Post-Doctoral Psychology Residency

2019 - 2020

Post-Doctoral Residents Manual

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Introduction to Post-Doctoral Residency Program

Confluence Health (CH) is an affiliation between the Wenatchee Valley Medical Center and Central Washington Hospital in 2013. Since the affiliation, Confluence Health is the largest provider of health care services in the Chelan and Douglas Counties and is dedicated to becoming the main provider of behavioral services in the area.

Confluence Health is located within the Wenatchee Valley, which has 300 days of sun and moderate temperatures throughout the four seasons. The area is filled with hiking trails, skiing, swimming, biking the 13 mile loop trail or mountain trails, geocaching, or snowshoeing, or any other sport you may be interested in. There is plenty to do and explore during the year of residency.

Post-Doctoral Residents will be placed in one of two locations providing integrated services throughout the health system. Omak is a rural Primary Care and multi-specialty site located approximately 95 miles north of Wenatchee and has a unique blend of severe pathology as well as chronic conditions. There are a high proportion of monolingual Spanish speaking patients in this area providing yet another layer of skill required to serve patients. Ephrata is a Primary Care clinic located approximately 57 miles east of Wenatchee. This clinic is located in the Columbia Basin whose primary industry is agriculture. The primary residency supervisor is on site in both of these locations throughout the residency program. The supervisor is also available via video call and phone as needed on a daily basis.

The overall focus of the residency is integrating mental health providers into medical sites. As part of the Washington State mandate across the state with all medical centers, Confluence Health was an early adopter. Thus, the focus of training will be on extending the Post-Doc Residents knowledge of health psychology and improve skills of collaboration, short-term therapy, working with medical providers, and crisis response.

The Post-Doctoral Resident is considered part of the medical team and participates in provider meetings and is frequently sought after for their expertise. Patients with all levels of need are seen on a daily basis and preferably at their time of need. The Integrated Behavioral Health team was designed to allow the Primary Care Providers (PCPs) to contact the IBH Provider/Resident when a patient issue arises. This can be a simple meet and greet or helping patients deal with more complex types of issues (new diagnosis, diabetes, asthma, panic, depression, pain, sleep, etc.). The focus is on whatever the patient presents with that is impairing their functioning or their ability to be compliant with medical recommendations.

Therapy in the Primary Care Setting is generally focused on improved function and is brief in nature. Though the Resident will be involved in longer-term care with a more severe type of persistently mentally ill group as well as those that present for other types of issues. Post-Doctoral Residents are required to carry a caseload of patients. Post-Doctoral Residents will work with children, adults, geriatrics, families and groups throughout their training. Pain management is a large focus in most of our clinics. Further, many patients are monolingual Spanish speaking. If the Post-Doctoral Resident is unable to fluently speak Spanish an interpreter will be provided. This allows for the opportunity to work with Hispanic patients dealing with a variety of issues such as acculturation, immigration & deportation, migrant work, seasonal work, etc.

The Confluence Health Integrated Behavioral Health Post-Doctoral position is a one year, full-time position with a flexible start time. Residents can expect to receive a minimum of 1,500 hours of experience during the 12-month period, but will likely end the residency with closer to 2,000 hours. Preference is given to candidates

that can start as soon as possible, but no later than September 1, 2020. Confluence Health's post-doctoral psychology residency is a member of APPIC.

Applicants should be comfortable in a fast-paced work environment that can change throughout the day and have an interest in Health Psychology. Stipend is $45,000 for twelve months of 40 hours a week; other benefits such as medical, dental, and vacation (~3 weeks) plus holidays.

ALL candidates must be licensed at the Master's level (LMHC, LMFT) at the start of their Post-Doctoral Residency position in Washington State. Please check the Department of Health website for specific requirements and transfer of licensure to ensure you qualify. Candidates also must have completed all doctoral requirements from their program including dissertation defense.

WA STATE DOH MASTERS LICENSURE
http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/HealthcareProfessionalCredentialingRequirement.aspx .

Interested applicants should *submit the following* through the CH online link below:

1. **COVER LETTER**
2. **CURRICULUM VITAE**
3. **3 REFERENCES**
4. **PROOF OF COMPLETED DOCTORATE PROGRAM and INTERNSHIP**

APPLY ONLINE
https://www.healthcaresource.com/confluencehealth/index.cfm?fuseaction=search.jobDetails&template=dsp_job_details.cfm&cJobId=100102182

We will continue to receive applications until both positions have been filled. Candidates must be available to start no later than September 1, 2020. Applicants that we are interested in will be contacted for a phone interview and possibly an onsite or Skype interview. Candidates chosen for an interview must provide 3 letters of reference **or** provide 3 people that can be contacted by phone for a reference.

Kasey Grass, PhD
Behavioral Health Integrated Clinical Director/Director of Training
730 N. Emerson Ave., Suite 20
Wenatchee, WA 98801
509-663-=8711, ext. 7185
Kasey.Grass@ConfluenceHealth.org

Note: If hired, incoming Post-Doctoral Residents will be required to submit to a background check, provide a urine drug screen, and participate in an employee health visit (ensuring current immunization status) prior to beginning work. Despite marijuana being legalized, employees are not allowed to use marijuana during their employment or may be at risk of losing their position.

Confluence Health does not unlawfully discriminate or unlawfully make employment decisions on the basis of race, color, gender, religion, sexual orientation, disability, marital status, national origin, age or any other characteristic protected by law. Diverse applicants are encouraged to apply.

Training Program Philosophy

Confluence Health's Post-Doctoral training program provides professional training that further develops and strengthens an early career psychologist's competence in providing a range of psychological services within an integrated service delivery model. The mission of Confluence Health is dedicated to improving our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.

Our training program is based on our mission and best described as following a practitioner/scholar model, with mentoring, solid clinical training and utilization of the scientific literature to inform and shape practice, teaching and scholarly work. Throughout the training program, we stress multidisciplinary functioning, multiple theoretical approaches and cultural sensitivity. Also of importance are personal development and the crafting of one's own professional identity. Through didactic lectures and seminars, supervision and ample direct patient contact, Post-Doctoral Residents receive comprehensive experience in quality psychology training which engages them in assessment, treatment, therapy, consultation and community involvement.

Our program offers the unique opportunity to train in the growing area of primary and specialty care psychology. Residents serve as Integrated Behavioral Health Consultants within a primary care or specialty medical setting and are called upon by providers to assess and treat patients presenting with behavioral concerns during a primary care/specialty medical visit. Residents treat behavioral health concerns and expand their skill sets and scope of practice to a broad scope of health issues, including chronic disease management and wellness. Residents work as a member of the primary care/specialty medical team and are involved in assessment, intervention, and consultation with patients. The Confluence Health Integrated Care Model enables providers to coordinate care in a cost effective and clinically effective manner. Behavioral health issues that would normally go undetected and untreated are successfully treated using this model of care, thus reducing the overall costs of care in the long term. Post-Doctoral Residents will often spend blocks of time with providers as they engage in professional activities. It is through these interactions that the majority of mutual assessments of ability take place. While individual differences in theoretical orientation are expected amongst clinicians and Residents, we feel well-trained psychologists must have a core of traditional clinical and research skills at their disposal. As a site, we will work to broaden the Residents' current level of exposure to research in practice.

Further, exposure to diversity in race, culture, lifestyle, socioeconomic status, physical status, etc. is an important training objective here. Washington is largely White and European, although Wenatchee has a significant population of Hispanic/Latino Residents. Diversity is commonly discussed throughout the year and Residents are encouraged to challenge their thinking as cases present they have never seen before. Residents will get comfortable working with online interpreters in their sessions for the Hispanic/Latino patients as well as phone interpreters for other language barriers that may present over time. Diversity is discussed in clinical presentations and supervision, through didactics, during consultations, and in trainings throughout the year.

Objectives, Goals and Core Competencies

The primary settings for the residency are Integrated Behavioral Health within both inpatient and outpatient. The Residents receive clinical experiences as well as formal training in a wide range of core clinical competencies consistent with health psychology. The Residents learn to focus on the patient from a whole perspective and to take into account any medical issues that may be exacerbating the presenting symptoms or contributing to the diagnostic picture. A typical Resident caseload includes patients with a wide range of mental health problems as well medical issues. Supervisors have a diverse clinical background that includes generalist training as well as health psychology expertise.

The residency experience involves training which extends and integrates the Resident's academic program and residency experiences. The residency is designed to offer a broad range of experiences to develop these core professional competencies. Residents have a shared responsibility in designing and planning the residency experience in collaboration with the Training Director. This process is intended to ensure that the residency provides a coherent progression from the basic knowledge and practical clinical skill competencies achieved in the academic program and residency to the core practice competencies that are to be acquired in the residency. Residents will spend approximately 20-30 hours per week in face-to-face direct service delivery. Our residency training is directed towards developing five basic core goals that encompass multiple professional competencies expected of a doctoral level psychologist in the areas of:

Assessment, Diagnosis and Consultation: Competency in conducting clinical interview-based assessment and in administering and interpreting brief psychological screenings in the areas of:

Intervention and Treatment: Competency in conducting individual and group counseling/psychotherapy across a variety of problems and populations; familiarity with empirical findings concerning the efficacy of psychotherapy; an understanding and knowledge of empirically supported therapeutic approaches for specific mental disorders. Specific emphasis will be placed on brief solution-focused models of therapy within medical settings.

Professional and Ethical Behavior: Demonstration of sound professional clinical judgment and behavior in the application of assessment and intervention procedures with individuals; familiarity with and understanding of professional and legal standards in professional psychology; a thorough working understanding of APA ethical standards.

Cultural Diversity: Demonstration of understanding of and sensitivity to human diversity issues in the practice of psychology; familiarity with empirical findings pertaining to diversity issues in assessment and diagnosis, tests and measurement, psychopathology, interventions and treatment.

Scholarly Inquiry and Application of Scientific Knowledge: Demonstration of understanding and knowledge of strategies of scholarly inquiry; awareness of current empirical studies in major professional practice journals; competency in reviewing and integrating relevant scholarly literature to assist in clinical problem solving.

The 12-month training year begins with an Orientation Week in which Residents receive a thorough introduction to their training activities and schedules for the year. During the orientation period, supervisors begin to evaluate the Resident's strengths and weaknesses with respect to psychological assessment and psychotherapy. The evaluation involves a review of previous clinical experience to determine which training activities to emphasize during the year. One of the outstanding features of this program is the flexibility that a Resident and his or her supervisors have in developing an individualized training experience for the year.

Opportunities for the Residents range from diagnostic evaluations and brief crisis-oriented therapy, to long term (12 or more appointments), insight oriented psychotherapy. Training is available in a variety of therapeutic modalities, including individual, marital, family, and group. The program specializes in the brief solution focused treatment that seems to best serve our primary care setting and patient needs. However, the Residents also carry some long-term therapy patients on their caseloads. Our program emphasizes empirically based psychotherapies. Brief assessment opportunities are also available.

Training Program Overview

Initial Training Period: The first 3-4 weeks of residency, the Residents are closely supported and monitored by supervisors. They primarily shadow supervisors on a variety of patient services as they become increasingly more familiar with the department and clinic, the structure and function of the Resident program, and the Integrated Model of Primary Care. This time is replete with a variety of training activities in order to gradually enable the Residents to increase their independence.

During this initial training period the supervisors are tasked with identifying any apparent gaps in each Resident’s training or issues that they may be having with specific competencies. This allows individual supervision to address any concerns. In the past this has looked like clearing the Resident to see patients, but not specific types of disorders or visit types they may not be ready to see due to discomfort or other issue. This can include pain evaluations, hospital consultation, and/or Suboxone evaluations visits until the Resident is confidently competent and the supervisor is comfortable with their level of skill. This initial training phase will also allow Residents to undergo orientation activities required by the Confluence Health system as new employees as well as orientation materials prepared by the training director(s).

Sites

Ephrata Clinic

The Ephrata Clinic is located approximately 57 miles to the east of Wenatchee. Ephrata is a stand-alone primary clinic that works in team based care. The Ephrata physicians and staff are committed to providing quality healthcare in a friendly and caring environment. The primary residency supervisor is responsible for overseeing the clinical care of all mental health services in the Ephrata clinic. The supervisor is available on site throughout the residency as well as by video call and phone, daily and as needed.

North Country (Omak, Tonasket, Oroville & Brewster) Clinics

The Omak Clinic's 14 physicians and three mid-level practitioners provide quality health care in a rural setting. Along with a variety of specialists at The Omak Clinic, specialists from Wenatchee Valley Medical Center travel to the Omak Clinic on a regular basis as well. The medical group has been practicing in Omak since the late 1950's, and moved into a new facility in 1997. Our practice has always enjoyed a reputation of serving patients and the community with excellence. We also have a long and successful relationship with the University of Washington Medical School and its WWAMI program, which offers regular clerkships for medical students and rural practice experiences for Family Practice Residents. The primary residency supervisor is responsible for overseeing the clinical care of all mental health services in the Omak clinic. The supervisor is available on site throughout the residency as well as by video call and phone, daily and as needed.

The Omak Clinic offers an Ambulatory Surgery Center, Cancer Care, Laboratory and Radiology services, Physical Therapy, Anticoagulation Clinic as well as other specialty services. There is an excellent 40-bed hospital in the community, along with 24-hour emergency services through Mid Valley Hospital's emergency room, and Lifeline Ambulance Services.

The Omak Clinic has a Rural Health designation through Medicare. We are one of the primary care givers to the Colville Confederated Tribes and the Hispanic community.

Omak is the largest city in Okanogan County and is located in the Mid-Valley area of the Okanogan Valley at the foot of the Okanogan Highlands. Approximately a quarter of the incorporated part of Omak lies within the Colville Indian Reservation.

Okanogan County enjoys the four distinct seasons. Abundant recreational activities are available for the entire family, including hiking, skiing, boating, golf, fishing, hunting, snowmobiling, backpacking, horseback riding, cross country skiing, and camping.

Residents working in the North Country Clinics, specifically the Omak clinic, will also have the opportunity to participate in a Rural Mental Health Grant Initiative project. This project is involved in implementing the Collaborative Care model of treatment into the Omak primary care site. The resident would have the opportunity to train and work in the role of Behavioral Health Care Manager.

Required Training Activities

These experiences occur during the entire year (52 weeks). They combine to total 49 weeks with Paid Time Off (~3 weeks) taken out of total:

Integrated Model of Primary Care: Ephrata Clinic and North Country Clinics. The following are aspects of the role you will have while operating within the Integrated Model:

Integrated Primary Care Visits

Hospital Consultation/Liaison

Pain Management

Psycho-educational Groups – Examples include Chronic Pain, Anger Management, Dialectical and Behavioral Therapy (DBT), Mindfulness-Based Stress Reduction (MBSR), and other.

Brief, Solution-Focused Therapy

Brief Assessment/Screening Procedures

Group Supervision

Case Consultation

Formal Presentations

Didactic Training

Supervisors and Staff

	**Kasey Grass, PhD** (University of Central Arkansas) Behavioral Health Integrated Clinical Director/ Director of Fellowship Training
	**Patrick Carrillo, PhD** (Washington State University) Behavioral Health Specialty Clinical Director
	**Jon Curtis, PsyD** (Wright Institute) Psychologist, Central Washington Hospital, Wenatchee
	**Tim Day, PhD** (University of Nevada, Las Vegas) Psychologist, Walk-In Clinic, Wenatchee
	**Kelley Drayer, PhD, LMHC** (University of South Alabama) Licensed Mental Health Counselor, Moses Lake

	**Miglany Gomila, PhD, LMHC** (Carlos Albizu University) Licensed Mental Health Counselor, Internal Medicine, Wenatchee
	**Christina Guerrero, MSW, LMHC** (University of Washington) Licensed Mental Health Counselor, Cashmere
	**Erin Harper, PsyD, Psychologist** (Antioch University) Psychologist, Central Washington Hospital, Wenatchee
	**Jamie Herdt, MSW, LICSW** (University of Southern California) Licensed Clinical Social Worker, East Wenatchee Clinic
	**Simone Heyward, PsyD, LMHC** (The Chicago School of Professional Psychology, Irvine) Licensed Mental Health Counselor, Family Practice, Wenatchee

	**Stormie Keeler, PsyD, LMHC** (The Chicago School of Professional Psychology,) Post-Doctoral Psychology Resident, Women's Health and Internal Medicine
	**Jesse Regnier, PsyD, LMHC** (Indiana University of Pennsylvania) Psychologist, Neurosciences, Wenatchee
	**Marie Schoessler, MSW, LICSW** (University of Washington) Licensed Clinical Social Worker, Family Practice, Wenatchee

Supervision

Supervision is provided by licensed psychologists: Dr. Grass & Dr. Carrillo in the Department of Behavioral Health. Post-Doctoral Residents receive two hours of face-to-face individual supervision per week and one hour of group supervision every week throughout the Post-Doctoral year. During the first quarter the Post-Doctoral Residents are heavily supervised during orientation to the various training activities. This includes on site shadowing and one hundred percent review of all clinical charts. On site shadowing and clinical chart auditing continue throughout the residency, but to a lesser degree as the resident gains independent skills. Finally, there are ample opportunities for more informal supervision and consultation on a daily basis with both supervisors. Typically the Post-Doctoral Residents will accumulate significantly more hours of supervision by the end of the training year than would be expected with the formally scheduled supervision hours.

Didactic Training

In addition to informal contacts, learning also takes place in a number of scheduled presentations and seminars. These seminars exist to assist Post-Doctoral Residents in expanding their learning base on certain topics. Seminars are also open to other Confluence Health Behavioral Health providers that wish to attend, which gives an added opportunity to interact with other clinicians. Relevant cases at Confluence Health are discussed as they relate to the didactic seminar topic. If a didactic seminar is a video/online presentation, the supervisor will facilitate an interactive discussion following the didactic portion. Didactics will occur for one hour each week. For those in remote locations, the option to use Skype for attendance for some of the didactic trainings will be offered. We encourage all clinicians be together for trainings as much as possible.

Dates (TBA)	**Examples of Potential Topics**
	Orientation
	Ethics & HIPPA
	Integrated Primary Care Psychology
	Suboxone Evaluations
	Pain Management
	Designated Mental Health Professionals
	Solution- Focused, Brief Therapy
	Psychopharmacology
	Multicultural Diversity/Working with Immigrant Populations
	Motivational Interviewing
	Acceptance & Commitment Therapy
	Psychophysiology of Illness and Chronic Stress
	Suicide Prevention
	Ethics in Billing
	Complex Boundary Challenges
	Somatization Disorder
	Post-Doctoral Resident Didactic Presentations
	Capacity Evaluations
	Children’s Diagnostic Issues

Didactic Seminar Evaluation

Title of Didactic:

Date:

Presenter:

Instructions: (1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

The information presented in this didactic will be useful for my clinical work at CH. (1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

1 2 3 4 5

The information presented in this didactic will be useful for my clinical work as a psychologist in the future. (1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

1 2 3 4 5

The information presented in this didactic incorporated useful information related to issues of cultural diversity and individual differences. (1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

1 2 3 4 5

General Comments (What did you like about this didactic? What did you dislike? Suggestions?):

History of Confluence Health

Central Washington Hospital

The origins of Central Washington Hospital date to the early 1900s with the establishment of Central Washington Deaconess Hospital and St. Anthony's Hospital. The two organizations merged in 1974 to form Central Washington Health Services Association. The St. Anthony's facility was renamed Rosewood Hospital in 1974 and the facilities combined their operations at the remodeled and expanded Rosewood Hospital site under the name Central Washington Hospital.

In 2012, Central Washington Hospital began the process of affiliating with Wenatchee Valley Medical Center, which was finalized in July 2013. Collectively known as Confluence Health, our affiliation allows us to offer a full range of inpatient and outpatient health care services and cutting edge technology, and a rural health care delivery system serving North Central Washington.

Wenatchee Valley Medical Center

Dr. L.M. Mares, Dr. A.G. Haug and Dr. L.S. Smith founded the Wenatchee Valley Clinic in 1940. Their philosophy was that patients were best served when they had easy access to other specialists under the same roof.

Today Confluence Health still has the best interest of our patients at heart; we're just larger and able to take care of more of them. In fact, with a full range of healthcare services and cutting-edge technology, we've got North Central Washington covered with a rural healthcare delivery system second to none.

Our founders recognized that a regional patient base was required to support specialty care in a rural environment, but even they didn't envision a comprehensive healthcare delivery system encompassing a region of roughly 12,000 square miles. Today over 60 percent of our business comes from outside the greater Wenatchee area, and our specialists drive over 130,000 miles annually to provide outreach to clinics in North Central Washington communities.

Physician recruitment and retention have always been among our strengths. Our doctors were recruited not only because they bring knowledge from some of the nation's best medical training programs, but because of their values. They came for the quality of life, the beauty of the land and professionalism that fosters the physician-patient relationship. This ability to recruit has paid off in steady growth, and today Confluence Health has over 300 practitioners.

Confluence Health is a strong believer in being a corporate good neighbor and is generous in its contributions to local community organizations—including matching employee and physician contributions to the United Way. Every year we offer free community flu shot clinics and provide over $2.5 million in charitable care.

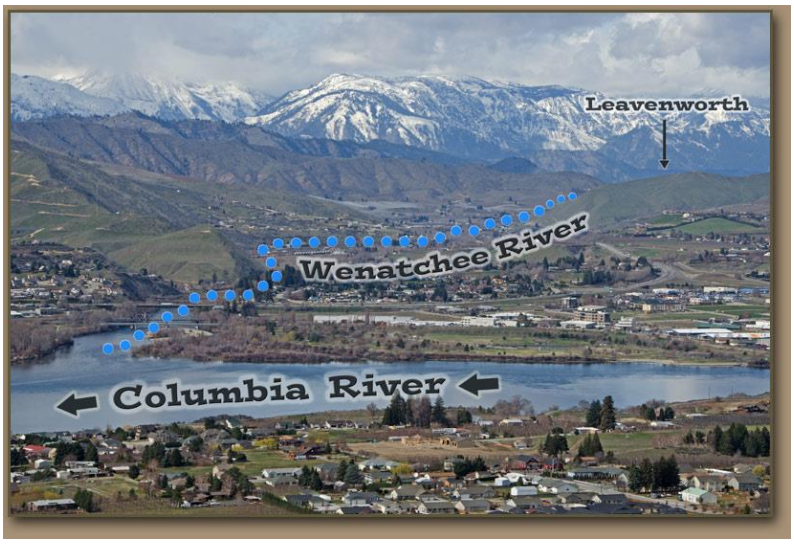
Mission Statement and Core Values

At Confluence Health, our mission is to improve our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.

Our vision, to become the highest value rural healthcare system in the nation that improves health, quality of life, and is a source of pride to those who work here.

Confluence Health Core Values:

- Teamwork
- Trust
- Respect
- Compassion



About Wenatchee

Wenatchee is located at the confluence of the Wenatchee and Columbia rivers near the eastern foothills of the Cascade Mountain range in the State of Washington. Wenatchee is located in the center of the state approximately 170 miles west of Spokane and 148 miles east of Seattle. Unlike Seattle, the weather is arid and dry most of the year with moderate temperatures all year long. The city was named for the nearby Wenatchi Indian tribe. The name is a Salish word that means "river which comes [or whose source is] from canyons" or "robe of the rainbow." Wenatchee is known as the "Apple Capital of the World" for the valley's many orchards, which produce apples enjoyed around the world along with cherries, pears, peaches, plums, nectarines, and apricots. Every year from the last week of April through the end of the first week of May, Wenatchee hosts the Washington State Apple Blossom Festival, which probably brings in the largest number of people Wenatchee sees annually, with the exception of all the migrant workers coming in to pick the crop. *(Wikipedia, 2015)*

The Wenatchee Valley and the surrounding areas provide an abundance of sports and recreational activities for any season. There are several facilities including the tennis club, an Olympic size swimming pool, an ice arena, several 18-hole and 9-hole golf courses, a 9-hole disc golf course, and countless baseball diamonds and soccer fields. There are lots of places to hike, fish and hunt, both birds and larger game. Boating and water recreation are also quite common. Many kayak, windsurf and water-ski on the Columbia. Whitewater rafting and inner-tubing is frequent on the Wenatchee River. In the winter, the mountains near Wenatchee provide great snowmobiling, sledding at Squilchuck State Park, as well as skiing and snowboarding at Mission Ridge. The city also offers a large system of parks and paved trails known as the Apple Capital Recreational Loop Trail. The 10-mile (20 km) loop which runs both banks of the Columbia River is used by cyclists, walkers, joggers, and skaters. In the winter cross country skiers and snowshoers also use the trail. *(Wenatchee Chamber of Commerce, 2015)*

Holiday Schedule for 2019/2020

Holiday	Date Observed by Confluence Health
Labor Day	Monday, September 2, 2019
Thanksgiving Day	Thursday, November 28, 2019
Day after Thanksgiving	Friday, November 29, 2019- (50% rule applies for primary care)
Christmas	Wednesday, December 25, 2019
New Year's Day	Wednesday, January 1, 2020
Memorial Day	Monday, May 25, 2020
Independence Day	Observed: Friday, July 3, 2020

Doctoral Resident Grievance and Due Process

Statement/Purpose: It is a guideline of Confluence Health (CH) to have a system in place for handling problematic behaviors with Post-Doctoral Residents and complaints or concerns that a Resident may have regarding the training program, evaluation procedures, due process challenges, etc., according to the guidelines as set forth by the Association of Psychology Postdoctoral and Residency Centers (APPIC). Additionally, Residents will be held to the disciplinary process outlined in the Confluence Health Guideline "Corrective Discipline".

Due process ensures that decisions made by Confluence Health about Residents are not arbitrary or personally based, requires that the training director identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the Resident so he/she may challenge the program's action.

For purposes of this document, Resident problem is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,

2. An inability to acquire professional skills in order to reach an acceptable level of competency, and/or

3. An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

Behaviors may be identified as problems when they include one or more of the following characteristics:

1. The Resident does not acknowledge, understand, or address the behavior when it is identified as a concern by the resident's clinical or operational supervisor(s)

2. The problem behavior is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,

3. The quality of services delivered by the Resident is sufficiently negatively affected,

4. The problematic behavior is not restricted to one area of professional functioning,

5. A disproportionate amount of attention by training personnel is required,

6. The Resident's behavior does not change as a function of feedback, remediation efforts, and/or time,

7. The problematic behavior has potential for ethical or legal ramifications if not addressed,

8. The Resident's behavior negatively impacts the public view of the agency,

9. The problematic behavior negatively impacts the Resident's cohort.

Corrective disciplinary action may be implemented when:

A. The resident violates a Confluence Health policy, procedure or work rule, or

B. A resident's performance is deficient, or

C. A resident's behavior is inappropriate or unacceptable and/or

D. Other circumstances, in the opinion of Confluence Health, merit it.

Implementation of discipline in one or more instances does not require the employer to implement it in other occasions. The decision to use it is left to the unfettered discretion of the Training Director and practice manager.

The Evaluation Process

Residents are evaluated and given feedback throughout the year by their individual supervisor in both formal and informal settings. Additionally, bi-annually, supervisors and clinical staff get together to discuss and evaluate Residents' performance and make recommendations for future needs in regards to training. Meetings may occur more often if they are deemed necessary based on a Resident's performance in certain areas. The Resident Evaluation Form is completed by supervisors or clinical staff members prior to the bi-annual meeting on the Resident's performance. The Training Director (TD), following each meeting, meets with the Residents individually and gives them a full report of the evaluation of their performance and makes any recommendations and suggestions which are relevant.

Thus, the Training Director receives information from all supervisors, her/his own impressions and those of others who have had significant contact with the Resident. This process is viewed as an opportunity for the Training Director to provide integrative feedback regarding the collective experience of others who have had significant interactions with the Resident. Both parties discuss how the Post-Doctoral experience is progressing, and the Resident is provided with the opportunity to give his/her reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting or whenever during the rotation that a problem is identified that the Training Director and the Resident may arrange for a modification of the Resident's training program to address his/her training needs and/or the needs of the training program.

Initial Procedures for Responding to Inadequate Performance by a Resident (i.e. Resident Problem)

If a Resident receives a rating of "5" (Not able to perform activity satisfactorily) in any area listed on the evaluation form from any of the evaluation sources, the following procedures will be initiated:

A. The Resident's supervisor will meet with the Training Director to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.
B. The Resident will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.
C. In discussing the inadequate rating and the Resident's response, (if available) the Training Director may adopt any one or more of the following methods or may take any other appropriate action. He/She may issue a:

1. "Acknowledge Notice" which formally acknowledges that:
a) The supervisor is aware of and concerned with the rating,
b) The rating has been brought to the attention of the Resident,

c) The supervisor will work with the Resident to specify the steps necessary to rectify the problem or skill deficits addressed by the rating, and

d) The behaviors associated with the rating are not significant enough to warrant serious action.

2. "Probation" which defines a relationship such that the supervisors, clinical staff, and Training Director, actively and systematically monitor, for a specific length of time, the degree to which the Resident addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The probation is a written statement to the Resident and includes:

a) The actual behaviors associated with the inadequate rating,

b) The specific recommendations for rectifying the problem,

c) The time frame for the probation during which the problem is expected to be ameliorated, and

d) The procedures designed to ascertain whether the problem has been appropriately rectified, or

3. "Take no further action".

D. The Training Director will then meet with the Resident to review the action taken. If "Probation," the Resident may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in the "Residency Grievance Procedural Guidelines" section below.

E. Once the "Acknowledgment Notice" or "Probation" is issued by the Training Director, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the rating has been rectified to the satisfaction of the supervisor/s, the Resident and other appropriate individuals will be informed and no further action will be taken.

Remediation Considerations

It is important to have meaningful ways to address a problem once it has been identified. Several possible and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

1. Increasing supervision, either with the same or other supervisors,
2. Changes in the format, emphasis, and/or focus of supervision,
3. Recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the Resident evaluation process.
4. Reducing the Resident's clinical or other workload and/or requiring specific academic coursework, and/or
5. Recommending, when appropriate, a leave of absence and/or a second residency.

When a combination of the above interventions does not, after a probationary period (with a specified time), rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

1. Giving the Resident a limited endorsement, including the specification of those settings in which he/she could function adequately,
2. Recommending and assisting in implementing a career shift for the Resident, and/or
3. Terminating the Resident from the training program.

Appeals

A resident has the right to appeal decisions. The Resident must submit the appeal, in writing, within 5 days of any formal action taken. Once an appeal is received, in writing, by the Training Director, the information will flow up the chain of command. The Service Line Director and an HR representative will review the Resident appeal and determine next steps to be taken. The information will be presented back to the resident in writing within 2 weeks of the appeal being received and the document will outline the decision of the group and expected actions.

Resident Grievance:

Residents should be taking all concerns to their immediate supervisor(s) at the time of disagreement. Confluence Health maintains a chain of command which includes progressive level of responsibility. Any Resident disagreement of decisions made by supervisors or the Training Director may be made to the next supervisory level, in writing, within five days of the event.

Situations in which Grievance Procedures are Initiated

There are three situations in which grievance procedures can be initiated:

A. When the Resident challenges the action taken by the supervisor

B. When the Resident believes that the supervisor has acted in a manner that is inappropriate towards the resident

C. When the Resident disagrees with an evaluation by their supervisor(s)

Once a grievance is receive in writing by the Training Director, the information will flow up the chain of command. The Service Line Director and an HR representative will review the Resident grievance and determine next steps to be taken. The information will be presented back to the resident in writing within 2 weeks of the grievance being received and the document will outline the decision of the group and expected actions. (If a resident files a grievance with a Service Line Director, this process will continue to follow up the chain of command.) At each level of decision making, the resident has a right to make an appeal of that decision within 5 days of receiving a decision in writing. A decision made by a member of the Confluence Health Executive Leadership Team will be considered final and no further internal appeals will be considered.

JOB DESCRIPTION

Confluence Health

JOB TITLE: Post-Doctoral Resident **REVISED:** April 23, 2020

DEPARTMENT: Behavioral Health **REPORTS TO:** Behavioral Health Integrated Clinical Director & Practice Manager

LOCATION: Multiple Sites

POSITION SUMMARY:

To provide Primary Care Integrated Behavioral Health services to the patients of Confluence Health within the Primary Care setting across a variety of locations throughout the system.

Post-Doctoral Residents will be placed in one of several locations providing integrated services throughout the health system. The integrated model of care involves the collaboration between Primary Care Providers and Behavioral Health Providers. The Post-Doctoral Resident is considered part of the medical team and participates in provider meetings and is frequently sought after for their expertise. Patients with all levels of need are seen on a daily basis and preferably at their time of need. The Department of Integrated Behavioral Health was designed to allow PCPs to contact the Behavioral Health Provider when a patient issue arises. This can be a simple meet and greet or helping patients deal with more complex types of issues (new diagnosis, diabetes, asthma, panic, depression, pain, etc.). The focus is on whatever the patient presents with that is impairing their functioning or their ability to be compliant with medical recommendations.

ESSENTIAL FUNCTIONS:

1. Conducts brief therapy sessions for clinic patients.
2. Maintains open access for urgent appointments for Primary Care patients
3. Assess each patient according to best practice and practice norms
4. Consult and collaborate with clinic providers regarding patients' mental, physical, and psychosocial needs.
5. Develop ongoing treatment plans for each patient.
6. Communicate with referring provider and/or Primary Care Provider regarding patients' diagnosis, treatment plan, and status changes.
7. Refer patients for other services as appropriate.
8. Participate with Integrated Behavioral Health staff at staffing meetings, case reviews, didactic presentations, and for training purposes.
9. Provide consultation with providers on patients with health psychology issues.
10. Participate in medical provider meetings as part of integration and any other meetings as assigned.
11. Present at medical provider meetings on mental health topics and be a representative within the community on similar topics.
12. Exhibit interpersonal skills that promote professionalism, positive team dynamics and a positive attitude.

13. Document all patient interactions within the electronic medical record and using additional forms as required within the required timeframe.
14. Follow all Integrated Behavioral Health and Primary Care policies and procedures.
15. Maintain a safe and sanitary work environment.
16. Participate in a unit based QA program.
17. Participate in individual supervision, group supervision and didactic training when scheduled as part of the post-doctoral training program.
18. Other duties as assigned.

NOTE: This list of job functions is not intended to be all inclusive and may be expanded to include other job functions that may be deemed necessary.

QUALIFICATIONS:

EDUCATION/EXPERIENCE:

- Completion of a pre-doctoral internship in Clinical or Counseling Psychology that meets APPIC standards
- Must have completed all educational requirements of a Ph.D. or Psy.D. in Clinical or Counseling Psychology (from a regionally accredited program) by the beginning of the Post-Doctoral position.
- Dissertation must be completed by the start of the Post-Doctoral position.
- Should have a thorough knowledge of the principals and practices of brief psychotherapy and preferred experience in health psychology.
- At a minimum, must be able to get licensed at the Master's level (LMHC, LMFT) in the State of Washington at the start of the post-doctoral residency.

PHYSICAL/SENSORY DEMANDS:

O = Occasional, represents 1 to 25% or up to 30 minutes in a 2 hour workday.
F = Frequent, represents 26 to 50% or up to 1 hour of a 2 hour workday.
C = Continuous, represents 51% to 100% or up to 2 hours of a 2 hour workday.

Physical/Sensory Demands For This Position:

- Walking – F
- Sitting/Standing - F
- Reaching: Shoulder Height - O
- Reaching: Above shoulder height - O
- Reaching: Below shoulder height - O
- Climbing - O
- Pulling/Pushing: 25 pounds or less - O
- Pulling/Pushing: 25 pounds to 50 pounds - O
- Pulling/Pushing: Over 50 pounds - O
- Lifting: 25 pounds or less - O
- Lifting: 25 pounds to 50 pounds - O
- Lifting: Over 50 pounds - O
- Carrying: 25 pounds or less - O
- Carrying: 25 pounds to 50 pounds - O
- Carrying: Over 50 pounds - O
- Crawling/Kneeling - O
- Bending/Stooping/Crouching - O
- Twisting/Turning - O

- Repetitive Movement - O

Integrated Behavioral Health Post-Doctoral Program Consultation Protocol

This protocol is designed to assist Integrated Behavioral Health Post-Doctoral Residents in determining the need for consultation with a supervisor or other integrated Behavioral Health provider. Consultation should be viewed as a normal part of patient care and treatment planning.

It is important to seek out the assistance from supervisors during supervision or consultation when:

- There is an obvious transference or counter transference issue with the patient
- The patient is not making any progress towards treatment goals in the past 2-3 visits
- The patient has a diagnosis or presenting issue/s that the provider is not comfortable/competent treating
- The patient has unclear or unrealistic expectations of treatment
- You are seeing someone else in their immediate family as a patient
- Ethical issues (dual relationships, gift giving, etc.)
- Issues involving legal issues beyond normal care and requests (Dept. Of Corrections, Child Protective Services, court ordered treatment, etc.)

Need for immediate supervision or consultation:

- If a patient has had an attempted suicide or suicidal gesture (not including superficial cutting) in the past month.
- If a patient was seen by the DCR within the past week for suicidal ideation or unknown reasons AND continues to present with significant/concerning symptoms.
- If the patient was released from an inpatient stay within the past week AND continues to have thoughts about self-harm.
- If a patient denies suicidal thinking but you are not convinced you have all of the information AND that the patient will remain safe.
- If a patient scores 6 or higher on the Sad Person's Scale (next page).
- There are obvious legal issues that are presenting during the appointment (patient threatening to sue the clinic, patient requesting a supervisor, etc.).
- You feel threatened or unsafe with the patient.
- Threatening harm to a specific third party AND planning to act on (Homicidal ideation)
- Any other patient issues/concerns you may have that require immediate consultation

Evaluation of Resident Progress

POLICY STATEMENT/PURPOSE/OVERVIEW:

It is the policy of Confluence Health (CH) to ensure the timely written evaluation of all Residents' progress along with feedback from the Training Director ensuring Residents have an opportunity to correct any identified area.

The purpose of this policy is twofold:

1) to ensure that services and procedures related to patient care are emphasized and maximized at all times; and

2) that all Residents are given an explicit structure for timely feedback and guidance in order to maximize their successful experience at CH and to best assist them in preparing their skill set and experiences going forward.

Thus, CH will utilize the 5-point Likert Scale as the primary evaluation tool (See Appendix A), which specifies that Residents will be expected to meet minimal benchmarks throughout each point during the training year:

1) when entering into the training program,

2) at the mid-year formal evaluation, and

3) towards the completion of the CH Residency Program.

These points represent a demonstrable and documented level of progression that will allow both CH and the individual Residents to monitor their growth and progress and to make any needed corrections in a timely manner and help ensure maximum success.

PROCESS:

I. Evaluation

Evaluations of competency areas will normally occur twice during the residency year. Incoming Residents will be expected to score minimum of (2) on the5-point Likert Scale for readiness to participate in the CH Program. It is expected that Residents will receive a score of (3) (or higher) on the Likert Scale for given competency areas on the Mid-Year Resident Evaluation a score of (4) (or higher) on the Final Resident Evaluation on most core competencies. Evaluations will be given mid-year and end of year unless there are notable deficits that require accelerated remediation. This will show a positive progression of growth and ability for all Residents during their tenure.

Areas of Concern – This is a competency area(s) marked as a (2) on a 5-point Likert Scale on any question on the Mid-Year Resident Evaluation. This is the expected minimum that potential Resident candidates should be at prior to beginning CH's program. A score of (3) will be expected at the mid-year point Evaluation of Resident Progress, although some variation in performance in different areas is expected depending upon the Resident's previous experience and limited exposure to a similar site. What should be

noted is the Resident's awareness to the concerns and need for improvement to a score of (3) by the midpoint of the training year or sooner if documented in supervision notes. This area will be highlighted during supervision with the Resident and a plan to assist the Resident in remedying the score will be made and documented. If the Resident is not making progress and/or is not receptive to improving performance, then the area will be considered a deficit.

Similarly, the Resident will be expected to have progressed in development to the (4) on the Likert Scale by the end of the residency year at CH. Again, progressing to meet this level will be highlighted during supervision with the Resident and a plan to assist the Resident in modifying the score will be made and documented. If the Resident is not showing progress in advancing to a score of (4) for final evaluation and/or is not receptive to improving performance to meet that goal, then the Resident's performance will be considered a deficit.

1. *Deficits/Problematic Behaviors in competency areas* – Deficit/problematic behavior is defined as a score of (1) on a 5-point Likert Scale on any question on the initial assessment or at any time going forward, including the Mid-Year Resident Evaluation. Whenever a deficit is identified, the Resident Evaluation Form will be completed and feedback communicated to the Resident prior to subsequent steps as outlined below. Areas of deficit will be brought to the Resident's attention and documented at the soonest opportunity. If notable deficits are present and the Resident has been made aware of the area/s through individual supervision and previously documented, then a Written Acknowledgement will be provided (see Due Process Grievance Procedure) and an evaluation every 3 months on the specified area of deficit, until the deficit has been corrected, or the Due Process and Grievance Policy is enacted.

2. If no notable deficits are identified through supervision and shadowing by the sixth month of residency, Residents will receive written evaluations on the typical schedule of mid and final evaluation.

Formal communication will be provided in the form of a 'Verbal Warning,' of any and all deficits / problematic behaviors identified (1 on a 5-point Likert Scale) on any question on the Resident Evaluation during the meeting with the Director of Residency Training and/or supervisor/s.

1. Any specific training needs that are identified to correct deficits or problem areas will be provided in writing to the Resident and to the home doctoral program within one week of the meeting.

a) Steps to correct the area/s of concern will be clearly listed along with expected timelines.

b) A minimum of twice monthly meetings will occur to specifically address identified areas and review progress towards goals. This is in addition to regularly scheduled supervision.

(1) Meetings will cease when all areas have been successfully remedied. **(2)** Meetings will be weekly if issues persist.
(3) Patient care will cease if patient safety is an area of concern.

Major Areas of Concern (including patient safety): When issues cannot be addressed appropriately using the steps above, the residency site and/or the Resident will follow the Due Process and Grievance Policy. All steps are clearly stated in this policy and can be found in the Residency Manual.

EVALUATION DATA

All proximal, distal and end of year evaluation data will be collected and used to track the training program progress.

Appendix A: 5-Point Likert Scale for CH Resident Progress Policy

(1): BELOW EXPECTATIONS

The Resident is performing significantly below expectations and a remediation plan is required.

(2): DEVELOPING

The Resident requires some direct observation while engaged in a clinical task or requires some instruction and monitoring to ensure that the task is performed and documented satisfactorily. This rating is expected of incoming Residents on most core competencies.

(3): MEETS EXPECTATIONS

The Resident has mastered most basic skills and has shown consistent professional growth. Moderate supervision is provided with less need for instruction and monitoring. This rating is expected of midyear Residents on most core competencies.

(4): PROFICIENT/ADVANCED

The Resident's skills are more advanced and supervision is mostly consultative in nature. This rating is expected at the final end-of-the- year evaluation on most core competencies.

(5): OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE

The Resident has superior skills and has the ability to perform the tasks autonomously. This rating is the goal of postdoctoral psychologists.

Post-Doctoral Resident Evaluation Rating Form

Resident: _____ Period Covered: __/__/____ to __/__/____

Site: _____ Supervisor: _____

Methods of Observation: ____ Discussion ____ Meetings ____ Co-therapy ____ Group

____ Shadowing ____ Seminar ____ Case Material(s) ____ Other – Specify: _____

Evaluation is a collaborative process designed to facilitate and pinpoint areas of strength and areas to improve. It should serve as a vehicle for change in defining goals and evaluating performance.

Please complete this evaluation form evaluating your Resident's skill, competence, and performance using the following rating scale: **(1) Not able to perform activity satisfactorily, functioning below expected resident level**, **(2) Can perform activity but requires supervision**, **(3) Performs activity well at an acceptable and typical level of resident performance**, **(4) Performs activity with more than acceptable and typical level of resident performance**, **(5) Performs activity with outstanding ability, initiative and adaptability, (NA) Not Applicable**.

Assessment, Diagnosis and Consultation						
Accurately perceives, identifies, and clarifies nature of patient's presenting problem (e.g., makes appropriate diagnoses).	1	2	3	4	5	NA
Effectively conducts diagnostic and intake interviews.	1	2	3	4	5	NA
Is able to integrate information from multiple sources of information.	1	2	3	4	5	NA
Is able to demonstrate proficiency with regard to the administration, scoring, and interpretation of psychological test data.	1	2	3	4	5	NA
Communicates an in-depth understanding of the patient's situation both verbally and in written psychological reports.	1	2	3	4	5	NA
Integrates assessment results with therapy process	1	2	3	4	5	NA
Demonstrates proficiency in interpreting psychological assessment data to patient.	1	2	3	4	5	NA
Consults appropriately with supervisors on cases, treatment planning, or other issues.	1	2	3	4	5	NA
Consults appropriately with medical providers, medical staff and outside agencies on cases, treatment planning, or other issues.	1	2	3	4	5	NA
Able to describe common models of clinical supervision.	1	2	3	4	5	NA
Intervention and Treatment						
Is able to develop and initiate a treatment plan.	1	2	3	4	5	NA
Assures that the treatment plan is carried out with fidelity.	1	2	3	4	5	NA
Is able to develop rapport and a therapeutic alliance with the patient.	1	2	3	4	5	NA

Is able to manage transference and counter-transference issues.	1	2	3	4	5	NA
Is able to work effectively with the patient toward the resolution of presenting problems / issues.	1	2	3	4	5	NA
Demonstrates an understanding and knowledge of empirically supported therapeutic approaches for specific mental disorders.	1	2	3	4	5	NA
Demonstrates familiarity with empirical findings concerning the efficacy of psychotherapy.	1	2	3	4	5	NA
Is resourceful and flexible in implementing intervention(s).	1	2	3	4	5	NA
Was able to serve as an effective group leader or co-leader.	1	2	3	4	5	NA
Was able to address practical concerns and issues that arose during the course of group therapy	1	2	3	4	5	NA
Professional and Ethical Behavior						
Demonstrates a working knowledge of and adheres to APA ethical guidelines.	1	2	3	4	5	NA
Demonstrates a working knowledge of and adheres to WA State laws that pertain to psychologists / psychology residents.	1	2	3	4	5	NA
Demonstrates appropriate professional demeanor and behavior (i.e., professional boundaries).	1	2	3	4	5	NA
Is aware of professional limitations and the need for consultation.	1	2	3	4	5	NA
Completes commitments in a prompt and professional manner.	1	2	3	4	5	NA
Able to maintain professionalism despite personal issues.	1	2	3	4	5	NA
Cultural Diversity						
Demonstrates awareness and respect for differences in under-represented populations (i.e., ethnic minorities, gender issues, age, disability, sexual orientation, low-SES, etc.).	1	2	3	4	5	NA
Understands how these differences impact the patient's view of counseling / therapy and adjusts interventions accordingly.	1	2	3	4	5	NA
Demonstrates familiarity with empirical findings pertaining to diversity issues in assessment and diagnosis.	1	2	3	4	5	NA
Demonstrates familiarity with empirical findings pertaining to diversity issues in interventions and treatment.	1	2	3	4	5	NA
Demonstrates cultural sensitivity in case presentations.	1	2	3	4	5	NA
Scholarly Inquiry and Application of Scientific Knowledge						
Demonstrates interest in the consumption and assimilation of research findings relevant to the practice of psychology.	1	2	3	4	5	NA
Demonstrates awareness of current empirical studies in major professional practice journals.	1	2	3	4	5	NA
Demonstrates competency in critical review of relevant scholarly literature.	1	2	3	4	5	NA
Demonstrates understanding of PDSA model and how it applies to the training site.	1	2	3	4	5	NA

List areas the Resident is particularly strong in.

What are identified areas for continued growth or areas of particular concern?

How well does the Resident incorporate feedback from supervision or other into practice?

General Comments or impressions:

Recommendations for further training:

Post-Doctoral Resident Comments:

Resident's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor Evaluation

Supervisor's Name: Major____ Minor ____

Resident Name: Date:

Please complete questionnaire evaluating supervisor's skill and performance using the following rating scale: (1) Poor (2) Fair, (3) Average, (4) Very Good, (5) Outstanding, (NA) Not Applicable.

	Poor	Fair	Average	Very Good	Outstandin	NA
Procedure, Format, Effort						
Used supervision time productively	1	2	3	4	5	NA
Knowledge of residency policies, procedures and requirements	1	2	3	4	5	NA
Kept regular appointments	1	2	3	4	5	NA
Maintained accessibility for questions and discussions	1	2	3	4	5	NA
Kept informed on case presentations	1	2	3	4	5	NA
Set clear supervision objectives and Resident responsibilities	1	2	3	4	5	NA
Used effective strategies in supervision	1	2	3	4	5	NA
Provided feedback on professional performance and development	1	2	3	4	5	NA
Maintained reasonable expectations for Resident's development throughout the program	1	2	3	4	5	NA
Assessment/Treatment Skills						
Assisted in conceptualization and clarification of client issues	1	2	3	4	5	NA
Assisted in development of concrete short/long range goals	1	2	3	4	5	NA
Assisted in selection of appropriate assessment/intervention strategies	1	2	3	4	5	NA
Recommended alternative clinical perspectives	1	2	3	4	5	NA
Recommended appropriate readings and other resources	1	2	3	4	5	NA
Provided guidance in development of professional relationships	1	2	3	4	5	NA
Provided guidance in development of adequate skills to generate meaningful reports and case notes	1	2	3	4	5	NA
Provided guidance in development of adequate skills to evaluate treatment outcomes	1	2	3	4	5	NA
Provided assistance in learning referral and termination procedures	1	2	3	4	5	N/A

	Poor	Fair	Average	Very Good	Outstanding	NA
Supervisory Relationship						
Created environment offering freedom to make mistakes	1	2	3	4	5	NA
Provided ongoing feedback	1	2	3	4	5	NA
Provided easily acceptable feedback	1	2	3	4	5	NA
Challenged Resident to expand counseling/therapy skills	1	2	3	4	5	NA
Respected Resident as an emerging professional	1	2	3	4	5	NA
Exhibited commitment to Resident's training	1	2	3	4	5	NA
Exhibited characteristics of an excellent role model	1	2	3	4	5	NA
Accurately conceptualized Resident's strengths and developmental needs as an emerging psychologist	1	2	3	4	5	NA
Communicated evaluation of Resident's skills in a direct manner	1	2	3	4	5	NA

General Comments

1. What did you most enjoy about the supervision you received?

2. What did you least enjoy about the supervision you received?

3. What suggestions do you have for further improving supervision on this training activity?

Psychology Residency Follow-Up Survey

CONTACT INFORMATION

Name: Date:

Mailing Address:

Email Address:

TELEPHONE (Work): (Home):

EDUCATION

Highest Degree Earned: Date Conferred:

Institution Awarding Degree:

Current Education Status (Check One):

- ☐ Program completed
- ☐ Currently enrolled in graduate program
- ☐ Left graduate program without completing terminal degree
- ☐ Other (specify):

EMPLOYMENT HISTORY

What was your first Post-Doctoral employment setting? (please use employment codes on page 4 - for example, "6 – general hospital")

What was your first job title?

If not employed in the field of psychology, please describe how you are devoting your time:

LICENSURE STATUS

Are you currently licensed as a psychologist? Yes ☐ No ☐

If yes: When did you receive your license?

Which state(s) are you licensed in?

Have you had any complaints to the licensing board? Yes ☐ No ☐

If yes, please explain and provide the outcome:

If not licensed, what is your plan regarding licensure?

PROFESSIONAL CHARACTERISTICS/QUALITIES

Do you hold a membership in a professional psychological organization (e.g., APA)?

Yes ☐ No ☐

Please list any professional achievements (e.g., fellow status, diplomat, leadership position, etc.).

Have you presented at a professional conference since you finished Post-Doctoral Residency?

Yes ☐ No ☐

Have you authored or co-authored a journal article, book chapter since you finished Residency?

Yes ☐ No ☐

Do you currently provide clinical supervision?

Yes ☐ No ☐

Do you use evidence-based practice in your work setting?

Yes ☐ No ☐

POST-DOCTORAL RESIDENCY EVALUATION

Please rank your overall satisfaction with your Post-Doctoral Residency at Confluence Health by marking one of the categories below:

Very satisfied	☐
Somewhat satisfied	☐
Neutral/Unsure	☐
Somewhat dissatisfied	☐
Very dissatisfied	☐

The Post-Doctoral Residency has identified twenty competency areas for Residents during the Post-Doctoral year. The program would like your input to determine how successful it was in each of these competency areas and also how important these areas are in your work as a psychologist.

Rating key:

5:	Highly Successful	5:	Highly Important
4:	Mildly Successful	4:	Mildly Important
3:	Neutral	3:	Neutral
2:	Mildly Unsuccessful	2:	Mildly Unimportant
1:	Highly Unsuccessful	1:	Useless to the field of Psychology

	Program Met Goal	**Importance of Goal for Psychologists**

GOAL 1: Assessment, Diagnosis, and Consultation Competencies		
Knowledge and skills in clinical interviewing which includes safety assessment and contingency planning.		
Knowledge and skills in test selection and administration.		
Knowledge and skills in clinical interpretation of interview and test data.		
Ability to formulate accurate diagnoses.		
Ability to communicate assessment findings and recommendations in a written format.		
GOAL 2: Competency in Intervention, Treatment, and Therapy		
Ability to appropriately conceptualize cases and develop intervention plans specific to patient needs.		
Ability to develop good rapport with a variety of patients, collaboratively plan treatment goals, and address safety issues.		
Ability to effectively apply a variety of interventions that are effective and consistent with empirically supported treatments.		
Ability to evaluate treatment progress and terminate therapeutic interventions when appropriate.		
Ability to appropriately facilitate group therapy interventions.		
GOALS 3 & 4: Foundational Ethical & Multicultural Competencies		
Adherence to professional values and a concern for the welfare of others.		
Knowledge and application of ethical principles.		
Professional and appropriate interaction with treatment teams, peers and supervisors.		
Responsible performance of key patient care tasks which includes producing timely and high quality work.		
Management of personal and professional stressors such that professional functioning is maintained.		
Maintains awareness and sensitivity to diversity issues and individual differences.		
GOAL 5: Specialty Skill & Scholarly Practice		
Is able to critically analyze research and apply it appropriately to clinical practice.		
Knowledge and skills of consultation.		
Knowledge and skills of program evaluation.		
Knowledge and skills of providing supervision.		

OTHER FEEDBACK
Areas of Strength of Training Program:
Areas of Weakness/Recommendations for the Training Program:
Does the CH Behavioral Medicine Post-Doctoral Residency program meet the needs of diverse candidates? Why or why not?
What suggestions do you have to make the CH Behavioral Medicine Post-Doctoral Residency program more attentive to the needs of diverse candidates?
Do you have any comments or concerns regarding the availability of supervisors in the CH Behavioral Medicine Post-Doctoral Residency program?

Thank you for taking the time to complete this survey!

Employment Setting Codes

1. Community Mental Health Center
2. Health Maintenance Organization
3. Medical Center
4. Military Medical Center
5. Private General Hospital
6. General Hospital
7. Veterans Affairs Medical Center
8. Private Psychiatric Hospital
9. State/County Hospital
10. Correctional Facility
11. School District/System
12. University Counseling Center
13. Academic Teaching Position

13a. Doctoral program

13b. Master's program

13c. 4-year College

13d. Community/2 yr. College

13e. Adjunct professor

14. Independent Practice
15. Academic Non-Teaching Position
16. Medical School
33. Other (e.g., consulting), please specify
44. Student
99. Not currently employed

Thank you for reviewing the Confluence Health Post-Doctoral Residency materials.

Interested applicants should *submit the following* through the CH online link below:

1. **COVER LETTER**
2. **CURRICULUM VITAE**
3. **3 REFERENCES**
4. **PROOF OF COMPLETED DOCTORATE PROGRAM and INTERNSHIP**

APPLY ONLINE
https://www.healthcaresource.com/confluencehealth/index.cfm?fuseaction=search.jobDetails&template=dsp_job_details.cfm&cJobId=100102182

Please contact for questions:

Kasey Grass, PhD
Clinical Director of Integrated Behavioral Health
730 N. Emerson Ave., Suite 20
Wenatchee, WA 98801
509-663-8711, Ext. 7185
Kasey.Grass@ConfluenceHealth.org