
- □ Development Needed (2) Occasionally makes meaningful contributions in case consultations
- □ Basic Competency (3) Regularly makes meaningful contributions in case consultations
- □ Advanced Competency (4) Sought out in case consultations by peers
- □ Early Career Competency (5) Sought out in case consultations by peers and licensed staff
- □ N/A (6) Does not apply

48. Seeks Consultation
- □ Unsatisfactory (1) Rarely or never initiates or solicits consultation requests
- □ Development Needed (2) Occasionally initiates or solicits consultation requests
- □ Basic Competency (3) Regularly initiates or solicits consultation requests with familiar colleagues
- □ Advanced Competency (4) Consistently initiates or solicits consultation requests with familiar and unfamiliar colleagues
- □ Early Career Competency (5) Consistently initiates or solicits consultation requests with familiar and unfamiliar colleagues and across professions in other departments or agencies
- □ N/A (6) Does not apply

Consultation and collaboration comments:

Supervisor signature_____ Date_____

Trainee signature_____ Date_____