# TABLE OF CONTENTS

Mission and Goals.................................................................3  
The Hospital........................................................................5  
Little Rock and Arkansas.....................................................7  
Stipend and Benefits............................................................9  
Eligibility, Application, and Selection....................................10  
Orientation and General Information....................................12  
Financial Assistance, Administrative Assistance and Record Keeping........14  
Program Structure, Schedule, and Requirements......................15  
Core Competencies..............................................................18  
Supervision and Evaluation..................................................20  
Conduct.................................................................................21  
Grievance and Due Process...................................................22  
Informal Resolution of Conflict.............................................29  
Moonlighting Policy..............................................................30  

Appendix A (Proficiency Criteria Documentation).....................32  
Appendix B (Supervision Contract).........................................37  
Appendix C (Evaluation of Fellow).........................................40  
Appendix D (Evaluation of Supervisor and Training Experience)........50  
Appendix E (Post-Fellowship Evaluation).................................54  
Appendix F (APA Division 18 Competencies for Training in SMI/SED).....57
MISSION AND GOALS

University of Arkansas for Medical Sciences Mission
The mission of UAMS is to improve the health, health care and well-being of Arkansans and of others in the region, nation and the world by:

- Educating current and future health professionals and the public;
- Providing high quality, innovative, patient- and family-centered, health care and also providing specialty expertise not routinely available in community settings; and
- Advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements.

Arkansas State Hospital Mission
ASH’s mission is to provide psychiatric services that promote recovery in a safe and caring environment.

SMI Fellowship Mission and Goals
The Postdoctoral Fellowship in SMI Psychology at UAMS/Arkansas State Hospital is a one-year, 2000-hour training program designed to train doctoral-level clinicians in the comprehensive care of the seriously mentally ill. The goal of the program is to provide highest quality didactics and clinical training experiences consistent with the APA Proficiency of “Assessment and Treatment of Mental Illness” by offering a 12-month program under the supervision of qualified, licensed psychologists. Upon completion of the program, fellows will be prepared to work in various SMI settings.

The primary emphases of the program are as follows:

- Professional behaviors essential to working in the field as well in SMI settings

- Training in supervision, ethical and legal considerations, working with diverse populations, and research and scientific practice, particularly as it applies to SMI settings

- Evidence-based individual and group interventions (including DBT, CBT, and ACT)

- Psychological testing including referral questions related to general psychodiagnostic clarification, neuropsychology, malingering, intellectual and adaptive functioning, and other potential concerns

- Interventions to assist patients in developing more adaptive and productive behaviors (including behavior modification plans, token economies, staff trainings, and milieu therapies)

- Interdisciplinary treatment team contributions as well as training of and by other disciplines
• Exposure to other psychosocial rehabilitation services such as family psychoeducation, cognitive remediation, and social skills training

The postdoctoral fellowship program is dedicated to training its fellows in accordance with the highest standards of practice. At minimum, trainees and supervisors commit themselves to complying with the ethical standards articulated by the relevant professional groups and governing bodies, including the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA), the Arkansas Psychology Board, and the Standards for Educational and Psychological Testing.

The fellowship is **not** accredited by the American Psychological Association. The training committee is in the process of applying for APPIC membership status.
ARKANSAS STATE HOSPITAL

Sponsoring Institution
Our Postdoctoral Psychology Fellowship in SMI is offered through the University of Arkansas for Medical Sciences (UAMS) and funded by the Arkansas Department of Human Services Division of Behavioral Health Services. Fellows are placed full-time at the Arkansas State Hospital (ASH). The University of Arkansas for Medical Sciences’ College of Medicine is one of six academic units of UAMS, the state’s principal biomedical research center. Many of the college’s faculty members are on staff not only at the UAMS Medical Center but at Arkansas Children’s Hospital, the Arkansas State Hospital, the McClellan Veterans Administration Hospital, the Central Arkansas Radiation Therapy Institute, and the Area Health Education Centers around the state.

Arkansas State Hospital
The Arkansas State Hospital (ASH) is a psychiatric inpatient facility located in the heart of Little Rock, Arkansas. ASH is licensed by the Arkansas Department of Health and the Centers for Medicaid and Medicare Services and is accredited by The Joint Commission (TJC). ASH operates a total of 222 patient beds in three service areas: General Adult, Forensic, and Adolescent. The Arkansas State Hospital has been providing quality psychiatric care to the citizens of Arkansas since 1873.

Forensic Service
The Forensic Service is comprised of four, 24-bed adult units whose mission is to assess and treat individuals with mental illness who have allegedly committed a crime and to consult with the Court of Record and Law Enforcement. All persons treated on Forensic services are court-ordered for either an evaluation or treatment. Forensic Services is also comprised of a subsection of professionals conducting inpatient and outpatient forensic evaluations for persons court-referred. Approximately 1500-1600 court-ordered forensic evaluations are completed annually for the state.

General Adult Service
The General Adult Service is comprised of three, 30-bed units for persons 18 years of age or older. Civilly-committed patients must first be screened by 1 of the 15 community mental health centers (CMHC’s) to assure appropriateness of admission, continuity of care, and treatment within the least restrictive setting. Length of stay can vary from days to months, or less commonly years.

Adolescent Service
The Adolescent Service is comprised of two units: an 18-bed coeducational program for adolescents 13- to 17-years of age who are in need of acute or residential care; and an 18-bed program for adolescent male sexual offenders 13-17 years of age. Patients
may be referred by their guardians, local CMHC’s, other divisions of the Department of Human Services, private treatment providers, or the juvenile courts.

**Education and Training**

ASH has a strong commitment to the education of mental health providers and serves as a training site for nursing, medical, social work, and psychology trainees. Many members of our clinical staff serve on the faculties of UAMS and other local universities. Nursing students from several local schools spend clinical time at ASH, and the University of Arkansas – Little Rock social work graduate students participate in clinical fellowships. ASH also has a Psychology Predoctoral Internship Program and a Forensic Psychology Postdoctoral Fellowship Program. ASH is a clinical site for UAMS's Psychiatry Residency Program and the Child and Adolescent Psychiatry Fellowship, in addition to being the primary clinical site for the UAMS Forensic Psychiatry Fellowship Program.
ASH is located in the heart of Little Rock, Arkansas, the capitol of the state and its most populated city. Home to roughly 200,000 residents, Little Rock is positioned in the heart of the State of Arkansas and located on the south bank of the Arkansas River. The western part of the city is located in the foothills of the Ouachita Mountains. Northwest of the city limits are Pinnacle Mountain and Lake Maumelle.

Little Rock, Arkansas, is a vibrant and relatively youthful city. As of 2017, the median age of persons living within the city limits was 36 years, and roughly one-third of people living in Little Rock are between the ages of 25 to 44. The Brookings Institution ranked Little Rock as the 7th best metropolitan economy in the U.S. in 2009, with the 2nd best overall growth from 2008 to 2009 behind Des Moines, Iowa. Arkansas also has one of the lowest costs of living in the country.

Little Rock boasts a number of attractions, including the William Jefferson Clinton Presidential Library, Little Rock Central High School, Riverfront Park and the River Market District, and the Robinson Center Music Hall. The Arkansas Symphony Orchestra, the Arkansas Opera Company, Ballet Arkansas, the Arkansas Repertory Theater, The Weekend Theater, and the Little Rock Community Theater each offer a regular schedule of performances. The Community Concert organization brings to the city a series of musical and theatrical productions, including touring companies of Broadway shows. The Arkansas Arts Center offers training in visual and dramatic arts and has galleries for both permanent and traveling collections.

The popular and historic Hot Springs National Park and Hot Springs, Arkansas, with its famous bath houses and Oaklawn Racing Park is a one-hour drive from Little Rock. Little Rock is also less than three hours’ drive from the world-renowned Murfreesboro, Arkansas, “Crater of Diamonds” State Park; historic Eureka Springs; and scenic Petit Jean Mountain and Cedar Falls National Recreation Trail. Arkansas also boasts the Crystal Bridges Art Museum, located in Northwest Arkansas and recognized as one of the top American Art museums in the country. Also in Northwest Arkansas is Fayetteville home to the University of Arkansas and was rated by US News & World report as #5 on their 2017 Best Places to Live rankings.

Opportunities for outdoor and competitive sports abound in “The Natural State.” Several lakes in the Little Rock area provide opportunities for sailing, fishing, and water sports. Within a short drive from Little Rock are many state and national recreational areas which provide opportunity for a variety of outdoor recreational activities including hiking, camping, fishing, hunting, canoeing, and backpacking. In addition, world class trout fishing, mountain folk crafts, and unique one-of-a-kind attractions are within a short drive. The cities of Little Rock and North Little Rock have an extensive bike/running trail system as well as a
developed park system. Little Rock hosts the annual marathon, half-marathon and 10K events the first Sunday of March and has various other running, cycling, and obstacle-course events throughout the year. Adult soccer and kickball leagues are also available for competition or just for fun.

Furthermore, the Little Rock National Airport offers convenient access to 12 national gateways. It takes two hours to drive to Memphis, Tennessee; roughly five hours to drive to Dallas; and roughly six hours to drive to St. Louis.

Little Rock is the center for health care in the state. In December 2008, the University of Arkansas for Medical Sciences (UAMS) opened the Psychiatric Research Institute which combines research and education with inpatient and outpatient psychiatric care. In addition to UAMS, there are two private hospitals (each with a psychiatric unit) and the Arkansas Children’s Hospital. There are also several private psychiatric hospitals in the Little Rock area, one of which specializes in treating children and adolescents. The Central Arkansas Veteran’s Healthcare System has facilities located in Little Rock and North Little Rock. In addition to UAMS, other institutions of higher learning located in Little Rock include the University of Arkansas at Little Rock (UALR) and Philander Smith College.

Arkansas is home to the Arkansas Razorbacks basketball and football teams located in Fayetteville, Arkansas. The University of Arkansas at Little Rock (UALR) has both men’s and women’s sporting teams, including basketball teams who are consistently competitive in the Sun Belt Conference. Home games are played at the Jack Stephens Center on the UALR campus. The Verizon Arena is the home of the central Arkansas arena football team and hosts several professional events each year including concerts and craft shows. Little Rock also has a minor league baseball team, the Arkansas Travelers, who play several home games each season at Dickey-Stephens Park. The Travelers are the Class AA affiliate of the Seattle Mariners.

Little Rock has four distinct seasons. High temperatures in the summer are typically in the 90s with significant humidity, while lows in the winter are typically in the 30s. The city usually experiences one or two light snowfalls each winter. Temperatures in the spring and fall are moderate. During the autumn months, colorful foliage abounds.
STIPEND AND BENEFITS

Stipends and Benefits
The stipend for the 12-month, UAMS appointment from 2018-2019 is $42,000. Benefits include 11 holidays, 22.5 vacation days, 12 sick leave days as needed, and optional health insurance and retirement plans (PLEASE NOTE: Insurance coverage does not become effective until the first day of the month following hire and ends on the last day of employment unless the fellow elects to have COBRA). More information is available at the http://www.uams.edu/ohr/benefits.asp. A limited number of educational leave days can also be negotiated with the Training Director for EPPP and conference attendance. Also, note that the UAMS pay schedule is monthly and on the final day of the month. Although official employment begins September 1, 2018, September 4 will be the first day of the training year. The training year will conclude on August 30, 2019.
RECRUITMENT, ELIGIBILITY, APPLICATION AND SELECTION

Recruitment and Eligibility
Prospective fellows are recruited nationally from individuals who hold a doctoral degree in Clinical Psychology and who have completed a pre-doctoral internship in Clinical Psychology. Candidates from APA-accredited institutions and APA-accredited internships are strongly preferred; however, other candidates may be considered. To be considered eligible to begin the fellowship, the trainee must have met all requirements for their doctoral degree, including successful defense of the doctoral dissertation (which includes submission and final approval by the dissertation committee of any changes requested at the time of the dissertation defense). UAMS will not discriminate on the basis of race, color, religion, national origin, creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation as a criterion in deciding against any individual in matters of admission, placement, transfer, hiring, dismissal, compensation, fringe benefits, training, tuition assistance and other personnel or educationally-related actions.

The fellow must also obtain provisional licensure status with the Arkansas Psychology Board. As this can be a lengthy process, it is highly recommended that the individual begin this process once he or she has accepted the fellowship position. Additionally, the fellow will need to submit supervision agreements for the Training Director to the Arkansas Psychology Board. Credentialing within the hospital is another essential condition of employment.

All persons selected for new employment or a change in employment within DHS must submit to a drug test, a criminal background check, and a maltreatment history check, as a pre-condition of employment.

Application
Program applicants must submit:

- A current CV
- At least three letters of reference, with one of them being from the graduate Director of Clinical Training stating the date of the prospective applicant’s completion (or anticipated date) and standing in the program (sent directly by the author)
- An original copy of the applicant’s graduate school transcripts sent directly from the graduate program
- A personal statement regarding the applicant’s interest in the SMI Fellowship
- One deidentified psychological report
Materials should be emailed to Brittani Baldwin Gracey, PsyD, at brittani.baldwin@dhs.arkansas.gov. Applicants anticipating not having all materials available by that deadline should make contact with Dr. Baldwin.

**Selection**

After receiving the applicant’s materials, the Training Director will review and confirm that all required materials have been received. The Training Director will then perform a comprehensive review of all submitted applications to determine interview decisions. Applicants will be notified of their application decision status on or before March 15. On-site visits are not required but highly encouraged; however, telephone interviews may be arranged. The Training Director and at least two other Fellowship Training Committee members will conduct interviews with the selected applicants. Final rankings are determined through the consensus of the Training Director and the Fellowship Training Committee Member.
ORIENTATION AND GENERAL EMPLOYMENT INFORMATION

During the first one to two weeks at ASH, fellows participate in a variety of orientation and training activities. The first week will be spent orienting to ASH and DHS policies and procedures. Orientation will also include Non-Abusive Psychological and Physical Intervention (NAPPI) and CPR training. Additionally, fellows will be expected to participate in new employee orientation at the University of Arkansas for Medical Sciences; although, a portion of this may be completed through online programming.

During this time, fellows also receive their ID badge, keys, parking hang tag, and computer access information. Additionally, fellows receive a TB skin test as required by the hospital. Psychology staff will help orient fellows to the building as well as department-specific policies and procedures.

Additionally, the Training Director will meet with fellows to provide training on information related to the hospital, Department of Psychology, and the fellowship as well as to assist in selecting optional experiences (see next section for options). Supervising psychologists will also provide orientation to each training area.

The work week is Monday through Friday from 8:00 am to 4:30 pm. Fellows should plan to maintain these hours (with a half hour for lunch and two 15-minute breaks allowed) unless otherwise directed by your immediate supervisor. The typical work week is 40-45 hours depending on the fellow’s efficiency and commitments. Time devoted to different training activities is approximated below:

- 70%: Clinical activities including psychotherapy, psychological testing, documentation, treatment team meetings, consultation, staff training, supervision of other trainees, program development, etc. Direct, face-to-face clinical care should comprise at least 25% of the fellow’s time).
- 10%: Supervision
- 5-10%: Didactics & Professional Development
- 2.5-5%: Research or Scholarly Project

Leave Time
If you are planning to take personal leave, please inform the Training Director, Psychology Director, Clinical Director, and appropriate supervisors via email in as much as advance as possible. Complete a leave request on the UAMS Employee Self-Service website. The ASH Clinical Director is responsible for approving those requests. When taking sick leave, please inform your direct supervisor at least 1 hour before you are scheduled to work, if possible. Please notify all other supervisors as soon as possible and complete a leave request on the UAMS Employee Self-Service website as soon as you return.
If you are unable to come to work during inclement weather, you will need to use annual leave if you were not previously approved to use sick leave during that time. The inclement weather policy states that those in the Department of Psychology are essential personnel and must report for work. When the inclement weather policy is invoked, staff are granted a two-hour delay in which to begin their work day.

You may be approved for up to 5 days of educational leave in order to fulfill professional obligations or obtain professional experiences. For example, educational leave may be taken for EPPP preparation as well as conference attendance. You will need to submit a request to the Director of Psychology stating the purpose of your leave, your destination, the duration of the activity, and the dates you will be away from the hospital.

Banking (or flexing time) is permitted. Fellows can use holidays or weekends in order to accrue more leave time. This can only be done if approved in advance with the Training Director, Director of Psychology, Clinical Director, and direct supervisor of the proposed clinical work. There can be no patient contact unless a supervisor is also on-site.
**FINANCIAL ASSISTANCE**

UAMS/DBHS has made a full budgetary commitment to funding at least one SMI fellowship position annually. The fellowship program is included in the DBHS budget and therefore receives general state revenue funds. Because of this, funding of the fellowship program is not dependent on hospital revenue or grant sources. The budget also provides for benefit packages for the fellow(s). Necessary equipment and supplies, as well as administrative support are supplied through the ASH budget. DBHS and ASH are committed to providing the necessary time and financial support to allow the fellowship program to provide quality training with all necessary supplies and materials. The stipend for the 12-month appointment is $42,000 (for the 2018-2019 training year). Benefits include 11 paid holidays, 22.5 paid vacation days, up to 12 sick leave days as needed, and optional health insurance and retirement accounts. Other benefits such as disability and life insurance are available. (NOTE: Insurance coverage does not become effective until one month after the fellow begins the training program).

**ADMINISTRATIVE ASSISTANCE**

The Psychology Department at the Arkansas State Hospital employs an administrative assistant. Support and administrative services are provided to fellows in the same manner that these services are provided to other clinical staff. The department assistant is available to make copies, receive and file psychological assessments/PBSP/or VRA documents, order necessary supplies, and perform additional supportive services as needed.

Fellows have a private office on Unit Alpha where they spend at least two days per week in clinical and administrative duties. Additional time will be spent on Unit 5 Lower where a work station or office will be provided. Work areas for optional clinical experiences will be determined upon selection of the experience. All computers are equipped with access to a network printer in that work area as well as internet access, Microsoft Office software, and scoring software for various assessment instruments. Each fellow is also provided with an e-mail address and computer log-in information so they can securely utilize the ASH network. A telephone and voicemail account is also provided by the hospital. All necessary psychological test supplies (test kits, protocols, etc.) are provided by the hospital. Fellows have access to photocopy and facsimile machines as well as any other standard office supplies at no cost.

**RECORD KEEPING**

Fellows are expected to maintain records and protected health information (PHI) in a manner consistent with HIPAA and other applicable laws. This includes not leaving documents in areas accessible to others, releasing information only to authorized individuals, and protecting access to one’s digital information and records. Psychology-specific records (e.g., raw data, psychological evaluations, and violence risk assessments) must be provided to the department administrative assistant who then ensures that they are securely stored.
PROGRAM STRUCTURE, SCHEDULE, AND REQUIREMENTS

The goal of the ASH/UAMS fellowship training program is to provide specialty training in the area of Serious Mental Illness (SMI). We emphasize APA’s three core competencies for postdoctoral fellowships: Science and Practice, Diversity, and Ethics and Legal. Simultaneously, the training focuses heavily on education and clinical work that is consistent with the APA Proficiency of Assessment and Treatment of Serious Mental Illness (see below). The Proficiency model we follow outlines specific key elements of an SMI curriculum as well as specific assessment procedures and interventions essential for competence working with this population. Fellows are expected to work with the Training Director to ensure they have secured training (whether didactic or direct clinical experience) in all of the listed areas.

At the completion of the training year, our fellows are expected to have developed independent-practice level skills in diagnosis, assessment, professional documentation (including report-writing and charting), individual and group therapy, research and scientific contributions, presenting for colleagues and direct-care staff, clinical supervision, and functioning in an interdisciplinary system.

APA Proficiency for the “Assessment and Treatment of Serious Mental Illness”
The following is a general outline that lists key elements of an SMI proficiency curriculum:

- Knowledge of the etiology of SMI
- Prevention and early intervention
- Understanding of specific societal, cultural, economic, racial, ethnic and gender issues as they apply to assessment and treatment of SMI
- Psychopharmacology for those with SMI
- Knowledge and understanding of various systems of care for people with SMI and their applicability to the severe and persistent nature of these disorders, including the profound functional disability often associated with SMI
- Ethics, legal issues and civil rights
- Understanding of basic research principles and methods, and their application to assessment and treatment in SMI

The following is a general list of assessment procedures and interventions for this area:

Assessment procedures include those for non-SMI as well as SMI populations:

- Standard, conventional assessment instruments
- Assessments of functional capabilities
- Neuropsychological assessments of specific cognitive deficits and strengths

The most widely researched and used psychosocial interventions for SMI include:

- Assertive Community Treatment
- Family psychoeducation
- Psychotherapy, especially Cognitive Behavioral Therapy
- Training in social skills and illness management
- Cognitive remediation
- Supported employment and supported education
- Comprehensive Social Learning Programs (including token economies)
- Integrated treatment for co-occurring substance use disorders
- Treatment for co-occurring post-traumatic stress

**Program Schedule and Training Experiences**

**Fixed Experiences:**

- **Unit Alpha** - This is the training unit for the hospital and houses psychology, medical, psychiatry, social work, and nursing trainees. Dr. Baldwin is the supervisor for the unit, and this is also the location of the fellow’s primary office. Both forensic and civilly-committed patients are treated here. Responsibilities of the fellow on the unit include but are not limited to the following: co-leading a DBT group, conducting individual therapy, completing psychological assessments, developing positive behavior support plans (PBSPs), leading team-based violence risk assessments, supervising psychology interns, contributing to treatment team meetings, and assisting with treatment plan creation and updates. Fellows are assigned to this unit one day a week for clinical duties and one day a week for writing, didactics, and other administrative tasks.

- **Unit 5 Lower** – This is an all-male forensic unit where Dr. Bethay is the supervisor. Responsibilities of the fellow for this unit include: individual and group psychotherapy, competency restoration, psychological assessment, treatment planning, functional behavior assessment and behavior change plans, staff training, consultation, and documentation of services. Therapeutic modalities employed include Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Metacognitive Therapy for psychosis, Applied Behavior Analysis, and other process-based cognitive behavioral methods. Opportunities exist for applied research in the areas of treatment development, program evaluation, and staff training. Fellows are assigned to this unit a day and a half per week.

- **Unit Delta** – This unit is part of Adolescent Services and treats individuals ages 13-17 in need of acute care due to behavioral or psychiatric concerns. Dr. Aldea and Dr. Jones are the supervising psychologists. Due to variability in the numbers of patients with SMI on this unit, fellows’ clinical work will be targeted based on need and totals to approximately a half day. The most common responsibilities would be group therapy, individual therapy, PBSP management, and milieu therapy.

- **Long-Term Supervision** – The fellow will be assigned a supervisor who is separate from the direct clinical supervisors. The goal of this supervision is professional development, mentorship, and supervision of individual therapy cases.
• **Didactics** – Fellows are required to attend at least 5 hours of didactics each month. While there will be SMI fellowship specific didactics (Fellow Lecture), they will also satisfy these requirements from a combination of Intern Seminars, Forensic Psychology Fellowship Lectures, Forensic Psychiatry Lectures, Psychopharmacology Conferences, Medical Student Lectures, Psychiatry Resident Lectures, and UAMS Grand Rounds. Additionally, fellows will be expected to present at the Psychology Department meeting, the Intern Seminars, and the ASH Psychopharmacology Conference.

**Elective Experiences**
Fellows will be afforded **one day per week** to explore an SMI-related clinical activity. Fellows can ultimately choose the length of the experience if they have multiple interests. Some of the options are as follows:

- **Research** - A more intensive research experience with Dr. Bethay. The ultimate goal for the project would be a work product contributing to the scientific community such as a poster presentation or a published article.
- **Unit 5 Upper** – This is an all-male forensic unit with Dr. Dean as the supervisor. Dr. Dean offers the opportunity to co-lead either ACT Skills group or Process group. There are also opportunities to conduct diagnostic evaluations on the unit (and possibly PBSPs and/or risk assessments). Individual therapy opportunities are also available.
- **Unit Bravo** – This is a co-ed, civil and forensic unit. Dr. Parkins would supervise fellows in individual therapy in addition to group therapy development. Opportunities for PBSP creation and testing are also possible.
- **Health Psychology** – Because comorbid medical problems are common with our patients, we offer a wide range of opportunities to work with patients on health and wellness issues such as weight, medication adherence, pain management, sleep hygiene, etc.
- **Other** - ASH Psychologists are engaged in a number of varied professional activities such as adult and adolescent sex offender treatment, treatment of developmentally disabled patients, Forensic Evaluation, Police Fitness for Duty evaluation, and staff trainings. Options that are not offered above may be available if the fellow is interested and supervision is available.
CORE COMPETENCIES

By the end of the fellowship year, we expect our fellows to have mastered the following core competencies:

- **Professionalism** – This includes demonstrating professional behaviors essential to employment in a multidisciplinary setting where one works closely with many other disciplines and different training levels. Professionalism also includes appropriate and timely communication with supervisors and others as well as appropriate emotion regulation and stress management. Fellows are further expected to demonstrate professionalism through the timely and accurate execution of basic job duties.

- **APA Fellowship Core Competencies** – Fellows will be able to demonstrate skills in APA’s core competency areas for postdoctoral fellowship, particularly as they apply to SMI populations. Specifically, they are expected to demonstrate competency in applying their work to diverse populations, in integrating science and practice, and in demonstrating knowledge/practice of professional ethics and relevant legal guidelines.

- **Supervision** – Fellows will supervise pre-doctoral interns through the training year. This will afford them the opportunity to learn and practice supervision skills while receiving supervision of supervision and didactics focused on supervision.

- **Psychotherapy** – ASH emphasizes the importance of evidence-based practice. Fellows will have experience providing DBT, CBT, and ACT as well as other therapies commonly used with SMI populations including Social Skills Training, Illness Management & Recovery, Metacognitive Therapy, and more. By the end of the training year, fellows will be able to demonstrate comfort and proficiency in a number of different modalities and with a variety of different types of clients.

- **Psychological Testing** – Psychological testing is needed at ASH for a variety of referral questions including, but not limited to, general psychodiagnostic clarification, neuropsychology, malingering, intellectual and adaptive functioning, academic achievement, and other potential concerns. Competency in this area requires proficiency in reviewing records, clinical interviewing, test administration and scoring, reporting writing, and communicating findings with the treatment teams.

- **Skill Development Interventions** – This broad category encompasses helping patients to develop more adaptive and productive behaviors through the use of behavior modification plans, token economies, staff trainings, milieu therapies, and more. Fellows will be expected to demonstrate functional knowledge of these different approaches which are commonly utilized in psychiatric hospitals.
• **Interdisciplinary Collaboration** - Fellows are expected to understand and respect the skillsets of the various disciplines as well as to communicate well with the disciplines represented in the hospital. Fellows are also expected to develop proficiency in providing training to other disciplines and be receptive to training provided by other disciplines.

• **Presentations and Trainings** – Because education and training is fundamental to Psychology, particularly in large institutions, fellows will develop skills for presenting to department colleagues as well other disciplines. Competency in this area is demonstrated by creating presentations based on scientific evidence or other scholarly work and conveying information in a manner appropriate to the audience.

• **Psychosocial Rehabilitation Services** – The fellowship program aims to expose fellows to psychosocial rehabilitation services that are often outside the scope of traditional psychological interventions. As a result, fellows are expected to develop a basic working knowledge of interventions commonly utilized with SMI populations such as family psychoeducation, cognitive remediation, social skills training, Assertive Community Treatment, and managing the various systems of care.
SUPERVISION AND EVALUATION

The fellowship provides each trainee the required supervised experience to meet licensing regulations in most states, including Arkansas. The program is a one-year, full-time training experience. In order to comply with APPIC and state standards for supervised experience, fellows are provided with the following core supervision hours:

- At least two hours per week of individual supervision with the primary supervisors
- At least two hours per week of didactic training. Didactics include formal presentations as well as co-leading group therapy, observations, etc.

The SMI Fellowship Training Committee will meet once per month to discuss the fellow’s progress, strengths, and weaknesses. Fellows will be formally evaluated by their supervisors at 2 months, 4 months, 8 months, and 12 months. (See appendix for evaluation form). Any evaluation that includes a below standard rating will be supported by specific and concrete examples and will result in a remediation plan. Fellows will formally evaluate supervisors at the same time points. At the 4-month and 8-month evaluation period, the SMI Fellowship Training Committee will meet and discuss the fellow’s progress. The Training Director will provide written and verbal qualitative summaries of feedback.

The Training Director will also have regular check-in meetings to get feedback from the fellows regarding their general experiences. Fellows are asked to participate in the formal evaluation of the fellowship at the end of the year, again one year later, and five years later. These evaluations will inform the program’s self-study process.

Fellows will also be involved in the supervision and evaluation of interns. This will result in both the fellow providing the intern feedback and receiving feedback from the intern.

See link for list of available supervisors and their specialty areas:
CONDUCT

As UAMS employees, fellows are expected to adhere to all UAMS policies regarding employee conduct. This includes, but is not limited to, policies addressing basic professionalism, drug and alcohol use, sexual harassment, and discrimination. Additionally, because fellows perform their job duties at ASH, they are also expected to adhere to ASH’s policies for employee conduct. Any conflict between UAMS and ASH policies will be addressed on a case-by-case basis.
GRIEVANCE AND DUE PROCESS POLICY AND PROCEDURES

This document describes the due processes policy that applies to the psychology postdoctoral fellows at the University of Arkansas for Medical Sciences (UAMS)/Arkansas State Hospital (ASH). When a fellow is identified as performing at a level of competency judged to be “unsatisfactory” (with regard to the Standards established by the American Psychological Association), the SMI Fellowship Training Committee (comprised of the psychology faculty involved in the Training Program) may select from several courses of action.

Behavior of Concern
Behaviors that might warrant action include but are not limited to:
1. Violation of the ethical standards for Psychologists as established by the American Psychological Association, in either the provision of clinical services or research activities;
2. Incompetence in the performing of typical psychological services in this setting and/or inability to attain competence during the course of the fellowship;
3. Failure to meet the minimum standards for patient contact, administrative requirements or didactic training;
4. Behavior(s) judged to be currently unsuitable and which hampers the fellow’s professional performance.

Fellow Performance Problems
Performance problems may arise because of educational or academic deficiencies, psychological adjustment problems and/or inappropriate emotional responses, inappropriate management of personal stress, inadequate level of self-directed professional development, inappropriate use of and/or response to supervision, etc. Behaviors typically become identified as performance problems when they include one or more of the following characteristics:
• The behavior is not merely a reflection of a knowledge or skill deficit that can be rectified by academic or didactic training or supervision.
• The quality of services delivered by the fellow is sufficiently negatively affected.
• The behavior has potential for ethical or legal ramifications if not addressed.
• The behavior shows a persistent insensitivity to diversity considerations related to race, ethnicity, gender, sexual orientation, age, disability status, SES, etc.
• The fellow’s emotional difficulties interfere with his or her capacity to perform competently.
• The fellow’s interpersonal style interferes with his or her intra-professional and interdisciplinary relationships with peers, coworkers, supervisors, and/or subordinates.
The fellow does not acknowledge, understand, or address the concern when it is identified.
The fellow’s behavior does not change as a function of feedback, remediation efforts, and/or time.
A disproportionate amount of attention by training personnel is required.
The fellow’s behavior negatively impacts the public view of the training program or institution.

Guiding Principles to Ensure Due Process
The following principles serve to ensure that decisions made by the training program about fellows are not arbitrary or personally based. These principles ensure that the fellow is provided ongoing and meaningful feedback, opportunities for remediation, and information about appeals procedures:

- Presenting fellows with written documentation of the program's expectations related to professional and personal functioning.
- Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- Articulating the various procedures and actions involved in making decisions regarding problem behaviors.
- Communicating with fellows early and often about how to address problem behaviors.
- Instituting a remediation plan for identified inadequacies, including the competency domain(s) in which performance is not adequate, target behaviors, expectations for acceptable performance, steps for remediation, supervisors’ responsibilities, time frame for expected remediation, and consequences of not rectifying the inadequacies.
- Providing a written procedure to the fellow that describes how the fellow may appeal the program's action.
- Ensuring that fellows have sufficient time to respond to any action taken by the program.
- Using input from multiple professional sources when making decisions or recommendations regarding the fellow’s performance.
- Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

Supervisory Actions
If performance problems are noted by a fellow’s supervisor(s), the following procedures will be initiated:

- The fellow’s supervisor(s) will meet with the Training Director to discuss the problem and determine what action needs to be taken.
• The Training Director will schedule a formal review of the fellow’s progress and all performance problems with the Training Committee.

• The fellow will be notified, in writing, that such a review is occurring and will have the opportunity to provide an oral or written statement.

• The Training Committee will meet and review all of the fellow’s work to date, including the identified problems.

• In discussing the problem and the fellow’s response, the Training Director and Committee may adopt one or more of the following methods or may take any other appropriate action:
  − Take no further action and inform all parties of this decision.
  − Issue a Verbal Warning to the fellow. A Verbal Warning emphasizes the need to engage in recommended amelioration strategies in order to address the performance problem. No record of this action is kept.
  − Issue a Performance Notice (1st written warning). A Performance Notice formally indicates that the training faculty is aware of and concerned with the fellow’s performance and that the problem has been brought to the attention of the fellow. It also indicates that the faculty will work with the fellow to specify the steps necessary to rectify the performance problems, and that the behaviors are not significant enough to warrant serious action. Remediation strategies as described below should be implemented following issuance of a Performance Notice. A signed copy of the Remediation Plan will be kept in the fellow’s file, as will a copy of the Performance Notice.
  − Issue a Probation Notice (1st written warning). A Probation Notice indicates that the training faculty will actively and systematically monitor for a specific length of time the degree to which the fellow addresses, changes, and/or otherwise improves the problem behavior. The fellow must be provided with a written statement that includes a description of the actual problem behaviors, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be ameliorated, and the procedures designed to ascertain whether the problem has been appropriately rectified. Additional remediation strategies must be implemented at this time. A copy of the Probation Notice and the revised Remediation Plan will be kept in the fellow’s file.

• The Training Director and Director of Psychology will then meet with the fellow to review the action taken. If placed on probation, the fellow may choose to accept the conditions or may challenge the decision. The procedures for challenging the decision are presented below (see below Procedures for Appeal by a Fellow).

• Once the Performance Notice or Probation Notice is issued by the Training Director, it is expected that the fellow’s performance will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the
satisfaction of the faculty, the fellow and other appropriate individuals will be informed and no further action will be taken.

- If it is determined that the conditions for revoking the probation status have not been met, the Training Director may take any of the following actions:
  - Continue the probation for a specific time period, with written notice to the fellow of ongoing steps that must be taken to ameliorate the problem in the specified time frame.
  - Issue a written Suspension Notice (2nd written warning). This indicates that the fellow is not allowed to continue engaging in specified professional activities until there is evidence that the behavior in question has improved.
  - Issue a written Warning Notice (2nd written warning). This indicates that if the problem behavior does not change, the fellow will not meet criteria for fellowship completion.
  - Issue a written Termination Notice. This indicates that the fellow will be terminated from the fellowship program as of the date specified in the notice.

When the aforementioned interventions do not, after a reasonable time period, rectify the problem, or when the fellow seems unable or unwilling to alter his or her behavior, the Training Director and Committee may take more formal action, including such actions as:

- Giving the fellow a limited endorsement, including the specification of competency domains and practice settings in which he or she is competent to practice. This information will be conveyed to all relevant state psychology licensing boards.
- Communicating to the fellow that he or she has not successfully completed the training program, with the possibility of continuing for an additional specified period of time beyond the training year.
- Terminating the fellow from the training program. This includes issuing of a Termination Notice. This information will be communicated to all relevant state psychology licensing boards.

Remediation Strategies

When performance problems have been identified and documented as discussed above, the training faculty, in conjunction with the fellow, will formulate and implement strategies for remediation of such problems. These strategies will be appropriately documented and implemented in ways that are consistent with due process procedures. Such strategies may include, but will not be limited to, the following:

- Increasing supervision time, either with the same or other supervisors.
- Changing the format, emphasis, and/or focus of supervision.
- Strongly recommending personal therapy. Referrals will be provided.
- Reducing the fellow’s clinical or other workload or modifying his or her schedule in other ways.
- Requiring specific academic coursework, didactics, or independent study.
- Recommending, when appropriate, a leave of absence and/or a second fellowship.
• Recommending and assisting in implementing a career change for the fellow.

**Procedures for Appeal by a Fellow**
Fellows who wish to contest supervisory actions and decisions must submit a written challenge to the Training Director within 10 days of receipt of the faculty decision. Failure to submit a written challenge within 10 days will be taken as assent to the supervisory actions and decisions. Once a written challenge is received, the following steps will occur:

- The Director of Psychology will convene a Review Panel consisting of the Training Director, two faculty members selected by the Director of Psychology, two faculty members selected by the fellow, and a non-Psychology ASH Administrator.
- A review hearing will be conducted, chaired by the Director of Psychology, in which evidence is heard from the supervisor(s), who have the right to be present at the hearing.
- The fellow will retain the right to be present at the hearing, to hear all facts, and to dispute or explain his or her behavior.
- Within 15 days of the completion of the review hearing, the Review Panel will file a written report, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote of the five panel members. The fellow will be informed of the recommendations by the Director of Psychology and through receipt of a copy of the panel report.
- If the Review Panel finds in favor of the fellow, no further action against the fellow will be taken. The Director of Psychology will consult with the faculty supervisor(s) concerning the decision.
- If the Review Panel finds in favor of the supervisor(s), the original supervisory action will be implemented.
- The Review Panel may, at its discretion, find neither in favor of the supervisor nor the fellow. It may instead modify the original supervisory action or issue and implement its own action. In this instance, the Director of Psychology will consult with both the supervisor(s) and the trainee concerning the decision.

**Fellow Grievances**
A grievance is defined as an expression of dissatisfaction regarding:

1. Duties assigned to the fellow
2. Application of ASH or UAMS policies
3. Questions regarding reprimand, probation or termination

The grievance procedure shall not be used to question a rule, procedure or policy established by an authorized faculty or administrative body. Rather, it shall be used as a due process by those who believe that a rule, procedure or policy has been applied in an unfair or
inequitable manner or that there has been unfair or improper treatment by a person or persons.

Our guiding philosophy is that most problems are best resolved through direct interaction between the fellow and supervisor or other staff member as part of the ongoing working relationship. Fellows are encouraged to first discuss any problems or concerns with the supervisor or staff member involved. In turn, supervisors and staff members are expected to be receptive to complaints, attempt to develop a solution with the fellow, and to seek appropriate consultation. If these discussions do not produce a satisfactory resolution of the concern, the following measures are available to the fellow:

**Informal mediation**: Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the fellow and the supervisor or staff member. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the training environment.

**Formal grievance**: In the event that informal measures are not successful, or in the event of a serious grievance, the fellow may initiate a formal grievance process by sending a written request for intervention to the Training Director.

- The Training Director will notify the Director of Psychology of the grievance and call a meeting of the SMI Fellowship Training Committee to review the complaint. The fellow and supervisor or staff member will be notified of the date that such a review will occur, and will be given an opportunity to provide the Committee with any relevant information regarding the grievance.

- Based upon a review of the grievance and any relevant information, the SMI Fellowship Training Committee will determine the course of action that best promotes the fellow's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, change in rotation placement, or other training modification.

- The fellow will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the fellow accepts the decision, the recommendations will be implemented. If the fellow disagrees with the decision, he or she may appeal to the Clinical Director and a non-Psychology ASH Administrator. The Clinical Director and the non-Psychology ASH Administrator will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee.

In the event that a formal grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself or herself from
participating in review of the grievance due to conflict of interest. A grievance regarding the Training Director may be submitted directly to the Director of Psychology for review and resolution. Any findings resulting from a review of a fellow grievance that involve unethical, inappropriate, or unlawful faculty or staff behavior will be submitted to the Director of Psychology for appropriate personnel action.

These procedures are not intended to prevent a fellow from pursuing a grievance under any other mechanisms available to UAMS employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Fellows are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the State of Arkansas by contacting the Arkansas Psychology Board.
INFORMAL RESOLUTION OF CONCERNS

If a fellow has any type of concern during their training year, expectations are that the fellow will first attempt to address the situation directly with the affected individual or individuals. For instance, a fellow may have concerns about the way they are treated, how supervision is being conducted, ethical or safety concerns, or other issues. If speaking directly with the individual is for some reason not appropriate, the fellow should first consult with the Training Director. If that is also not deemed a viable option, the fellow should then speak with the Director of Psychology. The fellow may also utilize their year-long supervisor for guidance and support, but this supervisor will not act in a formal capacity to resolve the issue.

Our training faculty strive to provide a supportive and open atmosphere that allows resolution of any issues within this normal sequence. However, we recognize that the inherently unequal power in the supervisor/supervisee relationship may conceivably lead a fellow to be reluctant to discuss some concerns with training faculty. Therefore, at any time during the training year, any fellow who wishes to may consult with someone outside of the program in an informal and confidential avenue for discussion and problem-solving.
MOONLIGHTING POLICY

Some postdoctoral fellows may choose to seek employment outside of their clinical and research settings, hereafter referred to as “moonlighting.” There are several requirements that fellows must follow regarding the nature of these moonlighting activities:

- Fellows may not engage in activities for which they are not professionally qualified. For example, providing direct psychological services requires that the provider be licensed in the jurisdiction where the services are rendered. Thus, an unlicensed fellow may not provide such services without appropriate supervision.

- Fellows will need to complete the UAMS Outside Employment application available at [https://secure.uams.edu/OutsideEmployment/Login.aspx](https://secure.uams.edu/OutsideEmployment/Login.aspx) in addition to obtaining approval in writing from the Director of Psychology.

- Fellows may not present themselves as affiliated with the University of Arkansas for Medical Sciences (UAMS), Division of Behavioral Health Services (DBHS), or Arkansas State Hospital (ASH) when they engage in moonlighting employment activities. This prohibition includes advertising, use of business cards, description of credentials, etc.

- It is the professional obligation of fellows to be appropriately insured when working outside of their clinical and research settings. Fellows must assume liability for the professional activities associated with their moonlighting employment. Malpractice and liability coverage provided in the UAMS/ASH clinical and research sites does not extend outside of those settings.

- Moonlighting experiences cannot in any way interfere with the usual work schedule of the fellow in his or her clinical and research settings. Any request to alter work schedules must be approved by supervisor(s) in advance, and such approval is at the total discretion of the supervisor(s).

- For fellows who are not meeting their training goals, supervisors may legitimately question whether moonlighting activities are contributing to poor performance in the training program. A remediation plan may include a provision that the fellow will not engage in any moonlighting employment.

- Fellows may not engage in moonlighting employment with any of their clinical or research supervisors. This is considered a conflict of interest, which could be to the detriment of the fellows’ training experience.
- Supervised clinical hours accumulated during moonlighting activities are not part of the supervised activities to which UAMS/ASH faculty supervisors can ethically attest as part of the fellow’s training experience. These experiences must be confirmed by the moonlighting supervisor.

- Fellows are strongly advised to discuss moonlighting opportunities with their supervisors prior to making commitments to those activities. This will minimize the possibility that the moonlighting will interfere with their training experience.

- Failure to adhere to these policies and procedures will be considered as cause for termination from the UAMS/ASH SMI Psychology Fellowship program.
Appendix A
APA Proficiency for the “Assessment and Treatment of Serious Mental Illness”
Documentation Form

Although the form asks you to specify which presentation was the basis of your training in this area, there may be times when shadowing, giving a presentation, or working with specific patients would satisfy the requirement. You should document that as such. You may not be able to document 3 experiences for every single area and some areas may have more than 3 experiences throughout the course of the year.

- **Knowledge of the etiology of SMI**

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- **Prevention and early intervention**

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- **Understanding of specific societal, cultural, economic, racial, ethnic and gender issues as they apply to assessment and treatment of SMI**

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- **Psychopharmacology for those with SMI**

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- **Knowledge and understanding of various systems of care for people with SMI and their applicability to the severe and persistent nature of these disorders, including the profound functional disability often associated with SMI**

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- Ethics, legal issues and civil rights
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- Understanding of basic research principles and methods, and their application to assessment and treatment in SMI
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- Standard, conventional assessment instruments
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- Assessments of functional capabilities
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- Neuropsychological assessments of specific cognitive deficits and strengths
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- Assertive Community Treatment
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- Family psychoeducation
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- **Psychotherapy, especially Cognitive Behavioral Therapy**

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- **Training in social skills and illness management**

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- **Cognitive remediation**

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- **Supported employment and supported education**

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- **Comprehensive Social Learning Programs (including token economies)**

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- **Integrated treatment for co-occurring substance use disorders**

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- **Treatment for co-occurring post-traumatic stress**

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- Other SMI-Related experiences

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Appendix B
SUPERVISION CONTRACT
Arkansas State Hospital

Fellow: 
Supervisor:

Training Period:

A. Fellow’s responsibilities:

- Completion of a minimum of 1-2 psychological evaluations per month, assuming a steady stream of referrals, which may include co-assessment with and supervision of interns.
- Complete evaluations according to policy, i.e., within 14 days.
- Run the Wednesday DBT group and write PIR notes for the group.
- Discuss plan for group leadership once weekly and prepare materials as needed.
- Complete Positive Behavior Support Plans (PBSPs) as needed/schedule permitting.
- Observe/Complete Violence Risk Assessments as schedule permits.
- Complete treatment plans and treatment plan updates as assigned.
- Attend Morning Report on days assigned to this unit.
- Attend 5 hours of didactics per month. Didactics can include: Intern Seminar, SMI Fellowship Seminar, Psychopharmacology Conference, UAMS Grand Rounds, Forensic Lectures, UAMS Psychiatry Lectures, and Unit A Medical Student Lectures.
- Attend supervision (after morning report/treatment team) on assigned days to check in about progress, daily assignments, supervision of intern, etc.
- Attend supervision after Wednesday group to discuss your view of your strengths and weaknesses.
- Demonstrate behavior consistent with the APA Ethics code.
  - Demonstrate integrity and honesty with clients and in the supervisory relationship.
  - Openly communicate mistakes and growth areas.
  - If you don’t know how to administer or score a test, please ask questions!
  - Protected Health Information (PHI) should not be released or handled in a manner making it vulnerable to release.
- Return all testing materials to Dr. Baldwin after use.
- Manage time appropriately.
- Consistently communicate with your supervisor and others in a direct and professional manner. This includes communicating schedule changes and vacation days.
- Communicate any potentially harmful situations (e.g., patients at risk of harm to self or others, unsafe conditions on the unit, etc.)
- Document attainment of relevant experiences for the APA SMI Proficiency and the Division 18 SMI/SED Competencies

B. Supervisor’s goals for the fellow:

- Develop fellow’s general writing style in addition to more specialized writing skills based on the type of assessment.
- Become familiar with a broad range of assessment instruments common in the psychiatric hospital setting.
- Develop skill with supervision of other trainees.
• Improve psychodiagnostic skill and knowledge of DSM-5 diagnoses.
• Increase familiarity and expertise with and DBT group material.
• Increase comfort and mastery in the group leader role.
• Increase familiarity with violence risk assessment materials and concepts.
• Increase familiarity with PBSP creation process and principles.
• Become familiar with research relevant to testing cases.
• Increase experience and comfort working in a multidisciplinary team. This includes learning each discipline’s roles and unique skills as well as consistently communicating with team members.
• Develop skills consistent with the APA SMI Proficiency and the Division 18 SMI/SED Competencies

C. Supervisor responsibilities:

• Orient the fellow to the unit and rotation responsibilities.
• Provide templates for reports, PBSPs, group notes, etc.
• Provide one hour of 1:1 scheduled supervision per week. This will occur each day after team meetings and after Wednesday therapy groups.
• Availability for additional supervision, if needed.
• Observe evaluations as needed.
• Administer and score tests as needed.
• Perform supervision of the fellow’s supervision of the intern.
• Provide opportunities for observation of assessments conducted by supervisor.
• Demonstrate group leadership and team membership roles.
• Assist fellow in group preparation when needed.
• Review and provide feedback on clinical work. This will include a 48-hour turnaround time for report edits.
• Identify areas for growth and assist in development of these areas.
• Provide supplemental readings pertinent to fellow’s activities.
• Encourage professional development.
• Provide written evaluation of fellow’s progress at the midpoint and end of each rotation.
• Role model professional behavior and direct communication.

Fellow ___________________________ Date ________________

Supervisor ___________________________ Date ________________
Appendix C
Arkansas State Hospital
Psychology Fellow Competency Assessment Form

Fellow: 
Supervisor: 
Evaluation Period: 
Training Year: 
Training Experience: 

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<th>ASSESSMENT METHOD(S) FOR COMPETENCIES</th>
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<td>Direct Observation</td>
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<td>Review of Records Performance</td>
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<td>Self-Assessment</td>
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<td>Case Presentation</td>
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<td>Review of Clinical Record</td>
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<td>Other</td>
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<td>Review of Raw Test Data</td>
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<td>Review of Other Written Work</td>
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<td>Discussion of Clinical Interaction</td>
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<td>Feedback from Other Clinical Staff</td>
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<td>Feedback from Clients and/or Families</td>
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<td>Feedback from Admin/Support Staff</td>
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Please address all comments and/or questions concerning this fellow evaluation to:

Brittani Baldwin Gracey, PsyD
Arkansas State Hospital
Psychology Department
305 S. Palm
Little Rock, AR 72205
501-686-9000

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<th>COMPETENCY RATINGS SCALE</th>
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<td>NA........Not applicable for this training experience/Not assessed during training experience</td>
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<td>5 .......... Advanced/Skills comparable to autonomous practice at the licensure level. Well above expected level of competence; Competency attained at full psychology staff privilege level.</td>
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<td>4 .......... High Intermediate/Occasional supervision needed. Somewhat above expected level of competence; A frequent rating at completion of fellowship; Competency attained in all but non-routine cases; supervisor provides overall management of fellow’s activities; depth of supervision varies as clinical needs warrant.</td>
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<td>3 .......... Intermediate/Should remain a focus of supervision At expected level of competence; Common rating throughout fellowship training; Routine supervision of each activity.</td>
</tr>
<tr>
<td>2 .......... Entry level/Continued intensive supervision is needed Somewhat below expected competence; Most common rating for pre-fellowship training; Routine, but intensive, supervision is needed.</td>
</tr>
<tr>
<td>1 .......... Needs remedial work</td>
</tr>
</tbody>
</table>

Revised February 2018

For any competency on which the fellow receives a 2-month, 4-month or 8-month rating of 1 or 2, a specific plan to address the deficiency must be provided within the relevant comments section. For any competency on which the fellow receives a final rating of 1 or 2, recommendations for remediation - if appropriate - should be provided within the relevant comments section.

The fellow must receive a final global rating of 3 or higher in all competency domains in order to successfully complete fellowship training.
### Competency Domain 1: Assessment
Conducting psychological assessment, diagnosis, case conceptualization, and communicating findings and recommendations

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Evaluation and Selection of Assessment Methods</td>
<td>Selects appropriate assessment methods for referral questions, presenting concerns, client characteristics, and instrument psychometric properties</td>
<td></td>
</tr>
<tr>
<td>B. Implementation of Assessment Methods</td>
<td>Administers, scores, and interprets assessment tools consistently, accurately, and efficiently; demonstrates competence with measures of cognitive, emotional, behavioral, social, and personality functioning; demonstrates facility with measures of legal knowledge and adjudicative competence; adapts assessment based on client response</td>
<td></td>
</tr>
<tr>
<td>C. Formulation of Diagnoses and Case Conceptualizations</td>
<td>Demonstrates knowledge of the range of normal/abnormal behavior; synthesizes data from various assessment instruments; identifies problem areas, develops hypotheses about etiology and/or function of clinical symptoms, and applies concepts of differential diagnosis; develops formulations grounded in theoretical, scientific, and experiential knowledge as well as clinical information; demonstrates a working knowledge of DSM-5 diagnostic system</td>
<td></td>
</tr>
<tr>
<td>D. Formulation of Intervention Recommendations</td>
<td>Articulates specific, useful, and realistic intervention recommendations that are responsive to referral concerns and grounded in assessment findings</td>
<td></td>
</tr>
<tr>
<td>E. Communication of Assessment Findings</td>
<td>Prepares comprehensive evaluation reports that document history, assessment methods, results, interpretations, formulations and recommendations accurately and communicate them effectively; provides accurate and concise oral or written summaries to clients, families, referral sources, other providers, and other interested third parties</td>
<td></td>
</tr>
</tbody>
</table>

### Overall Domain Rating

### Specific Comments:

### Competency Domain 2: Intervention
Selecting, planning, implementing, and evaluating interventions to improve psychosocial functioning of individuals, groups, and/or organizations

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Knowledge of Interventions</td>
<td>Demonstrates knowledge of theoretical, empirical, and experiential bases for intervention strategies and techniques</td>
<td></td>
</tr>
<tr>
<td>B. Intervention Planning</td>
<td>Selects appropriate interventions in response to identified problems, case formulation, client characteristics, and preferences, and contextual factors; incorporates evidence-based practices into intervention plan; collaborates with clients to formulate appropriate intervention goals and objectives; modifies intervention plan as needed based on client progress</td>
<td></td>
</tr>
<tr>
<td>C. Nonspecific Therapeutic Skills</td>
<td>Establishes rapport with clients, demonstrates empathic listening skills, conveys genuineness, appropriately frames problems, effectively communicates framework for intervention and expectations regarding processes and outcomes</td>
<td></td>
</tr>
</tbody>
</table>
D. Implementation of Interventions

Demonstrates competence with a range of intervention modalities (i.e., individual therapy, group therapy, crisis intervention) and techniques (i.e., cognitive-behavioral, behavioral, interpersonal, psychodynamic).

E. Evaluation of Processes and Outcomes

Systematically monitors client progress toward and achievement of intervention goals and objectives by means of quantitative and qualitative methods.

F. Documentation of Intervention

Accurately, clearly, and concisely documents interventions and client response to interventions in a timely manner.

Specific Comments:

Competency Domain 3: Consultation

Providing expert guidance or professional assistance in response to the needs or goals of individuals, program, or organizations involved in client care

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Role of Consultant</td>
<td>Demonstrates understanding of consultant role as distinct from other professional roles; demonstrates ability to shift and maintain roles as appropriate</td>
<td></td>
</tr>
<tr>
<td>B. Selection and Implementation of Assessment Methods</td>
<td>Selects appropriate assessment methods in response to identified concerns; implements systematic approach to gathering information</td>
<td></td>
</tr>
<tr>
<td>C. Formulation of Recommendations for Intervention</td>
<td>Articulates specific, useful, and realistic intervention recommendations that are responsive to identified concerns and are grounded in assessment findings</td>
<td></td>
</tr>
<tr>
<td>D. Formulation of Intervention Recommendations</td>
<td>Articulates specific, useful, and realistic intervention recommendations that are responsive to referral concerns and grounded in assessment findings</td>
<td></td>
</tr>
<tr>
<td>E. Communication of Findings and Recommendations</td>
<td>Provides oral and written feedback to appropriate parties that accurately and effectively communicates findings</td>
<td></td>
</tr>
</tbody>
</table>

Overall Domain Rating

Specific Comments:

Competency Domain 4: Research and Evaluation

Conducting research that contributes to the professional knowledge base and/or evaluation that assesses the effectiveness or professional activities

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Scientific approach to knowledge generation</td>
<td>Demonstrates knowledge of and competence with research methods; engages in systematic efforts to contribute to the professional knowledge base through research-related activities (e.g., serve as peer reviewer)</td>
<td></td>
</tr>
<tr>
<td>B. Scientific Approach to Practice</td>
<td>Demonstrates understanding of evaluation as distinct from research; engages in systematic efforts to assess the effectiveness of clinical, teaching, or other professional activities</td>
<td></td>
</tr>
</tbody>
</table>

Overall Domain Rating
Competency Domain 5: Provision of Supervision

Providing supervision of professional activities

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Supervisory Roles and Responsibilities</td>
<td>Demonstrates knowledge of roles and responsibilities of supervisors and supervisees, including ethical, legal, organizational, and contextual issues</td>
<td></td>
</tr>
<tr>
<td>B. Supervision Processes and Procedures</td>
<td>Demonstrates knowledge of models and techniques of supervision; identifies supervision goals and objectives; participates in development of supervision contract</td>
<td></td>
</tr>
<tr>
<td>C. Supervision Skills</td>
<td>Maintains boundaries with supervisee, gives clear and thoughtful feedback in a manner that fosters responsivity and discussion; is receptive to feedback from supervisee</td>
<td></td>
</tr>
</tbody>
</table>

Overall Domain Rating

Specific Comments:

Competency Domain 6: Teaching

Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skills in professional psychology

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Didactic Knowledge</td>
<td>Demonstrates knowledge of didactic strategies; demonstrates awareness of need to adapt teaching methods to accommodate student needs and contextual factors; demonstrates knowledge of methods of assessing teaching effectiveness</td>
<td></td>
</tr>
<tr>
<td>B. Didactic Skills</td>
<td>Identifies appropriate learning goals and objectives; organizes and presents information effectively; demonstrates ability to adapt teaching methods to accommodate student needs and contextual factors; systematically assesses achievement of learning goals and objectives by means of quantitative and qualitative methods; incorporates feedback to modify teaching methods</td>
<td></td>
</tr>
</tbody>
</table>

Overall Domain Rating

Specific Comments:

Competency Domain 7: Management and Administration

Managing direct delivery of services and/or administration of organizations, programs, or agencies

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Management and Administration</td>
<td>Demonstrates understanding of roles and responsibilities of management and administration; demonstrates understanding of administrative processes (e.g., service authorization, scheduling, billing, documentation); demonstrates awareness of fiscal and human resource management issues</td>
<td></td>
</tr>
<tr>
<td>B. Leadership</td>
<td>Articulates organizational mission, goals, and objectives; implements procedures to accomplish goals and objectives;</td>
<td></td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Expected Performance Level</td>
<td>Four-Month Evaluation</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>A. Client Empowerment</td>
<td>Identifies specific social, political, economic, and/or cultural barriers to client progress; promotes client’s development of skills for self-advocacy</td>
<td></td>
</tr>
<tr>
<td>B. Systems Change</td>
<td>Identifies target issues, forms alliances with relevant stakeholders, and participates in development and implementation of realistic plan of action to promote change</td>
<td></td>
</tr>
</tbody>
</table>

Specific Comments:

**Competency Domain 9: Professionalism**

Behaving in a manner consistent with professional values, ethics, and norms

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Integrity and Responsibility</td>
<td>Demonstrates honesty; takes responsibility for own behavior; articulates and adheres to professional values; takes action to resolve situations that challenge professional values and integrity</td>
<td></td>
</tr>
<tr>
<td>B. Professional Behavior</td>
<td>Demonstrates appropriate personal hygiene and attire; exhibits appropriate language, demeanor, and physical conduct; demonstrates awareness of impact of own behavior on clients, colleagues, the public, and the profession</td>
<td></td>
</tr>
<tr>
<td>C. Accountability</td>
<td>Is available and accessible when “on duty;” exhibits organizational and time management skills; effectively manages workload; promptly and accurately completes tasks; accepts responsibility for meeting deadlines; acknowledges and corrects errors; maintains level of clinical productivity commensurate with training status*; monitors own performance and implements strategies to address deficiencies</td>
<td></td>
</tr>
<tr>
<td>D. Concern for Welfare of Others</td>
<td>Demonstrates compassion and initiative to help others; exhibits sensitivity to and respect for the needs, beliefs, and values of others; acts to benefit the welfare of others</td>
<td></td>
</tr>
</tbody>
</table>

*at least 25% direct service time
E. Professional Identity

Demonstrates knowledge of critical professional issues; exhibits motivation for professional development (e.g., maintains membership in professional organizations; attends professional conferences or CEUs; consults literature relevant to professional activities)

Overall Domain Rating

Specific Comments:

Competency Domain 10: Reflective Action, Self-Assessment, and Self-Care

Monitoring and assessing own professional competencies and addressing personal issues influencing performance

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Reflective Action</td>
<td>Demonstrates critical thinking, reasoning, and problem-solving skills; exhibits intellectual curiosity and flexibility; demonstrates openness to considering own personal issues; systematically monitors own attitudes and behavior and impact of self on others; modifies behavior as needed</td>
</tr>
<tr>
<td>B. Self-Assessment</td>
<td>Demonstrates knowledge of professional competencies; accurately identifies own competency strengths and weaknesses; identifies areas of growth; systematically monitors own performance and progresses toward goals, making adjustments as needed; exhibits appropriate levels of self-confidence and ability to practice independently</td>
</tr>
<tr>
<td>C. Self-Care</td>
<td>Identifies and monitors impairments in professional functioning; takes action to minimize impact of personal issues; attends to issues of self-care</td>
</tr>
</tbody>
</table>

Overall Domain Rating

Specific Comments:

Competency Domain 11: Scientific Knowledge and Methods

Understanding and applying scientific principles, methods, and knowledge to the practice of professional psychology

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Scientific Mindedness</td>
<td>Demonstrates awareness of need for evidence to support assertions; questions assumptions of knowledge; exhibits openness to review and questioning of work by others; is a critical consumer of scientific literature</td>
</tr>
<tr>
<td>B. Scientific Foundation of Psychology</td>
<td>Demonstrates understanding of scientific bases of behavior</td>
</tr>
<tr>
<td>C. Scientific Foundation of Professional Practice</td>
<td>Demonstrates understanding of scientific bases of the professional practice of psychology; demonstrates knowledge of evidence-based practices; demonstrates facility in implementing evidence-based practices in diagnosis and case conceptualization, treatment planning, and interventions</td>
</tr>
</tbody>
</table>

Overall Domain Rating
Competency Domain 12: Relationships

Interacting effectively, collaboratively, and productively with individuals, groups, organizations, and communities

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Interpersonal Relationships</td>
<td>Establishes good rapport with clients, families, peers, colleagues, supervisors, subordinates, and others; maintains effective working alliances; demonstrates respect for varying perspectives; demonstrates active, collaborative problem solving and conflict resolution skills; accepts and provides constructive feedback</td>
<td></td>
</tr>
<tr>
<td>B. Affective Skills</td>
<td>Demonstrates awareness of own emotions and appropriately manages them; demonstrates adaptive tolerance for ambiguity and uncertainty, strong affect, and interpersonal conflict; makes appropriate disclosures about problematic personal circumstances and interpersonal interactions; acknowledges and accepts responsibility for own role in difficult situations and interactions</td>
<td></td>
</tr>
<tr>
<td>C. Expressive Skills</td>
<td>Communicates clearly and effectively by verbal and nonverbal means in oral and written modalities; demonstrates facility with professional language; demonstrates flexibility in communication style</td>
<td></td>
</tr>
</tbody>
</table>

Overall Domain Rating

Specific Comments:

Competency Domain 13: Individual and Cultural Diversity

Working effectively with diverse individuals, groups, organizations, and communities representing various cultural backgrounds, including those based on age, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, disability, and language

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Cultural Identity- Self</td>
<td>Articulates awareness and knowledge of own cultural identity; acknowledges and monitors role of culture and context in shaping own cognitions, emotions, and behavior</td>
<td></td>
</tr>
<tr>
<td>B. Cultural Identity-Other</td>
<td>Articulates awareness and knowledge of others’ cultural identities; acknowledges and monitors role of culture and context in shaping others’ cognitions, emotions, and behavior</td>
<td></td>
</tr>
<tr>
<td>C. Cultural Diversity in Interpersonal Interactions</td>
<td>Acknowledges and monitors role of culture and context in shaping interactions between self and others</td>
<td></td>
</tr>
<tr>
<td>D. Cultural Competence</td>
<td>Demonstrates knowledge of relevant scientific literature and professional guidelines; uses culturally appropriate strategies and techniques; demonstrates skills in adapting behavior as appropriate to client needs; recognizes limits of own knowledge and understanding of culture and context; seeks consultation as necessary</td>
<td></td>
</tr>
</tbody>
</table>

Overall Domain Rating

Specific Comments:

Competency Domain 14: Standards and Policies

Understanding, applying, and adhering to ethical, legal, professional, and organizational standards, guidelines, regulations, and policies regarding professional activities
### Competency Domain 15: Interdisciplinary Systems

Working effectively, collaboratively, and systematically toward shared goals with professionals from other disciplines

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Multidisciplinary Knowledge</td>
<td>Demonstrates knowledge of and respect for similarities and differences in training, roles, values, and standards among professional disciplines</td>
<td></td>
</tr>
<tr>
<td>B. Multidisciplinary and Interdisciplinary Functioning</td>
<td>Works collaboratively and effectively with professionals from other disciplines to incorporate psychological information into intervention planning and implementation; provides meaningful contributions to interdisciplinary team activities; integrates perspectives from multiple disciplines in own professional practice</td>
<td></td>
</tr>
</tbody>
</table>

### Overall Domain Rating

**Competency Domain 16: Role of Supervisee**

Participation in the process of being supervised

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Expected Performance Level</th>
<th>Four-Month Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Preparation for Supervision</td>
<td>Fellow is prepared for supervision with questions and feedback; seeks out supervisor/consultation with supervisor; is knowledgeable about the roles of supervisor and supervisee; seeks out consultation at the appropriate time; able to identify own goals in supervision</td>
<td></td>
</tr>
<tr>
<td>B. Receptivity to supervision</td>
<td>Takes feedback non-defensively and willingly explores meaning of feedback; incorporates feedback into practice; demonstrates capacity for accurate self-assessment, exhibits motivation for personal and professional growth; provides constructive feedback to supervisor</td>
<td></td>
</tr>
</tbody>
</table>

### Overall Domain Rating
Specific Comments:

Summary of Strengths:

Summary of Areas Needing Additional Growth or Remediation:

Plan for Future Work:

Conclusions

Competency Goals

4 and 8 months: All competency areas will be rated at a level of competence of 3 or higher. No competency areas will be rated as 1 or 2.

12 months: All competency areas will be rated at level of competence of 3 or higher. No competency areas will be rated as 1 or 2. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, training director and fellow agree that a level of 2 is appropriate for that particular rotation, e.g. a neuropsychology major rotation for a general track fellow.

☐ The fellow HAS successfully completed the above competency goal. We have reviewed this evaluation together.

☐ The fellow HAS NOT successfully completed the above competency goals. We have made a joint written remedial plan as attached, with specific dates indicated for completion. This remediation plan will be utilized to ensure that the fellow satisfactorily completes required clinical and/or administrative assignments from this rotation. It will also accompany the fellow to subsequent rotations to ensure the supervisor and fellow are aware of and work to alleviate potential barriers to success. If the fellow has a remediation plan in place at the conclusion of the first rotation but successfully completes the second rotation, the remediation plan will be discontinued and not follow the fellow to the third (final) rotation.

____________________________________________  _________________
Supervisor                                  Date

____________________________________________  _________________
Fellow                                     Date

This document has been reviewed and discussed with my supervisor. I understand that my signature does not necessarily indicate my agreement. I was given the opportunity to provide written documentation of my feedback regarding the evaluation in the available space below (use additional paper if space necessitates).

Fellow Impression of the Evaluation:
PSYCHOLOGY TRAINING PROGRAM
Evaluation of Supervisor & Training Experience

Supervisor____________________  Fellow____________________

Dates of Supervision____________

Training Experience __________________________________________

Types of Supervision:  _____Individual  _____Group  _____Administrative

Evaluation:  _____2 months  ______4 months  _____8 months  _____ 12 months

Please fill out this form at the end of the review period (2 months, 4 months, 8 months, and 12 months). Discuss this feedback with your supervisor, have your supervisor sign the form, sign it yourself, and give it to the Director of Training. Performance/behavior in the following functional areas is to be rated with a single number according to the following scale:

5 – Excellent  Provides excellent supervision.

4 – Above Average  Does consistently very well in the area being rated and is clearly above the average for supervisors in general.

3 – Average  Average supervision in the area being rated.

2 – Below Average  At a level below most supervisors but possibly still adequate (please elaborate on areas for improvement).

1 – Unacceptable  Is below the acceptable level for clinical supervision in the Field of Psychology (please explain why the level was unacceptable).

N/O – Not observed  N/A – Not applicable

<table>
<thead>
<tr>
<th>General Supervision Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation of trainee to program (description, introductions, explanations of procedures, forms, etc.)</td>
</tr>
<tr>
<td>Communicating effectively in supervision</td>
</tr>
<tr>
<td>Energy and attention put into supervision</td>
</tr>
<tr>
<td>Availability for supervision</td>
</tr>
<tr>
<td>Helping fellow learn to understand patients</td>
</tr>
<tr>
<td>Supervisor has realistic and fair workload expectations</td>
</tr>
<tr>
<td>Provides appropriate support for fellow, as needed</td>
</tr>
<tr>
<td>Demonstration and modeling of useful general clinical skills</td>
</tr>
<tr>
<td>Providing information about management/administrative tasks</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Supervision of Therapy</strong></td>
</tr>
<tr>
<td>Supervision of group therapy</td>
</tr>
<tr>
<td>Supervision of individual psychotherapy</td>
</tr>
<tr>
<td>Assisting fellow in understanding and conceptualizing therapy clients</td>
</tr>
<tr>
<td>Giving useful suggestions for work with clients</td>
</tr>
<tr>
<td>Giving feedback regarding performance and progress</td>
</tr>
<tr>
<td>Training in evidence-based therapeutic interventions</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Supervision of Assessment</strong></td>
</tr>
<tr>
<td>Supervision of psychological testing</td>
</tr>
<tr>
<td>Supervision of evaluation and diagnosis</td>
</tr>
<tr>
<td>Selection and assignment of appropriate cases, and provision of appropriate numbers of cases</td>
</tr>
<tr>
<td>Provided helpful and comprehensive feedback on written work</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Professional Role</strong></td>
</tr>
<tr>
<td>Providing a positive role model of a psychologist</td>
</tr>
<tr>
<td>Quality of guidance in self-assessment</td>
</tr>
<tr>
<td>Quality of guidance in self-care and stress management</td>
</tr>
<tr>
<td>Quality of training in ethical, legal, and professional issues</td>
</tr>
<tr>
<td>Incorporation of research and program evaluation</td>
</tr>
<tr>
<td>Modeling and encouraging advocacy for self or others</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>Awareness and discussion of individual and cultural diversity</td>
</tr>
<tr>
<td>Training in ethical and legal practice</td>
</tr>
<tr>
<td>Quality of training in teaching (ex. medical students, residents, etc.)</td>
</tr>
<tr>
<td>Providing quality supervision of supervision</td>
</tr>
<tr>
<td>Ability to participate and feel valued as a treatment team member</td>
</tr>
<tr>
<td>Supervisor provides a good role model as a treatment team member</td>
</tr>
<tr>
<td>Assisted in teaching the PBSP development process</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Rotation-Specific Ratings</strong></td>
</tr>
<tr>
<td>Availability of appropriate testing cases</td>
</tr>
<tr>
<td>Availability of appropriate therapy patients</td>
</tr>
<tr>
<td>Quality of didactic presentations on rotation</td>
</tr>
<tr>
<td>Breadth of training experience</td>
</tr>
<tr>
<td>Depth of training experience</td>
</tr>
<tr>
<td>Quality of interactions with other disciplines</td>
</tr>
<tr>
<td>Supportive/collaborative training environment</td>
</tr>
<tr>
<td>Environment has positive, professional role models</td>
</tr>
<tr>
<td>Environment maintains respect for individual and cultural diversity</td>
</tr>
<tr>
<td>Environment has ethical and legal practice</td>
</tr>
<tr>
<td>Preparation of interns to work as part of a multidisciplinary team</td>
</tr>
</tbody>
</table>

**SMI Fellowship-Specific Ratings**

- Training has helped build a greater understanding of SMI research, science and practice
- Training has helped build a greater understanding of SMI assessment
- Training has helped build a greater understanding of SMI intervention
- Training has helped build a greater understanding of different services and approaches to SMI outside of psychology

**Strengths:**

**Areas for Improvement:**

Fellow________________________________________  Date______________________
Supervisor____________________________________  Date______________________
Training Director_______________________________  Date______________________
Chief of Psychology_____________________________  Date______________________
Psychology Fellowship Program Former Fellow Survey

Please take a minute to tell us about yourself.

1. In what year did you complete your fellowship?

2. What was your employment/training status during the first year immediately after fellowship?
   a. Postdoctoral fellowship or traineeship.
   b. Began employment as psychologist.
   c. Returned to university program to complete dissertation.
   d. Other (specify):

3. What is your current employment or training status?
   a. Postdoctoral fellow or trainee.
   b. Currently employed as a psychologist.
   c. Working toward completion of dissertation.
   d. Teaching.
   e. Other (specify):

4. What is your primary employment setting?
   a. Medical center or hospital.
   b. Psychiatric hospital.
   c. Community Mental Health Center.
   d. College or university psychology department.
   e. Individual private practice.
   f. Group private practice.
   g. Other (specify):

5. Have you had articles accepted for publication in professional journals? How many?
   a. Yes (Number ______)
   b. No

6. Considering your experience during the fellowship and since that time, would you recommend the UAMS/ASH Postdoctoral Fellowship program to others?
   a. Yes
   b. No
Thank you for your answers. Please take a few more minutes and rate the following items about your fellowship training experience. Use the scale below.

**Rating Scale:**
1 = Weakness, needs strengthening
2 = Good
3 = Strong
4 = Excellent
5 = No basis for rating

**Fellowship Training Experience:**

1. Quality of training in assessment and diagnosis. 
2. Quality of training in clinical interventions. 
3. Quality of training in supervision. 
4. Quality of training in the scientific basis of psychological practice. 
5. Quality of training in ethical, legal, and professional issues. 
6. Quality of training in consultation. 
7. Quality of supervision received. 
8. Amount of supervision received. 
9. Quality of didactic presentations (seminars, conferences, rounds). 
11. Depth of training experience. 
12. Accessibility and/or availability of supervisors. 
13. A supportive/collaborative training environment. 
15. Positive professional role models. 
16. Respect for individual and cultural diversity. 
17. Realistic and fair workload expectations on fellowship. 
18. Preparation of fellows for independent practice. 
19. Preparation of fellows to work with diverse populations. 
20. Preparation of fellows to work as part of a multidisciplinary team.

**Comments:**
Please comment on what you perceive to be the strengths of the program:

Please comment on your perception of the program’s weaknesses.

Thank you for your participation.
SMI/SED Competencies  
Division 18

Assessment  
*Competence in Strengths Based and Functional Assessment Skills:*

Comprehensive assessment is essential to any recovery service plan. Residents should be able to appropriately assess, evaluate and then develop practical interventions for individuals with severe and persistent mental illnesses, including those with complicated mental, substance abuse, and medical co-morbidities, often with histories of trauma.

1. Comprehensive knowledge of strengths based and functional capability assessments, subjective perceptions of recovery and quality of life, and ability to conduct assessments using these measures
2. Ability to utilize standardized assessments in ways that may require modification in light of the fact that these assessments were not developed or normed using persons with SMI/SED
3. Ability to competently utilize specialty assessments such as the Structured Clinical Interview for the DSM (SCID), the Positive and Negative Syndrome Scale (PANSS), the Brief Psychiatric Rating Scale (BPRS), and the Brief Psychiatric Rating Scale for Children (BPRS-C) as needed and appropriate
4. Ability to conduct an assessment of an individual’s readiness and desire for psychosocial interventions
5. Ability to conduct an assessment of resources available to the individual and the person’s ability to utilize those resources
6. Ability to assess perceived recovery and life satisfaction/quality of life
7. Ability to assess and address positive and negative symptoms using measures such as the Scale for the Assessment of Positive Symptoms (SAPS) and Scale for the Assessment of Negative Symptoms (SANS)
8. Ability to recognize psychosis and thought disorder and understand in depth the nuances of each condition considered within the purview of SMI/SED
9. Ability to recognize and screen for potential cognitive deficits that are core areas of dysfunction for people with SMI/SED including processing speed, verbal memory, and attention
10. Ability to recognize and screen for social deficits that often accompany these disorders
11. Ability to recognize the limitations posed by cognitive impairments and the potential for lessened insight and, as needed, ability to conduct behavioral observational assessments that accurately account for these
12. Ability to assess for the potential risk for suicide and violence to self or others
13. Ability to recognize and understand etiology of co-occurring substance use disorders and the importance of trauma in SMI/SED disorders and be competent in differential diagnosis of similarly presenting diagnoses such as PTSD and personality disorders
14. Knowledge of medication side effects especially those specific to psychotropic medications and ability to assess for medication adherence and barriers to adherence
15. Ability to integrate the intersection of diversity related to age, gender and gender orientation, race, cultural, spiritual/religious beliefs, etc. specifically related to the presentation of symptoms unique to SMI/SED
16. Ability to recognize the level of capacity and competence of an individual with SMI/SED in order to make appropriate recommendations regarding interventions or to refer to appropriate specialty services including those provided by other disciplines

Goal Setting and Treatment Planning

Competence in Helping Individuals Set Goals and Develop Appropriate Treatment Plans:
1. Ability to assist clients assess their values as they develop individualized goals using shared decision making and person centered planning approaches
2. Competence in developing tailored clinical and recovery-oriented interventions that meet the client’s identified goals and develop action steps for goal achievement
3. Ability to recognize when modifications to treatment plans are needed to reflect the needs and values of the client and determine satisfaction of services provided.

Interventions

Competence in Psychosocial Rehabilitation Interventions
By the completion of their training year, residents should demonstrate an ability to use appropriate self-disclosure and sharing of case studies/real-world examples to normalize experiences of persons with SMI/SED. Residents should also demonstrate skill in applying and adapting evidence-based psychosocial rehabilitation interventions with SMI/SED individuals. Residents also are expected to manage crisis situations and identify opportunities for transition of services. Residents are expected to provide appropriate interventions in response to a range of presenting psychosocial problems and treatment concerns and demonstrate the ability to effectively work with diverse populations, interprofessional providers, and various program specialties. The schizophrenia PORT evidence based and promising practices recommendations (Kreyenbuhl, Buchanan, Dickerson, & Dixon, 2010) include:

1. Assertive Community Treatment (ACT) – knowledge of fidelity criteria and ability to implement intervention, participate on team, and supervise others
2. Supported Employment (SE) – knowledge of fidelity criteria and ability to implement intervention, participate on team, and supervise others
3. Cognitive Behavioral Therapy (CBT) and CBT for psychosis (CBTp) – knowledge of
differences between CBT and CBTp and ability to competently practice and supervise others in both interventions
4. Skills Training – knowledge of fidelity criteria and ability to implement intervention and supervise others
5. Family Intervention/Psychoeducation – knowledge of fidelity criteria and ability to implement intervention and supervise others
6. Social learning programs (Token Economy) – knowledge of intervention, its appropriate use, ability to implement and train and supervise others
7. Integrated Dual Diagnosis Treatment (IDDT)/Co-occurring disorders treatment – knowledge of fidelity criteria and ability to implement intervention, participate on team, and supervise others
8. Weight management approaches and Smoking cessation approaches – ability to competently implement appropriate interventions and supervise others
9. Illness Self-Management including Wellness Recovery Action Planning (WRAP) and behavioral tailoring for medication – knowledge of interventions, how to implement and supervise others
10. Cognitive Remediation and Social Cognition Training – knowledge of interventions, ability to competently practice and supervise others
11. Psychosocial interventions for first episode psychosis (FEP) – knowledge of recent research indicating the effectiveness of a set of interventions (RAISE) and ability to implement interventions, participate on teams, and supervise others
12. Peer Support/peer delivered services – knowledge of interventions and ability to implement and supervise peers

Additional Interventions to Address Critically Important Problems for People with SMI/SED:

1. Stigma/Self-stigma interventions – knowledge of, and ability to implement interventions to change attitudes and decrease discriminatory behaviors among health providers and the public at large
2. Trauma interventions (trauma informed and trauma specific care) – ability to competently implement trauma interventions including CBT for trauma, relapse prevention for alcohol and drug use, stress inoculation training for PTSD and other components of trauma specific care
3. Suicide prevention – ability to recognize when individuals may be at risk and provide high levels of support, refer for appropriate intervention and provide treatment for depression to mitigate hopelessness and other risk factors
4. Violence prevention – ability to recognize when individuals may be at risk and refer for appropriate intervention while providing high levels of support
5. Interventions to decrease homelessness – ability to provide a comprehensive array of services designed to facilitate supported housing, e.g., trauma informed care, relapse prevention for substance abuse, and other supports to maintain housing
6. Supported education interventions to help individuals achieve their educational goals
7. Motivational Interviewing (MI) for those with SMI/SED – ability to competently implement motivational interviewing as appropriate and to supervise others in practice

Specialized Interventions for Forensic/Criminal Justice Populations with SMI/SED - including knowledge of the factors that impact on success of interventions for forensic and criminal justice populations with SMI/SED:

1. Forensic Assertive Community Treatment (FACT) – ability to implement intervention, participate on team, and supervise others
2. CBT for those in criminal justice/forensic settings – ability to competently provide specialized CBT services and to supervise others in practice
3. IDDT/Co-occurring disorders treatment for those in criminal justice/forensic settings – knowledge of the specialized needs of people with SMI/SED in these settings, ability to provide integrated mental health and substance use services targeted to the population, and supervise others in practice
4. Trauma interventions for those in criminal justice/forensic settings (trauma informed and trauma specific care) – recognition of trauma as the norm for those with SMI/SED in the forensic and criminal justice systems, ability to competently provide trauma specific interventions including CBT for trauma, relapse prevention for alcohol and drug use, stress inoculation training for PTSD and other components of trauma specific care, including services for those at highest risk and to supervise others in provision of services
5. Supported housing interventions for those in criminal justice/forensic settings – ability to implement comprehensive services to assure supported housing is available for individuals being released into the community
6. Transition planning and follow-up for criminal justice/forensic settings – ability to implement adequate and appropriate transition planning and follow up for individuals being released into the community

Specialized Intervention for People with Bipolar Disorder - in addition to demonstrating competence with the above interventions for people with SMI/SED (several of which are also recommended specifically for this population), residents should also:

1. Demonstrate an ability to competently provide Interpersonal and Social Rhythm Therapy (IPSRT) and Family Focused Treatment (FFT) for bipolar disorder and to supervise others in practice
2. Understand the potential of Dialectical Behavior Therapy (DBT) which may also be helpful for individuals with bipolar disorder and personality disorders

Consultation

Competence in Consultation Skills:
Within the bounds of confidentiality and privacy, residents must be able to listen, understand, communicate, and display excellent rapport with relevant stakeholders including: the person served, family members, relevant community members, other healthcare providers within and outside of the system, and partnering agencies. The resident is expected to exhibit comfort and proficiency in providing effective consultation and feedback to the person served, family members, clinical programs, interprofessional staff and community partners.

1. Ability to effectively present information and develop treatment recommendations that are understandable to the person, his or her support team, and in accord with his or her goals
2. Ability to competently work with an interprofessional team and present information about persons with SMI/SED so that team members can understand and learn from the presentation
3. Ability to apply specialty knowledge and expertise concerning SMI/SED symptomatology and diagnosis to problems that arise in professional settings
4. Comprehensive knowledge of psychosocial functioning and recovery and ability to describe this to team members, other colleagues, and members of the public
5. Ability to provide education and training for mental health staff on all aspects of the recovery paradigm and psychosocial rehabilitation assessments and interventions
6. Ability to integrate all information into a case formulation that presents an opportunity for use of psychosocial interventions designed to promote recovery and attainment of the goals articulated by each person
7. Ability to assist supervisees and team members in the management of difficult behaviors that may be exhibited by persons with SMI/SED
8. Ability to integrate the knowledge, values, and attitudes critical for successful work with people with SMI/SED into interprofessional team settings to facilitate shared decision making
9. Ability to work with staff in specialized facilities such as supported housing, etc. to help them recognize and respond appropriately to symptoms and problem behaviors to help individuals with SMI/SED thrive in the community
10. Ability to educate, train, and supervise staff at all levels of training, from front-line behavioral health staff through to highly trained staff and managers/administrators, in the best ways to help people with SMI/SED manage symptoms, set and achieve goals for themselves, and access resources available to them. Some examples of potential issues and difficult behaviors include limit setting, stigma, empathy, delusions/hallucinations, and crisis intervention
11. Ability to educate and consult with families about their family member’s illness and the role of family in treatment
12. Knowledge of resources to help with access to care (e.g., family members trying to get members into care and navigate a complex healthcare system)
13. Ability to educate and train staff in facilities and on specialized units for youth, young adults, and older persons where knowledge and expertise is lacking about behavioral health particularly SMI/SED

Research and Evaluation

*Competence in Scholarly Inquiry and Application of Theoretical and Scientific Knowledge to Practice:*

Residents are expected to participate in scholarly inquiry, and apply theoretical and scientific knowledge to their clinical practices. They are expected to engage in their own scholarly endeavors which may include research, grant proposal writing, as well as program development, implementation, and evaluation.

1. Residents should be able to demonstrate awareness of current literature, and have the ability to search relevant literature and evaluate it
2. Recognition of the importance of incorporating persons with lived experience of SMI/SED into all aspects of research and evaluation from conception to completion and publication. This includes formulation of hypotheses, study questions and design, determination of statistical methods, participants to be recruited, etc.
3. Knowledge of and ability to use mixed methods research designs
4. Familiarity with and ability to use single case designs (disorders may be persistent over time and multiple baselines provide a clearer picture of the impact of different treatment components and their helpfulness to individuals)
5. Recognition of ability to incorporate family members and first degree relatives into designs (research provides insight into how the illness manifests in individuals vs. family members looking at the phenotypes in individual and family)
6. Recognition of importance of involvement of caregivers and other stakeholders in research and willingness to incorporate them into designs
7. Ability to collaborate with other disciplines (e.g., psychiatry, rehabilitation services, nursing, occupational therapy, etc.)
8. Up to date knowledge of the latest assessments and interventions for this population
9. Ability to utilize research/evaluation knowledge to adapt/modify assessments and interventions that have excluded persons with SMI/SED and to do so appropriately recognizing when fidelity to the original practice is essential
10. Recognition and understanding the needs of vulnerable populations vis a vis their participation in research efforts
11. Recognition and understanding of the ability of persons with SMI/SED to provide informed consent
12. Ability to inform and educate IRBs about the type of intervention research common with SMI/SED populations such as psychosocial interventions
13. Understanding of the unique needs of persons with SMI/SED vis a vis study design and ability to apply this knowledge to prevent/minimize drop out as typically this is different for persons with SMI/SED 1) drop outs tend to be doing worse and 2), severe economic disadvantages impact people with SMI/SED disproportionately 3), follow up studies need to include more time (>1 year) due to the nature of the illness
14. Knowledge of and ability to conduct multifactorial designs of programs as these are the norm with SMI/SED populations; understanding of the importance of controls for non-specific factors
15. Ability to identify appropriate outcomes for program evaluation efforts due to broad nature of quality of life, psychosocial functioning, and recovery
16. Ability to undertake program evaluation which is critical so that a developed program can be improved - systems within which SMI/SED persons are seen may be more difficult to work with than structured research settings due to presence of multiple stakeholders
17. Ability to obtain buy-in from multiple under-resourced clients and stakeholders

Supervision/Teaching

Competence in Teaching and Supervision Skills:

By the completion of the training year, residents should demonstrate the ability to give presentations in a formal didactic setting, develop mentoring skills for working with small groups and/or one to one to teach skills, communicate knowledge, and provide feedback to those they serve, their support networks, other professionals, trainees, para-professionals, and/or community partnering agencies. When providing supervision and teaching, residents should demonstrate sensitivity to ethical, legal, and cultural issues and demonstrate ability to teach the principles of psychosocial rehabilitation.

1. Comprehensive knowledge of psychosocial assessments and interventions and ability to impart knowledge about these and to supervise others in practice
2. Ability to provide education and training for mental health staff on aspects of the recovery paradigm and psychosocial rehabilitation interventions
3. Ability to impart knowledge and help others develop an understanding of, and ability to convey the importance of hope, respect, positive regard, and acceptance of person’s goals, wishes, and preferences in the development of the therapeutic relationship (which is key and sometimes difficult to form) and to supervise others in their development of these factors Ability to impart an understanding of the pace and non-linear process for recovery and ability to develop positive expectations for the person’s progress despite the combination of social, functional, and cognitive impairments that are commonly observed
4. Ability to help trainees and supervisees recognize incremental improvements and utilize the process of shaping in goal setting and recovery
5. Ability to impart knowledge of the phenomenology of the disorders of SMI (e.g., auditory hallucinations, negative symptoms such as diminutions of basic drives, conceptual disorganization, etc.)
6. Ability to supervise effective goal setting with persons with SMI/SED that is often different in quality (i.e., level of difficulty) and outcome (i.e., type of goals set) than those without SMI/SED
7. Ability to promote self-reflection and self-examination of fear, stereotypes, preconceptualizations of, and biases toward people with SMI/SED including stigma and self-efficacy
8. Ability to teach and supervise trainees about appropriate boundaries and differences in working with this population
9. Knowledge of standard tools for fidelity measures and ability to supervise trainees in their use
10. Ability to use live or audiotape feedback to understand the often complex nuances of work with persons with SMI/SED
11. Ability to supervise a range of other mental health providers (e.g., psychiatrists, peers, nurses, social workers, pharmacists, occupational therapists)

Management/Administration

*Competence in Understanding Organizational and Systemic Dynamics:*

By the completion of their training, residents should demonstrate an advanced level of knowledge of the various healthcare systems in which they have operated and have a broader understanding of health and mental healthcare systems both nationally and to some extent globally. They should show awareness of and sensitivity to systemic issues that impact the delivery of services. They should demonstrate a good understanding of organizational dynamics as well as systemic issues within programs, effectively functioning within various institutional contexts and appreciating how such forces impact and influence clinical care.

1. Knowledge of the complexity of systems change issues and ability to promote resiliency as resistance is encountered
2. Knowledge of needed systems of care and the importance of integration and interprofessional cooperation
3. Familiarity with reimbursement structures and with psychosocial services that are not funded or are partially funded and ability to secure funding for needed specialized services
4. Knowledge of Commission on Accreditation of Rehabilitation Facilities (CARF) requirements for accreditation and ability to implement policies and procedures needed to secure and maintain accreditation
5. Knowledge of Joint Commission and Centers for Medicare and Medicaid Services (CMS) standards and ability to implement policies and procedures needed to secure and maintain accreditation and ensure CMS standards are met

6. Knowledge of the Americans with Disabilities Act and its amendments and application to those with SMI/SED

7. Ability to lead effectively within complex interprofessional teams and settings
Knowledge of implementation and dissemination challenges and opportunities of EBPs for those with SMI/SED and the challenges of this in multiple, complex, uncoordinated settings

8. Recognition of the importance of conducting program evaluation and/or quality improvement studies and ability to convince management and team members of this

9. Ability to develop comprehensive programs across the full continuum of care that incorporates needed interventions such as supported employment and others

10. Ability to assist organizations to understand the importance of providing services within a recovery orientation

11. Knowledge of the complexity of systems change issues and ability to implement needed changes

12. Comprehensive knowledge of psychosocial assessments and interventions and ability to impart knowledge about these and ensure cooperation and implementation within teams and overall system

Advocacy

*Competence in Working for Adequate, Appropriate and Equitable Systems of Care for Persons with SMI/SED:*

Residents should have an understanding of, and appreciation for, the impact that stigma, self-stigma, discrimination, and social and community exclusion have on persons with disabilities and impairments of all kinds, especially those with SMI/SED. Residents should be prepared to work on behalf of, and together with clients, their families and friends to encourage, promote, and assist persons with SMI/SED to develop social networks, access appropriate health/mental health care, access needed social services, and fully participate in their communities.

1. Ability to create opportunities for people with SMI/SED to meet and interact with others with and without SMI/SED, build social capital, promote community wellbeing, overcome social isolation, increase social connectedness and address social exclusion

2. Knowledge of community resources and ability to reach out to these as a means of expanding access to services for people with SMI/SED
3. Knowledge of community resources and ability to intervene to help with access to care (e.g., family members trying to get members into care and navigate complex system)

4. Knowledge of laws that affect individuals with SMI/SED negatively and may lead to human rights violations (e.g., laws about competency restoration process, not guilty by reason of insanity, etc.).