Post-Doctoral Psychology Residency

2018 - 2019
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. Moses Lake is a Primary Care and multi-specialty clinic located to the east approximately 70 miles east of Wenatchee. Is has a blend of primary care, internal medicine, palliative care, oncology, maternity, and pediatric services. This allows much diversity in one unique clinic.

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 is 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 Department of Integrated Behavioral Health 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. Preference is given to candidates that can start as soon as possible, but no later than September 1, 2018. This Post-Doctoral position is a part of the APPIC membership, but it is not APA accredited; though, the standards for the position closely match the expectations set forth by APPIC and APA.
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**


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**


We will continue to receive applications until both positions have been filled. Candidates must be available to start no later than September 1, 2018. 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**  
Clinical Director of Integrated Behavioral Health Services/Director of Training  
730 N. Emerson Ave., Suite 20  
Wenatchee, WA 98801  
509-663-8711, ext. 7185  
Kasey.Grass@ConfluenceHealth.org

**Julie A. Rickard, PhD**  
Consult to Integrated Behavioral Health  
730 N. Emerson Ave., Suite 20  
Wenatchee, WA 98801  
509-663-8711, ext. 7104  
Julie.Rickard2@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

**Moses Lake Clinic**
Moses Lake Clinic is a multi-specialty clinic with more than 100 physicians and advanced practice clinicians. The clinic has a Medicare-approved ambulatory surgery center, a seven-day-a-week walk-in clinic and a complete Occupational Medicine department. The Moses Lake Clinic physicians and staff are committed to providing quality healthcare in a friendly and caring environment.

The City of Moses Lake is located on the shores of one of the state's largest natural fresh water lakes with over 120 miles of shoreline and covering 6,500 acres. It is an outdoor recreational oasis featuring numerous parks and campgrounds. In addition to the natural beauty of the Columbia Basin, Moses Lake has many convenient, quality attractions and facilities where Residents and visitors enjoy a variety of family events, concerts and other activities.

**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 Omak Clinic offers an Ambulatory Surgery Center, an Optical Shop, along with Laboratory and Radiology services, Physical Therapy, and an Anticoagulation Clinic. 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.

**Confluence Health | Tonasket Clinic** has six board certified Family Practice physicians, along with a mid-level practitioner who specializes in women's health care. The clinic is located in Tonasket, in North Central Washington, Okanogan County. The region is located between two mountain ranges and bounded on the north by the Canadian border. It is served by North Valley Hospital, a public hospital district located in Tonasket and serving North Okanogan County and the surrounding area.

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.
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: Moses Lake 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Institution</th>
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<tbody>
<tr>
<td><strong>Kasey Grass, PhD</strong></td>
<td>(University of Central Arkansas) Clinical Director of Integrated Behavioral Health Services/ Director of Fellowship Training</td>
</tr>
<tr>
<td><strong>Julie Rickard, PhD</strong></td>
<td>(Washington State University) Psychologist/Consultant to Integrated Behavioral Health</td>
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<tr>
<td><strong>Patrick Carrillo, PhD</strong></td>
<td>(Washington State University) Director of Clinical Services for Behavioral Health Services</td>
</tr>
<tr>
<td><strong>Nicole Avila-Parker, PMHNP-BC</strong></td>
<td>(Gonzaga University) Psychiatric Mental Health Nurse Practitioner-Board Certified, Moses Lake</td>
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<tr>
<td><strong>Tim Day, PhD</strong></td>
<td>(University of Nevada, Las Vegas) Psychologist, Walk-In Clinic, Wenatchee</td>
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<tr>
<td>Image</td>
<td>Name and Qualifications</td>
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| ![Image](115x643) | **Kelley Drayer, PhD, LMHC**  
(University of South Alabama)  
Licensed Mental Health Counselor, Moses Lake |
| ![Image](115x529) | **Miglany Gomila, PhD, LMHC**  
(Carlos Albizu University)  
Licensed Mental Health Counselor, Wenatchee |
| ![Image](114x411) | **Simone Heyward, PsyD, LMHC**  
(The Chicago School of Professional Psychology, Irvine)  
Licensed Mental Health Counselor, Wenatchee |
| ![Image](113x296) | **Grant Mundell, PsyD, LMHC**  
(Union Institute and University)  
Licensed Mental Health Counselor, East Wenatchee |

**Supervision**

Supervision is provided by licensed psychologists: Dr. Grass & Dr. Rickard in the Department of Integrated 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. 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.

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

Confluence Health Core Values:

- Our patients are the reason for our being, and their needs will drive all of our actions.
- We will treat everyone (including patients, their families, referring offices, and colleagues) with dignity, respect and compassion.
- We will work as a team, utilizing collaboration, active participation and open communication among all physicians and staff.
- We will continue to innovate ways to improve the delivery of excellent, high value care.
- We will measure successes and failures, and use the results to drive further improvement.
- We will be a good neighbor in the communities we serve with donations of time, talent and capital.
- We will be ethical and accountable in all of our decisions and actions.
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 2018/2019

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date Observed by Confluence Health</th>
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<tbody>
<tr>
<td>Labor Day</td>
<td>Monday, September 3, 2018</td>
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<tr>
<td>Thanksgiving Day</td>
<td>Thursday, November 22, 2018</td>
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<tr>
<td>Day after Thanksgiving</td>
<td>Friday, November 23, 2018- (50% rule applies for primary care)</td>
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<tr>
<td>Christmas</td>
<td>Tuesday, December 25, 2018</td>
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<tr>
<td>New Year’s Day</td>
<td>Tuesday, January 1, 2019</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Monday, May 27, 2019</td>
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<tr>
<td>Independence Day</td>
<td>Thursday, July 4, 2019</td>
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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 American Psychological Association (APA) and Association of Psychology Postdoctoral and Residency Centers (APPIC). Procedure

I. DUE PROCESS:

   A. Due process ensures that decisions made by CH about Residents are not arbitrary or personally based, requires that the program 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.

II. GRIEVANCE PROCESS:

   A. Ensures that decisions made by CH regarding complaints from or about Residents are not handled arbitrarily. This requires that the program director identify specific procedures which are applied to all complaints or challenges and have appropriate appeal procedures available to the Resident or staff member so he/she may challenge the decision.

III. SPECIFIC PROCEDURAL GUIDELINES

   A. All evaluation procedures and action plans are outlined in detail in the “Due Process and Grievance Procedural Guidelines” found in the Post-Doctoral Resident Manual and on the CH Intranet under policies.

   B. Grievance Procedure is a process that is invoked when a Resident or staff member has a complaint against the training program or the Resident. The procedural guideline includes specific steps a Resident or staff member takes in the complaint process.
Post-Doctoral Residency in Integrated Behavioral Health

Due Process and Grievance Procedural Guidelines

This document sets forth Confluence Health (CH) guidelines for evaluation of Residents, grievance procedures, and the management of problematic performance of conduct. The guidelines are consistent with accreditation standards of the American Psychological Association. The guidelines emphasize due process and assure fairness in the program's decisions about Residents, and they provide avenues of appeal that allow Residents to file grievances and dispute program decisions.

THE EVALUATION PROCESS

The Post-Doctoral Program continually assesses each Resident's performance and conduct. At two intervals (mid-point & yearend), supervisors and clinical staff provide written evaluations and meet with the Resident to discuss the assessments and offer recommendations. Meetings may occur more frequently based on identified need. Differences between Resident’s and supervisor’s appraisals are expected to surface in these meetings, and in most cases are resolved. After meeting, the supervisor and Resident sign the written evaluation and forward it to the Training Director. The Training Director obtains additional evaluation data through consultation with supervisors, physicians, and staff by phone or in person and talks with other professional staff that have significant contact with Residents. The Training Director, supervisors, and/or clinical staff periodically review as a group the evaluation data for each Resident. This group meeting is chaired by the Training Director. In collaboration with the group, the Training Director combines the evaluations and provides Residents with a summary evaluation of their progress in the program. Based on the evaluations and recommendations from the group, the Training Director and the Resident may modify the Resident's Training Plan or the Program itself, to better meet the Residents' training needs.

DEFINITION OF PROBLEM

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.

While it is a professional judgment as to when a Resident's behavior becomes more serious (i.e., problematic) rather than just of concern, for purposes of this document a concern refers to a trainees' behaviors, attitudes, or characteristics which, while of concern and which may require remediation, are perceived to be unexpected or excessive for professionals in training. Problems typically become identified as problems when they include one or more of the following characteristics:

1. The Resident does not acknowledge, understand, or address the problem when it is identified,
2. The problem 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 problem is not restricted to one area of professional functioning,

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

6. The trainee'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 cohort.
Guidelines for Resident and Training Program Responsibilities

The Post-Doctoral Residency is designed as an Integrated Behavioral Health position and is seen as a component of extended training of the Resident in Clinical/Counseling Psychology. Broadly, the residency aims to provide the Resident with the opportunity (in terms of setting, experience, and supervision) to begin assuming the professional role of a psychologist consistent with the practitioner-scholar model. This role entails the integration of previous training and a further development of the scientific, professional, and ethical bases involved in professional functioning.

I. Training Program’s Expectation of Residents

The expectations of Residents are divided into three areas:

A. Knowledge of and conformity to relevant professional standards,
B. Acquisition of appropriate professional skills, and
C. Appropriate management of personal concerns and issues as they relate to professional functioning.

Each of these areas is described below:

A. Professional Standards

Residents are expected to:

1. Be cognizant of and abide by the guidelines as stated in the APA Ethical Principles of Psychologists and Code of Conduct, Standards for Providers of Psychological Services, Specialty Guidelines, and any other relevant, professional documents or standards which address psychologists' ethical, personal and/or legal responsibilities.

2. Be cognizant of and abide by the laws and regulations governing the practice of psychology as included in appropriate legal documents. Such documents include but are not necessarily limited to the Washington State Board of Examiners of Psychologists Law.

It is recognized by the training program that mere knowledge of and exposure to the above guidelines and standards are not sufficient. Residents need to demonstrate the ability to integrate relevant professional standards into their own repertoire of professional and personal behavior. Examples of such integration include a demonstrated awareness of ethical issues when they arise in work with clients, appropriate decision making in other ethical situations, and awareness of ethical considerations in their own and other's professional work.

B. Professional Competency

By the time the residency is complete, Residents are expected to:

1. Demonstrate knowledge of psychopathology and of developmental, psychosocial and psychological problems.
2. Demonstrate knowledge of the special issues involved in working with a minority and disadvantaged population.
3. Demonstrate diagnostic skills and methods of diagnosis including psychological assessment, interview assessment, and consultation; with children, adolescents, and adults who are psychiatric patients or medical patients with stress related or psychiatric complications.
4. Demonstrate knowledge and skills in treatment, including psychotherapy (various modalities), case management, family therapy, group psychotherapy, crisis intervention, and medical consultation with children, adolescents, and adults.

The above competency expectations imply that Residents will be making adequate progress in the above areas (as assessed by periodic evaluations) and that Residents will achieve a level of competency by the completion of the residency which will enable them to successfully complete the residency and possess the ability to function independently as a psychologist.

C. Personal Functioning

It is recognized by the training program that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in one's role delivering direct services to clients. Physical, emotional and/or educational problems may interfere with the quality of a Resident's professional work. Such problems include but are not limited to a) educational or academic deficiencies, b) psychological adjustment problems and/or inappropriate emotional responses, c) inappropriate management of personal stress, d) inadequate level of self-directed professional development, and e) inappropriate use of and/or response to supervision.

When such problems significantly interfere with a Resident's professional functioning, such problems will be communicated in writing to the Resident. The training program, in conjunction with the Resident, will formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the Resident to an acceptable level of professional functioning within a reasonable period of time, discontinuation in the program may result. The specific procedures employed for the acknowledgment and amelioration of Resident deficiencies will be described later in this document.

II. General Responsibilities of the Resident Program

A major focus of residency is to assist the Resident in integrating their personal values, attitudes and functioning as individuals with their professional functioning. The training program is committed to providing the type of learning environment in which a Resident can meaningfully explore personal issues which relate to his/her professional functioning. In response to the above Resident expectations, the training program assumes a number of general responsibilities. The responsibilities correspond to the three general expectation areas (Professional Standards, Professional Competency, Personal Functioning) and are described below:

A. The Training Program

1. The training program will provide Residents with information regarding relevant professional standards and guidelines as well as providing appropriate forums to discuss the implementations of such standards.
2. The training program will provide Residents with information regarding relevant legal regulations which govern the practice of psychology as well as providing appropriate forums to discuss the implementations of such guidelines.
3. The training program will provide written evaluations of the Resident's progress with the timing and content of such evaluations designed to facilitate Residents' change and growth as professionals. Evaluations will address the Residents' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

The training program will provide appropriate mechanisms by which inappropriate Resident behavior affecting professional functioning is brought to the attention of the Resident. The training program will also maintain Resident procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency and/or professional functioning.
I. The Evaluation Process

Residents are evaluated and given feedback throughout the year by their individual supervision in both formal and informal settings. Additionally, bi-annually, supervisors and clinical staff get together to discuss and evaluate Residents' performance and makes 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 TD receives information from all supervisors, her own impressions and those of others who have had significant contact with the Resident. This process is viewed as an opportunity for the TD 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 TD 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.

II. 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 TD 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 TD may adopt any one or more of the following methods or may take any other appropriate action. 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 TD, 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 TD 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 TD, 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.
Residency Grievance Procedural Guidelines

I. Situations in which Grievance Procedures are Initiated

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

A. When the Resident challenges the action taken by the supervisor (Resident Challenge),

B. When the supervisor is not satisfied with the Resident's action in response to the action (Continuation of the Inadequate Rating), or

C. When a supervisor initiates action against a Resident (Resident Violation).

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

Each of these situations, and the course of action accompanying them, is described below.

A. “Resident Challenge”. If the Resident challenges the action taken by the supervisor as described in II of the “Resident Evaluation Due Process Procedure Guidelines”, he/she must, within 10 days of receipt of the decision, inform the TD, in writing, of such a challenge.

1. The TD will then convene a Review Panel consisting of the Human Resources Director and supervisor, 1-2 clinical staff or primary care physicians selected by the TD and 1-2 clinical staff or primary care physicians selected by the Resident. The Resident retains the right to hear all facts with the opportunity to dispute or explain his or her behavior.

2. A review hearing will be conducted, chaired by the TD, in which the challenge is heard and the evidence presented. Within 15 days of the completion of the review hearing, the Review Panel submits a written report to the HR Director, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The Resident is informed of the recommendations.

3. Within 5 days of receipt of the recommendations, the HR Director will accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the HR Director within 10 days of the receipt of the HR Directors request for further deliberation. The TD then makes a decision regarding what action is to be taken and that decision is final.

4. Once a decision has been made, the Resident and other appropriate individuals are informed in writing of the action taken.

B. Continuation of Inadequate Rating. If the supervisor or clinical staff determines that there has not been sufficient improvement in the Resident's behavior to remove the inadequate rating under the conditions stipulated in the probation.
1. The TD will communicate, in writing, to the Resident that the conditions for revoking the probation have not been met. The supervisor may then adopt any one of the following methods or take any other appropriate action. This may include:

   a) Continuation of the probation for a specific time period,

   b) Suspension whereby the Resident is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved,

   c) Communication which informs the Resident the TD is recommending that the Resident will not successfully complete the residency if the behavior does not change within a specified period of time, and/or

   d) Communication which informs the Resident that the TD is recommending that the Resident is terminated immediately from the residency program.

2. Within 5 working days of receipt of this determination, the resident may respond to the action by:

   a) Accepting the action or

   b) Challenging the action.

3. If a challenge is made, the resident must provide the TD, within 10 days, with information as to why the resident believes the action is unwarranted. A lack of reasons by the resident will be interpreted as complying with the sanction.

4. If the resident challenges the action, a Review Panel will be formed consisting of the HR Director, TD, two supervisors, clinical staff members or primary care physicians selected by the TD, and two supervisors, clinical staff members or primary care physicians selected by the resident.

5. A Review Panel hearing will be conducted" chaired by the TD, in which the challenge is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the resident and to the HR Director. Decisions by the Review Panel will be made by majority vote.

6. Within 5 days of receipt of the recommendations, the HR Director will either accept the Review Panel's action, reject the Review Panel's action and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the HR Director within 10 days of the receipt of the HR Director’s request for further deliberation. The TD then makes a decision regarding what action is to be taken and that decision is final.

7. Once a decision has been made, the resident and other appropriate individuals are informed in writing of the action taken.

C. Resident Violation. Any supervisor or clinical staff member may file, in writing, a grievance against a Resident for any of the following reasons:
1. Unethical or legal violation of professional standards or laws,
2. Professional incompetence, or
3. Infringement on the rights, privileges or responsibilities of others.

   a) The TD will review the grievance with the HR Director and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.

   b) If the TD and HR Director determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation the TD shall inform the clinical staff member who may be allowed to renew the complaint if additional information is provided.

   c) When a decision has been made by the TD and the HR Director that there is probable cause for deliberation by the Review Panel, the TD shall notify the supervisor or clinical staff member and request permission to inform the Resident. The supervisor or clinical staff member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within 5 days or permission to inform the Resident is denied, the TD and the HR Director shall decide whether to proceed with the matter. State or local laws will supersede this process.

   d) If the Resident is informed, a Review Panel is convened consisting of the HR Director, TD, supervisor, 1-2 clinical staff or primary care physicians selected by the clinical staff member, and supervisor, 1-2 clinical staff or primary care physicians selected by the Resident. The Review Panel receives any relevant information from both the Resident and supervisor/clinical staff member as it bears on its deliberations.

   e) A review hearing will be conducted, chaired by the TD in which the complaint is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the Resident and to the HR Director. Decisions by the Review Panel shall be made by majority vote.

   f) Within 5 days of receipt of the recommendation, the HR Director will notify the Resident and others appropriate in person of the decision and the decision is final.

   g) The final decision will be made available in writing within 10 days to the TD and Resident.

II. Situations where Residents raise a formal complaint or grievance about a supervisor, staff member, trainee, or program.

There may be situations in which the Resident has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance. The Resident should:

   A. Raise the issue with the supervisor, medical provider, staff member, other trainee, or Training Director in an effort to resolve the problem first.

   B. If the matter cannot be resolved or it is inappropriate to raise with the other individual, the issue should be raised with the Training Director. If the Training Director is the object of the
grievance or unavailable, the issue should be raised with the Chief Administrative Officer (CAO).

C. If the Training Director cannot resolve the matter, the Training Director will choose an agreeable supervisor or clinical staff member acceptable to the Resident who will attempt to mediate the matter. Written material will be sought from both parties.

D. If mediation fails, the Training Director will convene a review panel (except for complaints against supervisors or clinical staff members where the grievance procedures for that person's discipline will be followed) consisting of the Training Director, the HR Director and supervisor, clinical staff or primary care physicians of the Residents choosing. The Review Panel will review all written materials (from the Resident, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.

E. These guidelines are intended to provide the Post-Doctoral Psychology Resident with a means to resolve perceived conflicts that cannot be resolved by informal means. Residents who pursue grievances in good faith will not experience any adverse personal or professional consequences.

**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 reasonable time period, 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.

All the above steps need to be appropriately documented and implemented in ways that are consistent with due process procedures.
Due process ensures that decisions made by programs about Residents are not arbitrary or personally based, requires that programs 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.

General due process guidelines include:

1. Presenting Residents' in writing, with the program's expectations related to professional functioning,
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals,
3. Articulating the various procedures and actions involved in making decisions regarding a problem,
4. Instituting a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies,
5. Providing a written procedure to the Resident which describes how the Resident may appeal the program's action,
6. Ensuring that Residents have sufficient time to respond to any action taken by the program,
7. Using input from multiple professional sources when making decisions or recommendations regarding the Resident's performance, and
8. Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

Adapted from Emory University School of Medicine/Grady health system Pre-Doctoral residency in clinical psychology; University of Medicine and Dentistry of New Jersey University Behavioral Healthcare – Newark the New Jersey Medical School Department of Psychiatry
JOB DESCRIPTION
Confluence Health

JOB TITLE: Post-Doctoral Resident
DEPARTMENT: Integrated Behavioral Health
LOCATION: Multiple Sites

REVISED: January 9, 2018
REPORTS TO: Clinical Director Integrated Behavioral Health
OSHA CLASS: 1

OVERALL PURPOSE OF POSITION:
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 Integrated 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 Integrated 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.

JOB 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. Able to work on a variety of computer software programs efficiently
16. Participate in individual supervision, group supervision and didactic training when scheduled as part of the post-doctoral training program.
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.
- Must have completed all educational requirements of a Ph.D. or Psy.D. in Clinical or Counseling Psychology by the beginning of the Post-Doctoral position.
- Should have a thorough knowledge of the principals and practices of brief psychotherapy and preferred experience in health psychology.

LICENSING/CERTIFICATIONS:

- Must be able to get licensed at the Master’s level (LMHS, LMFT) in the State of Washington at the start of the post-doctoral residency.
- Upon completion of the post-doctoral residency program, residents will meet all requirements for full licensure at the Psychologist level in the state of Washington.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

1. Basic knowledge of the care provided in a medical setting
2. Knowledge of psychological assessment, diagnostic, and treatment procedures
3. Knowledge of patient education principles
4. Relate effectively with co-workers, medical providers, staff and function as part of the team
5. Relate effectively to patients, guests, and the general public
6. Work efficiently and flexibly amidst on-going distractions
7. Communicate effectively in written form
8. Good organizational skills
9. Speak to others with professionalism
10. Attention to detail and numerical accuracy
11. Respond calmly in an emergency situation
12. Reason and think logically to solve problems
13. Use judgment and make decisions, consult when necessary
14. Deal effectively with the public in confrontational situations
15. Maintain confidentiality of patient information
16. Examine documents for accuracy and completeness
17. Speak clearly and concisely
18. Negotiate and work through issues
19. Comfort working in a fast-paced environment that can change throughout the day
20. Type at least 50 wpm is desirable
PHYSICAL/SENSORY DEMANDS:
Requires full range of body motion including manual dexterity and hand/eye coordination. Requires standing, sitting, and walking plus reaching above and below shoulder height. Requires physically assisting patients and pushing patients in wheelchairs. Occasionally lift and carries items weighing up to 35 lb. Requires use of computer keyboard and telephone. Requires hearing and vision correctable to normal range. Also requires normal speaking ability, depth perception, and sense of touch.

WORKING CONDITIONS:
Work is performed in an office and in patient exam, treatment rooms, and occasionally at the hospital where space may be limited and confined. Requires a combination of working independently and also working closely with others. Hours may be irregular at times; working past regular shifts will occur intermittently. Requires working under stressful conditions.

HEALTH AND SAFETY REQUIREMENTS:
Knows CPR and updates these skills annually. Understands and complies with Clinic safety procedures including code and evacuation procedures. Understanding and following all universal blood and body fluid precautions and associated engineering and work practice controls and personal protective equipment requirements is required. Frequent exposure to infectious diseases, medicinal preparations, and other conditions common to a clinical setting; occasional exposure to hazardous chemicals and potential skin irritants.
Integrated Behavioral Health Post-Doctoral Program Consultation Protocol

This protocol is designed to assist Integrated Behavioral Health Post-DoctoralResidents 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 DMHP 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 the 5-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.

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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.

<table>
<thead>
<tr>
<th>Assessment, Diagnosis and Consultation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurately perceives, identifies, and clarifies nature of patient’s presenting problem (e.g., makes appropriate diagnoses).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Effectively conducts diagnostic and intake interviews.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Is able to integrate information from multiple sources of information.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Is able to demonstrate proficiency with regard to the administration, scoring, and interpretation of psychological test data.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Communicates an in-depth understanding of the patient’s situation both verbally and in written psychological reports.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Integrates assessment results with therapy process</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates proficiency in interpreting psychological assessment data to patient.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Consults appropriately with supervisors on cases, treatment planning, or other issues.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Consults appropriately with medical providers, medical staff and outside agencies on cases, treatment planning, or other issues.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Able to describe common models of clinical supervision.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Procedure, Format, Effort</th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Very Good</th>
<th>Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used supervision time productively</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Knowledge of residency policies, procedures and requirements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Kept regular appointments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Maintained accessibility for questions and discussions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Kept informed on case presentations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Set clear supervision objectives and Resident responsibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Used effective strategies in supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Provided feedback on professional performance and development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Maintained reasonable expectations for Resident's development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Assessment/Treatment Skills</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Assisted in conceptualization and clarification of client issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Assisted in development of concrete short/long range goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Assisted in selection of appropriate assessment/intervention strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Recommended alternative clinical perspectives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Recommended appropriate readings and other resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Provided guidance in development of professional relationships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Provided guidance in development of adequate skills to generate meaningful reports and case notes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Provided guidance in development of adequate skills to evaluate treatment outcomes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Provided assistance in learning referral and termination procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Supervisory Relationship</td>
<td>Poor</td>
<td>Fair</td>
<td>Average</td>
<td>Very Good</td>
<td>Outstanding</td>
<td>NA</td>
</tr>
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<td>--------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Created environment offering freedom to make mistakes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Provided ongoing feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Provided easily acceptable feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Challenged Resident to expand counseling/therapy skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Respected Resident as an emerging professional</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibited commitment to Resident's training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibited characteristics of an excellent role model</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Accurately conceptualized Resident's strengths and developmental needs as an emerging psychologist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Communicated evaluation of Resident's skills in a direct manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>GOAL 1: Assessment, Diagnosis, and Consultation Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and skills in clinical interviewing which includes safety assessment and contingency planning.</td>
</tr>
<tr>
<td>Knowledge and skills in test selection and administration.</td>
</tr>
<tr>
<td>Knowledge and skills in clinical interpretation of interview and test data.</td>
</tr>
<tr>
<td>Ability to formulate accurate diagnoses.</td>
</tr>
<tr>
<td>Ability to communicate assessment findings and recommendations in a written format.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 2: Competency in Intervention, Treatment, and Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to appropriately conceptualize cases and develop intervention plans specific to patient needs.</td>
</tr>
<tr>
<td>Ability to develop good rapport with a variety of patients, collaboratively plan treatment goals, and address safety issues.</td>
</tr>
<tr>
<td>Ability to effectively apply a variety of interventions that are effective and consistent with empirically supported treatments.</td>
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<tr>
<td>Ability to evaluate treatment progress and terminate therapeutic interventions when appropriate.</td>
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<tr>
<td>Ability to appropriately facilitate group therapy interventions.</td>
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<tr>
<th>GOALS 3 &amp; 4: Foundational Ethical &amp; Multicultural Competencies</th>
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<tr>
<td>Adherence to professional values and a concern for the welfare of others.</td>
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<tr>
<td>Knowledge and application of ethical principles.</td>
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<tr>
<td>Professional and appropriate interaction with treatment teams, peers and supervisors.</td>
</tr>
<tr>
<td>Responsible performance of key patient care tasks which includes producing timely and high quality work.</td>
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<tr>
<td>Management of personal and professional stressors such that professional functioning is maintained.</td>
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<tr>
<td>Maintains awareness and sensitivity to diversity issues and individual differences.</td>
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<tr>
<th>GOAL 5: Specialty Skill &amp; Scholarly Practice</th>
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<tr>
<td>Is able to critically analyze research and apply it appropriately to clinical practice.</td>
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<tr>
<td>Knowledge and skills of consultation.</td>
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<tr>
<td>Knowledge and skills of program evaluation.</td>
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<tr>
<td>Knowledge and skills of providing supervision.</td>
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## OTHER FEEDBACK

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

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. REFERENCES
4. PROOF OF COMPLETED DOCTORATE PROGRAM and INTERNSHIP

APPLY ONLINE

Please contact for questions:

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