PSYCHOLOGY RESIDENCY HANDBOOK

2025-2026

Postdoctoral Residency in Clinical Psychology

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Introduction to Fraser and the Fraser Mission

Fraser is a not-for-profit, service delivery organization located in the Minneapolis-St. Paul metro area. The mission of Fraser is to build a community of inclusion that allows all people to belong and thrive. We do this through education, health care and housing services. Fraser clinical services include autism, mental health, and pediatric therapy. Additionally, Fraser offers an inclusive day care and preschool, transition services and a variety of housing options for adults, and in-home and community supports.

Fraser was founded by Louise Whitbeck Fraser in 1935 to teach young children with developmental disabilities, in an era before special education was created. Ms. Fraser's methods were based on her own experience teaching her daughter who was profoundly deaf. The school expanded to serve children with physical and intellectual disabilities and became "inclusive" to include typically developing children learning side by side with those experiencing learning challenges. As the population grew to adulthood, needs for housing with supports and related community services led to additional service lines.

The aims of the Fraser Psychology Residency particularly support the education and health care components of the Fraser mission. The intent of the Residency is to prepare psychologists in training to deliver high quality services with lasting outcomes through psychological evaluation/diagnostic assessment, a wide variety of evidence-based interventions, evaluation and research activities, and consultation and collaboration within Fraser as well as with referral sources and other community agencies and partners.

Fraser strives to create a foundational culture that provides an optimal context for training activities and professional development. Key aspects of this culture have been identified as:

Partnership: Fraser partners with clients and families to achieve positive outcomes.

Innovation: Fraser seeks new ways to implement best practices.

Respect: Fraser treats with respect all with whom they come into contact in the course of working with clients.

Quality: Fraser measures outcomes and constantly seeks to improve services.

Fraser has progressively expanded its scope through developing innovative programming to meet the needs of children and adults with special needs and their families when few or no other choices were available.

Fraser serves large numbers of young children, school-age youth, young adults, and their families; recent data from the Minnesota Department of Human Services demonstrates that Fraser is the largest provider of autism and early childhood mental health services in the state. The population served demographically mirrors Minnesota more generally, predominately white, but with

substantial African-American, Latino and Asian-American representation. Growing communities of East African, Somali, and Hmong are increasingly being served by Fraser, as well.

Striving to make services in the metropolitan Minneapolis/St. Paul area available to clients within 35 miles or 35 minutes of their homes, Fraser offers a full range of mental health services at six clinic locations and provides preschool mental health day treatment at a Minneapolis Public School site and two Head Start sites. Residents provide services at the two largest of these sites, in Minneapolis and suburban Bloomington; the Residency program is located at the Bloomington site with Resident offices there.

Age and diagnostic diversity present within Fraser are linked to the programs which it comprises. These are:

Fraser Autism Center of Excellence:
The Fraser Autism Center of Excellence has a 30-year history of providing diagnostic assessments and evaluations as well as treatment to individuals on the autism spectrum. Services include comprehensive psychological evaluations and diagnostic assessments, day treatment for preschool-aged children, after school day treatment for adolescents, individual child and family interventions, group therapy, and skills training. Typical diagnostic categories represented in this program are autism spectrum disorders, intellectual disabilities, and speech-language disorders.

Fraser Mental Health:
Fraser Mental Health also has a 30-year history of providing diagnostic and treatment services to children with behavioral and emotional problems and their families. Clients and families are racially and culturally diverse, reflecting the diversity in the Twin Cities metro area. Services include psychological evaluation and diagnostic assessment, preschool day treatment, individual, group, and family therapy, and skills training. Diagnoses span Post Traumatic Stress disorders and other trauma and stressor-related disorders, depressive and anxiety disorders, Attention Deficit/Hyperactivity Disorder, disruptive behavior disorders, and disorders of attachment.

Neuropsychology:
Added to the array of Fraser services in the mid-1990s, referrals for neuropsychological/psychological evaluation come from a broad spectrum of physicians (pediatricians, developmental pediatricians, neurologists, and psychiatrists), schools, county social workers or disability specialists, insurance plans/Medicaid, and parents. Diagnostically complex presentations, neurological disorders, brain injury, and co-occurring medical and psychiatric disorders routinely present to this program.

Fraser Culture

The culture provides the foundation for the Fraser organization and is a key ingredient in our brand of service delivery. The Fraser values and beliefs promote the organization's spirit and vitality and enhance and support Fraser mission. Maintaining this culture is a top priority of the organization and the Residency program, and therefore it is a key responsibility of every employee, Resident, and volunteer.

Fraser Residents can expect to be treated with dignity and respect; this is a general expectation for all Fraser staff who maintain this attitude and demeanor of caring towards co-workers, clients, and families we serve, and all those whose personal or professional interests or responsibilities bring them in contact with Fraser. At Fraser, clients are our priority; we engage with clients and families to establish goals for growth and provide services that best address their needs and are based on sound research and outcome data.

Commitment to Diversity and Cultural Competence

The mission of Fraser is to make a meaningful and lasting difference in the lives of children, adults, and families with special needs. In fulfilling this mission, Fraser values the diversity of its clients and family members, volunteers, employees, and stakeholders. Diversity and inclusion strengthen the fabric of Fraser services and the richness of the environment in which we serve.

Success will be achieved when those who contribute to the Fraser mission can:

- Adapt their thinking and behavior to see and accept differences that exist because of the varied life experiences that each person brings.
- Demonstrate no disparity across the range of individuals served related to time to first appointment and time to active engagement/participation in treatment.
- Deliver services that are culturally competent and sensitive to under-represented groups' needs.
- Handle intercultural conflict and address insensitive behaviors.
- Have access to resources and opportunities that advance Fraser employee professional growth.
- Communicate with trust and respect toward others inside and outside of Fraser.
- Feel encouraged and supported, with their culture seen as "value added."

Sites and Locations

Fraser offers a full range of mental health services at several locations. We have grown over the years and strive to be available to clients within 35 miles or 35 minutes of their home. Residents will be providing services at three of our locations, Fraser Bloomington, Fraser Minneapolis and Fraser Woodbury. The Residency offices are located at our Bloomington site.

Locations of the sites include:

Fraser Minneapolis, 3333 University Ave. SE., Minneapolis, MN 55414
Fraser Bloomington, 1801 American Blvd. Bloomington, MN 55425
Fraser Richfield, 2400 W. 64th St., Richfield, MN 55423
Fraser Eagan, 2030 Rahn Way, Eagan, MN 55122
Fraser Coon Rapids, 9120 Springbrook Drive NW, Coon Rapids, MN 55433
Fraser Woodbury, 721 Commerce Drive, Woodbury, MN 55125

Other Fraser sites include preschool mental health day treatment in collaboration with the Minneapolis Public Schools at the Hmong Residential Academy at 1501 30th Ave. N., Minneapolis, MN 55411; Community Action Partnership of Ramsey and Washington Counties at 450 N. Syndicate, St. Paul, MN 55104; and Anoka/Washington Counties Head Start at 9574 Foley Blvd., Coon Rapids, MN 55433.

Fraser provides telehealth options for a variety of therapeutic services. Residents have access to onsite offices at Fraser sites to provide telehealth services, as needed.

Fraser Residency in Clinical Psychology

Fraser welcomes Residents into our Residency to share with us our mission of making meaningful and lasting differences in the lives of the children and families we serve.

The Residency is a 12-month training program, consisting of approximately 2000 hours. Stipend is $60,000 with benefits including health care and time off similar to Fraser employees.

Fraser residency program is an APPIC Member. The program is accredited on contingency status through the American Psychological Association (APA). Accreditation is granted by the APA Commission on Accreditation:

Office of Program Consultation and Accreditation
750 First St, NE
Washington, DC 20002-4242
Telephone: (202) 336-5979
www.apa.org/ed/accreditation

Resident Recruitment and Selection

Applicants for our Residency program are solicited nationally from APA accredited psychology doctoral training programs in clinical, counseling, and school psychology. Potential applicants learn about our program from:

- APPIC's internet directory
- Direct emails to top tiered clinical and school doctoral program training directors
- College career fairs to promote the profession of psychology
- Promotion of Residency program within Fraser to pre-doctoral interns and employees in or interested in graduate school
- Outreach to schools and community
- Annual professional conferences (Minnesota Psychological Association, American Psychological Association)

The recruitment of Residents includes several specific strategies. Initial efforts focus on obtaining an applicant pool that is highly reflective of diversity. The Residency program is primarily marketed through APPIC's online directory, which ensures exposure to areas of the country that are more ethnically diverse. Our APPIC page includes a direct link to our program's website, which highlights the sensitivity to and value for diversity, thereby increasing the likelihood that more diverse applicants will view our setting as a desirable place to work and commensurate with their diversity-related values. The website also emphasizes the program's sensitivity to diversity and antiracism, as well as our commitment to attracting Residents with diverse backgrounds.

The Fraser program determines that Residents have graduated from a doctoral program accredited by the relevant U.S. or Canadian authority by verifying that the Resident's doctoral program's accreditation is in good standing. Fraser does not intend to accept Residents from unaccredited programs.

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 training aims.

Resident applicants should demonstrate particular interests 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.

Training Model and Philosophy

The scholar-practitioner model guides the philosophy of Fraser Psychology Residency, helping Residents develop the ability to apply scientific theory and knowledge in direct service (assessment, intervention, and consultation) and to evaluate the efficacy of interventions. Residents are exposed to a wide variety of educational and clinical experiences with diverse client populations in each of the three constituent programs of Fraser Mental Health.

The scholar-practitioner model emphasizes a fundamentally clinically oriented culture that serves the needs of the local community. It also includes a strong scholarly focus, underscoring the belief that clinical philosophy, decision making, and intervention approaches should have a strong foundation in research and evidence-based practices. Consistent with this model, we seek to help Residents develop the ability to apply scientific theory and knowledge in direct service (assessment, intervention, and consultation) and to evaluate the efficacy of interventions.

Given the context in which the Residency operates, the Training Director and training supervisors at Fraser believe that the scholar-practitioner model provides the most reasonable framework upon which to build the program's training goals and objectives. Fraser is primarily a service delivery organization. Research resources are primarily directed toward activities related to continuous quality improvement and serve as the structure within which Fraser psychologists evaluate and modify the services that are provided. The continuous quality improvement process is particularly compatible with the scholar-practitioner model as similar philosophies and activities are involved.

Structure of the Residency Training Experience

The 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 towards 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 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.

Psychological Evaluations

Evaluation case assignments are flexible, adjusted to the skill level of the Resident and reflecting as much as possible their interests. Assessment training components may include clarification of referral questions; techniques for interviewing clients and caregiver; child-caregiver/clinician observation; test selection, administration, and interpretation; report writing; and recommendation of services and strategies. Residents also participate in providing feedback to clients, families, and other professionals.

Residents are supervised closely on every case. Residents receive direct case supervision to promote formulation of diagnostic impressions and treatment recommendations.

A large portion of Fraser clients seek evaluation for Autism Spectrum Disorder. These evaluations are conducted with the Autism Diagnostic Observation Schedule, 2nd Ed. (ADOS-2), the "gold standard" for observational assessment of Autism Spectrum Disorder (ASD). Residents are expected to have familiarity and experience administering assessments with children and adolescence. Ideal candidates will have some experience with the ADOS-2; however, this is not a requirement. Further development of assessment skills using this measure are available through formal and informal trainings in administration of the ADOS-2 over the course of the residency. Other measures with which Residents gain experience and skills in administration and interpretation include the Autism Spectrum Rating Scale (ASRS), Childhood Autism Rating Scale, 2nd Ed. (CARS-2), and the Behavior Assessment Scale for Children, 3rd Ed. (BASC-3), as well as developmental, cognitive and intellectual assessments.

Early Childhood Evaluation (Birth through 5)

The Fraser Early Childhood Evaluations consists of assessment training focused on children ranging in age from birth through age 5. 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. Residents will receive the two-day DC:0-5 training from a state certified trainer early in the residency year before beginning with the specialized evaluations.

These evaluations assess for a variety of clinical disorders, as classified by DC:0-5: Neurodevelopmental Disorders (Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Global 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 contributing to an understanding 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 caregiving 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, as well as use of social, emotional, and behavioral measures (See Appendix I for a detailed list of available assessments).

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 (6 and older)

The Fraser Child and Adolescent Evaluations consists of assessment training focused on children ranging in age from 6 through late adolescence and across the Fraser Autism Center for Excellence and Fraser Mental Health programs.

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, academic achievement, adaptive functioning, executive functioning, social, emotional, and behavioral functioning, and personality patterns. Use of projective measures and semi-structured interviews are also commonly used (See Appendix I).

Neuropsychological Evaluations
Fraser Neuropsychology serves children, adolescents, and young adults referred for assessment of neurodevelopmental or neurological disorders, including complex cases of ADHD, Autism Spectrum Disorder, 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 assessment measures is provided, including various intellectual, academic, attentional, memory, executive, visual-motor, and fine motor procedures, as well as measures of social, emotional, behavioral, and adaptive functioning. Cases are often complex and include co-occurring psychiatric and medical issues.

All assessments/evaluations include testing and inventories to be administered. Residents will receive training and work alongside the staff neuropsychologist to conduct clinical interviews with parents and children; choose appropriate measures; administer, score and interpret tests; communicate evaluation results; and prepare reports. Residents have the opportunity to observe experienced clinicians and then practice and be observed by the supervisor before it is determined they are ready to perform assessments or evaluations on their own. Residents will write two to three reports per week.

Adult Psychology Evaluation
The Adult Psychological evaluations consist of an 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, adaptive functioning, executive functioning, memory and learning, social, emotional, and behavioral functioning, attention, visuo-motor integration, effort and malinger measures, and personality patterns (See Appendix I).

Outpatient Intervention Services

Residents in Training Track #1 are required to maintain an outpatient caseload of seven to eight clients. Residents in Training Track #2 are required to provide intervention services to between

two to four clients over the course of the training year. Residents see clients and families for individual, family, and group therapy throughout the year. Related to therapy, clients have an annual diagnostic assessment, which Residents provide. Past Residents have treated clients with a range of mental health diagnoses, including Autism Spectrum Disorder, Posttraumatic Stress Disorder and other trauma- and stressor-related disorders, depressive disorders, anxiety disorders, Attention-Deficit/Hyperactivity Disorder, and disruptive behavior disorders such as Oppositional Defiant Disorder and Conduct Disorder.

All outpatient staff have received training in DC: 0-5 assessment and treatment for young children ages birth through 5. Residents are expected to attend DC: 0-5 training conducted by a Fraser staff member who is a national trainer and are exposed to this framework through evaluations and therapy services.

Several of the families Residents 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 Fraser believes in strengthening connections with key figures in a child's life, staff 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: ASD, depression, anxiety, trauma history, parent/child and other relationship issues, and family difficulties.

Psychology Residency Aims

The primary aim of the Residency is to prepare Residents to successfully complete licensure and prepare residents for independent practice with novel and complex cases, particularly in the area of child and adolescent clinical services. Residents will display a strong foundation in general clinical skills as well as specialized training in children's mental health assessment and intervention, assessment and intervention for Autism Spectrum Disorder, and neuropsychological evaluation. 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 founded on evidence-based practices and consistent with standards of professional practice, Ethical Principals of Psychologists, and the Code of Conduct of the American Psychological Association.

Residents are expected to develop and master a broad range of competencies over the course of the Residency year. We utilize competency-based training approaches to help the Resident to develop profession-wide competencies, including strong diagnostic and conceptualization skills, effective psychotherapeutic intervention, consultation and collaboration, knowledge of and

compliance with statutes and rules, professional conduct and ethics, application of knowledge and sensitivity to cultural diversity, and research skills.

Diagnostic/assessment/evaluation and conceptualization skills are mastered by completing gathering supplemental background information, 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 between two training tracks, focused on either neuropsychological evaluations or child and adolescent developmental and mental health.

Psychotherapeutic intervention competency is developed through maintenance of a therapeutic caseload of children/adolescents, families.

Consultation and collaboration skills are developed formally through weekly 1-hour group case conference/consultation meetings, a forty-five minute supervision of supervision meeting, as well as through ongoing collaboration with various services providers and reviewing records of past services.

Supervisory competency is developed through co-facilitation of weekly pre-doctoral intern group supervision and forty-five minutes weekly of group supervision of supervision training, specific to the Post-Doctoral Residency cohort and tailored to their unique strengths and areas of growth as supervisors. Residents also receive supervisory role development within the supervision series offered as a part of ongoing didactics.

State statues and rules, professional values, attitudes, and behaviors, ethics and legal standards, and application of knowledge and sensitivity to individual and cultural diversity skills are a part of the ongoing focus of individual supervision, supervision of supervision, case consultations and monthly didactics.

The applied science and practice competency is demonstrated through program development, utilizing evidence-based practice, improving clinical operations procedures, supporting current research studies being conducted at Fraser, as well as opportunity to receive support in publishing original research when appropriate.

Developmental progress of these competencies is evaluated in weekly supervision, monthly reviews by the Training Committee, and through written performance evaluations conducted quarterly.

Training in the Required Profession-Wide Core Competencies

The Fraser Psychology Residency is a scholar-practitioner model within an outpatient mental health facility. The goal of the Residency training is to increase the Resident's competence in both clinical and professional skill areas, consistent with the Fraser mission, vision and values and

guided by evidence based and ethical practices. Successful completion of the Residency will prepare the Resident for advanced practice in child and adolescent mental health in a variety of clinical settings. Training is graded, sequential, and cumulative in complexity. In learning a new skill, a graded progression is used; study of the procedure if needed; observing a skilled clinician demonstrating the procedure; being observed demonstrating the procedure; and implementing the procedure independently. The Resident are evaluated at each point in the skill acquisition process.

In accordance with the Standards that are expected of all Doctoral Residency Training Programs, Fraser is dedicated to training our Residents to achieve competencies in the following key Profession Wide Competency Areas:

a. Applied Research and Program Evaluation
   Residents will understand the bidirectional influence of science and practice. 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 may join in Fraser staff-led research project or lead an independent research project with supervision. They also have the option to participate in or lead evidence-based program development or evaluation projects, facilitate implementation of project findings, or improve clinical operations procedures based on best practices. Research opportunities are not required throughout the entirety of the year, therefore non-billable time is allotted as projects are assigned or developed. Residents present the results of their project at the Fraser Conference in the spring or at other local or state conferences. They also have opportunities to present their findings to Fraser leadership.

b. Ethical and Legal Standards
   Residents will be knowledgeable of and act in accordance with the current version of the APA Ethical Principals of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health psychology at the organizational, state, and federal levels; and relevant professional standards and guidelines. The Resident will recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas. The Resident will conduct themselves in an ethical manner in all professional activities. Ethical standards, codes of conduct, and relevant laws, regulations, rules, and polices are included in didactic presentations and are discussed over the course of the year in relation to clinical and research activities.

c. Individual and Cultural Diversity
   Residents will be encouraged to examine and understand the impact of their own values, assumptions, biases, and identities on their perceptions and interactions with clients and resident staff. The Resident will demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, evaluation, and intervention. Individual and cultural diversity are a focus of didactic presentations. Individual and

cultural diversity topics are discussed over the course of the year in relation to the Resident's clinical and research related activities.

d. Professional Values, Attitudes, and Behaviors
Residents will behave in a manner that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. The Resident will actively seek and demonstrate openness and responsiveness to feedback and supervision. The Resident will respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

e. Communication and Interpersonal Skills
The Resident will develop and maintain effective relationships with a wide range of individuals, including colleagues, supervisors, supervisees, other professionals, and those receiving professional services. The Resident will produce oral and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts. The Resident will demonstrate effective interpersonal skills and ability to manage difficult communication.

f. Assessment
The Resident will select and apply assessment measures that draw from the best available empirical literature and reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified referral questions and respecting potential diversity characteristics of the client. The Resident will interpret assessment results in accordance with current research and professional standards and guidelines to inform case conceptualization and recommendations. The Resident will communicate orally and in written documents the findings and implications of the assessment in an accurate, thorough, and effective manner sensitive to a range of audiences. Assessment competencies are taught in a graduated sequence through didactic presentations, modeling/observation, direct observation of the Resident, the provision of relevant research and other reading materials, and ongoing direct supervision.

g. Intervention
The Resident will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the treatment goals and implement interventions informed by the current scientific literature, assessment findings, and contextual variables. The Resident will demonstrate the ability to apply the relevant research literature to clinical decision making. The Resident will evaluate intervention effectiveness and adapt intervention methods and goals consistent with ongoing evaluation. Intervention competencies are taught in a graduated sequence through didactic presentations, modeling/observation, direct observation of the Resident, the provision of relevant research and other reading materials, and ongoing direct supervision.

h. Supervision
The Resident will apply supervision knowledge in direct practice with psychology interns or other health professionals and peer supervision with other trainees. The Resident will develop a supervisory approach and competency in providing tiered supervision to Pre-Doctoral Interns under the guidance of a licensed psychologist. They will receive additional supervision focused on the provision of supervision.

i. Consultation and Interpersonal/Interdisciplinary Skills
The Resident will demonstrate knowledge and respect for the roles and perspectives of other professions. The Resident will apply this knowledge in direct consultation with individuals and their families and in collaboration with other health care professionals or other systems related to health and behavior. Didactic presentations are offered with a focus on consultation and collaboration with other professionals and systems. Consultation and collaboration are discussed over the course of the year as they pertain to the Resident's clinical and research activities.

Orientation

Fraser welcomes psychology Residents and looks forward to bringing them into the Fraser psychology Residency each September. We schedule two weeks of orientation which are designed to acclimate them to the Residency.

The orientation includes overviews of the seven Fraser divisions, with particular emphasis on Fraser Mental Health. Residents will learn the mission and guiding philosophies of the Residency program. They will hear details of what they might expect from Fraser and what Fraser expects from them to make their experience one of growth and satisfaction. They will hear from the Fraser Human Resources staff about stipend payments and benefits. They will be trained in the electronic medical record system. Each Resident will be given a laptop, ID badge, and building keys. They will meet their supervisors and be given their individual core training schedule. The information given in these first weeks of orientation can be overwhelming and at the same time not completely sufficient. Over the next several weeks there will be additional training sessions specific to the rotation they are beginning. Residents are encouraged to ask questions and seek advice whether practical or clinical in nature. The intent of the orientation is to provide Residents with enough information and support to allow them to feel comfortable to begin their Residency at Fraser.

The orientation also includes visits to the Fraser sites where mental health services are offered. Through social events Residents will meet the Residency faculty and their cohort of Residents.

As part of the orientation process, Residents are provided with the Residency handbook, which serves as a guide and reference for Residents throughout the Residency year and as a source of information about the Fraser Psychology Residency. The handbook will give the reader

information about Fraser, the Sponsoring Agent for the Fraser Psychology Residency with administrative procedures relevant to all supervising psychologists and Residents; information specific to the Residency including training model; training mission and goals; expectations of Residents and Residency faculty; structure of the training; and other processes including Resident recruitment.

The department's Clinical Manual will be a further guide to Residents, along with this Handbook, in planning and providing services to clients. Both will be made available during orientation in the first weeks of the Residency and are available on the Fraser intranet.

Fraser Principles of Conduct and Standards of Practice

It is the intent of Fraser to deliver quality services in full compliance with the laws, rules and regulations that govern the delivery of Fraser's services. Fraser is also committed to compliance with all the laws and regulations that govern the operations of a nonprofit human services organization. Furthermore, Fraser is committed to a service delivery model that supports the highest standards of professional practice and business ethics. Fraser's Residents can expect that they will be treated with dignity and respect consistent with the standards of the APA Ethical Principles of Psychologists and Code of Conduct (www.apa.org/ethics/). The Fraser Psychology Residency Program is an APPIC member.

Fraser core values guide our actions fulfill the mission of serving children, adults, and families with special needs. These values are:

Partnership: we partner with clients and families to achieve positive outcomes

Innovation: we seek new ways to implement best practices

Respect: we treat with respect all whom we come in contact within our work with clients

Quality: we measure outcomes and constantly seek to improve services

We do not anticipate that serious problems with Residents will arise over the course of the Residency year. Most issues can be addressed in supervision or informally. But if Residents feel they are treated unfairly or expectations of them are beyond their level of skill, they are to contact the Director of Training with their concern; or with another member of the Training Committee if the concern is with the Director of Training. A copy of the Fraser Identification and Management of Trainee Problems/Grievances is included in the Policies and Procedures section of this manual.

Supervision

Each Resident is assigned two supervisors. Supervisor roles will depend on the resident's training track. For Training Track 1, one assigned supervisor will be responsible for the therapy conducted with clients and one will supervise evaluations. For Training Track 2, one assigned supervisor will be responsible for neuropsychological evaluations conducted by the resident and one for autism and mental health evaluations. Assignments of supervisors will be made at the beginning of training. Residents will maintain their supervisor over the 12 months of Residency, with coverage provided in the case of supervisor leave. Also, Residents participate in at least weekly multidisciplinary case consultations which are attended by clinical staff, often with a psychiatric consultant present. Residents will be responsible with provide mentorship and supervisory guidance to pre-doctoral interns through group supervision, as well as training within the supervisory role through a didactic series focused on developing the resident's competence in this area.

Telesupervision
This policy has been adapted from West Virginia University's Telesupervision policy.

Telesupervision is defined as clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video rather than in person.
In normal conditions, as per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision.

However, in the event of unprecedented global health crises such as the COVID-19 pandemic, expansion of the use of telesupervision has been allowed and may in some cases be the primary form of supervision.

Rationale:
Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe. Our rationale is that telesupervision allows for continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision.

Consistency with Training Aims and Outcomes:
Telesupervision allows our supervisors to be engaged and available to assigned trainees, to oversee client care, and to foster trainee development, even in circumstances that preclude in person interactions. In these ways, it is fully consistent with our training aims. Certainly, in-person supervision has unique benefits, including availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence. We work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. We work to set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship. Trainees will continue to receive ongoing formative

feedback as well as summative feedback to ensure they are progressing appropriately within core competency areas.

How and When Telesupervision is Used:
Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life event, or public health emergency situations). It is not used for the sole purpose of convenience. We implement telesupervision by using a videoconferencing platform, Microsoft Teams. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home.

Trainee Participation:
All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable.

Supervisory Relationship Development:
Ideally, in-person meetings between supervisor and supervisee are encouraged (if safety can be reasonably assured in the case of public health emergencies). This can be especially important early on in supervisory relationship development. We also encourage our supervisors to check in regularly on how supervisees are experiencing the telesupervision format. Our supervisors and other clinical staff are readily available via phone or Microsoft Teams between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster development of strong supervisory relationships.

Professional Responsibility for Clinical Cases:
The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely working clinical staff are also available to our trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's needs or client care.

Management of Non-scheduled Consultation and Crisis Coverage:
Supervisors are available by email, text, phone, or Microsoft Teams in the event of need for consultation between sessions. Other clinical staff are also available via such forms of communication if a direct supervisor is unavailable. If a trainee is working out of their office, we are maintaining our open-door policy and clinical staff can also be approached in this manner. Supervisors or other clinical staff can be invited to virtual client sessions to assist in cofacilitation in the event telehealth is being utilized and if there are any client emergencies that necessitate intervention of senior staff.

Privacy/Confidentiality of Clients and Trainees:
Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured,

whether this be in the office or in a home-based setting. Our videoconferencing platform, Zoom Healthcare, provides end-to-end encryption and meets HIPAA standards.

Technology Requirements and Education:
Telesupervision will occur via Microsoft Teams. During their orientation weeks, trainees will receive telehealth training, specific training on utilizing Zoom Healthcare, and training on being prepared for supervision, be this in-person or via teleconference. Our staff receive continuing education and training on providing services in a teleconferencing environment. Individual supervisors will review the Telesupervision Supervision Agreement Addendum at the time the standard Supervision Agreement is reviewed.

Responsibilities of Residents, Supervising Psychologists, and Training Committee

Residents:
Residents can expect a high quality of training in the practice of professional psychology. Residents will gain experience with psychological evaluations working with individuals across the lifespan, with an emphasis on children and adolescents. Each Resident will bring their unique interests, skills and aptitudes to these experiences. They can expect that clinical experiences and training will be planned around these interests and skills.

Residents can expect that their performance will be assessed regularly in a supportive way through supervision. Formal evaluations will be held quarterly, with more formal evaluation at the mid-point and end of the year.

Residents can expect that supervising psychologists will assist them in meeting performance objectives through all rotations.

They can also expect to provide feedback to the program and expect that their views will be taken seriously.

Resident Responsibilities:

1. Schedule and keep supervision hours with supervisors.
2. Meet for at least two 1-hour individual supervisory sessions per week.
3. Participate in weekly multidisciplinary case consultations, supervision, and monthly didactic hours.
4. Review each diagnostic and therapy client during supervision sessions.
5. With mentorship and doctoral level oversight, provide one hour of group supervision to pre-doctoral interns.
6. Participate in supervision of supervision by the overseeing psychologist of the pre-doctoral interns' group supervision.
7. Make each client aware of Resident status and responsibility of the supervisor for oversight.

8. Maintain clinical records for each client contact according to procedure and timeliness. Personal computers are not to be used for storage of any client information. Residents will have a Fraser computer with secure access for all documentation.
9. Be familiar with and comply with the Ethical Principles of Psychologists published by the APA.
10. Periodically prepare and present cases at case conferences, staff meetings and supervisory sessions.
11. Participate in documentation in the supervisory log at each supervision session.
12. Participate in supervisor and program evaluations as requested.

Supervising psychologists:
Supervising psychologists can expect that Residents will develop professional competence through their psychological evaluations, interventions, and reference relevant research to support their clinical findings. The supervising psychologist can expect to be a resource to Residents in developing competence.

Supervising psychologists can expect Residents to incorporate ethical and professional standards in their work, including adherence to the APA Ethical Principles and Code of Conduct, relevant state laws, and Fraser guidelines.

Supervising psychologists can expect that Residents will be self-reflective about their training experiences and bring any concerns about the program to the attention of their supervisor. Also, it is expected that they manage any personal distress they experience and seek support as needed.

Supervising psychologists are also responsible for assisting Residents in meeting the performance expectations above. Residents will be provided relevant information regarding professional standards, will be offered a sufficient diversity of clinical experiences for them to demonstrate professional skills. Supervising psychologists will monitor Resident behavior to provide feedback and recommendations for improvement as needed. Residents are expected to perform in a fashion to achieve acceptable evaluations in each training track. If the Resident's performance does not reach acceptable level, a correction plan will be developed by the supervisor in collaboration with the Training Director.

Guidelines for supervising psychologist's responses to problematic behavior and grievance procedures for Residents are described in greater detail in the Identification and Management of Trainee Problems/Grievances, which is placed at the end of this manual.

Supervisor Responsibilities:

1. Provide a minimum of one-hour of supervision each week to each Resident they are supervising.
2. Review and provide signatory responsibility for all Resident documents/records (progress notes, letters, treatment plans, psychological reports).

3. Ensure that Residents are aware of and adhere to ethical principles of psychologists and the mission and values of Fraser.
4. Provide guidance regarding legal matters, such as confidentiality, release of information procedures, and HIPPA standards.
5. Help coordinate services with other Fraser programs, if needed.
6. Hold individual competency evaluation sessions with assigned Residents quarterly, or every three months.
7. Ensure the quality of the Resident's training.
8. Continuously monitor Resident progress, meeting at least weekly with the Resident to discuss progress on their training goals and activities.
9. Participate in assigned didactic seminars, case consultations and other trainings.

Training Committee Responsibilities:

1. Plan the training activities for each year, determine Resident rotations, and assign supervisors.
2. Update application materials, handbook, and materials for the website.
3. Evaluate the quality of the Residency training and make changes based on the evaluation, considering Resident evaluations and comments regarding training.
4. Participate in the review and selection of Residents for the following Residency year.
5. Meet monthly to review Resident progress and promptly plan for any needed support for successful skill development. Document activities implemented and insert into the Resident file.

The Psychology Training Committee encourages ongoing communication and dialogue between Residents and supervisors regarding performance during supervisory sessions. Resident progress is evaluated more formally every three to four months. The end of the year evaluation uses the same process to summarize the Resident's overall progress.

Supervising Psychologists

Jael Jaffe-Talberg, Psy.D., L.P., Training Director
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 Lardinois, Psy.D., LP

Postdoctoral Resident Mentorship

Residents are assigned a staff psychologist, distinct from their supervisors, to provide additional support in professional development and socialization into the field. Ideally, when available, residents are paired with a staff psychologist who formerly completed their Postdoctoral Residency at Fraser. This dyad offers optimal support to the Resident, with the mentor acting as a model of an early career psychologist, with experience navigating Fraser's Residency program. When circumstances do not allow for this configuration, another early career staff psychologist is assigned.

Mentorship Psychologists

Julisa Duenas, Psy.D., LP
Elizabeth Sharer, Ph.D., LP
Amanda Gordon, Ph.D., LP
Jennica Tomassoni, Psy.D., L.P.

Additionally, Residents are encouraged to seek out licensed clinical staff throughout the agency who specialize in particular areas of interest (e.g., EMDR, adoption and foster care, Early Beginnings, Parent-Child Interaction Training). Residents receive support and mentorship through weekly case consultations attended by staff psychologists and other licensed clinicians. Residents have the option to attend case consults with a wide variety of focuses, including but not limited to: Relational therapy, Group therapy, Adoption/Foster care, Trauma-informed therapy. Additional mentorship with Master's level staff with extensive experience in the field is available to residents. Residents can collaborate with Master's level clinicians as co-facilitators for group therapy and comprehensive evaluations as a part of psychological evaluations.

Assessment of Resident Progress

Supervisors have responsibility for describing expectations and skills upon which Residents will be evaluated. Evaluation of progress is made quarterly, with more formal evaluations completed midway and at the end of the residency year on a competency development rating scale. The Resident meets individually with each of their supervisors for formal discussion of their progress and review of supervisor ratings on the competency development rating scale. A copy of this evaluation form is attached (Appendix E). The training committee meets monthly; a part of each meeting is devoted to discussing Resident progress. The Training Director also meets with each Resident three times per year to review all supervisor ratings and the Resident's progress with respect to their individual training plan. If any problems are identified, adequate time for remediation is planned.

In such cases, the Training Committee convenes with supervisors, the resident, as well as the mentor when appropriate, to collaborate on identifying areas the resident requires additional support or guidance. Informal remediation actions may include, but are not limited to, increasing the amount of supervision or additional supervisors, shifting the focus of supervision,

requiring specific study or trainings, reducing workload to allot additional time to complete tasks where inadequate progress is noted.

APPENDIX A
Fraser Psychology Residency: Policies and Procedures

Policy: Fraser Psychology Residency Has Developed and Adheres to Policies Governing the Clinical and Administrative Activities of the Program To Assure Quality of Resident Training and Be In Compliance With American Psychological Association Standards As Well As State of Minnesota Statutes And Best Practices in Clinical Psychology.

Policies Cover the Following:

A. Resident Recruitment and Selection and Required Prior Doctoral Program Preparation and Experiences
B. Administrative and Financial Assistance
C. Requirements for Successful Residency Performance
D. Resident Performance Evaluation
E. Supervision Requirements
F. Maintenance of Records
G. Documentation of Nondiscrimination Policies and Operating Conditions
H. Identification and Remediation of Insufficient Competence and/or Problematic Behavior Due Process Steps, Hearing and Appeal and Grievance Procedures for Residents and Due Process

A. Resident Recruitment and Selection and Required Prior Doctoral Program Preparation and Experiences

Policy: Fraser has developed a process by which candidates for Residency are recruited and selected. These procedures will help assure that candidates who match with Fraser will have an optimal training experience.

Procedures:

1. Fraser accepts for Residency only those applicants who have successfully completed a doctoral program accredited by the relevant U.S. or Canadian authority.
2. The Fraser client population is very diverse, and we make constant efforts to hire a diverse staff. A particular effort is made to obtain a Resident applicant pool that is highly diverse.

3. Fraser makes systematic efforts to recruit diverse Resident applicants through advertising materials, networking, including diverse staff in candidate interviews, mentoring of current Fraser staff, outreach to graduate programs, and attendance at career fairs.
4. The Residency is primarily marketed through APPIC's online directory with a link to the Residency website.
5. The program's training aims and competencies, as well as the required academic and practicum experiences, are clearly communicated through its brochure and website to contribute to Resident success in matching and successfully completing the Residency.
6. Fraser prefers applicants with robust supervised experience in the areas of child clinical psychology, autism spectrum disorder, and/or clinical neuropsychology.
7. Because of the emphasis we place on assessment, preference is given to candidates with half of the practicum hours of experience in supervised assessment.
8. Two Training Committee psychologists will independently review each applicant's materials; the Training Director will collaborate with Training Committee psychologists to determine the ranking of applicants for interviews and offers.
9. A set of standard interview questions designed to identify best possible matches with the program is used by two psychologists who interview each candidate.
10. Ranking of candidates is determined by review of candidates' materials and interviews, prioritizing candidates whose supervised training experiences best align with and prepare them for clinical practice within Fraser services. Candidates are informed of reciprocal offer guidelines and offers are extended to top four candidates in accordance with APPIC's Uniform Notification Date (UND).

B. Administrative and Financial Assistance to Residents

Policy: Fraser Provides Sufficient Administrative and Financial Support and Assistance to Residents to Assure a Comfortable Work Environment, Access to Professional Guidance and Adequate Compensation

Procedures:

1. Residents will be given copies of the Resident Handbook, copies of policies and procedures which govern the Residency, information about their rights and responsibilities and processes by which they will be evaluated in the interest of preparing them for a successful Residency experience.
2. Fraser provides shared office space for Residents with desk space, computers with internet access and access to the Fraser intranet, called FraserNet. Resident office space is at the Fraser Bloomington site in close proximity to the Fraser Training Director and psychology staff for consultation as needed.
3. Residents are provided with contact information for all Residency supervisors and the Training Director. Supervisors and Residents will agree upon a preferred method for contact when needed.
4. Residents are provided keys to building and office spaces where they work.

5. Residents will not see clients during weekends or holidays or when a supervisor is not on site.
6. Fraser will assure that a licensed doctoral level psychologist is available on-site during business hours to assure consultation by Residents if needed.
7. Title for Fraser Residents is "Post-Doctoral Psychology Resident." They will be treated with respect and dignity as are all staff members of Fraser.
8. Residents are provided with opportunities for socialization and interaction with professional colleagues through case consultations, didactics, and other Fraser social events.
9. Residents are provided a stipend of $53,500 which is consistent with that of other metro area psychology Residency programs.

C. Requirements for Successful Residency Performance

Policy: Fraser Identifies For Residents the Requirements for Successful Residency Performance Including Expected Competencies and Minimal Levels of Achievement for Completion of the Residency.

The primary aim of the Residency is to prepare Residents for independent practice with novel and complex cases, particularly in child and adolescent clinical services.

Procedures:

1. Residents are made aware of the requirements for successful Residency performance including expected competencies and Minimal Levels of Achievement (MLA) for completion of the Residency through policies which are included and discussed in the Resident Handbook. The Handbook is posted on the Fraser Residency website and is also reviewed at Resident orientation.
2. Residency Faculty will provide comprehensive and individualized clinical training in evidence-based assessment and intervention to prepare Residents for independent practice with novel and complex cases, particularly in child and adolescent clinical services. Residents will also gain specialized training in Autism Spectrum Disorders and neuropsychology.
3. A typical caseload for Residents includes two to three evaluations per week and between two to eight outpatient psychotherapy cases per week.
4. For both evaluations and outpatient interventions, cases for Residents are selected by supervisors to reflect the training needs in each Resident's training plan, as well as their developing expertise and movement toward greater independence in clinical decision-making.
5. Training follows a developmental model whereby the Resident first demonstrates and assesses their knowledge about the clinical activity; depending on the assessment of the Resident's skill, they may either observe an experienced clinician performing the activity or receive live supervision as they perform the activity; and upon reaching and demonstrating competence at the activity, perform the activity autonomously.

6. Residents are expected to achieve competence in key Profession Wide Competency Areas including Ethical and Legal Standards, Individual and Cultural Diversity, Assessment, Intervention, Supervision and Consultation, Applied Research and Practice.
7. Staff will use competency-based training approaches to help the Resident to develop the profession-wide competencies including strong diagnostic and conceptualization skills, effective psychotherapeutic intervention, consultation and collaboration, knowledge of and compliance with statutes and rules, professional conduct and ethics, application of knowledge and sensitivity to cultural diversity and research skills.
8. Residents will develop the core competencies through clinical experiences, didactic seminars, supervision, literature reviews, case conferences, and opportunities to participate in various committees.
9. Minimum Levels of Achievement (MLA) required of the Resident to demonstrate competency have been established for each and every competency component, corresponding to a rating of 5 or Early Career on a five-point scale.
10. Evaluation of competency is based in large part on direct, live observation of Resident performance.

D. Resident Performance Evaluation

Policy: Fraser Residents are evaluated on their performance through weekly supervision sessions, monthly reviews by the Training Committee, and through written performance evaluations conducted three times per year.

Procedures:

1. At the beginning of the year, Residents develop a self-assessment identifying their skill levels for competencies needed for the rotation including any particular strengths, interests, or needs to be addressed during the rotation.
2. The Resident and supervisor develop a plan of activities to focus on during the Residency.
3. At each supervisory session, the Resident presents progress made with each client and progress they have made in their own professional development.
4. The supervisor documents Resident's activity and progress on the Resident supervision log.
5. Minor difficulties the Resident is having are addressed by the supervisor through the supervision process and/or brought to the supervisor's or Training Committee meeting for suggestions for remediation. Supervisor adheres to the policy on problem behaviors and grievances for more major difficulties.
6. The supervisor rates the Resident using a five-point scale on each clinical competency tri-annually.
7. Supervisors are responsible for promoting successful performance on the part of the Resident and will provide coaching, demonstrations, research material, readings or access to other trainings to assist in this process.

8. Supervisors gain information for the evaluation through Resident report, direct observation of the Resident, and reports of other supervisors working with the Resident.
9. Progress of each Resident is discussed in weekly supervisor meetings, and at monthly Training Committee meetings.
10. Successful completion of the Residency requires attainment of at least a rating of "5: Early Career" on each competency by the end of the training year.

E. Supervision Requirements

Policy: Fraser Regards Supervision of Residents as a Major Factor in the Successful Development of Their Clinical Competence and Successful Completion of the Residency. Fraser Procedures Maximize the Opportunities for These Successes.

Procedures:

1. Supervisors will have expertise in the evidence-based practices that their supervisees engage in. Fraser supports the supervisor's continuing education and development in their chosen areas of expertise.
2. Supervisors have expertise in supervision gained through training and experience.
3. Residents receive at least 3.75 hours per week of individual and group supervision with doctoral-level psychologists.
4. Supervisors for each Resident include: 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 psychological evaluations. During their evaluations, Residents receive more direct observation and supervision initially from the psychologist with greater independence in evaluations as competencies are developed throughout the year, while continuing to receive one direct supervision hour weekly.
5. One hour of group supervision is provided by Residents to Pre-doctoral Interns, under the supervision of a licensed psychologist and using a reflective process model.
6. Residents receive an additional 45 minutes of group supervision of supervision following their facilitation of the intern group supervision.
7. In addition, some therapy supervision may be provided by master's level psychologists with expertise and experience working with individuals with Autism Spectrum Disorders.
8. Supervisors are available either on site or by phone or teleconference for consultation and supervision while Residents are providing clinical services. Fraser assures that a licensed psychologist is available at each site while services are conducted, if needed for consultation.
9. Residents will not provide services outside of Fraser work hours or when a doctoral-level psychologist is not available.
10. Supervisors are clinically and administratively responsible for the assessments and interventions performed by Residents.

F. Maintenance of Records

Policy: Fraser Keeps All Information Regarding Residents in Secure Storage

Procedures:

1. All Resident records including application, progress and evaluation reports, Resident self-assessments and evaluations of the program, and certificate of completion of the Residency along with contact information for each Resident, updated as needed, are contained in Resident files maintained in a passcode protected electronic folder, residing on a shared Fraser server.
2. All information in the Resident files will be kept in perpetuity.

G. Documentation of Nondiscrimination Policies and Operating Conditions (From Fraser Employee Handbook)

EMPLOYMENT AT WILL

All employees are employed at-will at the discretion of Fraser. Employees or Fraser may terminate the employment relationship at any time, with or without notice, and with or without cause. The policies, rules, and standards contained in this handbook are not all-inclusive, and shall not in any way limit Fraser power or right to discharge any employee for any reason, or no reason, in its sole judgment. Any representation about the employment relationship and/or the Employee Handbook that is different from what is described above will be invalid unless specifically agreed to in writing and signed by both the employee and the President/Chief Executive Officer of Fraser.

EQUAL EMPLOYMENT OPPORTUNITY

Fraser is committed to the principles of equal employment opportunity and affirmative action laws, regulations and statutes. Fraser has and will continue to recruit, hire, train, assign, promote, transfer, place, demote, layoff, recall, terminate, grant leaves of absences, and administer all compensation and benefit programs without regard to race, color, creed, religion, national origin, age, gender, disability, sexual orientation, marital status, familial status, military status or status with regard to public assistance, or other protected characteristics as defined by law. Fraser has a written affirmative action program in which it commits to administer all personnel actions in compliance with such regulations.

In addition, Fraser is committed to maintaining a workplace that is free of discrimination, harassment or retaliation in the workplace made by or toward our employees. Equal Opportunity is the law and the practice of Fraser. If an employee feels that he or she has been discriminated against in any respect, he or she should immediately bring the matter to the

attention of management through the Complaint Reporting Procedure in Section II, page 3 of this handbook. All such complaints will be treated with discretion and will be thoroughly investigated.

DIVERSITY, EQUITY, INCLUSION, AND BELONGING (DEIB)

Fraser promotes diversity, equity, inclusion and belonging. Fraser is committed to creating a work environment and work culture where an individual's dignity is highly valued without regard to race, color, creed, religion, national origin, age, sex, gender-identity, disability, sexual orientation, marital status, military status, or status with regard to public assistance. We encourage all who are a part of the Fraser experience to seek understanding and appreciation for the value of diversity within our employees, customers, volunteers, and vendors.

Fraser expects that all employees, clients, customers, volunteers, and vendors interact and treat each other with dignity and respect. Any conduct inconsistent with this policy is not acceptable and may be subject to disciplinary action up to and including termination.

DISABILITY ACCOMMODATION

Fraser provides equal employment opportunities to qualified individuals with disabilities, which includes providing reasonable accommodations, as required by law. Any employee who believes that they require accommodation to perform the essential functions of their job based on a disability may request reasonable accommodation.

Requests for accommodation should be submitted to the employee's supervisor. When a request for accommodation has been made, the individual informed of the request should consult with his or her Division Director and/or the Employee Relations Manager or Senior Vice President/Chief Human Resources Officer. Requests for accommodation will be promptly and carefully considered and will be arranged for as deemed reasonable. Employees may be required to provide a statement from their health care provider documenting the need for the accommodation.

HARASSMENT

Fraser is committed to maintaining a work environment that treats all employees with dignity and respect. Accordingly, Fraser intends to enforce its Harassment Policy at all levels within the workplace in order to create an environment free from discrimination and harassment of any kind. Employees are expected to maintain a productive work environment that is free from harassing or disruptive activity. No form of harassment will be tolerated, including harassment for the following reasons: race, national origin, religion, disability, pregnancy, age, marital status, familial status, gender, gender identity, sexual orientation or any other legally prohibited basis.

Sexual Harassment. In particular, sexual harassment, which can consist of a wide range of unwanted and unwelcome sexually-directed behaviors, may include, but are not limited to:

- Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of the employee's continued employment; or
- Making submission to or rejection of such conduct the basis for employment decisions affecting the employee; or
- Stating or implying that a particular employee's deficiencies or performance are attributable, in whole or in part, to the sex of that person; or
- Creating an intimidating, hostile, or offensive work environment by such conduct.

Prohibited Conduct. Sexually harassing or offensive conduct in the workplace, whether committed by supervisors, managers, non-supervisory employees, or non-employees, is strictly prohibited. This conduct may include but is not limited to:

- Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advances, or propositions; or
- Verbal abuse of a sexual nature; or
- Demeaning, insulting, intimidating, or sexually suggestive comments about an individual's dress or body; or
- The display in the workplace of demeaning, insulting, intimidating or sexually suggestive verbal, written, recorded or electronically transmitted messages, writings, objects or pictures.

Any of the above conduct, or other offensive conduct, directed at individuals because of their race, national origin, religion, disability, pregnancy, age, marital status, gender, gender identity, or sexual orientation (or other legally prohibited basis) is also prohibited and will result in corrective action up to and including termination.

Fraser is committed to maintaining a workplace that is free of harassment, discrimination or retaliation made by or toward our employees. If an employee feels that he or she has been discriminated against in any respect, he or she should immediately bring the matter to the attention of management through the Complaint Reporting Procedure on page 3 of this section of this Handbook. All such complaints will be treated with discretion and will be promptly and thoroughly investigated. Appropriate corrective action will be taken to effectively address the harassing situation, and may include discipline, up to and including termination of an offender.

COMPLAINT REPORTING PROCEDURE

Fraser takes allegations of harassment very seriously. In the event an employee has a complaint concerning possible harassment or discrimination, the employee should do the following:

- If comfortable doing so, clearly and directly communicate to the offending individual that his or her conduct is unwelcome, and request that the offensive behavior stop.

- At the same time, the employee shall immediately bring the matter to the attention of his/her supervisor. If the complaint involves the supervisor, or if the employee is uncomfortable discussing the matter with his or her immediate supervisor, the employee may go to his or her Assistant Director or Program Manager, Division Director, or any other member of the management team.
- If the employee is dissatisfied with the resolution, or if the alleged harassment continues to occur, the employee should contact the Employee Relations Manager, Senior Vice President/Chief Human Resources Officer, or President/Chief Executive Officer, at any time during the process. The employee also has the option of submitting their complaint to the Compliance Hotline at **1-833-205-7846**. Complaints made to the Compliance Hotline may be submitted anonymously, although, doing so may limit Fraser's ability to conduct a full complete investigation.

Any employee who believes harassment or discrimination has a responsibility to report the situation as soon as possible.

Retaliation Prohibited. It is also a violation of this policy to retaliate in any way against anyone who has complained about harassment or discrimination, whether that concern relates to harassment of, or discrimination against, the individual raising the concern or against another individual. If an employee believes he or she has been retaliated against under this policy, the employee should report the retaliation promptly.

Investigation of Complaint. When a complaint has been made, the individual informed of the complaint should consult with his or her division director, the Employee Relations Manager, or Senior Vice President/Chief Human Resources Officer. Supervisors and managers must report immediately to the Employee Relations Manager, Senior Vice President/Chief Human Resources Officer, or the President/Chief Executive Officer any incidents that they hear about or observe that may constitute a violation of Fraser Harassment or Equal Employment Opportunity Policy. Fraser will then initiate an investigation of the alleged harassment or discrimination. If necessary or desirable, the Fraser representative investigating the complaint may designate another management employee to assist him or her in the investigation. Fraser encourages prompt reporting of complaints so that rapid response and appropriate action may be taken. We will protect the confidentiality of harassment and discrimination allegations to the maximum extent possible under the circumstances.

Corrective Action. Any person found to have engaged in harassment or discrimination of any other employee will be subject to corrective action, up to and including termination.

QUALIFICATIONS FOR EMPLOYMENT

Fraser seeks to hire employees who possess the skills and abilities which best meet the needs of the position for which they are being considered and will promote and enhance the current Fraser culture. Fraser seeks to hire employees with a commitment to promoting diversity,

multiculturalism, and inclusion with focus on culturally responsive practice, internal self-awareness, and reflection. Hiring decisions are based on a variety of factors, including but not limited to an individual's level of education, past experience, performance in similar settings, ability to perform the duties as outlined in the job description, and the applicant's success in application/interview quality. In addition, there may be certifications or licenses required for certain positions. These requirements may also be discussed in the job description. Applicants may be requested to produce evidence of meeting standards for employment. This may include providing certified copies of education transcripts, diplomas, certifications and/or licenses, motor vehicle records, criminal background checks, or other requirements.

CRIMINAL, PSYCHOTHERAPISTS, DRIVING & OTHER BACKGROUND CHECKS

All Fraser employees and volunteers who work directly with Fraser clients, including their properties, finances, or confidential information are required to submit to a Department of Human Services (DHS) background check. Refusal to submit to a background check will immediately terminate the individual from consideration for employment or any volunteer opportunity involving direct supports to clients. Because all employees are expected to assist with direct supports with clients, as necessary, all employees are required to submit to these background checks.

Fraser employees who have direct contact with clients, including but not limited to the Autism Program, Mental Health, Neuropsychology, Pediatric Therapy, Residential Living, Home and Community Supports, and Fraser School, as well as select clinical management/leadership positions will need to successfully meet psychotherapy background check requirements. (See Minn.Stat. §604.20 Subdiv. 5). The psychotherapy background check is above and beyond the Fraser background check and consumer report/driving records check. Consistent with the Minnesota Sexual Exploitation Act, Fraser also completes background studies regarding previous sexual contacts between the psychotherapist and clients or former clients on employees providing psychotherapy services or others as required by law.

Due to particular job responsibilities, certain categories of employees may be required to submit to additional background checks such as but not limited to driving record or credit history checks. Fraser retains the right to seek more extensive background checks in an area deemed necessary by Fraser prior to or after initiating employment.

As a condition of employment, the subject of any background check must maintain records free of disqualifying events.

APPLICATION FOR EMPLOYMENT

Prior to employment, all job applicants must complete an application for employment. Upon employment, the application will become a part of the employee's personnel file. Providing false

information or omitting information from the application may be cause for rejection, or dismissal if employed.

IMMIGRATION COMPLIANCE FORM I-9

In compliance with the Immigration Reform Act, all employees must fully complete the Employee Section of the INS Form I-9 and provide their documents that establish identity and employment authorization, prior to beginning work. Acceptable documents are defined by the federal government. As required by law, employees are required to submit current documents of work authorization for re-verification prior to the expiration date of I-9 documents initially submitted. In order to avoid interruptions in the Fraser workforce, employees requiring re-verification are encouraged to apply for new or continued work authorization documentation at least ninety (90) days in advance of the expiration date of current work authorization. Consistent with the law, employees will be subject to termination if unable to provide required documents at times when re-verification is required.

EMPLOYMENT & EDUCATION REFERENCES AND VERIFICATIONS

Fraser relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. To ensure that individuals who join Fraser are well qualified and have a strong potential to be productive and successful, Fraser may verify employment references and education data provided by applicants and employees. Any misrepresentations, falsification, or material omissions in any of this information or data may result in Fraser exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

Fraser may also respond to employment inquiries for past and present employees at Fraser's convenience and/or as required by law. Typically, Fraser limits responses to dates of employment, position held, description of responsibilities held, compensation, and/or any other information as required by law. However, Fraser retains the right to respond to properly authorized requests for information beyond that listed above, if deemed necessary and/or appropriate to do so by Fraser. Employment reference or verification inquiries should be submitted in writing to the Human Resources Department and include the social security number and employee name while employed by Fraser and be accompanied by the employee's or past employee's written consent to release information to the inquirer.

Only designated Human Resources representatives are authorized to initiate or respond to employment references and verifications on behalf of Fraser.

Fraser supervisors may choose to personally recommend employees or volunteers for education-related programs consistent with Fraser guidelines. Supervisors must receive

authorization from their Division Director or the Senior Vice President/Chief Human Resources Officer before providing such education-related references.

SUPERVISORY & CLOSE/PERSONAL RELATIONSHIPS AMONG CO-WORKERS

A familial relationship among employees can create an actual or a potential conflict of interest in the employment setting, especially where a supervisory relationship exists because one individual supervises another individual. To avoid this problem, Fraser may refuse to hire or place a relative in a position where the potential for favoritism or conflict exists. While applications for employment from relatives or close relations will be considered with other qualified applications for open positions being hired, there are some restrictions on job placement of relatives or close relations. For the purposes of this policy, the terms "relatives" or "close relations" include child, parent, grandparent, grandchild, sibling, parent-in-law, aunt/uncle, sister/brother-in-law, niece/nephew, spouse, domestic partner, or any individual with whom an employee has a close personal relationship.

Relationships between supervisors and staff that are, or are perceived to be, romantic or excessively personal can cause serious problems for supervision, morale and, in certain circumstances, may even create liability for the organization. For this reason, managers are required to maintain professional, and not romantic or otherwise overly social, relationships with all employees under their supervision.

Fraser will, when possible, make employment decisions on the following principles:

1. No person will be placed in a position where he/she/they have direct supervisory authority or access to sensitive or confidential information regarding a relative or close relation. Relatives or close relations (as defined above) of the Human Resources or Payroll departments, or managers at the director or chief officer/vice president level or above will not be employed at the organization.

2. No person will be hired into a department or position where he/she/they will directly or indirectly supervise or be supervised by a relative or close relation.

3. In other cases where a conflict or the potential for conflict arises, even if there is no supervisory relationship involved, the parties may be separated by reassignment or terminated from employment, at the discretion of Fraser.

4. If two employees marry, become related, or enter into an intimate relationship, they may not remain in a reporting relationship or in positions where one individual may affect the compensation or other terms or conditions of employment of the other individual. Fraser will attempt to identify other available positions, and the employees will have 30 days to decide which individual will remain in his/her/their current position. If no alternate position is available, the employees will have 30 days to decide which employee will remain with Fraser. If this decision is not made in the time allowed, Fraser will make the decision.

Employees are expected to disclose cases where a conflict or the potential for conflict arises because of familial or intimate relationships in which they are involved. Employees must immediately report such information to Human Resources. (This policy went into effect June 1, 2002.)

Nothing in this policy shall prohibit an employee from working in any program as a substitute staff for a limited time on an emergency basis, especially when necessary to ensure the health, safety and welfare of the vulnerable consumers served by Fraser.

INTRODUCTORY PERIOD

It is the policy of Fraser that all new employees will be monitored carefully for an initial introductory period. Normally, the introductory period should last at least three months (90 days). The successful completion of this period, however, does not create a contract or guarantee employment for any specific duration.

The introductory period is a time of learning for both employees and Fraser. During this period, employees will be oriented and trained in the responsibilities of the job. New employees will review the employee handbook, job description, and policies and procedures of the work site. In addition, the employee's supervisor will evaluate the employee's performance and determine the employee's ability to perform the duties of the job. Employees, too, may evaluate Fraser to determine his/her/their interest in continued employment. Fraser may extend the trial period for an additional thirty (30) days when Fraser deems it appropriate.

If during the 90 day introductory period, there is substantial evidence that the new hire cannot or will not be able to perform the essential functions of the position, management reserves the right to (1) terminate their employment without following a formal performance plan, (2) demote the employee to a lower level, if the existing employee had been promoted into the new position, (3) place the employee on a performance plan only if there is a high level of confidence that further training will impact the outcome of the employee’s success in the job.

Newly hired Fraser employees who are eligible for benefits are provided information about their benefit option and will elect within their first 30 days of employment. See Section IV: Fraser Benefits for more information. Group insurance plans become effective for newly eligible employees the first of the month following forty-two (42) days of full-time employment. An employee forfeits eligibility if termination of employment occurs prior to completion of the introductory period.

JOB DESCRIPTIONS

Fraser maintains written job descriptions that are utilized for job evaluation, recruitment, performance evaluation, orientation, and regulatory assessments such as related to the

Americans with Disabilities Act. Although Fraser job descriptions are not intended to be all-inclusive, contained within are essential and nonessential functions of each job. Employees are responsible for understanding their job description and the functions they are required to perform. Should employees have any questions about the content of their job description, they are to seek clarification from their supervisor, program director or Human Resources representative.

Particular job functions may change from time to time and Fraser reserves the right to modify and update job descriptions, as it may deem appropriate. Fraser job descriptions are accessible to supervisors, Human Resources representatives, and per request by employees.

TRAINING AND DEVELOPMENT

Fraser provides training opportunities to assist employees in increasing the skills necessary to perform their job responsibilities. New hire orientation includes training through the Human Resources Department and division specific onboarding at the time of hire. After Fraser Orientation and other mandatory training, optional training may include, but is not limited to: internal classes, external workshops, self-study modules, webinars, college course work, or others. Supervisors will inform employees of training requirements for continued employment and provide on-the job training as appropriate. Employees are responsible to assure completion of and their competency in required training. Failure to complete required training may result in disciplinary action, up to and including termination. Employees should discuss with their supervisor any training they are interested in pursuing.

The employee's supervisor must approve in advance an employee's attendance and any fees or expenses for trainings. Approval is at the discretion of management and includes consideration of training needs and budgetary concerns. Employees who participate in training opportunities which require a significant investment of Fraser resources may be asked to review and sign the Fraser Course / Certification Fee agreement prior to management approval.

INTERNAL JOB OPPORTUNITIES

When new positions are created or replacement employees are needed, Fraser will usually attempt to notify existing employees through the company-wide employment posting. Most job openings will typically be posted for at least three (3) days. However, there may occasionally be business reasons that require a position be filled without posting.

Employees who are interested in applying for a particular opening may contact the Human Resources representative responsible for recruiting for the position if they have questions regarding their eligibility to apply. Generally, in order to be eligible to transfer to another position within Fraser or its affiliated corporations, an employee must have been in his/her/their current position performing at a satisfactory level for at least six (6) months. Based on program

needs, an internal applicant may be asked to remain in a position for more than 6 months before applying for other internal job opportunities. A supervisor may waive the 6 month requirement if he/she/they wish to move an employee within their own department into a different position that is a transfer or promotion. Employees in good standing may be eligible to add a secondary position before the six-month requirement at the discretion of management.

Employees interested in applying for a posted position will be required to submit an application. Applications are available on www.fraser.org. Some positions may also require submission of a resume or other appropriate applicant evaluation tools. It is usually expected that employees who apply for a job notify their supervisor or manager. If an employee accepts a transfer or promotion within Fraser, the employee's current supervisor and the hiring supervisor will agree upon a designated start date for the transfer. Typically, the transfer should occur somewhere between 14 and 30 calendar days of the employee's acceptance of the new position. Occasionally, business necessity may require alternate arrangements.

RESIGNATIONS

Fraser respectfully requests that whenever possible, at least four (4) work weeks' notice be given by an employee who voluntarily resigns his/her/their employment with Fraser. Longer notice of a voluntary resignation is always appreciated. The employee's resignation should immediately be given in writing to the employee's supervisor and include the date of the notice, the effective last day of employment, the reason for resignation, and the signature of the employee. The employee is responsible to ensure the supervisor is aware of the resignation. The effective date of a resignation should always be the employee's last date of actual work. Accrued but unused paid time off (PTO) eligible for payment at resignation should NOT be factored into the effective last day of work.

Prior to his/her/their last day of employment, resigning employees should return keys and account for all Fraser or client property and records for which he/she/they were responsible during his/her/their employment. Arrangements for adjustments in paid time off and other benefits should also be made if applicable. Employees who resign from employment with Fraser may be sent an exit interview link via e-mail. Human Resources utilizes the feedback to identify areas of strength as well as opportunities for making positive change. Sharing candid feedback in the exit interview will improve the experiences of current and future Fraser employees.

With the submission of a voluntary resignation, the rehire eligibility status of the employee will be decided by the Program Manager and appropriate Human Resource professional. The decision will be based on performance of the employee only.

Final paychecks are provided on the regular pay date in which the last day of actual work occurs or as otherwise required. Employees who have accrued but unused paid time off eligible for payment at resignation will be paid on such payment on the regularly scheduled payday following the employee's payment for his/her/their last day of actual work. The employee's

supervisor may assist the employee in completing the tasks involved in resignation of employment. It is Fraser policy to handle all resignations with respect, regardless of the circumstances. Please see the PTO payout policy for additional information. Sick and Safe leave is not eligible for payment at resignation. Please see the Sick and Safe Leave policy for additional information.

PERSONNEL RECORDS

Fraser maintains a confidential personnel file for every employee. This information is needed to send employee mail, properly maintain insurance and other benefits, compute payroll and deductions and otherwise comply with various laws and regulations. It is important that all personnel records be accurate and up to date. Therefore it is necessary for employees to notify their supervisor and payroll immediately with changes in any of the following: name, address, telephone number, marital status, dependents or changes in tax exemption, withholding allowances, insurance beneficiaries, retirement plan beneficiaries, emergency contact person(s), or other legally required information. This information should be provided by updating your UltiPro profile, completing related required forms which are located on “FraserNet” or by contacting your supervisor.

Certain types of information, such as medical records, are maintained in separate files. All such information is treated as confidential and only those authorized personnel who have a need to know have access to it. Your personnel file is available for your review upon written request to AskHR@fraser.org, as well as other rights and remedies consistent with Minnesota Statutes 181.960-181.965.

EMPLOYEE NAMING CONVENTION

It is Fraser policy to default to the utilization of an employee’s legal name within all record keeping and other systems. However, as an inclusive organization, Fraser recognizes that employees may wish to be identified by a name other than their legal name. When applicable, an employee may designate a chosen or preferred first name, which is different from a legal name for use in day-to-day interactions and, where possible, in Fraser systems.

Use of Chosen Names. Where technically and legally feasible chosen names will be displayed in lieu of legal names in Fraser systems and records and are used to identify employees. Legal names may still be required for official documented legal, regulatory, licensing, billing, and other business needs. Fraser will make every effort to use an employee’s identified chosen name, however, this may not always be possible as Fraser’s information technology systems have differentiating requirements. Due to these considerations, an employee’s legal name will continue to be used in business processes that require the use of the legal name. Those who are utilizing a chosen name should always be prepared to reference their legal name when necessary.

Policy and Procedure. Please refer to Fraser's Operations Manual, *Section VII, Policy 17,* for more complete information regarding the use of Legal and Chosen Names for Fraser business and within Fraser systems, as well as the process for submitting name change requests.

APPENDIX B

Grievances Due Process

Identification and Remediation of Insufficient Competence and/or Problematic Behavior, Due Process Steps, Hearing and Appeal and Grievance Procedures for Residents and Due Process

Fraser Has Developed Policies and Procedures for the Management of Resident Problems/Grievances to Assure Prompt, Fair and Respectful Handling of Any Conflicts or Disputes.

Introduction:
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, this document outlines resources and processes for resolution.

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/).

Due Process Guidelines:

1. During orientation, Residents receive a written document that includes the program's expectations related to professional functioning for both the supervisees and supervisors. Supervisors will discuss these expectations with supervisees.
2. The process of how evaluations will occur, and frequency is also described in this document. Generally Resident performance is an on-going process, but formal evaluations tri-annually.
3. Various procedures and actions involved in decision-making regarding problem behavior or Resident concerns are described.
4. The Resident's supervisor along with the Training Director will implement a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences for not rectifying inadequacies.
5. A Resident may appeal a decision; the process for appeal is described below.
6. These procedures assure that a Resident has sufficient time to respond to any action taken by the program before an implementation begins.
7. When evaluating or making decisions about a Resident's performance, Fraser Training Committee staff will use input from multiple professional sources.

8. The Training Director will document in writing and provide to all relevant parties, the actions taken by the program and rationale for all actions.

Problematic Behavior

Problematic behavior is behavior that interferes with carrying out professional responsibilities adequately and includes:

1. Inability or refusal to acquire and integrate professional standards into their professional behavior;
2. Inability to acquire professional skills in order to reach an acceptable level or competence;
3. Inability to control stress, emotional reactions and/or psychological dysfunction which interferes with professional functioning.

A distinction is made between behavior of concern and problematic behavior. A Resident may demonstrate behaviors, attitudes or characteristics of concern which may require guidance or remediation but that are not rare or excessive given their level of training. Behaviors of concern are generally dealt with by the supervisor with the Resident; the Training Committee will be apprised of the concerning behavior and have input into a correction plan. If the attempts to remediate or correct the behaviors of concern are not successful, the supervisor with input from the Training Committee may implement another correction plan. If the behaviors meet criteria for problematic behavior, the supervisor will follow procedures below for dealing with problematic behavior. Typically, problematic behavior is characterized by one or more of the following:

1. The Resident does not acknowledge, understand or address the identified problem;
2. The problem is not a skill deficit which can be remediated by academic or didactic training;
3. The quality of the service provided by the Resident is seriously negatively affected;
4. The problem is not restricted to one area of functioning;
5. A disproportionate amount of attention by training staff is required to address the issue;
6. The Resident's behavior does not change as a function of feedback, remediation, training or time.

Procedures to Respond to Problematic Behavior

Initial Procedures:

If a supervisor deems that a Resident's behavior meets criteria for problematic behavior, if a Resident receives an unacceptable rating from an evaluation, or if a staff member or another trainee has concerns about a Resident's behavior such as ethical or legal violations or professional incompetence, the following procedures will be implemented:

1. A staff member or other trainee who has concerns will bring their concern to the Resident's supervisor; supervisor will bring the issue to the Training Committee and Training Director. The Resident will be notified. See Notification Procedures below.

2. Training Committee and Training Director will gather relevant information from staff and Resident and determine whether the issue lies in the realm of problematic behavior. Training Committee and Training Director will develop a procedure to address it. A staff member who is not part of the Training Committee would be consulted and apprised of the planning process.
3. The Training Committee and Training Director will consult with the Vice President for Clinical Quality to discuss the issue and the proposed procedures to address it. The Fraser Human Relations Department may be consulted for input into the appropriate options for a decision.
4. If the problematic behavior constitutes a threat of risk of harm to Fraser, its clients, staff or Residents the Training Director will consult with the Fraser Human Resources Director to develop a plan of action.

Notification Procedures:
Once problematic behavior is identified, there are several alternative courses to take in addressing the issue. The Training Director and Training Committee who are considering the various options should take into account the needs of the Resident, the clients involved, the trainee cohort, training staff, and other agency staff. All documentation about the decision making process will be kept securely in the Resident's file in the Training Director's office.
Options for notification:

1. Verbal Notice to the Resident emphasizes the need to discontinue the inappropriate behavior under consideration.
2. Written Notice to the Resident formally acknowledges that
    - **a.** The Training Committee is aware of and concerned about the behavior in question;
    - **b.** That the Resident has been previously notified verbally about the behavior;
    - **c.** That the Training Committee will work with the Resident to rectify the problem or skill deficits;
    - **d.** That the behaviors are not significant enough at this time to warrant more serious action.
3. Second Written Notice to the Resident will identify possible sanctions and describe the remediation plan. This letter will contain:
    - **a.** A description of the Resident's unsatisfactory performance;
    - **b.** Actions needed by the Resident to correct the unsatisfactory behavior;
    - **c.** The time line for correcting the problem;
    - **d.** The sanctions that may be implemented if the problem is not corrected;
    - **e.** Notification of date and time for Training Committee hearing; and
    - **f.** Notification that the Resident has the right to request an appeal of this action.

If at any time the Resident disagrees with the above notices, the Resident can appeal. See Appeal Procedures below.

Hearing Procedures:
A hearing will be conducted with the Training Committee, Resident supervisors, relevant departments (Fraser Human Resources, Clinical Quality Control) and the Resident. The hearing

will include a review of problematic behavior raised by the committee in the prior notifications and previous steps taken to address the behavior. The Resident has an opportunity to provide input on the concerns. The Resident's input will be considered by the Training Committee in determining next steps for remediation or sanctions.

Remediation and Sanction Procedures:
If after careful and thoughtful deliberation on the part of the supervisor, Training Director and Training Committee a decision is made that implementation of a remediation plan with possible sanctions is needed, the following options will be considered, appropriate to the severity of the problematic behavior. A remediation plan will be developed and time frame for implementation will be determined by the supervisor, Training Committee and Training Director.

1. Schedule Modification is a time limited, closely supervised period with intention to bring the Resident to a more fully functioning state and complete the Residency. Supervisor will increase supervision time and focus with input from the Training Committee. Several actions may be taken as relevant to improving the behavior:
    a. Increasing the amount of supervision with possibility of additional supervisors
    b. Change of focus of the supervision
    c. Reducing clinical workload
    d. Requiring specific study or training

    The length of the schedule modification period and the termination of the schedule will be determined by the Training Committee, Training Director and Vice President for Clinical Quality after discussions by supervisors(s) and Resident.

2. Probation is a time limited and closely supervised period as well, and may be implemented if schedule modification has not been successful or there is doubt about whether the Resident will be able to complete the Residency. A remediation plan is developed as above. The Training Committee will closely monitor the degree to which the Resident modifies, changes or improves behavior associated with inadequate ratings. The Resident is informed of the probation in a written statement that includes:
    a. The specific behaviors associated with the unacceptable rating;
    b. The remediation plan for rectifying the problem;
    c. The time frame for probation during which remediation is to occur;
    d. The procedures to determine whether the problem has been remediated.

    If the Training Committee determines that there has not been sufficient improvement in the Resident's behavior to remove the probation period or modified schedule, the Training Committee including the Training Director and Vice President for Clinical Quality determine possible courses of action to be taken. The Training Director will communicate in writing to the Resident that the conditions for revoking the probation have not been met; the notice will include a revised remediation plan or implementation of additional recommendations over a specific time period. The notice will also communicate that if the Resident's behavior does not change, the Resident will not successfully complete the training program.

3. Suspension of Direct Service Activities may be necessary if it has been determined that the welfare of the Resident's clients has been jeopardized. When this determination has been made services will be suspended for a specific time period determined by the Training Committee with particular input by the Resident's supervisor, Training Director and Vice President for Clinical Quality. At the end of the suspension period and after review of the remediation plan, the Training Committee will assess whether the Resident's functioning has improved to the point that direct services may be resumed.

4. Administrative Leave involves the temporary suspension of all responsibilities and privileges of the Residency. If Administrative Leave, the Suspension of Direct Service, or Probation interferes with the Resident's accumulating the number of hours for completion of the Residency, this will be noted in the Resident's file and the licensing board will be informed upon application for licensure. The Training Committee or Human Resources will communicate this to the Resident, as well as the effect that an administrative leave will have on the Resident's stipend and accrual of benefits.

5. Dismissal from the Psychology Residency involves the permanent withdrawal of all agency responsibilities and privileges and is implemented when significant interventions have not resulted in rectifying the problematic behaviors or concerns and the Resident is unable or unwilling to alter her/his behavior. The Training Committee with Training Director and Director of Clinical Quality will discuss the possibility of termination from the Residency or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent harm to a client is probable, or the Resident is unable to complete the Residency due to physical, mental or emotional illness. The Training Director will make the final decision about dismissal.

6. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges and is invoked in the event that a Resident compromises the welfare of a client or the program through a serious action of grave concern to the Training Committee, Training Director and Vice President for Clinical Quality. The Training Director may immediately dismiss the Resident from the program and may bypass the procedures of remediation and sanction above. The Training Director will communicate to the licensing board that the Resident has not successfully completed the training program.

7. For particularly problematic behavior on the part of any Resident, such as causing risk of wellbeing to Fraser, its clients, staff, other Residents or other egregious acts the Training Director will consult with the Fraser Human Resources Department for implementing a plan of appropriate action.

If at any time a Resident disagrees with the above sanctions, the Resident may implement Appeal Procedures.

Appeal Procedures:

In the event that a Resident disagrees with any of the above notifications, remediation or sanctions or the handling of a grievance, the following appeal procedures should be followed:

1. The Resident should file a formal appeal in writing with the Training Director, giving all details of the events and actions. The appeal should be filed within 5 working days from their notification of any of the above procedures (notification, remediation, sanctions) or handling of a grievance. If the grievance is against the Training Director, the Resident may present their concerns to their Program Director or the Vice President for Clinical Quality.
2. Within 3 work days of receipt of the appeal, the Training Director (or Program Director or Vice President for Clinical Quality if the complaint is against the Training Director) will consult with the Training Committee and Vice President for Clinical Quality regarding the appeal. The Training Director (or Program Director or Vice President for Clinical Quality) will also seek consultation from Fraser HR; they may respond to the appeal or implement a review panel to consider a response.
3. In the event there has already been a review panel decision that the Resident is appealing, the Training Director with consultation from the Training Committee, Vice President for Clinical Quality and Fraser HR, will determine if a new review panel should be formed to re-examine the case, or if the decision of the original review panel is to be upheld.

Grievance Procedures

In the event that a Resident has concerns related to the program, supervision, workload, or conflicts with staff during the Residency, the Resident should:

1. Discuss the issue first with their primary supervisor and/or the staff member involved
2. If the issue is not resolved informally, the Resident should discuss the issue with the Training Director who then may consult with the Training Committee and other staff members or Vice President for Clinical Quality.
3. If the grievance is against the Training Director the Resident should bring their grievance to the Vice President for Clinical Quality.
4. If the Training Director and/or Training Committee cannot resolve the issue to the satisfaction of the Resident, the Resident can file a formal grievance in writing with the Training Director or Vice President for Clinical Quality.
5. Within 3 work days of receiving the formal grievance, the Training Director or Vice President for Clinical Quality will implement Review Procedures as described below and inform the Resident of any action taken.

Review Procedures

1. When needed, in appeal or grievance procedures, a Review Panel will be convened by the Training Director to make a recommendation about the appropriateness of a

Remediation Plan/Sanction for a Resident's problematic behavior or to review a grievance filed by a Resident.

   a. The panel will consist of 3 staff members selected by the Training Director with input by the Resident.
   b. In the case of an appeal, the Resident has the right to hear the expressed concerns of the training committee and have an opportunity to dispute or explain the behavior of concern.
   c. In response to a grievance, the Resident has a right to express concerns about the training program or staff and the program or staff have the right and responsibility to respond.

2. Within 5 work days the panel will meet to review the appeal or grievance and to examine all relevant information.
3. Within 3 work days after completion of the review panel, the panel will submit a written report to the Training Director including any recommendations for further action. Decisions and recommendations of the review panel will be made by majority vote if there is not consensus.
4. Within 3 work days of receipt of the recommendations, the Training Director will either accept or reject the review panel's recommendations. The Training Director may refer the matter back to the review panel for reconsideration and revised recommendations or make a final decision.
5. If referred back to the review panel, a report will be presented to the Training Director within five work days of receipt of the Training Director's request for further consideration. The Training Director makes a final decision regarding what action is to be taken. The Training Director may seek consultation from the Training Committee, Vice President for Clinical Quality and Fraser HR.
6. The Training Director informs the Resident and staff members involved of the decision and any actions taken or to be taken.
7. If the Resident disputes the Training Director's final decision, the Resident has the right to appeal by following the steps outlined above in the Appeal Procedures sections.
8. If the Resident's grievance has been against the Training Director, the Vice President for Clinical Quality will serve in the role of Training Director described in the process above.

APPENDIX C
Sample Orientation and Onboarding Schedule

[redacted]

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
	1-Aug	2-Aug	3-Aug	4-Aug	5-Aug
7:00 AM					
7:15 AM					
7:30 AM					
7:45 AM					
8:00 AM	HR Orientation (Cynthi Franzen)				
8:15 AM					
8:30 AM					
8:45 AM					
9:00 AM					Anasazi (EHR) Treatment Plan Training (2 of 3) Mackenzie Nuamah/Jim Lewis ***Zoom log in will be sent 1 hour prior to the training via your Fraser email.***
9:15 AM					
9:30 AM			Anasazi (EHR) Basics Training (1 of 3) Mackenzie Nuamah/Jim Lewis ***Zoom log in will be sent 1 hour prior to the training via your Fraser email.***		
9:45 AM					
10:00 AM					
10:15 AM					
10:30 AM		Susan Rosenzweig https://zoom.us/j/92505968533?pwd=TTdidlhVV0laekF5Mzk2eDlSeGp1Zz09 Meeting ID: 925 0596 8533 Passcode: 729888		ASD 101 -Angie Buell https://zoom.us/j/92180390964?pwd=ZXpzY0hhNDk4NUQ4L0pQZGRIVDBKZz09 Meeting ID: 921 8039 0964	
10:45 AM					
11:00 AM					
11:15 AM					
11:30 AM					
11:45 AM					
12:00 PM					
12:15 PM					
12:30 PM					Working with Interpreters and Cross Cultural Considerations - Jordan Brandt https://zoom.us/j/93314447550?pwd=TUhYR0JGNnBRSlNkZWxXbzl3UDJTZz09
12:45 PM					
1:00 PM	Pick up laptop: Richfield IT office** address in legend		Trauma Informed Care-Sarah Danielson-RECORDING *available in Elan* "Clinical: Trauma Informed Care: Trauma, ACESs, and Secondary Trauma (Recording)" https://fraser.brainie		
1:15 PM					
1:30 PM		Structuring Clinical Sessions - Lindsey Chrisotpherson-(https://zoom.us/j/99288305397?pwd=SEEwbUozTkQ0N3dCQ2RQZEZDOS9RUT09			
1:45 PM					
2:00 PM				Mentor meeting with Brooke Soller	
2:15 PM					
2:30 PM					
2:45 PM					
3:00 PM				Diagnosing Young Clients - Jessica Dodge/Brooke Soller (https://zoom.us/j/97872457993?pwd=MWFJZ0RJdi8zaUxmS2FFQlEybCtSdz09	
3:15 PM					
3:30 PM		Diversity Equity Inclusion Belonging "DEIB: Start From Here" (**self-study found in Elan**) -	Clinical: Overview of Mental Health Conditions-*available in Elan* https://fraser.brainie		Teletherapy Resources Training - Mandy McCann (https://zoom.us/j/95794499556?pwd=cE4x
3:45 PM					
4:00 PM					
4:15 PM					

Week	Monday	Tuesday	Wednesday	Thursday	Friday
	8-Aug	9-Aug	10-Aug	11-Aug	12-Aug
7:00 AM					
7:15 AM					
7:30 AM					
7:45 AM					
8:00 AM	Anasazi Progress Notes and Billing (3 of 3) Mackenzie Nuamah/Jim Lewis ***Zoom log in will be sent 1 hour prior to the training via your Fraser email*** .				
8:15 AM					
8:30 AM					
8:45 AM					
9:00 AM		DA Training with - Rochelle Kruszka https://zoom.us/j/99242705560?pwd=UjB5bGxVMUJiWGxYZUhtT0lrOEtGZz09	Neurodiversity and ASD - Ambre Michel (https://zoom.us/j/94328568608?pwd=SXBCL014OHIrbjZzbElzbWkydDdmUT09)		*Fraser Intervention Strategies - Susan Rosenzweig - https://zoom.us/j/99196664934?pwd=NEJrU2NNMnh4bHpuYnNtRDhkRkRNUT09
9:15 AM					
9:30 AM					
9:45 AM					
10:00 AM					
10:15 AM					
10:30 AM			DEBI Follow Up Discussion- Ambre Michel (https://zoom.us/j/99697625034?pwd=QIR		
10:45 AM					
11:00 AM				*Clinical: New Client Checklist and Fraser Clinical Services Handbook (Clinical Trainee and	
11:15 AM					
11:30 AM	Clinical: Telehealth Services Policies and Procedures - *available in Elan*		Meeting with Pat Pulice-Intro to Research https://zoom.us/j/991		
11:45 AM					
12:00 PM					
12:15 PM					
12:30 PM					
12:45 PM					
1:00 PM				Understanding Productivity and Documentation Compliance -Elise Blahnik	
1:15 PM					
1:30 PM					
1:45 PM					
2:00 PM		Clinical: Psychotropic Medications and Effects Overview - *available in Elan* https://fraser.brainier	Emergency Color Codes-*available in Elan https://fraser.brainier.com/#/object/6280*	Mentor meeting with Brooke Soller	
2:15 PM					
2:30 PM					
2:45 PM					
3:00 PM			First Wednesday: Substance Use Disorders Fundamentals - *available in Elan*	Resilience for Clnicians- Pat Pulice (https://zoom.us/j/91517199027?pwd=YjA2cFZ6VGM4NTBvTW5O	
3:15 PM					
3:30 PM					
3:45 PM					

Fraser Clinical Locations:

Minneapolis 3333 University Ave SE (612)767-7222 Suite 1 (952)767-2267

Bloomington 1801 American Blvd E,

Eden Prairie 6458 City West Parkway (952)767-5900

Eagan 2030 Rahn Way (651)529-1960

Anoka 2829 Verndale Ave (763)231-2590

Richfield School/Corp Offices: 2400 West 64th St (612)861-1688

Fraser Administrative Office

6328 Building (Penn North)	6328 Penn Ave S, Richfield, MN 55423 (612) 767-5150
6344 Building (Penn South)	6344 Penn Ave S, Richfield, MN 55423 (612) 861-1688
6320 Building (Ops Center)	6320 Penn Ave S, Richfield, MN 55423 (612) 861-1688

Computer Login Name:	Firstname.Lastname	**Initial Password:**	Fraser123
Your laptop's first login password**:** ***fcfc3333university***			
Online webportals	Email	FraserNet	*Email passwords will require changing every 90 days and must be done at a Fraser site.*
Need to use Chrome browser for Outlook, Currently	https://mail.fraser.org/owa	https://Frasermn.sharepoint.com	
Mpls Door Code	1379* /1379#	**Richfield Door Code**	2578*
Fraser email address	Firstname.lastname@fraser.org	**Bloomington Door Code**	Fob only

APPENDIX D

Sample Core Resident Weekly Schedule

Monday

8:30 am-11:30 am	Evaluation
11:30 am-12:00pm	Lunch
12 pm-1 pm	Group Supervision of Interns
1 pm-1:45 pm	Supervision of Supervision
1:45 pm-3 pm	Documentation Time or Individual Supervision
2 pm-5 pm	Individual Therapy or Evaluation Feedbacks

Tuesday

8:30 am-10 am	Documentation Time
10 am-11 am	Individual Supervision
11 am-12 pm	Individual Therapy or Evaluation Feedbacks
12 pm-12:30 pm	Lunch
12:30 pm-3:30 pm	Evaluation
3:30 pm-6 pm	Documentation Time

Wednesday

8:30 am-12 pm	Documentation Time
12 pm-1 pm	Lunch
1 pm-3 pm	Documentation Time or Monthly Didactic
3 pm-5 pm	Individual Therapy or Evaluation Feedbacks

Thursday

8:30 am-10 am	Documentation Time
10 am-11 am	Individual Supervision or Documentation Time
11am – 12 pm	Documentation Time
12 pm-1 pm	Clinical group consultation/Lunch
1 pm-4 pm	Evaluation
4 pm-5 pm	Emails, calls, documentation time

Friday

8:30 am- 12 pm	Individual Therapy or Evaluation Feedback
12 pm-1 pm	Lunch
1 pm-2 pm	Individual Therapy
2 pm-4pm	Documentation Time

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

APPENDIX E
Trainee Competency Evaluation Form

INTERN AND RESIDENT COMPETENCY RATING FORM Dates: MO, 20XX - MO, 20XX

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 4 and residents will receive ratings of 5 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 independently in typical clinical situations; Appropriately seeks 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 direction or support from supervisor but modifies behavior.

4 **Advanced Competency**. Exceeds standards expected of intern. Minimal level of performance expected by second, mid-year competency review for postdoctoral residents. Can perform independently in clinical and administrative tasks; Shows increasing independence on novel or complex cases, seeking consultation as appropriate; Exhibits emerging supervisory skills and awareness of areas of development; Reviews clinical work, professional behavior, and ethical issues proactively with colleagues/ supervisors.

5 **Early Career Level Competency**. **Not applicable to interns**. Minimal level of performance expected for completion of postdoctoral residents. Postdoctoral resident demonstrates independent clinical skills and applies skills to novel and complex presentations; Exhibits self-supervisory skills necessary to continue to hone the competency; Reflects on limits of competencies and seeks to opportunities to further develop skills; Exhibits appropriate level of supervisory skills with trainees; 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 or staff-led project

☐ Advanced Competency (4) Completes multiple research (interns); Completes staff supported applied research/program evaluation projects (residents)

☐ Early Career Competency (5) Facilitates implementation of project findings or develops plan for organizational response based on research 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 research projects to staff wide audience or leadership

☐ Early Career Competency (5) Presents research projects or program evaluation to varied audiences (e.g., leadership, professional conferences, didactics) and plan for organizational response based on findings

☐ 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 consultant 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 and routinely
☐ Early Career Competency (5) Viewed by colleagues as a consultant on applied research and evidence-based practices when conceptualizing cases 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. May not consistently explain to clients
☐ Basic Competency (3) Knows and adheres to relevant rules and explains them to clients. Seeks supervisor support for more complex legal cases.
☐ Advanced Competency (4) Knowledgeable of rules, explains clearly to children and families, and acts consistently. Shows appropriate considerations for complex legal cases and seeks supervision/consultation when needed.
☐ 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. Limited understanding of unique ethical considerations for working with minors

☐ Basic Competency (3) Articulates basic components of ethical code, and acts accordingly. Shows basic understanding of ethical principles in assessment and intervention with minors and families

☐ Advanced Competency (4) Knows, understands, and consistently acts on basis of ethical code, including ethical principles in assessment and intervention with minors and families

☐ Early Career Competency (5) Exhibits critical analysis of the considerations in ethical decision making when applying the ethics code, particularly in the area of minors and families

☐ 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, even in increasingly complex situations. Seeks supervision/consultation as appropriate.

☐ 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. Discusses in supervision as appropriate.

☐ Advanced Competency (4) Reflects on differences thoughtfully and discusses differences with client/family and/or supervisor as clinically appropriate

☐ Early Career Competency (5) Viewed by colleagues as a consultant/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. Show appreciation and understanding for the range of preferences and applications
☐ Early Career Competency (5) Fluidly interweaves knowledge of research-based interventions and cultural modifications with appreciation
☐ 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 support for managing overdue tasks.
☐ Advanced Competency (4) Completes tasks in a timely manner, without prompting or reminders, and/or proactively identifies and collaborates with supervisor around past due tasks, without prompting or reminders

☐ Early Career Competency (5) All of the above and shares tools and strategies for efficiencies with colleagues and trainees.
☐ 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, only in novel or complex scenarios
☐ Advanced Competency (4) Records always include crucial information, including novel and complex cases, seeking supervision/consultations as appropriate
☐ Early Career Competency (5) Records always include crucial information, as well as consults with and supports fellow 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 with complex, conflictual, or high needs cases

☐ Advanced Competency (4) Actively builds therapeutic rapport and working alliances, including complex, conflictual, or high needs cases

☐ 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. Struggles to navigate professional differences.

☐ Basic Competency (3) Demonstrates collegiality and respect in all interactions. Shows awareness of professional differences, seeking support as necessary.

☐ Advanced Competency (4) Demonstrates collegiality and respect in all interactions and navigates differences respectfully, seeking support as needed.

☐ Early Career Competency (5) All the above and seeks to build professional relationships, internally and externally.

☐ 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 supervisory support with conflict or complex cases

☐ Advanced Competency (4) Responds quickly and appropriately to emails and calls. Shows professionalism and consideration in communication with conflict or complexity.

☐ Early Career Competency (5) All of the above and models and offers support for others

☐ 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, seeking supervisor input as appropriate

☐ Advanced Competency (4) Comprehensive, independent data collection to determine which tests to use, to develop case formulation, and to make useful treatment recommendations. Seeks consultation and awareness of areas growth as appropriate

☐ Early Career Competency (5) All the above, 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, seeks support as appropriate

☐ Advanced Competency (4) Gathers relevant data for test selection, case formulation, and useful treatment recommendations, including with complex cases with extensive records, seeking support and consultation as appropriate

☐ Early Career Competency (5) Autonomously gathers relevant data for test selection, case formulation, and useful treatment recommendations. Supervision/consultation used reflectively to continue improvement not to teach skills

☐ 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, seeks support as appropriate

☐ Advanced Competency (4) Gathers relevant data for test selection, case formulation, and useful treatment recommendations, including with complex cases with extensive records, seeking support and consultation as appropriate

☐ Early Career Competency (5) Autonomously gathers relevant data for test selection, case formulation, and useful treatment recommendations. Supervision/consultation used reflectively to continue improvement, not to teach skills

☐ 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, including complex/novel cases, seeking supervision/consultation as appropriate.
☐ Early Career Competency (5) All of the above and supports trainees in decision-making and consultation, as appropriate
☐ 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) Feedback to refine aspects of test administration. Few scoring errors, often self corrected.
☐ Advanced Competency (4) Accurately and fluently administers all familiar tests. Double checks and catches own potential scoring errors. Shows awareness of the subjectivity of some assessment scoring
☐ Early Career Competency (5) All of the above and shows awareness and confidence in understanding objectivity and subjectivity of assessment measures.
☐ 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) All of the above and seen as a consultant/resource to trainees and colleagues
☐ 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) Shows awareness of potential impact of socio-cultural and individual diversity factors on evaluation process, including use of interpreters
☐ Advanced Competency (4) Independently and fluently seeks out and applies knowledge of potential socio-cultural and individual diversity factors issues on evaluation process and incorporates information in interpretation of findings and in recommendations
☐ Early Career Competency (5) All of the above and seen as a consultant/resource to trainees and colleagues
☐ 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. May miss relevant patient data when making a diagnosis.
☐ Basic Competency (3) Understands basic diagnosis terms and accurately diagnoses most psychiatric problems. 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, including increasingly complex and novel cases
☐ Early Career Competency (5) Demonstrates a thorough knowledge of psychiatric classification, differential diagnosis, diagnostic criteria and autonomously accounts for a range of symptoms in complex and novel 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 and seeks supervisor assistance for more complex cases

☐ Advanced Competency (4) Reaches case conceptualization independently. Well-developed and supported diagnostic conclusions and conceptualization with increasingly complex and novel cases
☐ Early Career Competency (5) Clear, complete, and concise summary with well-developed and supported diagnostic conclusions and conceptualization across case complexity
☐ 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) Specific, individualized, research-based recommendations based on assessment data. Recommendations are tailored or prioritized to meet family's capacity and individual preferences and cultural considerations
☐ Early Career Competency (5) All of the above and provides recommendations and referral information to trainees and colleagues
☐ 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) Develops and implements a plan for the feedback session, seeking supervisor input as appropriate
☐ Advanced Competency (4) Explains test results, interpretation, and recommendations warmly and in terms the client/family can understand, seeking support as appropriate with novel and complex cases
☐ Early Career Competency (5) Autonomously conducts thorough, therapeutic, culturally sensitive feedback sessions reviewing interpretive results and recommendations including the most complex cases
☐ 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, and considerate of socio-cultural factors
☐ 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, socio-cultural factors 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 and utilization of Evidence-Based Practices
☐ Unsatisfactory (1) Consistently absent
☐ Development Needed (2) Limited knowledge
☐ Basic Competency (3) Identifies techniques from evidence-based practices and common factors. Able to critically evaluate and integrate research and data to inform intervention strategies
☐ Advanced Competency (4) Consistently demonstrates knowledge and application of evidence-based and common factors independently in treatment

☐ Early Career Competency (5) Demonstrates knowledge of best practice, common factors and integration with theoretical orientation in application of practices in treatment
☐ 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) All of the above 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 seeking occasional supervisor support as appropriate
☐ Advanced Competency (4) Consistently and independently adapts assessment of treatment needs, intervention approaches, and interpersonal approach to the client based on cultural and individual diversity factors. Seeks out additional knowledge as needed.
☐ Early Career Competency (5) All of the above and seen as a resource in understanding aspects of cultural and individual diversity factors to trainees and colleagues
☐ 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. Shows emerging exploration of motivation and barriers to change, seeking supervisor support as needed.

☐ Advanced Competency (4) Intervention is successful or, if unsuccessful the outcome is adequately explained, and a plan for further intervention and addressing motivation and barriers.

☐ Early Career Competency (5) Adequately explains successfully and unsuccessful outcomes, and independently considers barriers and client motivation in plans to adapt further intervention. Shows understanding of impact of complex systems on client progress and improvement

☐ 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 knowledge if 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 beginner level skills independently. Fully prepares and participates in supervisor role-plays. Provides guidance and suggestions to peers.
☐ Advanced Competency (4) Consistently demonstrates supervisory skills with appropriate level of support, bringing relevant reflections and considerations to tiered supervision. Recognizes limits to knowledge and competencies within the field and in providing supervision to others.
☐ Early Career Competency (5) Exhibits adequate supervisory skills, seeking consultation/tiered supervision as appropriate, and is viewed as a supplemental resource to other trainees. Demonstrates investment in continued education and training to build supervisory skill set.
☐ 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. Demonstrates respect for other roles and perspectives across professions. Appropriately seeks input and assistance with interpersonal concerns
☐ Advanced Competency (4) Smooth, respectful working relationships across professions, handles differences openly, tactfully, and effectively
☐ Early Career Competency (5) Viewed as consultant 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. Provides individual consultation with providers, with occasional direction from supervisors
☐ Advanced Competency (4) Sought out in case consultations by peers. Provides individual consultation with providers, interprofessional groups and/or healthcare systems to improve patient care and outcomes
☐ 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 and providers
☐ Advanced Competency (4) Consistently initiates or solicits consultation requests with familiar and unfamiliar colleagues and providers to share knowledge regarding shared cases, particularly in complex and novel presentations
☐ Early Career Competency (5) Consistently initiates or solicits consultation requests with familiar and unfamiliar colleagues and across professions in other departments or agencies, sharing knowledge regarding shared cases independently and appropriately
☐ N/A (6) Does not apply

Leadership
☐ Unsatisfactory (1) Rarely or never demonstrates leadership
☐ Development Needed (2) Exhibits insufficient interdisciplinary leadership or variable skills in leadership roles
☐ Basic Competency (3) Emerging leadership evident through interdisciplinary consultations across within the agency

☐ Advanced Competency (4) Demonstrates leadership skills within interdisciplinary teams and consultations, particularly as it relates to Child Psychology

☐ Early Career Competency (5) Demonstrates leadership as described above, in addition to seeking opportunities for spearheading or leading agency or community clinical child psychology outreach or educational initiatives

☐ N/A (6) Does not apply

Consultation and collaboration comments:

Supervisor signature_____
Date_____

Trainee signature_____
Date_____

APPENDIX F
Sample Didactic Schedule

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 virtually.

Didactic seminars will initially relate to introductory topics and progress through more advanced/professional level topics over the course of the residency 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 residents have a foundation for the didactic. The presenter will introduce the topic and propose discussion questions for the residents. The residents are expected to be prepared to discuss the topic at a high level. In addition, as the year progresses, residents 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: Nicholas Spangler, Psy.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

Format details, including Teams links and conference room locations, are available in a Microsoft Outlook calendar invite.

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

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

APPENDIX G
Supervising Psychologists' Contact Information

Jael Jaffe-Talberg, Psy.D., L.P.	Training Director/Psychologist Office: (952) 767-2286 Cell: (216) 501-2508 jael.jaffe-talberg@Fraser.org
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Jennica Tomassoni, Psy.D., L.P.	Psychologist Office: 612-767-7924 Cell: Jennica.Tomassoni@Fraser.org

APPENDIX H

APA Ethical Principles and Code of Conduct

http://www.apa.org/ethics/code/

Minnesota Board of Psychology Practice Act

https://mn.gov/boards/psychology/laws/

Minnesota Board of Psychology Rules of Conduct

https://mn.gov/boards/psychology/public/conduct/

APPENDIX I

Available Assessments

Early Childhood Evaluation (Birth through 5)

- Mullen Scales of Early Learning
- Bayley Scales of Infant and Toddler Development
- Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
- Differential Abilities Scales (DAS)
- Developmental Profile (DP)
- Vineland Adaptive Behavior Scales
- Infant-Toddler Social-Emotional Assessment (ITSEA)
- Conners Early Childhood (Conners-EC)
- Behavior Assessment Scale for Children (BASC)
- Achenbach Child Behavior Checklist (CBCL)
- Autism Diagnostic Observation Schedule (ADOS)
- Autism Symptom Rating Scale (ASRS)
  Childhood Autism Rating Scale (CARS)

Child and Adolescent Evaluation (6 and older)

- Wechsler Intelligence Scale for Children (WISC)
- Differential Abilities Scales (DAS)
- Wechsler Adult Intelligence Scale (WAIS)
- Comprehensive Test of Nonverbal Intelligence (CTONI)
- Wechsler Individual Achievement Test (WIAT)
- Vineland Adaptive Behavior Scales
- Behavior Rating Inventory of Executive Functioning (BRIEF)
- Behavior Assessment Scale for Children (BASC)
- Conners Parent Rating Scale
- Autism Diagnostic Observation Schedule (ADOS)
- Autism Symptom Rating Scale (ASRS)
- Social Responsiveness Scales (SRS)
- Childhood Autism Rating Scale (CARS)
- Parenting Stress Index (PSI)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Multidimensional Anxiety Scale for Children (MASC-)
- Children's Depressive Inventory (CDI)
- Millon Adolescent Clinical Inventory (MACI)

- Children's Yale-Brown Obsessive-Compulsive Scale
- Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)
- Robert's Apperception Test
- Kinetic Family Drawing
- House-Tree-Person
- Sentence Completion

Neuropsychology Evaluation

- Wechsler Intelligence Scale for Children (WISC)
- Differential Abilities Scales (DAS)
- Wechsler Adult Intelligence Scale (WAIS)
- Comprehensive Test of Nonverbal Intelligence (CTONI)
- Wechsler Individual Achievement Test (WIAT)
- Gray Oral Reading Test (GORT)
- Wide Range Achievement Test (WRAT)
- Vineland Adaptive Behavior Scales
- NEPSY
- Delis-Kaplan Executive Function System (DKEFS)
- Wisconsin Card Sorting Test (WCST)
- Rey Complex Figure Test (RCFT)
- Behavior Rating Inventory of Executive Functioning (BRIEF)
- Conners Continuous Performance Test (CPT)
- Conners Parent Rating Scale
- California Verbal Learning Test – Children (CVLT-C)
- Wide Range Assessment of Memory and Learning (WRAML)
- Children and Adolescent Memory Profile (ChAMP)
- Grooved Pegboard Test
- Beery-Buktenica Visual-Motor Integration (Beery VMI)
- Autism Diagnostic Observation Schedule (ADOS)
- Autism Symptom Rating Scale (ASRS)
- Social Responsiveness Scales (SRS)
- Childhood Autism Rating Scale (CARS)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Behavior Assessment Scale for Children (BASC)
- Multidimensional Anxiety Scale for Children (MASC)
- Revised Children's Manifest Anxiety Scale (RCMAS)
- Children's Depressive Inventory (CDI)

- Children's Yale-Brown Obsessive-Compulsive Scale (CYBOS)
- Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)

Adult Psychology Evaluation

- Wechsler Adult Intelligence Scale (WAIS)
- Wechsler Individual Achievement Test (WIAT)
- Wide Range Achievement Test (WRAT)
- Peabody Picture Vocabulary Test (PPVT)
- Comprehensive Test of Nonverbal Intelligence (CTONI)
- Stanford-Binet Intelligence Scales
- Texas Functional Living Scale
- Vineland Adaptive Behavior Scales
- Behavior Rating Inventory of Executive Functioning (BRIEF)
- Conners Self Rating Scale
- Wisconsin Card Sorting Test
- Delis-Kaplan Executive Functioning System (DKEFS)
- Rey Complex Figure Test
- Stroop test
- Wide Range Assessment of Memory and Learning (WRAML)
- Wechsler Memory Scales
- Clock Drawing
- California Verbal Learning Test (CVLT)
- Autism Diagnostic Observation Scale (ADOS)
- Autism Quotient (AQ)
- Social Responsive Scale (SRS)
- Behavior Assessment Scale for Children (BASC)
- Repetitive Behavior Scale (RBS)
- Vanderbilt
- Conners Continuous Performance Test (CPT)
- Conners Adult ADHD Rating Scale (CAARS)
- Grooved Pegboard
- Beery-Buktenica Visual-Motor Integration (Beery VMI)
- B test
- Test of Memory Malingering (TOMM)
- Mini Mental Status Exam (MMSE)
- Minnesota Multiphasic Personality Inventory (MMPI)
- Millon Adolescent Clinical Inventory (MACI)