



# **ADVANCED BRAIN-BASED FELLOWSHIP CONSORTIUM POSTDOCTORAL BROCHURE**



**Brighter Brains Integrative Health, LLC**  
**Joy F. Welcker, PhD, LPC, CPCS, OMC**

**123 S. Zetterower Avenue**  
**Statesboro, GA 30458**  
**Phone 912-225-3760**

**110 Traders Cross**  
**Bluffton, SC 29909**  
**Fax 912-225-3770**

**Child NeuroBehavioral Center for Health & Wellness, PC**  
**Maria E. Gangarosa-Emerson, PhD, OMC**

**302 Baston Road**  
**Augusta, Georgia 30907**  
**Phone 706-447-8700 / Fax 706-447-8701**

**2024-2025**

## TABLE OF CONTENTS

1. Purpose & Mission of Advanced Brain-Based Fellowship	6
2. Program Information	7
Overview	7
Setting & Population	7
Administrative Structure of Training Program	8
Statement of Diversity, Equity, & Inclusion	9
APPIC Membership Status	9
Accreditation Status	9
3. Training Director & Supervisors	9
4. Fellowship Program Aims & Competencies	10
Assessment	10
Intervention	11
Research & Scholarly Activities	11
Ethical & Legal Standards	12

## TABLE OF CONTENTS

Individual & Cultural Diversity	12
Professional Values, Attitudes, & Behaviors	12
Consultation & Interdisciplinary Skills	13
Supervision	13
Communication & Interpersonal Skills	14
5. Clinical Training & Learning Activities	14
Clinical Training Activities	14
Seminars & Trainings	15
Supervision	15
Other Professional Development Activities	16
Sample Weekly Training Schedule	17
6. Methods of Evaluation	19
Written Evaluations of the Fellow & Expected Levels of Achievement\	19

## TABLE OF CONTENTS

Written Evaluation of Supervisors	19
Written Evaluation of the Training Program	20
Minimum Requirements for Completion of Fellowship Training Program	20
7. Due Process Procedures	21
Rights & Responsibilities	21
Due Process Guidelines	21
Definition of Problematic Behavior & Competence / Performance Problems	22
Information & Formal Due Process Procedures	23
Supports & Sanctions	23
Due Process: Appeal Procedures	26
8. Grievance Procedures	26
Informal & Formal Grievance Procedures	26
Grievance: Appeal Procedures	27

## TABLE OF CONTENTS

9. Information for Applicants	27
Eligibility Requirements	28
Appointment, Stipend, & Benefits	28
Relevant Application Information	28
Selection Procedures	29
Non-Discrimination Statement	29
10. Program Policies	30
Vacation Time	30
Expected Professional Behavior	30
Privacy & Security of PHI	31
Policy on Social Media	32
Policy on Moonlighting	32
National Provider Identification (NPI) Number	32

## TABLE OF CONTENTS

Helpful Links/Resources	32
<hr/>	
Appendix A: Postdoctoral Fellowship Didactic Calendar	34
<hr/>	
Appendix B: Postdoctoral Fellow Performance Evaluation	36
<hr/>	



# **ADVANCED BRAIN-BASED FELLOWSHIP CONSORTIUM POSTDOCTORAL MANUAL**

## **1. Purpose and Mission of the Advanced Brain-Based Fellowship Consortium (ABBFC)**

The mission of the Advanced Brain-Based Fellowship Consortium (ABBFC) is to ensure the well-being of children, adolescents, adults and families through accurate assessment and treatment.

Services include assessment, therapy, neurofeedback therapy, consultation and rehabilitation. Neuropsychological assessment is composed of a comprehensive battery of tests tailored to the individual and designed to emphasize cognitive strengths and weaknesses which can be used to improve performance at home, school, and the workplace. A psychological assessment is typically much shorter and designed to evaluate only personality or only one portion of what the neuropsychological assessment measures. Assessments are conducted by Dr. Gangarosa-Emerson, Dr. Welcker and in conjunction with masters' and PhD trained contract workers and employees.

Dr. Gangarosa-Emerson and Dr. Welcker use a multi-faceted approach to solve disruptive behavior and emotional problems through parent coaching and education, child assessment, cognitive therapy, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Play Therapy (PT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR) and specific protocols to treat emotional problems (Obsessive Compulsive Disorder, Sexual Abuse, etc.).

Because many traditional therapies do not serve all of the client's needs, the consortium also offers specialty services. Consultative services include Advocacy and Legal Work. Rehabilitation services include Study Skills Training, Social Skills Training/Groups, Attachment Therapy Intensives, and Neurofeedback Therapy as well as programs to address auditory processing issues, visual processing issues, and literacy issues.

Dr. Gangarosa-Emerson and Dr. Welcker provide the most comprehensive assessments within the surrounding area, allowing for recommendations tailored to each individual. In therapy, we work with families rather than just the individual. Also, our line of rehabilitation services ensures that each individual will be able to get most of their needs met in our offices after assessments are completed.

## 2. Program Information

### Overview

The Advanced Brain-Based Fellowship Consortium (ABBFC) is a collaboration between Child NeuroBehavioral Center for Health & Wellness, PC and Brighter Brains Integrative Health, LLC. The program provides many opportunities and activities to ABBFC fellows' ability to meet competences and objects of the training program. The one-year fellowship provides opportunities for the Fellow to engage in psychological / neuropsychological assessment and brain-based treatment of youth (infancy to young adult) with neurodevelopmental conditions and other related medical, behavioral health, and learning needs. Fellows will have additional opportunities to work with adults and families as well.

Fellows have the ability to learn in a collaborative and interdisciplinary setting during the training year, and to acquire discipline-specific skills through work with their clinical supervisors. The training program focuses on high-quality, evidence based, interdisciplinary training in assessment and treatment of individuals and provides trainees with a breadth of clinical experiences that will prepare them for entry into practice as knowledgeable psychologists.

Our supervisors are committed to an individualized approach to training. Each Fellow is met at their current professional level and guided to evolve and develop with increased independence and professional growth. Fellows are encouraged to learn and then teach evidence based assessment and intervention practices. If the Fellow chooses the two year option of the ABBFC, they will have additional time to develop and consolidate skills for more advanced assessment, treatment, and report writing skills.

The Child NeuroBehavioral Center offers more in depth assessment, treatment and rehabilitation of learning and behavioral issues; and Brighter Brains Integrative Health offers a wider breadth of assessment and treatment of children and adults including disability assessments with psychiatric diagnostics.

The appointment begins August 1 and ends July 31<sup>st</sup> of each training year; if these dates fall on a weekend or holiday, start/end dates are the following / preceding business day, respectively. The one year Fellow will spend the 1<sup>st</sup> six months with one of the consortium sites and complete the year with other consortium sites.

Similarly, the two year postdoctoral period would cover 24 months with the same start/end dates as above. The two year Fellow will spend the 1<sup>st</sup> year with one of the consortium sites and complete the second year with other consortium site.

Fellows are responsible for 20-25 hours of direct clinical responsibilities through either the CNC or BBIH clinics per week with 2-4 test cases per week (12-14 hours) and 10-12 therapy, neurofeedback or rehabilitation cases per week. The balance of the week is devoted to didactic, supervision, and administrative tasks (such as report writing). Fellows are expected to engage in learning activities for a total of 40 hours per week for each 12 months for a total of up to 2,000 fellowship hours per year.

### Setting & Population

The Fellowship is split between two locations:



## **CHILD NEUROBEHAVIORAL CENTER FOR HEALTH & WELLNESS, PC:**

**About the Company:** The Child NeuroBehavioral Center of Health & Wellness, PC is a dynamic multidisciplinary team with a neuropsychologist, a Post Doctoral Fellow, and a diverse array of mental health specialists, which may include Psychologists, Psychometrists, Neurofeedback Technicians, Speech Language Pathologists, Literacy Tutors, COTAs, and Student Interns that specialize in the evaluation and treatment of developmental, psychological and neurological issues in toddlers, children, and adolescents. We also treat adults, parents, and families. Referrals are obtained from CSRA doctors, word of mouth, and internet self-referrals. Today, we are known in the community and surrounding area for the best quality evaluation which drives treatment, especially for those with attachment issues, anxiety & depression, oppositional defiance, autism, and literacy issues like Dyslexia. We bring a holistic perspective and expertise in research-based remediation of psychological and neurological issues.

The **CNC facility** has disability accessible & has 7 offices, 7 treatment rooms, 2 bathrooms, kitchenette & large staff room. We are currently expanding into a second facility next door on Star Dust Drive. This allows for ample office space & parking. The office staff includes secretaries, office manager & billing staff.

CNC is located at 302 Baston Road, Augusta, Georgia.

## **BRIGHTER BRAINS INTEGRATIVE HEALTH, LLC:**

**About the Company:** Brighter Brains Integrative Health (BBIH) is a group practice that specializes in brain-based interventions, including traditional individual therapy, trauma-focused interventions, EMDR, EEG-based neurofeedback, and cognitive rehabilitation. The group includes a diverse array of mental health specialists, which may include Psychologists, Psychometrists, Licensed Professional Therapists, Social Workers, Neurofeedback Technicians, and Student Interns. This practice serves as a formal training center for new and early career psychologists and other mental health professionals with interest in neuropsychology, brain anatomy, and brain-body health and wellness. We receive referrals from a variety of local professional sources including pediatricians, primary care doctors, specialty care physicians, speech-language pathologists, occupational therapists, legal counsel, and schools.

**The BBIH facility** is disability accessible and has 2 administrative offices, 8 treatment rooms, a large conference room, 3 bathrooms, and a full kitchen (full refrigerator, microwave, cabinets, and counter space). We have a large lighted parking lot close to the building.

BBHI is located at 123 S. Zetterower Avenue, Statesboro, Georgia but has a sister site at 110 Traders Cross, Bluffton, South Carolina.

### **Administrative Structure of Training Program:**

The Training Director, Dr. Gangarosa Emerson, is responsible for the quality and integrity of the Training Program. The Training Director (TD) and Associate Training Director (ATD), Dr. Joy Welcker, share the responsibilities of the Training Program. The TD ensures that the training program maintains the highest standards of excellence and compliance with APPIC membership criteria / policies and APA Ethical Principles, as well as state and local standards and requirements. It is the TD's responsibility to ensure that adequate training opportunities exist for postdoctoral fellows, including direct clinical service and didactics / seminars, and that such opportunities meet APPIC requirements. The TD works closely with ATD to draft and maintain updated information about the training program on informational sources.

### **Statement on Diversity, Equity & Inclusion**

Advanced Brain-Based Fellowship Consortium (ABBFC) is mindful of advancing diversity in recruitment and training of all trainees as well as among staff who supervise and work in each of the centers. As a training program, we recognize the learning environment created by collaboration among trainees, supervisors and staff from diverse backgrounds.

### **APPIC Member Status**

APPIC member status is pending.

### **Accreditation Status**

The Advanced Brain-Based Fellowship Consortium (ABBFC) is not accredited by the American Psychological Association.

## **4. Training Director & Supervisors**

The CNC & BBIH centers seek to provide excellence in brain behavior assessment and treatment within their respective surrounding areas. All supervisors are licensed clinical psychologists and/ or LPC supervisors with extensive experience. The Fellow's supervisors will be full-time / staff or contracted licensed psychologists.

### **Program Leadership & Supervisors**

**Maria E. Gangarosa Emerson, PhD, OMC, Training Director / Supervisor:** Dr. Gangarosa Emerson is a Clinical Psychologist specializing in Neuropsychology who has been in private practice since 1999 in Athens, Georgia. She worked under the name Maria E. Gangarosa Emerson, PhD, PC from 2003 to 2014 in Augusta, Georgia. She created Child NeuroBehavioral Center for Health & Wellness, PC in 2015 to reflect the practices' emphasis on a multi-disciplinary associate team approach and holistic treatment.

Dr. Gangarosa Emerson completed her masters' degree in Adult Neuropsychology at Drexel University while training in the Brain-Behavior Laboratory at the Hospital for the University of Pennsylvania. After graduation, she earned her Nouthetic counseling certificate, working with adults through the Atlanta Biblical Counseling Center. For the next eight years, she worked in the Neonatal Intensive Care Nursery at the Medical College of Georgia (assessing infants, toddlers, & children) while simultaneously obtaining a PhD with an emphasis in Child Neuropsychology and a certificate in Marriage & Family Counseling at the University of Georgia. While in her APA accredited PhD program at the University of Georgia, she worked with parents, children, and adolescents in various clinics at the University of Georgia, Emory University, and the Medical College of Georgia. She completed her APA accredited internship in Clinical Psychology at the Allegheny University of the Health Sciences performing assessments and therapy with children, parents, and adults in both inpatient and outpatient settings. She completed two additional years as a post-doctoral Fellow in Neuropsychology at MCP Hahneman University Hospital and St. Christopher's Hospital for Children. For over the past 10 years, she has been interested in and developing a neurofeedback program to augment therapy and completed a certification in the Othmer Method (2019). Her newest passion and area of focus includes studying holistic solutions

to mental health and physical problems. Dr. Gangarosa Emerson has over twenty-five years of experience serving individuals in an assessment and therapeutic context.

**Associate Training Director / Supervisor / Lead Psychologist:** Dr. Joy F. Welcker PhD, LPC, CPCS, OMC is owner & operator of Brighter Brains Integrative Health in Statesboro, Georgia. She completed an EdS at Georgia Southern University in 2003, an MA in Clinical Psychology from Fielding Graduate University and an APA accredited PhD in Clinical Neuropsychology from Fielding Graduate University. From 2003 to 2011, she worked simultaneously as a school psychologist at Charter Conservatory for Arts & Technology, Statesboro, GA, in 2006-2007, an Adjunct Professor for Introductory Psychology, Ogeechee Technical College (2006-07), and as a psychological examiner at Southern Psychological Services in Statesboro, GA (2003-10). She completed a Neuropsychology practicum with Dr. Ed Hamlin & a practicum at Pisgah Institute. She completed an APA internship at Kentucky River Community Care, Hazard KY with a focus on trauma cases (2011-12). She completed a 2 year Postdoctoral Fellowship and continued to work thereafter at the Child NeuroBehavioral Center for Health & Wellness, PC in Augusta, GA completing trauma evaluations, neuropsychological evaluations, neurofeedback therapy and trauma treatment (2012-2016). In 2017, Dr. Welcker opened her own practice and recently expanded into a larger facility in Statesboro, Georgia.

## **5. Fellowship Program Aims & Competencies**

The aim of the fellowship program at the Advanced Brain-Based Fellowship Consortium (ABBFC) is to prepare postdoctoral fellows for successful entry-level practice into the field of health service psychology, with an emphasis on supporting youth with neurodevelopmental disorders (NDDs) and behavioral health needs, as well as adults with traumatic brain injury, autoimmune illness, and/or dementia process. Our program has a lifespan focus and emphasizes evidence-based practices to promote high quality and patient-centered care for children, adolescents, and adults. Our health service emphasis ensures that clinical training practices are informed by up-to-date research findings and specialized intervention practices.

The ABBFC also focuses on supporting trainees to provide culturally- sensitive clinical services, and practice at the highest level of ethical decision making. In this context, fellows build core skills throughout the year and demonstrate readiness to provide clinical services at an elevated level of independence, prioritizing needs of individuals and families. Over the course of a one-year or two-year Postdoctoral Fellowship Program, fellows receive training and supervised experience in diagnostic evaluations (e.g., comprehensive neuropsychological evaluations, intake assessments, neuropsychological screening, pre-post assessment following intervention), a variety of therapeutic interventions (e.g., individual therapy, EEG neurofeedback, cognitive rehabilitation), and consultation (e.g., to Fellow providers, community agencies, primary care settings).

Fellows develop skills in each of APA's nine Profession-Wide Competencies:

### **1) Assessment**

- a. Independently elicit clinical information via diagnostic interviews (i.e., structured, semi structured, unstructured), behavioral observations, and mental status exams to gather necessary information to understand the presenting problem, referral questions, and differential diagnoses.

- b. Select and apply appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics.
- c. Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant characteristics of the patient.
- d. Demonstrate current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of patients' strengths and needs.
- e. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases.
- f. Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural).
- g. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- h. Produce well-integrated reports that demonstrate the ability to synthesize the patient's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations.
- i. Demonstrate proficiency in using best practice measures in the assessment and diagnosis of a wide range of patients in accordance with age, gender, and category of complaint. Be able to independently select and administer these tools on a case by case basis with accuracy and fidelity.

## **2) Intervention**

- a. Establish and maintain effective relationships with the recipients of psychological services including establishing rapport, eliciting participation and engagement with the therapeutic process, and maintaining therapeutic boundaries.
- b. Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals.
- c. Implement interventions informed by the current scientific literature, assessment findings, patient characteristics, and contextual variables.
- d. Demonstrate intervention skills in the use of evidence-based techniques in individual therapy for children, adolescents, and individuals.
- e. Demonstrate the ability to seek out and apply the relevant research literature to inform clinical decision making and intervention strategies to optimize mental health outcomes and achieve treatment goals.
- f. Evaluate intervention effectiveness of the treatment and adapt intervention methods and goals in line with the evaluation results using objective and subjective data.
- g. Demonstrate the ability to generalize skills (e.g., teaching, assessment, behavior management) across patients, settings, and scenarios when appropriate.

## **3) Research & Scholarly Activities**

- a. Seek out scholarly articles to support the implementation of evidence in guiding clinical decision making, test selection, therapeutic tools and strategies, and case conceptualization.
- b. Demonstrate increasing ability to adapt and apply research principles with a diverse community population, including individuals with neurodevelopmental disabilities or neurological injuries.
- c. Demonstrate substantial independence in critically evaluating research or other scholarly activities.

- d. Demonstrate ability to disseminate research or other scholarly activities (e.g., clinical case studies, case conference, presentation, publications, program development projects) at the local, regional, and/or national levels.

#### **4) Ethical & Legal Standards**

- a. Demonstrate knowledge of, and ability to, apply APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines (at the state, regional and federal level.)
- b. Recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas. Seek peer consultation when uncertain.
- c. Independently act to safeguard the welfare of others and implement knowledge of specific and appropriate procedures for assessing harm or danger to self or others, including successfully implementing knowledge of appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons.
- d. Conduct self in an ethical manner in all professional activities. Recognize the need to remain ethical in one's personal life as well as professional life.

#### **5) Individual & Cultural Diversity**

- a. Demonstrate awareness of the impact of culture and worldview on patients' perspectives and attitudes toward clinical services including assessments and therapy.
- b. Demonstrate self-awareness of one's own culture, personal history, attitudes, and biases and their potential impacts on clinical work with patients and families.
- c. Demonstrate the ability to integrate awareness/knowledge of individual and cultural differences while providing clinical services or serving in a professional role.
- d. Demonstrate an ability to work effectively with diverse individuals or groups encountered during the training year, including those whose identities, demographic characteristics, or worldviews may conflict with one's own.
- e. Independently consider diversity (race, ethnicity, gender, education, economic status, language, immigration status, disability status, etc.) when selecting, administering, and interpreting psychological instrumentation, conceptualizing cases, generating diagnostic formulations, and making treatment recommendations and referrals.
- f. Demonstrate increasing current theoretical and empirical knowledge as it relates to diversity across professional activities including research, training, supervision/consultation, and service; this includes the ability to apply a framework for working effectively within areas of individual and cultural diversity not previously encountered over the course of prior training.

#### **6) Professional Values, Attitudes, & Behaviors**

- a. Behave in ways that reflect the values and attitudes of the Consortium and the field of psychology, including concern for the welfare of others, respect, integrity, accountability, and excellence.
- b. Seek out opportunities to engage in self-care and self-reflection leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision).
- c. Demonstrate awareness of their own competencies, skills, strengths, and needs and seek out timely supervision in response to clinical risks and challenging cases. Use effective self-assessment as it relates to need of supervision.

- d. Respond professionally within increasingly complex situations with increasing independence.
- e. Keep timely, clear, relevant documentation in compliance with Consortium timelines, standards, and procedures.
- f. Demonstrate ability to explore and refine time management skills to prioritize clinical, administrative, and training duties.
- g. Actively seek, and demonstrate openness and responsiveness to, feedback and supervision to improve clinical practice. Be able to accept correction and suggestion for improvement without taking feedback personally.
- h. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).

### **7) Consultation & Interdisciplinary Skills**

- a. Describe how different professions can make positive contributions to clinical care of shared patients, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).
- b. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- c. Demonstrate the ability to establish and maintain productive working relationships with members of the interdisciplinary team including clinicians, physicians, psychiatrists, consultants, trainees, educational staff, interpreter services, schools, and other community partners.
- d. Educate other disciplines on issues that help improve care and positive outcomes for patients with neurodevelopmental and/or neurological-based disorders and their families, including behavioral management strategies, community resources, evaluation practices, and treatment recommendations.

### **8) Supervision**

- a. Demonstrate the ability to apply supervision knowledge in direct or simulated practice with patients, psychology trainees, or other health professionals. This may include, but is not limited to, role-played supervision with others and peer supervision with other trainees.
- b. Apply supervisory skills of observing in direct or simulated practice.
- c. Apply supervisory skills of giving guidance and feedback in direct or simulated practice.
- d. Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.
- e. Understand and appropriately verbalize the primary model(s) that guide one's provision of supervision.
- f. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).
- g. Accept responsibility in bringing pertinent information about patients and/or patient situations to the Supervisor. Do not omit pertinent information during supervision in a manner that could become detrimental for a professional, patient, or other impacted party.
- h. Actively seek and demonstrate openness and responsiveness to feedback and supervision to improve clinical practice.

## 9) Communication & Interpersonal Skills

- a. Demonstrate the ability to establish and maintain positive rapport and effective communication with those receiving professional services, supervisors, trainees, colleagues, and community partners.
- b. Demonstrate self-awareness and self-modification related to non-verbal communication, including appropriate management of personal affect.
- c. Demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts while maintaining appropriate boundaries and professional demeanor.
- d. Produce and comprehend oral, nonverbal, and written communications that are informative, well-integrated, and that demonstrate a thorough grasp of professional language and concepts.

## 6. Clinical Training And Learning Activities

Fellows engage in clinical activities spanning both assessment and treatment interventions; didactic seminars related to clinical issues, ethical issues, issues of diversity and equity, supervision skills, and professional development (including advocacy and emerging supervision of others); high-quality supervision; and optional research activity. At the beginning of each year, each Fellow is assigned a primary supervisor and a co-supervisor who will also act as mentors throughout the fellowship period. During the initial training period at a new site (first two weeks), the Fellow will engage in direct observation and didactic learning aimed to prepare Fellows to engage in direct service with patients.

### Clinical Training Activities (35% time)

• **Therapy.** Fellows provide individual therapy using evidence-based practices, informed by mind-body wellness, neurobiology, attachment and attunement, neurodevelopment, and neurological illness. These may include trauma-informed interventions, cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), polyvagal strategies, attachment work, dialectical behavioral therapy (DBT), acceptance and commitment therapy (ACT), and brain-based neurotherapy. Clinical services may be provided via telehealth, as appropriate and/or necessary.

**Individual Therapy.** Fellows administer 1:1 therapy using various theoretical orientation strategies, spanning cognitive, behavioral, neurobiological, attachment, psychodynamic, and mindfulness strategies.

**Options** for creating, leading, and co-leading groups may be available by individual request.

• **Diagnostic Assessment (35% time).** Fellows engage in developmental, psychological, and neuropsychological evaluations as follows:

#### o Neuropsychological and Neurodevelopmental Assessments

Fellows participate in neurodiagnostic assessments from various referral sources with an opportunity to determine individual test selection, administration, scoring, interpretation, and formal report writing for various patient needs (psychological, medical, legal, etc.). These assessments are designed to identify cognitive and/or developmental strengths and weaknesses, assess adaptive functioning, provide diagnostic clarification, determine the need for intervention, and provide relevant recommendations and resources to families. Assessments incorporate measures of development, cognition, executive functioning, processing deficits, socioemotional functioning, and adaptive behavior. Assessment of specific cognitive domains (e.g., attention,

self-regulation, language, visual-motor skills, fine motor skills, memory, learning, and independence is included.

- **Clinical Research (optional).** Fellows may request activity related to clinical research, particularly with regard to clinical outcomes of EEG neurofeedback intervention. This activity is generally dedicated to approximately 4 hours weekly. Participation in formal research activity is not required as part of the ABBFC program. All data, findings, and outcomes remain the property of the training site, who is ultimately responsible for the raw data and its usage. Any publications related to data obtained from a Consortium training site must be authored and/or supervised by the training site to whom the data belongs in accordance with professional provisions of privacy and confidentiality of patient data.

- **Supervision, Consultation & Mentoring (10% time).** Fellows may have opportunities to co-lead group therapy for children, adolescents, and/or adults. In this role, fellows have opportunity to provide supervision to therapists, interns, and/or volunteers who are sometimes relatively new to providing therapeutic supports in a group format. Supervision duties may include training others on the evidence-based curricula, providing guidance to implement behavioral supports within the group, and supporting others to set and track patient goals and complete necessary clinical documentation.

### **Seminars and Trainings (20% time)**

- **Required Monthly Didactics**

- **Required Monthly Didactics** (4 hours, alternating sites monthly); see formal Postdoctoral Didactic Calendar for the training year for list of topics (in Appendix A)
- **Psychoeducation / Didactic Training.** Fellows will attend lectures and trainings and/or present during lectures and trainings on professional topics of clinical interest.
  - o **Optional Professional Development Opportunities.** Fellows have the option to formally present at local, regional, or national conferences. Fellows also have an option to obtain formal credentialing and certification in Infralow frequency EEG-based neurofeedback, including opportunity for self-training, formal didactics related to EEG neurofeedback, patient sessions using state of the art EEG-based neurofeedback equipment, and required supervision of brain-based clinical activities.

### **Supervision (10% time)**

The overarching goal of supervision is to guide the Fellow toward achieving competence in the provision of neuropsychological health services. Supervision is a collaborative relationship between a Fellow and a supervisor that extends over time and that has both facilitative and evaluative components. Fellows receive a minimum of two hours of supervision per week. All supervisors are licensed clinical psychologists with vast experience in the specific areas in which they are providing supervision. In addition, fellows receive live supervision for the majority of time that they are providing direct clinical services to patients. The Fellow's primary supervisor must be a full-time clinician at the assigned training site and have a doctoral degree in Clinical or Counseling Psychology and hold a valid license to practice as a Psychologist in the state where direct patient care takes place (GA or SC).

Protected time each week is reserved for supervision to ensure that supervision occurs regularly and predictably. Fellows are also encouraged to seek out their supervisor for consultation as needed outside of designated supervision times. In-person supervision is prioritized; however, telehealth supervision may be utilized as an alternative when in-person meetings are not feasible due to public health crises or weather-related emergencies. Telehealth supervision occurs on a HIPAA-compliant platform provided by



the ABBFC. In the unusual event that internet services are not operating, phone supervision will be made available.

- **Individual Supervision.** Postdoctoral fellows receive a minimum of 2 hours of individual supervision per week. Fellows are assigned a primary and a secondary supervisor who oversees all clinical work and review/approves all documentation (including diagnostic assessments, therapy notes, reports, and other charting requirements). The primary supervisor is responsible for supervision at the current work site; the secondary supervisor may be utilized during instances when the primary supervisor may be temporarily unavailable. Fellows are expected to come to supervision prepared with cases and supporting materials to be reviewed. Fellows also use this time for professional development by learning new assessment methods, fine-tuning therapy strategies, exploring ethical and diversity issues, and addressing any professional or collaboration needs.

- **Group Supervision and Professional Development.** Fellows attend a minimum of 1 hour of group supervision weekly.

- **Weekly Group Supervision:** Fellows participate in weekly group supervision sessions that are led by the Training Director and/or a clinical supervisor. These weekly Fellow group supervision meetings may include other clinicians with whom the Fellow may share patient cases. These meetings are designed to facilitate continued development of increasingly independent skills that will be employed over the course of the training year. Group supervision also provides an opportunity for consultation, clinical discussions, and constructive feedback alongside peers, supervisors, and mentors. Related clinical case presentations, topical group processes, and role-playing exercises are also employed. Fellows are expected to actively participate in group supervision.

- **Case Consultation:** Fellows participate in case discussions on a weekly or biweekly basis, depending on activity scheduling, with supervision from training directors and/or other clinical leads/supervisors. Case consultation and case presentation are an important part of weekly group supervision activities.

**Policy on Telesupervision.** In person supervision is prioritized as the primary method of supervision in the program. However, high quality, real-time telesupervision may be used in circumstances when a clinical service is offered in a virtual format. Supervisors may provide live supervision of fellow's telehealth work during some clinical intakes that are conducted over telehealth platforms and as a co-therapist.

At least half of the fellow's weekly individual supervision and at least half of their total supervision per week takes place in person. Thus, weekly in-person individual supervision takes place in the following ways: a) at least 1 hour of supervision for assessment and b) at least 1 hour of supervision for therapy. This represents 2 hours of the 3 total individual supervision fellows receive per week. Additionally, 1 hour of monthly group and/or 1 hour of optional research supervision also occur in person. With the inclusion of live supervision, fellows consistently receive a total of at least 7 hours of in-person supervision per week.

### **Sample Weekly Training Schedule**

Fellows are responsible for 20-25 hours of direct and indirect clinical responsibilities through their respective clinical assignment. Fellows are expected to engage in learning activities for a total of 40 hours per week for 50 weeks (due to holidays), for a total of 2,000 fellowship hours. Although each fellow's

training program is individualized, fellows' time is generally distributed as shown in the table on the following page.

**ADVANCED BRAIN-BASED FELLOWSHIP CONSORTIUM (ABBFC)  
SAMPLE WEEKLY TRAINING SCHEDULE**

<b>Direct Clinical Services: 20-25 hours per week</b>	
<b>CNC &amp; BBIH</b>	
<b>Diagnostic Evaluations (in-person)</b>	<b>14 hours weekly; initially 1-2 case per week live supervision</b>
<b>Intakes &amp; Assessment Feedback Sessions (in-person or telehealth)</b>	<b>1-3 hours weekly; initial diagnostic interviews &amp; feedback sessions with live supervision</b>
<b>individual Therapy (in-person)</b>	<b>5-10 hours weekly of individual therapy cases with supervision</b>
<b>Group Therapy (in person)</b>	<b>1-2 hours per month (with 1 hour of group supervision including group planning, prep &amp; debriefing)</b>
<b>Indirect Clinical Services: 4-6 hours per week</b>	
<b>Case management, consultation, and family collateral services (via phone) and other administrative activities</b>	
<b>Supervision: Minimum of 4 hours per week</b>	
<b>Individual Supervision</b>	
<b>Individual therapy supervision</b>	<b>1 hour weekly</b>
<b>Individual assessment supervision</b>	<b>2 hours weekly</b>
<b>Individual research supervision (if chosen)</b>	<b>1 hour weekly</b>
<b>Group supervision</b>	
<b>Group supervision in context of group therapy</b>	<b>1 hour monthly</b>
<b>Postdoctoral fellows group supervision</b>	<b>1 hour monthly</b>
<b>Live supervision during direct clinical services</b>	<b>Approximately 12 hours per week</b>
<b>Seminars, Didactics, &amp; Additional Training Experience: 4-6 hours per week on average</b>	
<b>See description above &amp; Calendar of Structured Learning Activities</b>	
<b>Supplemental &amp; Optional Trainings</b>	
<b>Neuroanatomy Lunch &amp; Learn</b>	<b>1 hour weekly</b>
<b>EEGinfo Neurofeedback Summit Meeting</b>	<b>3 day (24 hours) yearly</b>
<b>AAPdN Conference</b>	<b>3 day (24 hours) yearly</b>
<b>Specialty Topics</b>	<b>1 day (8 hour) every 3 months</b>

## **7. Methods of Evaluation**

### **Written Evaluations of the Fellow & Expected Levels of Achievement.**

Throughout the training year, fellows are encouraged to engage in open, ongoing dialogue with their supervisor (s) regarding their progress and the degree to which competencies are being met. Supervisors also monitor the trainee's progress and provide professional development guidance.

Fellows receive formal written evaluations of their progress every four months (i.e., three times per year). The evaluation process involves completion of standardized evaluation forms (described below) and a face-to-face evaluation meeting between the Fellow and primary supervisor. The primary supervisor will gather input and feedback from other supervisors and mentors related to the Fellow's performance and progress achieved towards the learning goals to incorporate this in their completion of the evaluation and verbal feedback to the Fellow during the evaluation meeting.

Evaluations are due by the last working day of November, March, and July. The evaluation's focus is on the Fellow's strengths and areas for improvement across the nine profession-wide competencies, including intervention, assessment, professional attitudes and behavior, ethical and legal issues, individual and cultural diversity, communication and interpersonal skills, consultation and interprofessional skills, research (if applicable), and supervision. At the 1<sup>st</sup> two evaluations points, the Fellow's ITP will be updated to reflect learning activities and objectives that have been accomplished and allow for the addition of new learning objectives for the remainder of the training year. This evaluation, along with review of the Fellow's ITP, helps to shape and refine learning goals as needed to maximize the Fellow's ability to reach the expected competencies and meet learning goals by the end of the training year (July 31).

The Fellow must meet the required minimum level of achievement across all elements of each competency area at each of the 3 evaluation periods. The minimum levels of achievement were established using a developmental approach to allow fellows to demonstrate increased competency over the course of the year. On the 1<sup>st</sup> evaluation, which takes place at the end of November each year, fellows must receive ratings of at least Entry Level – 2 on all elements. Fellows must receive ratings of at least Developing Competence Level – 3 on the 2<sup>nd</sup> evaluation, which takes place at the end of March. At the end of the fellowship, fellows are expected to demonstrate competency to perform at the level of an entry-level psychologist as measured by receiving ratings of Competence-4 on all elements of the Fellow evaluation. Fellows must meet the minimum level of achievement on all elements of the final evaluation in order to successfully complete the program. Fellows are determined to meet the minimum level of achievement standard if they have the ability to function independently in a broad range of professional activities, generalize skills and knowledge to new situations, and self-assess when to seek additional training, supervision, or consultation. Due process will be initiated when the above minimum levels of achievement are not met as this is considered a significant performance issue (see Due Process Procedures below). Fellows have the right to appeal any formal evaluation in which the minimum level of achievement has not been met.

### **Written Evaluation of Supervisors.**

Fellows also evaluate their supervisors three times per year and have opportunities to rate the degree to which a supervisor engages with respect and courtesy, presents as a positive professional role model, is committed to supervision, maintains appropriate interpersonal boundaries, maintains clear and reasonable

expectations for the Fellow, and supports the Fellow’s successful completion of the program. Any item rated below 3 (Meets Needs and Expectations) requires immediate attention from the Training Director and/or the Training Associate Director. This will spur a conversation between the two Training directors and the intern to discuss a plan to remediate reasonable issues.

**Written Evaluation of the Training Program.**

Fellows are asked to evaluate the Training Program annually. These Evaluations are completed by Fellows during the final week of their training year. Fellows are asked to consider their overall experience with didactic seminars, professional development opportunities, supervision, direct clinical experiences, and other experiential training using a 5-point rating scale (1 = Unsatisfactory; 2 = Improvement Needed; 3 = Satisfactory; 4 = Good; 5 = Excellent). All responses are reviewed by the Training Director and all feedback is carefully considered and shared with the Associate Training Director. Any ratings of “Poor” or “Fair” require action by the Training Directors to address the problematic item. Fellows also have an exit interview with the Training Director, providing another opportunity for Fellows to provide informal feedback that can be used for quality improvement.

Finally, the Training Program surveys fellowships graduates annually for 3 years following the completion of the training to obtain distal data about their overall satisfaction with the program as well as their professional activities and accomplishments.

**Minimum Requirements for Completion of Fellowship Training Program.**

To successfully complete the Postdoctoral Fellowship, Trainees must meet the following requirements by the end of the training year:

1. Verification that the Fellow has performed at a satisfactory advanced level, as defined by an advanced Level – 4 or above across all elements of each competency area on the Program Evaluation: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Assessment, Intervention, Professional Values, Attitudes, and Behaviors, Consultation and Interdisciplinary skills, Supervision, Communication, and Interpersonal Skills
2. Licensure in the state of Georgia and South Carolina both require 2000 and 1500 hours, respectively, of Supervised Practice Experience at the internship level and 1500 hours of Supervised Practice Experience at the postdoctoral level (in addition to the successful completion of qualifying examinations – the national EPPP: two parts for GA & 1 part for SC), pass Georgia's multiple-choice Jurisprudence Exam as well as complete an Oral Exam administered by the either / both GA & SC Board of Examiners. The ABBFC program offers 2,000 supervised hours over the course of the training year. Fellows accruing fewer than 1,500 hours due to medical leave or parental leave must ensure that arrangements are made to complete a minimum of 1,500 hours to meet this exit criterion and receive a certificate of completion. Details on this matter are in the **Information for Applicants** section.
3. A Fellow must be in good standing and free from active remediation or probation plan. If a Fellow was placed on remediation or probation during the training year, the issue(s) resulting in remediation must be successfully resolved for program completion.
4. A Fellow must complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one’s training.
5. A Fellow must complete all necessary ABBFC Program exit procedures including completion of the end-of-year Research Project Presentation (if research chosen), completion of all training programs evaluations; completion of all required patient or program documentation; return of all badges, keys, laptops; and providing the Supervisor with all patient records, charts, test forms, etc.

## 8. Due Process Procedures

Due process policies provide non-arbitrary and fair practices for identifying and managing problematic behavior or insufficient competence/performance in trainees. Due process procedures are implemented when a Supervisor or staff member becomes aware of a trainee's problem area or deficiency that does not appear resolvable by the usual supervisory support and intervention. The training program's Due Process Procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

The Information below provides clarification of the trainee's and the training program's responsibilities in due process, a definition of competence problems, discussion of the due process procedures, possible remediation and sanctions, and appeals procedures.

### **Right and Responsibilities**

These procedures protect the rights of both the trainee and the training program; each has specific responsibilities in executing due process.

**Fellows:** The trainee has the right to be afforded every reasonable opportunity to remediate problems. Due Process procedures are not intended to be punitive; rather, they are meant as a structured opportunity for a trainee to receive support and assistance to remediate concerns and successfully complete the training program. The trainee has the right to be treated in a manner that is respectful, professional, and ethical. The trainee has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The trainee has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the trainee include engaging with the training program and the facility in a manner that is respectful., professional, and ethical.; making every reasonable attempt to remediate behavioral and competency concerns; and striving to meet the aims and objectives of the program.

**ABBFC Postdoctoral Program:** The training program has the right to implement the Due Process procedures when called for as described below. The training program and its Supervisors / staff have the right to be treated in a manner that is respectful, professional, and ethical. The training program has a right to make decisions related to remediation for a trainee – including probation, suspension, and termination – within the limits of this policy. The responsibilities of the program include engaging with the trainee in a manner that is respectful, professional, and ethical; making every reasonable attempt to support trainees to resolve the remediation of any behavioral and competency concerns; and supporting trainees to the extent possible in successfully completing the training program.

### **Due Process Guidelines**

Adapted from APPIC Due Process Guidelines

General due process guidelines include the following:

1. During the orientation period, trainees receive, in writing, ABBFC's expectations related to professional functioning. The training directors (i.e., Training Director and Associate Training Director) discuss these expectations in the context of the orientation to the program or group/individual supervision.
2. The procedures for evaluation, including when and how evaluations are conducted, are described. Such evaluations occur at meaningful intervals and in a timely manner.

3. The procedures and actions involved in decision-making regarding the problem behavior or trainee concerns are described within this handbook and which is provided to all trainees and reviewed during the orientation process.
4. The training program will communicate early and often with the trainee if any suspected difficulties that are significantly interfering with performance are identified.
5. The training directors will institute, when appropriate, a remediation plan for identified inadequacies including a timeframe for expected remediation and consequences of not rectifying the inadequacies.
6. A trainee may wish to initiate an appeals process; this handbook describes the steps of how a trainee may officially appeal the training program's action(s).
7. The training program's Due Process Procedures ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before implementation of such action.
8. When evaluating or making decisions about a trainee's performance, training directors / supervisors use input from multiple professional sources.
9. The Training Director will document in writing, and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

### **Definition of Problematic Behavior and Competence/Performance Problems**

Professional judgement should be used to determine when a trainee's behavior, attitudes, or characteristics impede learning, competence, and professional development, thus extending beyond an issue or concern to problematic behavior that requires remediation. Such problematic behavior is identified when it includes one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training or supervision.
- The quality of services delivered by a trainee is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention from training personnel is required.
- The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- The problematic behavior potentially causes harm to a patient.
- The trainee's behavior has potential for ethical or legal ramifications if not addressed.
- The trainee's behavior negatively impacts the public view of the agency.
- The problematic behavior negatively impacts other trainees/staff or impedes appropriate communication.

For the purpose of this document, competence/performance problems are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
- An inability to acquire professional skills to reach an acceptable level of competency.
- An inability to control personal stress, interpersonal difficulties, psychological dysfunction, and/or excessive emotional reactions to interfere with professional functioning.

### **Informal and Formal Due Process Procedures**

**Informal Review.** When a supervisor or other staff member believe that a trainee's behavior is becoming problematic or that a trainee is having difficulty consistently demonstrating an expected level of competence, the first step is to raise the issue with the trainee directly and as soon as possible to

informally resolve the problem. This may include increased supervision and resources, didactic training, and/or structured readings. No record is kept of this process

The supervisor who raised the concern will monitor the outcome. If the problematic behavior persists, a consultation with the Training Director is initiated to determine if a second informal resolution is warranted or if the problematic behavior needs to be escalated to a formal review.

**Formal Review.** A formal review of the trainee’s problematic behavior can be initiated for the following reasons:

- The trainee’s problematic behavior has been addressed via an informal review (see above), but the behavior remains unresolved.
- The trainee does not achieve the specified minimum level of achievement in any of the major competency areas covered in the trainee’s formal evaluation (see Methods of Evaluation section).
- The matter is too great to manage through an informal review.

The following steps are taken once the need for a formal review has been identified:

Step 1. Notice: The trainee is notified in writing that the issue has been raised to a formal level of review, and that a meeting will be held. The notice shall include a clear description of the problematic behavior or competence concern. The Notice should occur no later than five (5) business days from determination of need for a Formal Review.

Step 2. Hearing: The Training Director, supervisor, trainee, and (if applicable) other staff raising concerns of problematic behavior or competence problems hold a formal meeting (Hearing) to discuss the matter, and determine what action needs to be taken to address the issue. The trainee can request a 3<sup>rd</sup> party impartial Consultant to attend the Hearing if the problem has been raised by the supervisor or training directors. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. The hearing must be held within ten (10) business days from determination of need for a Formal Review.

Step 3. Outcomes and Next Steps: The Training Director provides a written Acknowledgement of Hearing to the Trainee, the supervisor, and, when applicable, any other staff directly involved in the Hearing. This acknowledgement notice shall include the date of hearing, participants in the hearing, a clear description of the problematic behavior or competence problem that has been brought to the attention of the trainee, and any outcomes decisions, such as that the problem is not significant enough to warrant further action/intervention or describing any formal support, remediation, or sanctions that are deemed necessary. The written Acknowledgement of Hearing occurs no later than five (5) business days from the Formal Review Hearing.

The trainee may choose to accept the conditions or may choose to challenge the findings and actions proposed. The procedures for challenging the action are presented in the Appeal Procedures section below.

### **Supports and Sanctions**

It is important to have meaningful ways to address problematic behavior or competence problems once identified. In implementing remediation or sanctions, the training program is mindful of balancing the needs of the trainee, patients, other trainees, the training staff, and other agency personnel.



The first course of action is to support the trainee through remediation plan that helps them address problematic behavior or bridge any gaps in competence or skills. Additional sanctions occur only after careful deliberation and thoughtful consideration of the Training Director, supervisor, and relevant members of the training staff.

The remediation and sanctions listed below may not necessarily occur in this order. The severity of problematic behavior plays a role in the level of remediation or sanction.

**Remediation.** When a trainee is on a “Remediation Plan,” the supervisor actively monitors and supports the trainee to address, change, and/or improve the problematic behavior or competence issue. This plan is shared with the trainee in writing and includes:

- a) The actual behaviors or skills associated with the problem.
- b) Specific actions to be taken to rectify the problem.
- c) The timeframe during which the problem is expected to be ameliorated.
- d) The procedures designed to ascertain whether the problem has been appropriately remediated.

A remediation plan may include the following (not an exhaustive list):

- a) Modification of the trainee’s training schedule during a limited length of time to allow the trainee to focus on specific areas of development.
- b) Increase in the amount of supervision, either with the same or additional supervisors.
- c) Change in the format, emphasis, and/or focus of supervision.
- d) Recommendation of personal therapy.
- e) Reduction of the trainee’s clinical or other workload.
- f) Requirement of specific academic coursework, seminar, or conference attendance.
- g) Other modifications identified by the Training Directors to support the trainee in developing competence or remedying identified issues.

At the end of this remediation period, the supervisor provides a written statement indicating whether the problem has been remediated. This statement becomes part of the trainee's file. If the problem has not been remediated, the supervisor and Training Director can revise and extend the Remediation plan for a specified period or proceed to the next step and place the trainee on Probation.

**Probation.** Probation is also time-limited and remediation-oriented and allows for a period of increased supervision and support of the trainee to address and improve problematic behavior or a competence problem. When the trainee is placed on probation, the Remediation Plan is revised and updated to reflect the trainee’s ongoing needs. Supervision is increased as the Training Director (in addition to the supervisor) directly monitors the trainee’s performance. Written documentation to the trainee shall include the trainee’s probationary status, length of probationary period, confirmation of current Remediation Plan, and notification of whether the trainee’s behavior or competence problems may jeopardize their successful completion of the training program as well as other potential consequences that may result if improvement is not made.

At the end of the probation period, the Training Director communicates in writing to the trainee regarding whether the conditions for revoking the probation have been met or further courses of action are required. This may include continuation or revision of the Remediation Plan for a specified time period, or implementation of additional supports. If the Training Director and supervisor determine that there has not been sufficient improvement in the trainee’s behavior at the end of the probation period, then the

Training Director will discuss additional potential courses of action with supervisor(s), including suspension of the trainee's direct service activities.

**Suspension of Direct Service Activities.** If the problems are not rectified through the above-described remediation processes, or when a determination has been made that the welfare of the trainee's patient(s) has been jeopardized, the trainee's direct service activities will be terminated for a specified period (not to exceed 3 weeks), as determined by the Training Director in consultation with the trainee's supervisor(s). Notice of Suspension is provided to the trainee within one (1) business day of the suspension decision and no later than ten (10) business days after the expiration of the most recent remediation period (i.e., timeframe designated for the problem to be ameliorated; see Remediation section above).

During this suspension period, the trainee's Remediation Plan shall be reviewed to determine what additional support may help the trainee make required behavioral or competence changes to remain in the program. This time allows the Training Program to determine if the nature of the problem is one that can be addressed by further remediation, supervision, or mentoring, or if dismissal from the training program needs to be considered. The trainee may continue to engage in non-direct service activities such as personal supervision, seminars, and didactics, provided that the trainee's participation is productive and not disruptive to the learning process of others. At the end of the suspension period, the trainee's supervisor(s), in consultation with the Training Director, will assess the trainee's capacity for effective functioning and determine if/when direct service privileges can be resumed.

Administrative Leave can be arranged based on agreement of the trainee, supervisor, ABBFC Training Director and when deemed appropriate in supporting the Trainee's ability to address specific areas of development (such as participating in additional opportunities for educational, professional, or personal development).

If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the hours needed for completion of the training program, this will be noted in the trainee's file. The Training Director will inform the trainee of the effects administrative leave will have on their stipend and benefits.

**Dismissal.** When specific interventions do not (after a reasonable period) rectify the problem when the trainee seems unable or unwilling to alter the behavior, or when the trainee's problem cannot be adequately addressed by remediation, the Training Director and supervisor(s) will discuss the option of terminating the trainee's participation in the training program and dismissal from the program. The Directors of the ABBFC Institute will make the final decision about dismissal. This dismissal becomes effective immediately following notice of Dismissal, which should be provided to the trainee no later than the following business day.

**Immediate dismissal** would be invoked in cases of severe violations of the APA code of Ethics, or when imminent physical or psychological harm to a patient is a major factor. In addition, if a trainee compromises the welfare of a patient(s) or the agency community by an action(s) which generates grave concern from the Training Director and/or supervisor(s), the ABBFC Directors may immediately dismiss the trainee from the training program. This immediate dismissal may bypass steps identified in Informal and Formal Due Process Procedures and Sanctions described above.

### **Due Process: Appeal Procedures**

If a trainee does not agree with the aforementioned notifications, remediation, or sanctions, the trainee can file a formal appeal in writing with supporting documentation with the ABBFC Training Director who will involve the 3<sup>rd</sup> party, impartial Consultant. This allows for an appeals process that extends at least one step beyond the Training Director. The Trainee must submit this appeal within five (5) business days from their notification of any of the above (notifications or sanctions).

Within three (3) business days of receipt of a formal written appeal from a trainee, the ABBFC Training Director will consult with the Associate Training Director and 3<sup>rd</sup> party Consultant and convene a panel for an Appeals Hearing to be held within five (5) business days from the trainee's written request for an appeal. The Appeals Panel will consist of the ABBFC Training Director, Associate Director, and the 3<sup>rd</sup> party Consultant.

Within three (3) business days of the completion of the review, the Appeal Panel submits a written report to the Training Director, including any recommendations for further action.

Within three (3) business days of receipt of the recommendation, the Training Directors will typically accept the Appeals Panel's recommendations. If under some extenuating circumstances, the Training Committee rejects the Panel's recommendations due to an incomplete or inadequate Evaluation of the matter, the Training Director may refer the matter back to the Panel for further deliberation and consideration. The Training Director must provide, in writing, justification as to why the matter is being referred back to the Panel and highlight specific information or concerns not adequately addressed by the initial Review Panel. If the matter is sent back for review, the Panel will report to the Training Director, in writing, within five (5) business days of the receipt of the Training Director's request for further deliberation. The Appeals Panel has the final discretion of the outcome of the appeal. The Training Director will inform the trainee of the decision made by the second review of the Panel within three (3) business days of obtaining the Panel's final decision.

If the Due Process procedures have been exhausted and the trainee still disputes the Appeals Panel's final decision, the trainee can contact APPIC's Problem Consultation service at <https://www.appic.org/Problem-Consultation> .

## **9. Grievance Procedures**

Grievance Procedures are implemented in situations in which a trainee raises a concern about a supervisor, trainee, or any aspect of the training program. Trainees who pursue grievances in good faith will not experience any adverse professional consequences. A record of all formal complaints against the training program or individuals associated with the training will be kept by the Training Director.

The Trainee is encouraged to first attempt to resolve such concerns informally with appropriate person(s) involved. If the matter cannot be resolved, the following grievance procedures are followed:

### **Informal & Formal Grievance Procedures**

**Informal Review.** The trainee should discuss the concern with the primary supervisor who may then consult with the Training / Associate Training Director to resolve the matter informally.

**Formal Review.** If the matter cannot be satisfactorily resolved using informal means or if the grievance involves the supervisor, the trainee may submit a formal grievance in writing to the Training or Associate Training Director. If the Training Director is the subject of the grievance, the grievance should be submitted to the Associate Training Director. The individual being grieved will be asked to submit a response in writing. The Training Director (or Associate Training Director, if appropriate) will meet with the trainee and the individual being grieved within ten (10) business days for a formal review meeting. In some cases, it may be appropriate to meet with the trainee and the individual being grieved separately first.

The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a. The behavior/issues associated with the grievance,
- b. The specific steps to rectify the problem, and
- c. Procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director (or Associate Training Director) will document the process and outcome of the meeting. The trainee and the individual being grieved (if applicable) will be asked to report back to the Training Director (or Associate Training Director) in writing within ten (10) working days regarding whether the issue has been adequately resolved.

If the matter is not resolved, the Training Director (or Associate Training Director) will convene a Review Panel consisting of themselves and at least two other members of the staff / Consultant within ten (10) business days. The Review Panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The Review Panel has final discretion regarding outcome. The chair of the Review Panel will provide a written summary of outcomes and recommendations to the trainee, all members of the Review Panel, and the Training Committee within three (3) business days.

### **Grievances: Appeal Procedures**

If the trainee wishes to appeal the outcome of the grievance or if the Review Panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved, the trainee can pursue the complaint with a 3<sup>rd</sup> party Consultant.

## **10. Information For Applicants**

### **Eligibility Requirements**

Applicants for the Postdoctoral Fellowship must have a degree in Clinical (preferred), Counseling, or School Psychology and have completed all requirements for the doctoral degree from an APA/CPA-accredited doctoral program (preferred), or a regionally accredited institution of higher learning, including completion of an internship at an APPIC member site. This means that on the first day of the fellowship, the fellow must have a diploma in hand or a letter from the Director of Graduate Studies at their graduate institution verifying the completion of all degree requirements pending the institution's graduation ceremony.

Applicants who are well-suited to this program have doctoral level experience in assessment of children, have written a minimum of 15 integrated psychological assessment reports, and/or have provided evidence-based treatments (cognitive behavioral therapy, parent-child interaction therapy, trauma focused cognitive behavioral therapy) with youth with a range of clinical diagnoses. An interest in neurodevelopmental disabilities, as evidenced by research or clinical involvement in this area, is required.

### **Appointment, Stipend, & Benefits**

**Length of Appointment.** The ABBFC will accept two fellows for the upcoming training year. The appointment begins August 1 and ends July 31 of each training year; if these dates fall on a weekend or holiday, start/end dates are the following/preceding business day, respectively. Postdoctoral fellows receive 2,000 supervised hours over the course of the training year which meets Georgia and South Carolina's state licensing requirements, as well as the licensing requirements in most states. Upon successful completion, the postdoctoral fellow will be awarded a certificate of post-doctoral fellowship completion from the ABBFC.

**Stipend.** Postdoctoral fellows are hired by ABBFC and receive a gross stipend of \$45,000.00 the 1<sup>st</sup> year and, if chooses a two year fellowship, \$52,000.00 the 2<sup>nd</sup> year. Our stipend is consistent with Georgia and South Carolina area as well as regional fellowship training programs. Applicable taxes, social security deductions, and benefits-related costs are withheld.

**Benefits.** Fellows receive CNC or BBIH benefits. Based on a 100% appointment, fellows are eligible for coverage in medical, dental, vision, and life insurance plans, with options to provide coverage for spouses and dependents. Additional benefits include:

- Paid Time off: Fellows receive 8 holidays, 5 vacation days, 6 sick days, and 4 professional development days per year. These should be arranged in consultation with the supervisor.
- Professional development resources. Fellows receive up to \$500.00 (for the training year) to cover professional development activities. Professional development funds can be used for conferences, trainings, and certifications in relevant clinical areas.
- Leaves of absences: Fellows should discuss medical leave with the Training Director as soon as the need for such a leave is identified, providing as much notice to the Training Director as possible. Trainees must complete a minimum of 1,500 hours of training to meet the training program's exit criterion and meet Georgia and South Carolina eligibility requirement for licensure regardless of having taken a leave of absence. If needed, fellows should coordinate with the Training Director to extend the training year to meet this requirement.\*

**Support.** Postdoctoral fellows are provided with appropriate shared office space, computer access, and a phone line. Assessment and therapy materials required to carry out learning and clinical activities are provided.

### **Relevant Application Information**

The ABBFC is a pending member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Applications materials should be submitted directly to the Training Directors at [drmariamrson@gmail.com](mailto:drmariamrson@gmail.com) or [joy.welcker@yahoo.com](mailto:joy.welcker@yahoo.com) and the following is required: 1. Cover letter. 2. A curriculum vitae. 3. Official transcripts of all graduate work. 4. Three (3) letters of recommendation from faculty and supervisors and 5. List of tests administered. The deadline for receipt of all application materials is November 1 of each year.

Complete details about the application process are located on the CNC website ([www.CNCKid.com](http://www.CNCKid.com)). Any questions can be directed to the Training Directors' Offices at 706-447-8700 (CNC) or 912-225-3760 (BBIH).

### **Selection Procedures**

Fellow selection is made by a committee comprised of the Training Director and Associate Training Director. Applicants are rated based on their clinical training (including assessment and psychotherapy), academic coursework, letters of recommendation, clinical and research interests, commitment to equity and diversity, and stated goals for fellowship. Prospective candidates assessed by the committee to hold interests and goals most closely matching those opportunities offered by our program will be asked to participate in interviews.

### **Non-Discrimination Statement**

The ABBFC, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, physical or mental disability, age, marital status, sexual orientation, or service in the uniformed services.

The ABBFC Clinical Psychology Training Program is interested in candidates who are committed to the highest standards of scholarship and professional activities, and to the development of a community climate that supports equality of opportunity.

**\* ABBFC STATEMENT OF MEETING LICENSURE REQUIREMENTS: ABBFC straddles two states: Georgia & South Carolina. The one year Postdoctoral Fellow and the two year Postdoctoral Fellow will split their time between the two Sites. Each state requires 1500 hours of Supervised Work Experience which the Consortium provides.**

### **Georgia Requirements for Licensure in Psychology per the Board of Examiners in Psychology:**

- Earn a doctoral degree in psychology from an APA-accredited program with 800 hours of direct client contact & 2,000 hours of internship.
- Gain 1,500 hours of postdoctoral supervised experience.
- Complete an Application Initiation Form with the state and pay the applicable fee.
- Register with the board and complete your application through the Psychology Licensure Universal System (PLUS) program.
- Pay the \$100 application fee.
- Pass both parts of the computer-based Examination for Professional Practice in Psychology (EPPP).
- Pass Georgia's multiple-choice jurisprudence exam.
- Complete an oral exam administered by the board or their representatives.

### **South Carolina Requirements for Licensure in Psychology per the Board of Examiners in Psychology:**

- Preliminary Application for Licensure with official, terminal transcripts of all graduate work: must be completed, submitted to and approved by the Board prior to completion of other application materials.
  - Completion of an APA accredited doctoral program or supporting materials from the graduate bulletin used at the time of graduation from the institution of higher learning from which the degree was obtained.
- Formal Application will be mailed including Blue Application for License form, Predoctoral Supervision Form, Supervision Contract, Supervisor's Report Form and three professional reference forms.
- Present evidence of a passing score on the Examination for the Professional Practice of Psychology (EPPP).
- Present evidence of two (2) years of supervised experience, one year of which must have been completed post-doctorally, for 3,000 hours total minimum. Each year (or equivalent) shall be comprised of at least 1,500 hours of actual work, to include direct service, training, and supervisory time.

- The Predoctoral Supervision Form and Supervision Contract must be submitted by the internship director or pre-doctoral supervisor to verify one year of pre-doctoral supervision.
- Oral Examination

## **11. Program Policies**

### **Vacation Time**

Fellows should discuss vacation and other requests for leave with their primary supervisor. We ask that fellows abide by the following guidelines when making leave/vacation time requests:

1. At least six weeks advance notice of vacation or professional time off is required.
2. Vacation time cannot be taken in the first four weeks or last four weeks of the training year. If the fellow has an emergency that requires time away during the critical weeks, the fellow must consult with their primary supervisor.
3. Fellows should work with their supervisor(s) to arrange coverage as needed for clinical responsibilities.
4. A Vacation Request form should be completed and signed by trainee and supervisor and submitted by email to the Training Director. A sample of the Leave Form is included in Appendix D.
5. Unused vacation time is paid out at the end of the internship year. Unused sick or professional development hours are not paid out at the end of the year.

### **Expected Professional Behavior**

1. Fellows can contribute to a stimulating learning environment by being engaged and active learners. This involves active participation including raising questions, sharing thoughts or ideas, or otherwise demonstrating engagement in learning opportunities.
2. Fellows have a wide range of clinical expertise. While an individualized training plan will be generated for each fellow, the program may not be able to account for all variability in experience. Fellows who are particularly advanced in their knowledge and experience are expected to take active steps to elevate their training through active engagement, knowledge sharing, and working together with their supervisor to identify growth opportunities.
3. Fellows will work alongside a wide range of staff, providers, and other trainees with different personalities, worldviews, and communication styles. If differences or conflicts arise, fellows are expected to demonstrate communication and conflict resolution skills that will allow them to work effectively and collaboratively despite these differences. Significant conflicts or concerns about interactions are to be handled in a manner consistent with our grievance policy, and the APA Ethical Principles of Psychologists and Code of Conduct.
4. Fellows will accurately represent their title, training status, and credentials in interactions with patients, staff, and the public.
5. Fellows must maintain confidentiality and integrity of records. Records or patient information shall not leave the premises. Under no circumstances should reports or other forms of PHI be emailed outside the health system.
6. The training program strives to ensure that expectations, requirements, and deadlines for activities are clear. Fellows are responsible for seeking clarification if they are unclear and to ensure that they respond to all expected deadlines for projects across the various aspects of the training program.

7. Fellows are expected to conduct themselves in a professional manner during all aspects of their training activities, both clinical and non-clinical. General expectations for fellows while completing all training related activities are as follows (list is illustrative, not exhaustive):
  - Demonstrate respect for patients and their families, colleagues, supervisors, staff, and other employees.
  - Complete all activities in a timely manner (e.g., arrival at meetings, completing written documents).
  - Adhere to all CNC and BBIH policies and procedures regarding confidentiality.
  - Engage in training and professional behavior consistent with the most current ethical guidelines of the American Psychological Association (i.e., Ethical Principles of Psychologists and Code of Conduct).
8. ABBFC maintains a Professional Appearance Policy to which all employees and student/trainees are expected to adhere. Specific details are provided by the supervisor. Highlights include:
  - We strive to maintain a sensory and allergy-free, friendly environment for our patients and staff. No colognes, perfumes, or strong body lotions are allowed, particularly in patient care areas.
  - Trainees and staff are expected to wear at least business casual attire in all contexts, even when not providing clinical care; no shorts, jeans, capris, sneaker, T-shirts, or other similar casual clothing or clothing that reveals cleavage (due to impressionable teenagers). Avoid wearing clothing with logos or other markings that potentially may be offensive or uncomfortable for others.
  - Because of the clientele with which ABBFC works, professional attire will also include 1) no excessively long fingernails (which prohibit neurofeedback lead placement and/or pose a scratch hazard to clients during neurofeedback or testing), 2) the use of minimal jewelry (long dangling earrings or facial rings which can be snatched by children), and 3) discreteness with body tattoos (which should not be exposed due to potentially triggering clients).

### **Privacy and Security of PHI**

The Health Insurance Portability and Accountability Act of 1996(HIPPA) is a federal law that created national standards to protect sensitive patient health information from being disclosed or discovered without the patient's consent or knowledge.

In compliance with ABBFC's privacy practices, trainees have the responsibility to protect PHI information that they encounter over the course of their training, including in their direct patient care, case consultations, observations, documentation, and record keeping practices.

- Trainees are not permitted to take original or copies of administered assessment protocols, patient records, or any other form of PHI outside of CNC or BBIH.
- Trainees will work with their supervisors to follow established HIPAA compliant procedures for scoring, report writing, and report sharing
- Trainees have access to CNC/BBIH computers with security features and technology to prevent unauthorized access of PHI. When working on reports or other documentation containing PHI, trainees should only use CNC/BBIH issued computers/laptops. Evaluation reports or patient documentation containing PHI should not be stored on personal computers.
- Trainees who wish to keep work samples (not to exceed 10) should work in collaboration with their supervisors to create a deidentified evaluation for final approval by their supervisor.



- Case presentations outside of the ABBFC require prior review and approval by the Supervisor or Training Director. This guideline applies to class presentations, grand rounds, and oral presentations at conferences, as well as any written work for publication. When in doubt, please request consultation. Ordinarily, such public presentation will require written consent from the patient in advance.

### **Policy on Social Media**

This policy provides guidance for fellow's use of social media, which should be understood for purposes of this policy to include social networking sites (e.g., Facebook, X/Twitter, Instagram, Snapchat, TikTok), YouTube, wikis, blogs, message boards, chat rooms, electronic newsletters, online forums, and other sites and services that permit users to share information with others in a contemporaneous manner.

Social media use should not interfere with the fellow's responsibilities while onsite. CNC/BBIH-issued computers, iPads, or tablets are to be used for business purposes only. When using CNC/BBIH computer systems, use of social media for business purposes is allowed (e.g., viewing webinars, videos, etc.).

Fellows should be aware of the effect their actions may have on their image, as well as the ABBFC and its training program's image. Information that is posted or published may be public for a long time. Interns should use their best judgment when using social media to ensure that material available to the public is appropriate for a professional psychologist in training and not harmful to the ABBFC, our training program, our employees, or our patients. Fellows are not to publish, post, or release any information that is considered confidential or privileged including names, images, or other identifying information. It is recommended that interns set security settings on all social media accounts to "private."

It is also important for interns to maintain appropriate professional boundaries. Initiating contact with patients or families through social media sites is not permitted. Accepting invitations to join social media sites of patients is not recommended and trainees are encouraged to decline invitations from patients/families to view or participate in their online social networks.

In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for additional guidance: <https://www.apa.org/about/social-media-policy>.

### **Policy on Moonlighting**

Clinical moonlighting is not permitted. The fellowship is a full-time commitment. Fellows are expected to refrain from providing clinical services outside of the fellowship context.

### **National Provider Identification (NPI) Number**

All providers (staff and trainees) seeing patients must have a National Provider Identification number. This number will stay with you throughout your professional career as a psychologist. If one has not already been assigned, please apply for your NPI by logging on to <https://nppes.cms.hhs.gov>. There is a toll-free number, 1-800-465-3203, listed on the website for all questions.

### **Helpful Links/Resources**

- APA Ethical Principles of Psychology code of conduct – [www.apa.org/ethics/code](http://www.apa.org/ethics/code)
- GA Board of Examiners of Psychology Rules & Regulations - <https://rules.sos.ga.gov/gac/510-4>

- SC Board of Examiners of Psychology Rules & Regulations - <https://casetext.com/regulation/south-carolina-code-of-regulations/chapter-100-department-of-labor-licensing-and-regulation-state-board-of-examiners-in-psychology/section-100-4-code-of-ethics>
- CNC Employee Handbook
- BBIH Employee Handbook

# **Appendix A: Postdoctoral Fellowship Didactic Calendar**

## **ADVANCED BRAIN-BASED FELLOWSHIP CONSORTIUM (ABBFC) DIDACTIC SCHEDULE – OVERVIEW**

**Meetings occur on or near 15th of mo. for 4 hrs. from 9:30 am to 2:00 pm (with ½ hour lunch). Exact dates TBA. Augusta, GA location will be at 302 Baston Road; Bluffton, SC location, 110 Traders Cross. First year Fellows expected to attend & participate; second year Fellows expected to assist w/ teaching.**

**ADVANCED BRAIN-BASED FELLOWSHIP CONSORTIUM (ABBF)  
DIDACTIC SCHEDULE – OVERVIEW**

<b>MONTH</b>	<b>LOCATION</b>	<b>DR. GANGAROSA – TESTING (120 min)</b>	<b>DR. WELCKER – NFB/THER (120 min)</b>
<b>August</b>	Bluffton	Intro to Testing - Orientation	Neuroanatomy – Brain Labeling – Structure vs. Function
<b>September</b>	Augusta	Behavior Observations – Client History – Using Interviews and Summary Sheet	Intro to Polyvagal Theory – Equipment Set-Up, Management, and Maintenance
<b>October</b>	Bluffton	Intelligence / Cognitive Assessment – Part I / Neurobiological Correlates	Intro to TF-CBT – 10/20 System – Staring Sites - Site Placements and Rationale
<b>November</b>	Augusta	Intelligence / Cognitive Assessment – Part I, Memory Assessment / Neurobiological Correlates	NFB Intake Process – NFB Assessment – Pre/Post Measurement – NFB Treatment Planning
<b>December</b>	Bluffton	Intro to Attachment Theory – Neurobiology of Reactive Attachment Disorder (RAD) – RAD Intensives	Social Learning Theory (Autism) – Using Protocol Guide – Targeting Symptoms vs. Targeting Diagnoses
<b>January</b>	Augusta	Language Assessment – Integrating Speech and Language into the Psychological Assessment Battery – Incorporating SLPs / Neurobiological Correlates	Differential Diagnosis / Anxiety Disorders vs. Autism Spectrum Disorder – NFB Interhemispheric Training (T3-T4 vs. C3-C4) – Alpha-Theta and Synchrony Training
<b>February</b>	Bluffton	Assessing Visual-Spatial Function – Assessing Lateralization/Motor Function / Neurobiological Correlates	Oliver Sachs and Interhemispheric Stabilization – Advanced Concepts for Interhemispheric Training
<b>March</b>	Augusta	Assessing Executive Function – Brain Injury – Dementia Process – Medication Effects / Neurobiological Correlates	Differential Diagnosis / Depressive Disorders vs. Bipolar Disorders vs. Psychotic Disorders- NFB Optimization Process – Incorporating Secondary Sites
<b>April</b>	Bluffton	Academic Assessment – Specific Learning Disabilities – Cognitive Impairment – Developmental Disability – Dyslexia / Neurobiological Correlates	Developmental Disorders – NFB Midline Training – Default Mode Network (DMN)
<b>May</b>	Augusta	Personality Assessment – Personality Disorders vs. Complex Trauma Effects, Diagnosing Personality Disorders (Best Practices)	Case Conceptualization Using Polyvagal Theory, Trauma Assessment – Development of Core Self – “Wiring” for Survival
<b>June</b>	Bluffton	Incorporating Assessment Data into Report Form – Synthesizing Assessment Data for Diagnosis – Completing the Psychological Evaluation Report	Using Data from the Psychological Evaluation Report to Guide NFB Training Protocols – Test/Retest Assessments for Documenting Progress
<b>July</b>	Augusta	Mind-Body Wellness – Holistic Approaches – Functional Medicine – Nutrition and Supplements – Natural Aging Process vs. Dementia – Autoimmune Development	Sensitive Brains - ACEs Study, and Longevity - Intergenerational Trauma – Autoimmune Development - Implications for NFB Training Protocols

## **Appendix B: Postdoctoral Fellow Performance Evaluation**

**ABBFC Consortium Postdoctoral Fellow Evaluation Form:** To be completed by Supervisor

**Fellow:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Site:** \_\_\_\_\_ **Date of Evaluation** \_\_\_\_\_

**Methods used in evaluating competency:**

\_\_\_\_\_ Direct Observation \_\_\_\_\_ Review of Audio/Video \_\_\_\_\_ Case Presentation  
 \_\_\_\_\_ Documentation Review \_\_\_\_\_ Supervision \_\_\_\_\_ Comments from other staff/faculty  
 \_\_\_\_\_ Other Method (specify) \_\_\_\_\_

**Time of Evaluation** (Select): \_\_ 1<sup>st</sup> Quarter \_\_ 2<sup>nd</sup> Quarter \_\_ 3<sup>rd</sup> Quarter \_\_ 4<sup>th</sup> Quarter / Year-End

<b>Scoring Criteria:</b>
<b>1 Significant Development Needed--</b> Significant improvement in functioning needed to meet expectations; remediation required
<b>2 Developing Skill Level--</b> Expected level of competency pre-fellowship; close supervision required on most cases
<b>3 Intermediate Skill Level--</b> Expected level of competency for fellow by mid-point of training program; routine or minimal supervision required on most cases
<b>4 Advanced Skill Level--</b> Expected level of competency for fellow at completion of training program; fellow able to practice autonomously
<b>5 Seasoned Professional Skill Level--</b> Rare rating for fellowship; functions autonomously with a level of skill representative of experience
<b>N/A--</b> Not Applicable/Not Observed/Cannot Say

<b>Competency 1- Fellow achieves advanced competence in: Ethical &amp; Legal Standards</b>	
Demonstrates knowledge of & acts in accordance w/APA Ethical Principles & Code of Conduct	
Demonstrates knowledge of & acts in accordance with all organizational, local, state, & federal laws, regulation, rules & policies relevant to health service psychologists	
Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines	
Recognizes ethical dilemmas as they arise & applies ethical decision-making processes in order to resolve them	
Demonstrates ethical conduct in all professional activities	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 2- Fellow will achieve advanced competence in: Integration of Science &amp; Practice</b>	
Demonstrates the ability to independently critically evaluate and apply scholarly materials and research to clinical work.	
Integrates knowledge of foundational and current research consistent with clinical work in the conduct of their professional role.	
Demonstrates knowledge of common research methodologies used in the study of clinical psychology and implications of the use of the methodologies for practice.	
Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided and the clinic setting.	
Demonstrates the ability to disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 3-</b> Fellow will achieve advanced competence in: <b>Professional Values, Attitudes, &amp; Behaviors</b>	
Demonstrates awareness of organizational setting and systemic functioning and works appropriately within that setting.	
Demonstrates openness and responsiveness to feedback and supervision.	
Demonstrates professional and appropriate conduct in all fellowship activities.	
Maintains appropriate boundaries in professional and clinical relationships.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 4-</b> Fellow will achieve advanced competence in the area of: <b>Specific Skill: Testing</b>	
Demonstrates ability to design assessment for presenting problem	
Demonstrates ability to implement assessment effectively	
Demonstrates ability to write reports individualized for the client	
Demonstrates ability to write recommendations which answer presenting problem & are unique to the individual	
Demonstrates ability to recommend most appropriate remediation through cognitive rehabilitation	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 5-</b> Fellow will achieve advanced competence in the area of: <b>Specific Skill: Therapy</b>	
Demonstrates ability to design therapeutic treatment plan for presenting problem	
Demonstrates ability to implement treatment plan effectively	
Demonstrates ability to be flexible in treatment plan with client input / behaviors	
Demonstrates ability to accommodate emergency situations in therapy	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 6-</b> Fellow will achieve advanced competence in the area of: <b>Specific Skill: Neurofeedback</b>	
Demonstrates ability to set up & care for neurofeedback equipment	
Demonstrates ability to accurately find & define need for site placements	
Demonstrates ability to choose helpful site / frequency decisions	
Demonstrates ability to determine need for advanced placements	
Demonstrates ability to incorporating appropriate therapy	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 7-</b> Fellow will achieve advanced competence in the area of: <b>Specific Skill: Cognitive Rehabilitation</b>	
Demonstrates ability to review test data & design a cognitive rehabilitation treatment plan	
Demonstrates ability to implement the cognitive rehabilitation treatment plan	
Demonstrates ability to modify the cognitive rehabilitation treatment plan	
Demonstrates ability to determine termination of the cognitive rehabilitation treatment plan	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 8-</b> Fellow will achieve advanced competence in the area of: <b>Management-Administration</b>	
Demonstrates ability to interact effectively with staff to promote improvements services within the agency or training program.	
Demonstrates effective management/administration skills.	
Demonstrates understanding and appreciation of administrative struggles and constraints.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 9-</b> Fellow will achieve advanced competence in: <b>Supervision of Others</b>	
Interacts appropriately & guides interns / students, keeping professional boundaries while teaching skills	
Identifies weaknesses in intern / student's skills & devises practice or tips to assist person in their own professional growth	
Assists intern / student in efficiently learning & producing results which will promote client welfare	
Can communicate intern / student's strengths and weaknesses to Supervisor	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Competency 10-</b> Fellow will achieve advanced competence in: <b>Cultural and Individual Diversity</b>	
Demonstrates understanding of how their own personal/cultural history, attitudes, & biases may affect how they understand & interact with people different from themselves.	
Demonstrates knowledge of the current theoretical & empirical knowledge base, as it relates to diversity, in all professional activities	
Integrates knowledge of individual and cultural differences in the conduct of professional roles	
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own.	
Demonstrates the ability to independently and effectively apply their knowledge in working with diverse individuals.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	



<b>OVERALL RATING</b> (average of broad competence area scores)	
<b>Comments on Fellow's overall performance, including significant areas of strength and/or areas in need of further development:</b>	

The signatures below serve as verification that this evaluation has been discussed with the Fellow:

Fellow: \_\_\_\_\_

Date\_\_\_\_\_

Supervisor: \_\_\_\_\_

Date\_\_\_\_\_