



# IMCES

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## Institute for Multicultural Counseling & Education Services

· a private non-profit organization, associated with dpi/ngo with ecosoc status of the united nations for human rights ·

# 2019-2021 Postdoctoral Residency Training

Postdoctoral Residency Program in Health Psychology

## MANUAL

### Director of Training

Tara Pir, Ph.D.

### Faculty/Training Committee

Gilbert Morquecho, Ph.D.

Ali Jazayeri, Ph.D.

Diane Scheiner, Ph.D.

Graham Mitchell, M.D.

James Pelk, LCSW

### Main Office:

3580 Wilshire Boulevard #2000

Los Angeles, California 90010

(213) 381-1250

### **American Psychological Association (APA) Accredited**

\*Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5868 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

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## I. Introduction

This document describes the responsibilities and expectations of the Postdoctoral Residency Program in Professional Psychology at the Institute for Multicultural Counseling and Educational Services (IMCES). This manual is an overview of clinical training including philosophy, goals, objectives, and instructions for clinical practice, supervision, evaluation, and outcome measures.

## II. Program Philosophy & Mission

**Mission:** The mission of IMCES is to promote human rights and social justice while cultivating healthy, resilient individuals and families through the use of culturally proficient mental health, primary health care, and substance abuse treatment. IMCES provides an integrative model of service delivery including primary health care, mental health, social services, substance abuse, forensic/legal advocacy services in a variety of languages by highly trained culturally competent professionals. Our mission is interwoven in the function of our organization: as a community clinic, we provide direct services to the underserved target population in our community; as an education institute, we provide clinical training/workforce development for our profession and discipline.

**Direct Service:** IMCES offers a variety of clinical programs developed to provide services to children, youth, families, and adults who have many barriers to their wellness, success, and sustainability within the community. IMCES is committed to helping underserved members of the community overcome adversity, achieve independence, and create sustainable and meaningful lives for themselves and their families.

**Workforce Development:** Our Postdoctoral Residency clinical training program is structured to engage new and emerging mental health professionals from different cultural backgrounds to motivate their professional commitment and responsiveness to serve the most needy population using best practices. Our clinical training program is designed as an effective and necessary workforce development to respond to our community's needs, and to develop specific competencies with a strong emphasis on many aspects of leadership development. **We are training the next leaders in our profession who will contribute to future health and wellbeing in local and global levels.**

### Training Model

#### **Philosophy:**

IMCES's philosophy and model of training is aligned with the mission of our organization. IMCES believes that physical and mental health are fundamental human rights of everyone. Our treatment philosophy focuses on strengths rather than pathology, on wellness rather than illness. We recognize that the 21<sup>st</sup> century radically changed our lives in many domains in local and global levels. Culture became more evolving, dynamic, and ever changing. The demand for human and helping services requires a great deal of innovation and adjustment to the traditional model of service delivery. At IMCES, we are prepared to face and meet the challenges by providing an educational and professional training model that is "appropriate and important" as well as responsive to the public's varied, complex, evolving needs and challenges.

#### **Operating Principles:**

- Emphasis on mutually respectful relationships.

- Commitment to “**excellence**”, “**lifelong learning**” and being a **reflective practitioner**.
- **Inclusion by design** to prevent disparities.
- Focus on **whole health** (physical, mental, social, and spiritual) of **individual**, as well as **community health**.
- Emphasis on **Integrative model of service delivery**: multidisciplinary approach and consultation
- Recognition of **interrelatedness of individual and community**.

We are committed to treating clients in the context of family and community. We recognize the impact of social conditions as contributing factors to client’s presenting problem. By viewing the client in the context of their social environment, we also contribute to the wellness of the community through our advocacy and outreach activities and programs.

### **III. IMCES Resident Qualification, Recruitment, and Selection Policy**

IMCES believes in the principle and policy of inclusion by design, which is reflected in all of our workplace policies and procedures, and implemented throughout our Resident recruitment and selection process.

IMCES recognizes the ever-changing demographic of our population nationally and, specially, in our geographic region, the County of Los Angeles, which has aptly been described as a microcosm of the world because of its exceptional cultural and ethnic diversity.

IMCES recognizes that each cultural and ethnic community has its own media sources for exchanging information and communication and utilizes those media toward our goal and mission of effective community engagement and outreach. Specifically, our recruitment of Residents utilizes these media to attract and identify qualified candidates who share the mission of serving our diverse community with cultural and linguistic expertise.

#### **Resident Qualifications**

Applications for our postdoctoral clinical training program are accepted from individuals who have the following qualifications. Failure to meet these qualifications could nullify an offer to an applicant.

- Evidence of strong interest, background in, and commitment to the community mental health model of service delivery and working with underserved populations.
- Evidence of personal and professional accomplishment.
- Indication of alignment between applicant’s professional goals and the residency’s areas of emphasis.
- Have some experience in community mental health settings and/or with culturally diverse underserved populations.
- Have an interest in developing leadership, qualitative research, advocacy, and supervisory skills/expertise.
- Be willing to acquire skills in developing and utilizing outcome measures to evaluate treatment effectiveness.
- Have an ability to be flexible and adaptable to change.
- Completion of doctoral degree from an APA-accredited Clinical or Counseling Psychology program. Applicants must have their degree posted before application.
- Completion of an APA-accredited psychology internship program.
- Citizenship status: must be citizen (Permanent Resident, or have Work Visa or Student Visa.)
- No felony conviction within the past six years.

- Must be able to pass a Department of Justice (DOJ) and FBI background check.
- Have a valid driver's license in the United States.
- Have personal vehicle and valid insurance.
- Must have a 3 years clean driving record (e.g., no record of a DUI).
- All applicants must commit to a minimum of 40 hour per week flexible schedule to be proactively responsive to self, client, and be compliant with clinical training requirements.
- Must have strong organizational and time management skills with flexible and "can do" attitude.
- Possess sound clinical scientific knowledge base
- Have strong professional skills in standard assessment and intervention, research techniques
- Must have characteristics necessary to function well as a postdoctoral-level professional clinic environment.

Our selection criteria focus on evaluating all aspects of the application materials submitted. Particular emphasis will be placed upon background training, experience, and an applicant's articulation of training goals and professional aspirations and their interest in IMCES's areas of emphasis/focus. The emphasis/focus areas of our residency training include applied qualitative **research**, applied **advocacy**, applied integrated **supervision**. We seek the best fit between applicant qualifications and interest and our residency training program.

### **Application and Selection Process:**

IMCES requires a formal application, including the following:

- letter of intent indicating the goodness of fit between candidate's background, qualifications and the residency program's goals and mission, as well as a statement about long-term career goals and how this residency training would help toward achievement of those goals, and specifying the applicant's choice of area of emphasis.
- Curriculum Vita
- Official transcripts of graduate studies reflecting on evidence of doctoral degree from APA program and completion of APA clinical training
- Two letters of reference from previous clinical supervisors, reflecting on applicant's qualifications for our residency program
- Essays on topics including: an autobiographical statement, description of the applicant's theoretical orientation, description of experience and training in working with diverse populations, description of any background in the residency's areas of emphasis (applied advocacy, qualitative research, supervision), and how the applicant's career goals correlate with the residency program's goals and mission.

IMCES invites qualified applicants to in-person panel interviews for selection, where they are evaluated according to the following criteria:

- Qualifications (Self Knowledge, Underserved Population, Community Clinic Experience, Language Proficiency)
- Knowledge and Skills (Legal/Ethical/Risk Factors, Cultural Factors, Community Clinic Model, Literature Review/Theoretical, Identifiable Triggering Points)
- Communication/Consultation Skills (Clarity in Communication, Analytical and Critical Thinking, Ability to receive critical feedback, Ability to provide feedback, Professional Attitude/Flexibility).

### **IV. Stipend and Benefits**

Resident will receive an annual stipend of \$56,000. This includes a base of \$50,000 and \$300/month (\$3,600) for mileage and parking.

IMCES's Incentive is intentionally designed to recognize not only cultural and linguistic skills but also commitment to work with historically underserved communities. Accordingly, everyone who is selected for our program and has met all eligibility requirements as listed, is qualified for the incentive. Eligibility requirements include interest and commitment to work with historically underserved populations. The incentive will be provided to everyone that is admitted to the program. In fact, our current stipend is \$56,000, including a base of \$50,000, \$3,600 travel expense, and \$2,400 annual incentive for everyone.

Also, in case Resident becomes licensed by the State of California during the training program, the stipend may be increased by \$10,000 to a total of \$66,000 at the Training Director's discretion and subject to Resident's being in good standing.

**Personal / Professional Leave:**

Residents are provided with 20 days of Personal/Professional Leave. Requests for days off must be arranged on no more than 2-3 days at a time and approved by the Training Director 2 weeks in advance (unless emergency situation).

**Health Insurance:**

Comprehensive health insurance (effective after 3 month probationary period) is provided at no cost to Resident. In addition, health care will be provided to Residents' dependents at half the cost.

**Holidays:**

11 Agency holidays (Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Day After, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day).

**V. Training Goals and Objectives**

**Postdoctoral Residency Goal:** Provide clinical training to prepare the Resident to become a culturally competent mental health service provider. The overarching goal is to develop a high standard of clinical training to preserve our profession. This training can be expanded to include the standardization and internationalization of high standard clinical training program in psychology.

The Resident training program's approach follows a *practitioner-scholar* model of training which is sequential in nature. This paradigm seeks a balance between familiarity with clinical psychological research, practical application of this knowledge and leadership skills. While IMCES professional staff supervises and teaches a variety of theoretical models, a common theme is *evidence based practices* in the context of integration of theory and practice.

The philosophy of the Resident training program advances IMCES's mission "to provide culturally appropriate, competent and linguistically responsive services." Residents participate in a variety of programs that serve individuals and families from a broad range of cultures and ages. IMCES is entirely committed to ensuring that no applicant is discriminated with respect to ethnicity, religion, or any other socio-cultural factor that is irrelevant to performance of a Resident. Physical disabilities are accommodated by the program.

**Training Objectives:** Through study and supervised practice, Residents learn the wide range of clinical services provided at a community mental health clinic. Practice-based experiences are designed to refine and develop the Resident's clinical competency, strengthen the Resident's identity as a professional psychologist, and develop the Resident's multicultural clinical knowledge and

competency/proficiency regarding ethical practice. In addition, scholarly activities such as seminars and professional presentations occur throughout the program. Finally, Residents will gain leadership skills throughout their residency program.

**Treatment approaches:** We believe that both the **individual** and the **community** are our clients. We have parallel services for both components with the ultimate goal of promoting wellness and reducing disparity in our community. The primary building block of our treatment approach includes **promotion** of health education aimed at **prevention** of illness through community outreach and engagement activities. The second building block of our training program is **early intervention** treatment for those who are exhibiting the signs of illness; provision of **comprehensive and intensive care/treatment** for severely mentally ill individuals. We emphasize the **psychosocial rehabilitation model** where the focus is on an individual's strength and ability to identify risk factors. The goal of this model is to help restore each person's ability for independent living, socialization, and effective life management and develop an attitude to accept limitations and maintain a meaningful life. The third building block of our training program is a focus on **cultural competency**. We recognize that human beings operate within the context of culture. We define culture as the intersection of many layers of our identity, which creates complex, ever changing conditions. At IMCES, we sensitively and sensibly adopt to the principle of "**cultural humility**". We transform our cultural competency to engage in cultural humility practices to demonstrate our integrity as healthcare professionals. We promote a commitment to remain a lifelong learner and reflective practitioner. We also focus on checking the power imbalance that exists in the dynamic of communication between clinician and client. We develop and maintain respectful and dynamic partnerships with communities. IMCES is recognized as the most culturally proficient service provider in the county, providing linguistically proficient services in many different languages including Arabic, Armenian, English, Farsi, Russian, and Spanish. We honor and respect the many different customs that cultural and ethnic diversity brings forth to contribute to the wealth of our community.

**Theoretical Orientation:** We utilize diverse therapeutic modalities, including behavioral, cognitive-behavioral, psychodynamic, and other appropriate therapeutic modalities. We focus on the client's need, and select an intervention as clinically indicated to be the best practice for the context. We believe in the effectiveness of Evidence Based Practices (EBP's). IMCES provides training in many EBP's, as well as in Community Defined Practices (CDP) model of treatment/interventions.

Through study and supervised practice, Residents learn the wide range of clinical services provided at a community mental health clinic. Practice-based experiences are designed to refine and develop the Resident's clinical competency, strengthen the Resident's identity as a professional psychologist, and develop the Resident's multicultural clinical knowledge and competency/proficiency regarding ethical practice. In addition, scholarly activities such as seminars and professional presentations occur throughout the program.

### **The Comprehensive Goals and Competencies of IMCES training:**

The Postdoctoral Residency program is designed to include two major, interrelated components of **clinical** and **leadership** competencies. This structure is consistent with our training model and the advanced traditional area of professional psychology. The education and training activities in our residency clinical training program are sequential, cumulative, and graduated in complexity over the training program. Training includes diverse methodology of didactic education, interactive learning, simulation, direct service, research, development and evaluation, supervision and advocacy competency. Each Resident will be given the opportunity to develop an individualized training plan to be coordinated within the cohort team, to be monitored, evaluated, and consulted in the context of



supervision. Our Postdoctoral Residency clinical training program is specifically interwoven with our requirement of developing self-awareness competency in the context of cultural diversity.

There are eleven specific training objectives of the Postdoctoral Residency program, and Residents are expected to develop competency in these objectives. Such competencies are measured through various outcome evaluations throughout the training program. The specific training objectives, competencies, and outcomes measured are provided in the following table:

<b>I. Advanced Research Competency</b>		
<b>Competency Aims</b>	<b>Training Objective</b>	<b>Outcome Evaluation</b>
<ul style="list-style-type: none"> <li>● Develops the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.</li> <li>● Demonstrates competency of the practitioner/scientist model.</li> </ul>	<ul style="list-style-type: none"> <li>● Demonstrates competency by conducting a yearlong research project with the focus on diversity and/or inclusion.</li> <li>● Demonstrates an active ethical commitment to the inclusion of multicultural and diversity contexts in Research.</li> <li>● Research is aimed at identifying best practices to be shared with the professional community both locally, nationally and globally. The component of this competency is based on the practitioner/scientist model.</li> </ul>	<ul style="list-style-type: none"> <li>● Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>● Resident will be given feedback regarding their participation in a cross-cultural Research Project, and Resident will self-evaluate their advancement towards completion of the research project.</li> </ul>

		<ul style="list-style-type: none"> <li>● Evaluation of Advanced Research Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Research Competency Evaluation form.</li> <li>● Ratings on Competency Evaluation form are based on the following ratings: <ul style="list-style-type: none"> <li>● 1-2 Novice Beginning of Residency first year</li> <li>● 3-4 Intermediate Post Doc first year at 6 month period</li> <li>● 5-6 Advanced Post Doc first year at 12 month period</li> <li>● 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>● 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> </ul> </li> </ul> <p>Minimum levels of Achievement:  At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.  At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</p> <p><b>Second Year:</b>  At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.  At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.</p>
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<b>II. Advanced Ethical and Legal Standards Competency</b>		
<b>Competency Aims</b>	<b>Training Objective</b>	<b>Outcome Evaluation</b>
<ul style="list-style-type: none"> <li>● Demonstrates knowledge of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.</li> <li>● Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes to</li> </ul>	<ul style="list-style-type: none"> <li>● Due to the mission of IMCES and its commitment to the provision of mental health services to clients at different ages, settings, programs and target populations from diverse cultural background, the teaching of APA Ethical Principles of Psychologists and Code of Conduct and state of California laws and regulations is of paramount importance in the postdoctoral training</li> </ul>	<ul style="list-style-type: none"> <li>● Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>● Residents will be able to recommend resolution of ethical dilemmas based on the integration of their knowledge and practice of existing guidelines.</li> <li>● Seminar participation includes vignette work with direct feedback by seminar leaders.</li> </ul>

<p>resolve the dilemmas.</p> <ul style="list-style-type: none"> <li>• Conducts oneself in an ethical manner in all professional activities.</li> </ul>	<p>program.</p> <ul style="list-style-type: none"> <li>• In full commitment to the IMCES mission of service, the teaching and application of ongoing Legal and Ethical guidelines focus on the Resident's ethical commitment to the inclusion of multicultural and diversity contexts while working in an intensive community mental health setting.</li> <li>• The Resident will develop competency in recognizing any ethical and legal concerns, with a focus on multicultural perspectives and issues.</li> </ul>	<ul style="list-style-type: none"> <li>• At group supervision and multidisciplinary team meetings, Residents present a total of ten integrative presentations and receive written feedback regarding their knowledge of legal and ethical considerations related to their client's care.</li> <li>• Direct and ongoing discussion and feedback during individual and group supervision.</li> <li>• Evaluation of Advanced Ethical and Legal Standards Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Ethical and Legal Standards Competency Evaluation form.</li> <li>• Ratings on Competency Evaluation form are based on the following ratings: <ul style="list-style-type: none"> <li>• 1-2 Novice Beginning of Residency first year</li> <li>• 3-4 Intermediate Post Doc first year at 6 month period</li> <li>• 5-6 Advanced Post Doc first year at 12 month period</li> <li>• 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>• 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> </ul> </li> </ul> <p>Minimum levels of Achievement:  At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.  At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.  <b>Second Year:</b>  At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.  At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.</p>
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### III. Advanced Individual and Cultural Diversity Competency

Competency Aims	Training Objective	Outcome Evaluation
<ul style="list-style-type: none"> <li>• Residents demonstrate an understanding of how their own personal/cultural history, attitudes, and unconscious biases may affect how they understand and interact with people different from themselves.</li> </ul> <p>Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training,</p>	<ul style="list-style-type: none"> <li>• The objective of Individual and Cultural Diversity Competency training is to demonstrate our mission and commitment to provision of mental health services to clients from diverse backgrounds. Accordingly, the impact of Resident's personal/life experiences, values, and beliefs on clinical judgment is of paramount importance.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> </ul>

<p>supervision/consultation, and service.</p> <ul style="list-style-type: none"> <li>● Residents demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.</li> <li>● Residents demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during Residency and beyond.</li> </ul>	<ul style="list-style-type: none"> <li>● The elements included in this competency include: self-awareness, practice of principles of cultural humility, knowledge of how culture affects ideas of normality and pathology, and development of clear understanding of how one's cultural values and beliefs impact the clinical judgment and relationship with others.</li> <li>● IMCES regards "diversity" as an asset and recognizes the distinctions the "differences" make in our community. IMCES facilitates opportunities for each Resident to make a commitment to acknowledge the complex and varied needs of all aspects of cultural diversity. We recognize the intersectionality of our cultural identity and the inherent social oppression and privilege. We provide ongoing diversity training to promote the principle and practice of cultural humility and cultural inclusion. IMCES provides linguistically proficient services in diverse languages including but not limited to Arabic, Armenian, English, Farsi, Japanese, Russian, Spanish, and Igbo.</li> <li>● The training objective is to prepare Residents to demonstrate this competency not only in the context of service provision, but also in any context of personal and professional relationship.</li> </ul>	<ul style="list-style-type: none"> <li>● Resident's self-awareness is demonstrated by reflecting in writing on their own triggering points as it relates to diverse topics/issues encountered in Cultural Diversity training and interactive learning.</li> <li>● Feedback from individual and group supervisors and Cultural Diversity seminar leader.</li> <li>● Feedback from clients from diverse cultures that receive mental health services from Residents.</li> <li>● Written feedback during Multidisciplinary team meeting regarding client cultural considerations in regards to treatment.</li> <li>● Evaluation of Advanced Individual and Cultural Diversity Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Individual and Cultural Diversity Competency Evaluation form.</li> <li>● Ratings on Competency Evaluation form are based on the following ratings:</li> <li>● 1-2 Novice Beginning of Residency first year</li> <li>● 3-4 Intermediate Post Doc first year at 6 month period</li> <li>● 5-6 Advanced Post Doc first year at 12 month period</li> <li>● 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>● 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> <li>● Minimum levels of Achievement:</li> <li>● At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>● At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>● Second Year:</li> <li>● At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>● At the 24 month evaluation period, 100% must be rated at level 10.</li> </ul>
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#### IV. Advanced Professional Values, Attitudes, and Behaviors Competency

Competency Aims	Training Objective	Outcome Evaluation
<ul style="list-style-type: none"> <li>● Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others</li> <li>● Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.</li> <li>● Actively seek and demonstrate openness and responsiveness to feedback and supervision.</li> <li>● Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.</li> </ul>	<ul style="list-style-type: none"> <li>● Attendance and participation in Cultural Diversity seminar which emphasizes self-reflection, lifelong learning, and awareness of power differential between Residents and clients.</li> <li>● Attendance and participation in Advocacy Seminar while engaging in interactive learning opportunity to receive and provide feedback from attorneys, case managers, domestic violence counselors, marriage and family therapists, clinical social workers for the purpose of learning to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.</li> <li>● Attend and participate in Multidisciplinary Team meeting and receive feedback regarding their professional values, attitudes and behaviors.</li> <li>● Provide public education seminar/services to the community, i.e. presentations at local schools on subjects such as bullying, parenting skills, Attention Deficit Hyperactivity Disorder, and decreasing stigma of mental health.</li> <li>● Provide outreach and engagement activities to the community.</li> </ul>	<ul style="list-style-type: none"> <li>● Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>● Written feedback during Multidisciplinary team meeting regarding responding professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.</li> <li>● In individual and group supervision Resident receives specific feedback regarding their progress towards behaving in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.</li> <li>● On a weekly basis at Quality Improvement Meeting with the Training Director, Residents will discuss training goals, objectives and expected outcomes. Residents discuss what aspects of the training program are effective, provide feedback to the Training Director and provide proposed solutions to their requests. This activity is designed to enhanced the Residents' leadership skills, develop professional attitudes, accountability, and ethical responsibility.</li> </ul> <p style="text-align: center;">As a result, the Residents develop an action plan regarding their proposed suggestions to the training program.</p> <ul style="list-style-type: none"> <li>● Evaluation of Advanced Professional Values, Attitudes, and Behaviors Competency: Each resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Professional Values, Attitudes, and Behaviors Competency Evaluation form.</li> </ul>

		<ul style="list-style-type: none"> <li>• Ratings on Competency Evaluation form are based on the following ratings:</li> <li>• 1-2 Novice Beginning of Residency first year</li> <li>• 3-4 Intermediate Post Doc first year at 6 month period</li> <li>• 5-6 Advanced Post Doc first year at 12 month period</li> <li>• 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>• 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> <li>• Minimum levels of Achievement:</li> <li>• First Year:</li> <li>• At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>• At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>• Second Year:</li> <li>• At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>• At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.</li> </ul>
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<b>V. Advanced Communication and Interpersonal Skills Competency</b>		
<b>Competency Aims</b>	<b>Training Objective</b>	<b>Outcome Evaluation</b>
<ul style="list-style-type: none"> <li>• Develops and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.</li> <li>• Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.</li> <li>• Demonstrates effective interpersonal skills and the ability to manage difficult communication well.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents are to demonstrate knowledge and skills in working with other professionals in a respectful manner. Residents engage in multidisciplinary consultation opportunities to integrate different components of Whole Health, including physical health, mental health, psychiatric services, case management services, paraprofessionals who are affiliated with Wraparound Services, social services, immigration and legal services, educational, and substance abuse services. Residents establish relationships with other agencies in the community, including schools, court, attend local meetings to provide support for local measures that</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>• Written feedback during Multidisciplinary team meeting regarding responding professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.</li> <li>• In individual and group supervision Resident receives specific feedback regarding their progress towards</li> </ul>

	<p>provide services for clients and reduce stigma of mental health in the community. They observe and practice HIPAA compliance in their treatment of clients and in communication with other helping professionals. Residents effectively communicate with psychiatric hospitals, police departments, psychiatric emergency teams, child and adult protective services, housing and shelter organizations, wellness centers and board and care facilities. In their communications with other professions, they use professional and descriptive language and avoid the use of jargon, and learn and apply elements of problem solving skills and problem resolution.</p> <ul style="list-style-type: none"> <li>• Documentation of progress notes that are written within 24 hours of a session.</li> </ul>	<p>communication in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.</p> <ul style="list-style-type: none"> <li>• Ratings on the Cultural Diversity and Self Awareness form.</li> <li>• Ratings on the Culture and Therapy survey.</li> <li>• Ratings on Resident Integrative Case Presentation Evaluation form.</li> <li>• Evaluation of Advanced Communication and Interpersonal Skills Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Communication and Interpersonal Skills Competency Evaluation form.</li> <li>• Ratings on Competency Evaluation form are based on the following ratings: <ul style="list-style-type: none"> <li>• 1-2 Novice Beginning of Residency first year</li> <li>• 3-4 Intermediate Post Doc first year at 6 month period</li> <li>• 5-6 Advanced Post Doc first year at 12 month period</li> <li>• 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>• 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> </ul> </li> <li>• Minimum levels of Achievement: <ul style="list-style-type: none"> <li>• First Year: At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>• At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> </ul> </li> <li>• Second Year: <ul style="list-style-type: none"> <li>• At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>• At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.</li> </ul> </li> </ul>
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## VI. Advanced Assessment Competency

Competency Aims	Training Objective	Outcome Evaluation
<ul style="list-style-type: none"> <li>● Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.</li> <li>● Demonstrate understanding of human behavior within its context.</li> <li>● Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.</li> <li>● Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</li> <li>● Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.</li> <li>● Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.</li> </ul>	<ul style="list-style-type: none"> <li>● The assessment program at IMCES is comprised of two components. The first is the clinical assessment conducted by the Residents during the intake process; and the second is the Psychodiagnostic testing program. The purpose of the initial clinical assessment is for diagnostic and treatment planning considerations. Because Psychological Assessment is in the sole province of psychologists, it thus becomes an IMCES imperative to provide to its Residents continued strong, clear, and rigorous training in the foundational and theoretical bases and practical, applicable skills of Psychodiagnostic integrated battery evaluation. This program complies with the goals of APA Profession-wide competency development in psychological testing, training Residents to build sequentially on knowledge and skills, to engage in an ongoing, interactive, and inclusive process of assessment leading to diagnosis and case formulation, and participate in collaborative or educational interactions with clients or colleagues that indirectly influence the well-being of a targeted group.</li> <li>● In full commitment to the IMCES mission of service, the Psychological Assessment program places a significant focus on the ethical commitment to the inclusion of multicultural and diversity contexts and considerations in the Resident's practice of assessment with underserved populations. The Resident, working in an intensive community mental health setting will develop competency in the <b>cultural imperative</b>, most clearly defined as the Resident's commitment to inclusionary process where the impact of culture and diversity components on the assessment process is fully</li> </ul>	<ul style="list-style-type: none"> <li>● Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>● Completion of 10 Initial clinical assessment and care plans.</li> <li>● Completion of Psychodiagnostic Assessment reports based on culturally diverse clients and meeting minimal standard of practice.</li> <li>● Evaluation of Advanced Assessment Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Assessment Competency Evaluation form.</li> <li>● Ratings on Competency Evaluation form are based on the following ratings: <ul style="list-style-type: none"> <li>● 1-2 Novice Beginning of Residency first year</li> <li>● 3-4 Intermediate Post Doc first year at 6 month period</li> <li>● 5-6 Advanced Post Doc first year at 12 month period</li> <li>● 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>● 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> </ul> </li> <li>● Minimum levels of Achievement: <ul style="list-style-type: none"> <li>● First Year: At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>● At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>● Second Year: <ul style="list-style-type: none"> <li>● At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> </ul> </li> </ul> </li> </ul>



	<p>investigated and explored. Under supervision, the Residents will determine impactful distinctions between the use of culturally-biased and culture-fair or -free testing instrumentation in underserved populations; will develop mastery in broad-based or item-by-item-based hypotheses determining the appropriateness of the assessment process in community mental health settings, and; will develop community-based collaboration clarifying the assessment process with families and agency liaisons.</p>	<ul style="list-style-type: none"> <li>● At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.</li> </ul>
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## VII. Advanced Interventions

Competency Aims	Training Objective	Outcome Evaluation
<ul style="list-style-type: none"> <li>● Establish and maintain effective relationships with the recipients of psychological services.</li> <li>● Develop evidence-based intervention plans specific to the service delivery goals.</li> <li>● Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</li> <li>● Demonstrate the ability to apply the relevant research literature to clinical decision making.</li> <li>● Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.</li> <li>● Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>● In full commitment to the IMCES mission of service concerning the achievement of competency in interventions is achieved through instruction and lectures with a focus on cultural diversity and commitment to addressing community mental health needs. Residents receive training in the appropriate adaptations of Evidence Based and Community Defined Practices necessary to meet the needs of our target population.</li> </ul>	<ul style="list-style-type: none"> <li>● Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>● Direct and recorded observations.</li> <li>● Progress notes.</li> <li>● Reports from Clinical Faculty Clinical Faculty Training Committee members and Seminar</li> <li>● Evaluation by Instructor of Vignettes presented during Play Therapy Interventions seminar.</li> <li>● Evaluation of Advanced Interventions Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Interventions Competency Evaluation form.</li> <li>● Ratings on Competency Evaluation form are based on the following ratings: <ul style="list-style-type: none"> <li>● 1-2 Novice Beginning of Residency first year</li> <li>● 3-4 Intermediate Post Doc first year at</li> </ul> </li> </ul>

		<p>6 month period</p> <ul style="list-style-type: none"> <li>• 5-6 Advanced Post Doc first year at 12 month period</li> <li>• 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>• 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> <li>• Minimum levels of Achievement:</li> <li>• First Year: At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>• At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>• Second Year:</li> <li>• At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>• At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.</li> </ul>
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### VIII. Advanced Supervision Competency

Competency Aims	Training Objective	Outcome Evaluation
<ul style="list-style-type: none"> <li>• Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents provide supervision to other health professionals who are part of the multidisciplinary team including postdoctoral Residents. Residents are provided with supervision training that focus on methods of supervision, which includes core elements of theoretical, cultural and ethical responsibilities in the supervisor-supervisee relationship. A specific focus of this competency is a committed provision of services to multicultural populations and communities of diversity and differences.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>• During clinical supervision, Residents discuss and receive feedback regarding effectiveness of supervision provided to other mental health professionals.</li> <li>• Evaluation of Advanced Supervision Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Supervision Competency Evaluation form.</li> <li>• Ratings on Competency Evaluation form are based on the following ratings:</li> <li>• 1-2 Novice Beginning of Residency first</li> </ul>

		<ul style="list-style-type: none"> <li>year</li> <li>• 3-4 Intermediate Post Doc first year at 6 month period</li> <li>• 5-6 Advanced Post Doc first year at 12 month period</li> <li>• 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>• 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> <li>• Minimum levels of Achievement:</li> <li>• First Year: At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>• At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>• Second Year:</li> <li>• At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>• At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.</li> </ul>
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<b>IX. Advanced Consultation/Interprofessional/Interdisciplinary Skills Competency</b>		
<b>Competency Aims</b>	<b>Training Objective</b>	<b>Outcome Evaluation</b>
<ul style="list-style-type: none"> <li>• Demonstrate knowledge and respect for the roles and perspectives of other professions.</li> <li>• Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents are to demonstrate knowledge and skills in working with other professionals in a respectful manner.</li> <li>• Residents engage in multidisciplinary consultation opportunities to integrate different components of Whole Health, including physical health, mental health, psychiatric services, case management services, paraprofessionals within the agency who are affiliated with social services, immigration and legal services, educational, and substance abuse services.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>• Feedback from individual and group supervisors.</li> <li>• Verbal and written feedback from members of multidisciplinary team meetings.</li> <li>• Verbal feedback from consultations with psychiatrists, case managers, attorneys, clinical social workers, paraprofessionals within the agency.</li> <li>• Evaluation of Advanced</li> </ul>

		<p>Consultation/Interprofessional/ Interdisciplinary Skills Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Consultation/Interprofessional/ Interdisciplinary Skills Competency Evaluation form.</p> <ul style="list-style-type: none"> <li>• Ratings on Competency Evaluation form are based on the following ratings:</li> <li>• 1-2 Novice Beginning of Residency first year</li> <li>• 3-4 Intermediate Post Doc first year at 6 month period</li> <li>• 5-6 Advanced Post Doc first year at 12 month period</li> <li>• 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>• 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> <li>• Minimum levels of Achievement:</li> <li>• First Year: At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>• At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>• Second Year:</li> <li>• At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>• At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10</li> </ul>
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### **X. Advanced Risk Assessment and Management Competency**

<b>Competency Aims</b>	<b>Training Objective</b>	<b>Outcome Evaluation</b>
<ul style="list-style-type: none"> <li>• Demonstrate competency in proactively assessing and managing critical incidences in the context of individual, family and community (i.e. school, home).</li> <li>• Learn to respond to psychological trauma and develop the ability to provide psychological first aid intervention/assistance to clients in crisis, in the individual and family contexts.</li> <li>• Residents work with IMCES's Crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance and participation in Crisis Intervention and Assessment seminar didactic and experiential vignette reviews.</li> <li>• Attendance and participation during Multidisciplinary team meetings reviewing high risk suicidal or homicidal clients, including review of safety plans, interventions, legal and ethical issues, case management, and client advocacy plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>• Feedback during individual and group supervision regarding adequate</li> </ul>

<p>Team which includes an authorized LPS-authorized supervisor and others. Residents will become authorized as LPS designated by the LA County Department of Mental Health.</p>	<ul style="list-style-type: none"> <li>● Discuss in group supervision of vignettes or current client crises to discuss risk and protective factors and assessment of client risk. Formulate a comprehensive, culturally relevant safety plan for individual clients and their families/support network.</li> <li>● In individual supervision, discuss client crises to discuss risk and protective factors, and assessment of client risk. Formulate and implement culturally relevant safety plan for individual clients and their families/support network.</li> <li>● Participate as member of Crisis Response Team on an ongoing rotating schedule basis.</li> </ul>	<p>assessment and management of clients who are at high risk for danger to self or others.</p> <ul style="list-style-type: none"> <li>● Review of risk and protective factors and safety planning during Multidisciplinary Team meetings with written and verbal feedback from team members.</li> <li>● Evaluation of Advanced Risk Assessment and Management Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Risk Assessment and Management Competency Evaluation form.</li> <li>● Ratings on Competency Evaluation form are based on the following ratings: <ul style="list-style-type: none"> <li>● 1-2 Novice Beginning of Residency first year</li> <li>● 3-4 Intermediate Post Doc first year at 6 month period</li> <li>● 5-6 Advanced Post Doc first year at 12 month period</li> <li>● 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>● 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> </ul> </li> <li>● Minimum levels of Achievement: <ul style="list-style-type: none"> <li>● First Year: At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.</li> <li>● At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>● Second Year: <ul style="list-style-type: none"> <li>● At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>● At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10</li> </ul> </li> </ul> </li> </ul>
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## XI. Advanced Advocacy/Outreach and Engagement Competency

Competency Aims	Training Objective	Outcome Evaluation
<ul style="list-style-type: none"> <li>• Demonstrate competency in identifying disparities in availability and accessibility of mental health resources in the context of community.</li> <li>• Demonstrate ability to conduct needs assessment survey in the context of clients and the community. Development of competency in identifying lack of resources and/or limitations in accessibility of mental health resources in our community.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents attend and participate in weekly Advocacy/Outreach and Engagement Seminar.</li> <li>• Residents will identify a minimum of two disparities in each system of care/helping profession, and study the background of each disparity.</li> <li>• Residents will actively participate in the development of an advocacy plan of action, and actively participate to promote necessary systematic change of policy and procedures, including contacting local and state representatives to initiate advocacy for human rights for all.</li> <li>• Residents will attend community legislative meetings that focus on increasing mental health services and policies within the community. Resident presents a status report on their chosen domain of advocacy project and describes what their progress is towards their final advocacy action plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation is conducted on an ongoing basis through direct observation and feedback exchange, (including peer, supervisor, and self-evaluation) in the context of individual and group supervision, seminar, and multidisciplinary team meeting; in addition a formal evaluation is conducted two times during each training year by primary and delegate supervisors in collaboration with the Resident.</li> <li>• Verbal feedback will be given by Advocacy/Outreach and Engagement seminar leader.</li> <li>• Feedback will be discussed in individual and group supervision.</li> <li>• Written and verbal feedback will be given during multidisciplinary team meetings.</li> <li>• Advocacy project will be evaluated by Advocacy/Outreach and Engagement seminar leader.</li> <li>• Weekly completion of advocacy project assignments.</li> <li>• Evaluation of Advanced Advocacy/Outreach and Engagement Competency: Each Resident will be evaluated at 6 months, 12 months, 18 months, and at the end of the training program (24 months) using the Advanced Advocacy/Outreach and Engagement Competency Evaluation form.</li> <li>• Ratings on Competency Evaluation form are based on the following ratings:</li> <li>• 1-2 Novice Beginning of Residency first year</li> <li>• 3-4 Intermediate Post Doc first year at 6 month period</li> <li>• 5-6 Advanced Post Doc first year at 12 month period</li> <li>• 7-8 Proficient Post Doc second year, at the 18 month period</li> <li>• 9-10 Expert Post Doc second year at 24 month period (Full Performance Level)</li> <li>• Minimum levels of Achievement:</li> <li>• First Year: At the 6 month evaluation period, 100% of items in this</li> </ul>

		<p>competency evaluation must be rated at level 3 or above.</p> <ul style="list-style-type: none"> <li>● At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.</li> <li>● Second Year:</li> <li>● At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.</li> <li>● At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10</li> </ul>
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[Click here](#) to view IMCES' Postdoctoral Competency Evaluations.

IMCES' Residency training program is designed as a two-year training program to include comprehensively many essential areas of knowledge/skills/competencies needed in order to be responsive to the future demands of our profession and discipline.

Based on CoA guidelines which are fundamental to health service psychology, IMCES includes 3 of the required level 1 core competencies and adds 8 additional competencies to be integrated with our areas of emphasis throughout the two-year training program. The training program involves clinical practice and leadership development built through interactive learning, directly modeled through individual and group supervision.

IMCES's Resident training program is designed to include the mission of our organization that is interwoven with the philosophy and aim of our Residency training. This process is meaningfully and sequentially integrated with 11 competencies to be practiced in both clinical practice/ service delivery and leadership development domains.

Our Residency clinical training program is well-structured to effectively form and shape new professionals to be responsive to the needs of our community in both domains of direct service delivery/clinical practice and leadership development. The structure of training is designed to include the significance of clinical practice (50%) and leadership development (50%). Each year, the 11 competencies would be implemented with the same frame in a sequential manner.

The structure of the first year of IMCES Residency training program:

The scope and depth of the first year clinical training program includes being exposed to and work with many layers of diverse target populations, such as age groups, (children and adults), gender, and other forms of diversity. In addition, IMCES provides opportunity to work with clients with a diversity of presenting problems with different intensity of care from minor to moderate to severely ill target population.

The structure of the second year of IMCES Residency training program:

IMCES developed two emphasis/focus areas, Prevention and Early Intervention (PEI) and Severely Mentally Ill (SMI), based on intensity of level of care. In the second year, Residents will choose one of two focused domains; Prevention and Early Intervention (PEI) or Severe Mental Illness (SMI). Residents continue to gain clinical experience through supervisors' close monitoring of assessment,

interventions, integration of science and practice, and treatment planning in either of their chosen domain; PEI or SMI.

The structure of the second Residency year includes 50% clinical practice and 50% leadership activities. Leadership activities will be relevant to their area of emphasis; either PEI or SMI.

Relevant to their chosen domain choice, each Resident will choose 2 of 3 emphasis/focus areas: 1) Applied Qualitative Research, 2) Applied Advocacy, and 3) Applied Integrative Supervision.

Following are the descriptions of each emphasis area:

1. Applied Qualitative Research. The community clinic model of service delivery is designed to be responsive to the varied and continuous changes in the nature and intensity of client needs. The varied need of client in the context of community clinic includes funding and resource development expertise. Residents will have the command of current scientific research literature and conduct ongoing assessment of client needs as well as develop relevant research project with the aim of identifying best practices which can be replicable and shared with professional community. Residents will have the opportunity for resource funding development and grant writing experience. Residents will be provided the opportunity to attend the relevant research and grant writing seminar. The progress toward goal will be monitored through supervision. Resident will be mentored to complete a research project in collaboration with cohort and prepare for submission to a peer-review journal.

2. Applied Advocacy with an emphasis on addressing inconsistencies of policies and procedures in service delivery as it relates to diverse underserved target populations. Service delivery in systems of care include but are not limited to health, mental health, education, court and legal/law enforcement. IMCES has developed collaborative strategies to engage with local, state, and federal policy makers, administrators, authorities, and practitioners, to foster effective changes in our service delivery. Residents develop and complete an advocacy campaign in a relevant domain during their residency. Residents will work collaboratively with team members of both internal (resident cohort) and external (representatives from the offices of policy makers'/legislators locally and at the state and federal level). The strategic activities will be supervised and monitored by supervisors. The outcome will be presented in conferences and/or published in professional journals.

3. Applied Integrative Supervision with an emphasis on integrative community clinic model of service delivery. Applied Integrative Supervision is a meta-theoretical approach with an emphasis on integrated community clinic model of service delivery. We recognize the significance of legislative initiatives mandating training in supervision and, accordingly, preparing our profession and discipline for this necessary expertise. Clinical supervision is an essential factor in the training of Residents and, more specifically, in the context of the integrated community clinic model of service delivery.

The expertise includes a science-informed approach with clear structure for development of treatment/care plan for clients with multiple challenges, as well as potential opportunities (strength-based approach). Also, the training includes helping supervisees with insight-oriented professional development, integrating knowledge, skills, and ethical values.

The expected outcome of developing supervision competency is to be accountable for the application of integrated knowledge, skill, and values in professional service delivery that is based on our current time and era. The need for advanced supervision training is based on



the fact that the practice of psychology is faced with multi-layers of complexity including but not limited to increasing diverse population, and the nature and intensity of level of presenting problems in the context of our community.

The highlights of training supervisor as a gatekeeper of our profession is to be accountable to demonstrate the ability and skills in the following areas:

- Supervisor as evaluator.
- Supervisor as a collaborator.
- Supervisor as a role model.
- Supervisor as responsible clinician in overseeing the creation and implementation of outcome-based comprehensive client care.

The expected outcome/achievement of the three emphasis areas/focus areas of the clinical residency training program:

Residents are expected to develop a scholarly article for publication in professional journal and/or presentation at local or national convention/conferences. Resident will be provided with seminars by nationally recognized scholar-experts in the field. Residents' progress will be supervised and monitored on a weekly basis and provided with feedback to facilitate appropriate adjustment toward the expected outcome.

The expectation and outcome of the second training year includes a mentored scholarly activity.

Residents' performance and activities will be mentored to develop a manuscript for publication to a peer-reviewed journal.

Residents who have chosen any two or all of the emphasis areas are encouraged to submit the outcome of their scholarly activity to local, state, and national professional conference within their emphasis/focus area. Residents in good standing whose proposals are accepted by professional conference committees and approved by the IMCES Director will receive funding to attend the conference. This is an opportunity for showcasing the expertise and professional development in the area of emphasis sponsored by our Residency Training Program.

## **VI. Program Overview**

The training staff focuses on three broad areas of responsibility to Postdoctoral Residents: supervision and instruction; support of Resident personal and professional growth; and evaluation of competencies. These areas of responsibility are discussed in the four sections below.

### Orientation and Instruction

Residents are introduced to IMCES and its resources, and receive supervision and instruction in clinical practice, professional role development, and ethics. Toward meeting this responsibility the training staff members offer a structured and sequenced series of seminars in clinical practice as well as regular opportunities for consultation and supervision. Residents are regarded as members of the professional team. To facilitate the Resident's initial adjustment and introduce the Resident to IMCES's resources, the training staff has designed an in-depth Resident Orientation. The orientation sessions introduce Residents to state licensing and documentation requirements and procedures (creating charts, assessments, care plans). Orientation also includes structured office policies and procedures for service delivery and documentation.

## Resident Personal and Professional Growth

Postdoctoral Residency is a time of developmental transition that inspires and challenges Resident's personal and professional identity. The residency is designed to provide opportunities that support growth during this transition. Individual and group supervision, professional development seminars, and meetings with the Training Director address the expected challenges and celebrate the accomplishments during the residency. In addition, Residents are asked to prepare and discuss APA style case presentations. The Director of Training, supervisors and Clinical Faculty Training Committee communicate on an ongoing basis directly and openly with Residents and with the training team regarding Residents' performance and progress.

## Evaluation

Residents are formally evaluated two times during each training year by their supervisors and Clinical Faculty Clinical Faculty Training Committee members during each residency year. The Training Director and the Clinical Faculty Training Committee provide regular feedback to Residents on an ongoing basis during group and individual supervision, multidisciplinary team meetings, and other opportunities. An important task of Resident evaluation occurs through Resident self-reflection and the giving and receiving of feedback from staff in every context of our service delivery. This strategy is demonstrated in every component of our daily activities. IMCES's evaluation process is designed to be a **collaborative effort** between supervisor and Resident in the context of supportive care and collegiality. Residents are given the ongoing including weekly supervision to exchange feedback and incorporate necessary changes toward the outcome of achieving the training goals and competencies. Residents are required to complete a formal Resident Self-Assessment of Competencies and Goals Statement during the first two weeks of each residency year, simultaneous with their supervisor's evaluation of their performance. The Resident and supervisor would meet to discuss arriving at a consensus about outcome of evaluation, including successful accomplishment of the goal, as well as identified area of improvement and plan of action relevant to completion of task.

## **VII. Supervision and Instruction**

Residents are instructed and supervised in many different areas. Instruction is provided through weekly seminars and weekly multidisciplinary team program meetings, which offer the opportunity for didactic seminar, multidisciplinary team meetings, and consultation to deal with social, legal, and psychiatric care, program discussion, and instruction. The weekly seminars offer instruction in a number of specialized areas. All instruction is provided through the use of a graded, sequential developmental model, beginning with level appropriate for Residency status, skill development and knowledge commonly used in particular competency areas for our client population, then moving to more advanced knowledge/techniques.

Mental Health Services include individual, family, collateral, group service delivery, case management, consultation, and medication support. **Following are trainings in these areas.**

Seminar Series: Regular seminars are provided including, assessment, client care planning, documentation, psychological interventions, Evidence Based Practice and Community Defined Practice, law and ethics, substance abuse, advocacy, Suicide and Trauma Event Management, psychodiagnostic testing, cultural diversity, Quality Assurance, and professional conduct.

Diversity Training Seminar: Seminars are focused on the philosophy and practice of cultural humility.

**Cultural humility is one's ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the client. Cultural humility focuses on self-humility rather than achieving a state of knowledge or awareness; in this regard the focus of cultural humility is on self-awareness and self-evaluations and is the basis of cultural diversity.** Residents supplement their exploration of personal and cultural diversity in individual and group supervision with intensive reflection. This seminar utilizes invited speakers, readings, and video recordings as well as case presentations. Experiential activities provide Residents with interactive learning opportunities to examine personal stereotypes and diversity experiences. In addition, each Resident provides his/her clients with a Therapy & Culture Survey to be anonymously completed by each client in order to assess the client's perception of the Resident's cultural awareness and responsiveness in therapy (see Appendix for *Cultural Survey Form*).

Training Objective: Development of competence in advocacy and cultural competency, with recognition and awareness of the impact of personal/life experiences, values, and beliefs on clinical judgment and professional relationships. Development of competence in delivery of effective responses to the needs of culturally diverse clients.

Assessment/Formal Psychological Testing Seminar: Residents meet a minimum of one hour per week with a licensed psychologist in this seminar.

Training in Formal Psychodiagnostic Assessment seminar includes the use of formal psychological tests, formal case conceptualization and diagnostic formulation, treatment planning, and the documentation of these activities.

The clinical formulation is based on the information gathered during the assessment, and results in the determination of a diagnosis. Additionally, this seminar provides guidance in conducting Child/Adolescent and Adult Full Psychodiagnostic Assessments for the purpose of determining an accurate diagnosis and possible clarification of care plan goals. Feedback on psychological reports is also provided, including reviews of testing instruments, and discussion of relevant literature. Residents are expected to complete batteries and write two psychological reports during the training year. At least one of these reports must assess an individual from culturally different background than the assessor. The Assessment Supervisor will complete the *Review of Psychological Testing Report* for each report that was written by the Resident.

Residents learn how to conduct full Adult and Child/Adolescent Clinical Assessments and how to document these activities and enter the information in Electronic Health Records (EHR). Supervisors are to evaluate the Resident's assessments/care plans as part of the Resident's IMCES ICER form. The clinical formulation is based on the information gathered during the assessment, and results in the determination of a diagnosis. Treatment Plan training prepares Residents for writing formal clinical goals and outcomes. Goals address the diagnostic conditions and the interventions that facilitate clients reaching their treatment goals. Goals are written in behavioral, observable, and measurable terms. Residents are expected to complete a minimum of ten full assessments, including the comprehensive assessment, clinical formulation and diagnosis, client care planning, and proper documentation in the Electronic Health Record (EHR).

Experiential activities include the following sequence:

- 1) Conducting a clinical assessment with a supervisor present with the focus on teaching the Resident how to conduct an integrated clinical assessment including documentation in our Electronic Health Record.
- 2) Observing a doctoral Resident's clinical assessment and providing feedback to the doctoral Resident.
- 3) Full Assessment reports of all new clients will be completed during the training program. For each assessment that is completed the supervisor will complete the

Psychological Assessment Evaluation form in order to ensure that the training objectives were met (see Appendix for *Full Assessment/Care Plan Evaluation*).

Training in Formal Psychodiagnostic Assessment seminar includes the use of formal psychological tests, formal case conceptualization and diagnostic formulation, treatment planning, and the documentation of these activities.

The clinical formulation is based on the information gathered during the assessment, and results in the determination of a diagnosis. Additionally, this seminar provides guidance in conducting Child/Adolescent and Adult Full Psychodiagnostic Assessments for the purpose of determining an accurate diagnosis and possible clarification of care plan goals. Feedback on psychological reports is also provided, including reviews of testing instruments, and discussion of relevant literature.

*Training Objective: Development of competence in Evaluation and Assessment, Formal Testing, Diagnosis, Conceptualization, Treatment Planning, Clinical Documentation.*

*Psychotherapeutic Interventions Seminar:* Residents collaborate with a licensed psychologist in providing interventions training to doctoral interns. Seminars include didactic, experiential practice, and discussion. The focus of the Interventions Seminar is on Evidence Based Practices and Community Defined Practice. Instruction is provided in, for example, TF-CBT, Seeking Safety, Crisis Management & Suicide Prevention, Domestic Violence interventions, Group Therapy, and Substance Abuse Interventions. Different approaches are discussed depending on the type of client (individuals or families), or the age (children or adults). Included is the implementation of legal and ethical issues in the context of service delivery and in dealing with severely mentally disturbed population and difficult clients.

*Training objective: Development of competence in applying clinical psychotherapeutic intervention skills, including Evidence Based Practice (EBP) and Community Defined Practice (CDP).*

*Suicide and Trauma Event Management/Intervention:* Residents receive training in Suicide and Trauma Event Management/Interventions in this seminar. Residents learn to identify and assess the potential trauma event crises and/or suicidality event in each client situation and develop a crisis management strategy, using both proactive and reactive approaches. Residents develop crisis management goals with specific treatment interventions. Evaluation of the strategy and its implementation are assessed with crisis-oriented standards of care. Supportive services are included in the crisis management/ intervention plan for families and significant others affected by the incident. Residents receive critical incident-based instruction.

Specific training in crisis management includes the following:

- 1) Didactic training in IMCES procedures relevant to identification and assessment of potential crisis (including suicide risk assessment and management) and referrals to emergency services.
- 2) Didactic training in IMCES procedures relevant to psychological first aid interventions.
- 3) Observation of senior staff providing these services.
- 4) Observation by senior staff as the Resident provides these services.
- 5) Providing crisis assessments together with senior staff.

Crisis intervention procedures are reviewed during Resident Orientation.

*Training Objective: Development of competency in proactively assessing and managing critical incidents including suicide risk assessment in the context of individual, family, and community (i.e., school). Resident will learn to respond to psychological trauma events and suicide risk assessment and management, and to develop competency in providing crisis intervention and assistance in personal and family contexts.*

Consultation: Residents actively participate in Program Multidisciplinary Team meetings. Residents meet up to 6 hours per week with a licensed psychologist in multidisciplinary meetings/seminar. Competency is designed to address the integrating of different components of the assessment, treatment planning, and intervention to meet the specific needs of our target population. IMCES provides multidisciplinary consultation opportunities for Residents to integrate different components of Whole Health, including physical health, mental health, psychiatric services, case management services, paraprofessionals who are affiliated with WRAP services, social services, legal, educational, and substance abuse services. The Resident will attend each program multidisciplinary team meeting to interact with different professional providers to discuss cases and develop competency in consultation through giving and receiving feedback. Case presentation is based on IMCES/APA guidelines and the focus is identification of risk and protective factors, culture, integration of theory and practice, and will address diversity issues, and legal issues. Throughout the year, Residents must complete at least 7 case presentations during the course of this seminar, in the context of multidisciplinary team meetings and during group supervision. Evaluation forms will be completed by participants and supervisors utilizing the thorough Resident Integrative Presentation Evaluation form (see Appendix for *Resident Integrative Case Presentation Evaluation* form).

*Training Objective: Development of competence in consultation*

Research and Scholarly Inquiry: This component to clinical training was designed to develop competence in scholarly research. Residents attend the Research Seminar to develop their own research projects and to contribute to ongoing group research projects; in addition, they provide oversight and feedback to doctoral research projects. Residents work together in small groups to gather research articles, conduct literature reviews, develop hypotheses, and conduct the investigation with outcomes, conclusions, and recommendations for future studies, as designed for professional contributions to the field of psychology with an emphasis on cultural/diversity issues within community mental health. Resident research projects are presented during the research seminar; written reports of the research are reviewed by the Research Coordinator and the Supervisors.

*Training Objective: Development of competence in research/evaluation and scholarly inquiry.*

Advocacy Seminars: Promoting Policies and Procedures through Outreach and Engagement: Actions include conducting community needs-assessments to determine areas of inequality in service delivery. Areas of emphasis include, but are not limited to social services, training and employment opportunities, language, mental health stigma, and community resistance to assimilation, creating and implementing a Plan of Action addressing community deficiencies in a sequential procedure. The focus will be on the identification of target populations that are underserved and underrepresented.

*Training Objective: Development of competence in recognizing disparities in identifying and accessing resources. Conduct effective outreach and engagement to diverse cultures in the community. Develop effective advocacy programs.*

Professional Conduct/Legal and Ethical: Residents collaborate with staff licensed psychologists in presentation of case vignettes and discussion in weekly Law and Ethics training. Residents will co-present on different Law and Ethics topics to doctoral interns weekly along licensed psychologists in this seminar. Residents will demonstrate professional, legal and ethical behavior and sensitivity to diversity issues, including knowledge of APA guidelines in working with different ethnic, linguistic, and culturally diverse populations. Residents will be provided with updated legal and ethical issues and laws relevant to legal and ethical issues in practicing in professional psychology.

*Training Objective: Knowledgeable of current state laws, mandated reporting, HIPAA and other legal and ethical regulations pertinent to the practice of clinical psychology.*

**Professional Communication and Organizational Skills** : The development of professional, organizational skills is a fundamental aspect of socialization into our profession. IMCES provides structured team meetings in which Residents participate weekly. Each team is composed of multidisciplinary professionals, including a psychiatrist, psychologists, attorneys, case managers, a nurse, Marriage and Family Therapists (MFT's), Licensed Clinical Social Workers (LCSW's), and Rehabilitation specialists. In these meetings, Residents are encouraged to provide and receive feedback regarding case coordination and conceptualization, case presentations, and consultations. Administrative discussions focus on program management, i.e., status of new cases, key events in current cases, and discharges based on goal attainment or administrative decisions for clients who "no-show." Residents learn professional communications: the acquisition of professional and descriptive language vs. jargon, clarity of clinical documentation, comprehensive written reports, and professional appearance, which includes dress code. Organization includes effective and efficient time management, which includes scheduling client and personal care, punctual attendance, and timely submission of documentation. Residents are trained to demonstrate organizational skills by following a structured schedule with the professional activities as reflected in a weekly schedule. The weekly schedule includes treating clients, visiting clients in the community, attending didactic/interactive seminars, individual and group supervision, and Quality Assurance (QA) meetings.

**Clinical Training Program Activities**: The Resident training program at IMCES has several components and responsibilities, which include:

- **Direct Service Delivery to clients.** This is an integral part of IMCES clinical training program. This includes the development of competency in assessment and clinical interventions; 20 hours per week, equaling 50% of the training activities are in Direct Service Delivery to clients.
- **Education/Learning/Didactic Seminar.** IMCES is committed to provide a specialized additional experiential and didactic clinical seminar training experience. 10 hours per week equaling 25% of the training week activities are in Education/Learning/Didactic Seminar.
- **Multidisciplinary Team Meeting/Case Consultation.** IMCES is committed to providing multi-disciplinary services to its clients. 4 hours per week, equaling 10% of the training week are in Multidisciplinary Team Meetings and Case Consultation with other professionals is provided.
- **Research and Advocacy Program.** Residents are required to participate in scholarly research projects at both inter and intra-agency levels with the focus on developing advocacy programs. 2 hours per week, equaling 5% of the activities are in Research and Advocacy programs.
- **Supervision.** 4 hours of supervision is provided, equaling 10% of the training week; 2 of the 4 hours are face-to-face individual supervision, and the other 2 hours consist of group and delegate supervision.

Overall, full-time Residents will provide at least 20 hours of face-to-face contact time with clients. Between documentation, and other clinical activities, Residents will accrue a minimum of 1920 clinical hours after one year, and often exceed this. This includes all forms of intervention, assessment and case management. Clinical practice is comprised of providing mental health services: individual therapy, assessment, crisis intervention, medication consultation, rehabilitation, and case

management in individual, family, group, and collateral modalities. Residents are expected to conduct every one of the above services through care planning based on the Full Assessment.

Residents are assigned a supervisory team consisting of a two supervisors, a Primary Supervisor and a Delegated Supervisor. However, at IMCES, each supervisor is equally responsible for supervision of the Resident. Both supervisors are licensed psychologists, who provide at least 1.0 hour each of weekly individual supervision.

In addition, Residents meet 2 hours per week with other supervisors including a board certified psychiatrist for group supervision. Case presentations and video recordings of their sessions enable Residents to receive feedback from their supervisors on therapy sessions. Additionally, Residents meet with the cohorts weekly and discuss clinical issues in regard to their therapy cases. This experience allows Residents an opportunity to build cohesion as a Resident cohort. Discussion topics might include clinical issues such as termination, short-term therapy, caseload management, and interpersonal dynamics, as well as professional development. Also, Residents can engage in a discussion regarding a relevant journal article pertinent to the topic being discussed.

## **VIII. Clinical Practice Evaluation Procedures**

### Overview

The Training Director and Clinical Faculty Clinical Faculty Training Committee members and supervisors, program managers, and seminar coordinators meet regularly to review Resident progress. During these meetings the supervisors share observations and review the progress of each Resident. Postdoctoral Residency Evaluations occur two times during each training year. Residents are evaluated using the Postdoctoral Residency Evaluation form on skills in the following areas: Advanced Research Competency, Advanced Ethical and Legal Standards Competency, Advanced Professional Values, Attitudes & Behaviors Competency, Advanced Communication/Interpersonal Skills Competency, Advanced Assessment Competency, Advanced Interventions Competency, Advanced Supervision Competency, Advanced Consultation and Interprofessional/Interdisciplinary Skills Competency, Advanced Risk Assessment and Management Competency, Advanced Advocacy/Outreach and Engagement Competency.

The Postdoctoral Residency Evaluation Form allows supervisors to evaluate the Resident's performance in these areas on a continuum.

Each resident will be evaluated at semi-annual intervals; at 6, 12, 18, and 24 months during the two-year residency training program.

- First Year: At the 6 month evaluation period, 100% of items in the each Competency Evaluation form/area must be rated at level 3 or above.
- At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.
  
- Second Year:
- At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.
- At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.

The supervision teams, in collaboration with seminar coordinators, are responsible for completing the Resident Evaluation Form. The Resident has the opportunity to discuss the evaluation with their supervision team, the Training Director, and seminar coordinators, and is requested to comment in writing on areas of agreement or disagreement regarding the evaluation. The Resident Evaluation

Form is signed by the Resident and their supervisors.

Formal evaluation does not take the place of on-going discussions of Resident progress. Training staff make every effort to openly share concerns with Residents in a timely manner, as well as point out areas of strength and competence.

Residents are required to attend every meeting on time and to not schedule interfering client or other appointments. Timely, consistent attendance is necessary to gain competency mastery, and attendance and participation is continuously evaluated by the Clinical Faculty Training Committee, the supervisory teams, and the Training Director.

### Resident Evaluation Responsibilities

At the beginning of the Residency year, the Supervision and Resident Contract is completed by the Resident with the primary Supervisor and is used by the training staff throughout the year to gauge Resident progress (see Appendix). In November, April and September, the Resident provides the Supervisor with a Resident Self-Assessment of Competencies and Goals Statement (see Appendix) as an ongoing self-assessment of Resident's adjustment to Residency and to gauge progress toward training objectives that addresses the Resident's goals and interests for the year. The Resident discusses in narrative form his or her personal strengths and areas of improvement. The self-assessment forms a general guideline for the Residency experience.

Residents evaluate the Resident seminars (see Appendix for *Evaluation of Residency Seminar* form). Seminar evaluations are collected at the end of the year by the Training Director. Evaluation of supervisors occurs in April and October (see Appendix for *Evaluation of Supervision* form). Residents complete two evaluations of the Residency in January and July (see Appendix for *Evaluation of Residency* form ). Residents are expected to return the necessary evaluation forms to the Supervisors in a timely manner as they are crucial documents needed to monitor the Residency program.

Residents meet with their Supervisors weekly and with the Training Director on an ongoing basis to assess Resident status and progress, addressing needs for adjustment and improvement.

### Training Director Evaluation Responsibilities

The Training Director is a licensed psychologist who directs the Residency program in collaboration with the Clinical Faculty Training Committee. The Training Director coordinates both the evaluation of Residents and the Residents' evaluation of IMCES's Residency program. The Training Director schedules and conducts meetings related to Residency evaluations. The Training Director collects Resident evaluation data of IMCES' Residency program and utilizes that information in self-study meetings with the Clinical Faculty Training Committee to target areas of improvement for the Residency program. The Training Director is responsible for making regular and informal contact with each Resident in order to identify areas of concern. The Training Director gathers a variety of feedback sources regarding the training program which focus on strengths, needs and deficiencies.

### Supervisor Team Evaluation Responsibilities

The supervisor team, who are licensed clinical psychologists, has primary responsibility of monitoring and evaluating the Resident's day-to-day functioning at IMCES. Both primary and delegate supervisors are assigned to each Resident. The supervisors divide the Resident's case load and



areas of responsibility. The Resident Evaluation Form is the primary objective criteria by which the supervisor team evaluates the Resident. Listed below are supervision functions fulfilled by the supervisor team:

1. The supervisors meet with the Resident for 2.0 hours of individual supervision per week.
2. The supervisors meet with the Resident for 2 hours of group supervision.
3. The supervisors, along with the Training Director, assist the Resident in meeting the goals and objectives established for the Residency.
4. The supervisors monitor the size and composition of the Resident's client caseload, and the weekly number of contact hours.
5. The supervisors carry primary responsibility for determining with the Resident treatment plans and therapeutic goals for clients.
6. The supervisor carries primary responsibility for supervising Resident intakes and referrals.
7. The supervisors review and cosign all Resident progress notes.
8. The supervisors monitor Resident progress in meeting Residency requirements as defined in the educational objectives as well as the Resident Evaluation Form and assists, if needed, in the planning and execution of these requirements.
9. The supervisors collaborate with the Training Director and seminar coordinators in completing regular Resident evaluations.
10. The supervisors supervise Resident assessment report writing, in collaboration with the psychologist conducting the Psychological Assessment Seminar.
11. The supervisors integrate into Resident supervision ongoing discussion and processing of ethics and standards of professional practice.
12. The supervisors regularly review video-recorded material of Resident therapy sessions.

## **IX. Due Process**

### Philosophy and Purpose

Our philosophy is based on the humanistic and existential reality that error is inevitable. Therefore, we accept and welcome the identification of error along with developing a plan of corrective action, based on the principle of transparency for the benefit of self and others. Our approach is preventative rather than reactive, which leads to punitive action. Our Due Process and Remediation of Problematic Performance is designed to promote professional values, attitudes, and behavior with effective communication and interpersonal skills. The process includes the opportunity to raise awareness and knowledge by providing additional information and education (values, attitudes); facilitating corrective action (behavior); to be implemented through a collaborative structure that supports Residents toward the successful completion of their Resident clinical training program at IMCES (effective communication and interpersonal skills). Our Due Process includes three components: 1) Supporting increased self-awareness, including growth oriented personal therapy, as applicable 2) Increasing knowledge base 3) Infrastructure to monitor and support reaching successful outcome. These would be strategically incorporated on a case-by-case basis with relevancy to address the individual concern. All of our work with Residents is collegial and collaborative in nature.

Due process ensures that decisions about Residents are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all Residents, and make appropriate appeal procedures available to the postdoctoral Resident. All steps are appropriately implemented and documented. General due process guidelines include:

A. Definition of Problematic Performance: Problem behaviors are said to be present when supervisors perceive that a Resident's competence, behavior, attitude, or other characteristic significantly disrupt

the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute “problematic performance.” Of course any violation of law or ethics would certainly be framed as “problematic performance” (e.g., a HIPAA violation in the context of our practice) and would automatically require a formal remediation plan, including probation.

**B. Informal Staff or Resident Complaints:** Supervisory staff and/or Residents are encouraged to seek informal redress of minor complaints directly with the other party, or by using a mentor or the training director as a go-between. Such informal efforts at resolution may involve the Training Director as a point of reference. Failure to resolve issues in this manner may result in a formal performance or behavior complaint or Resident complaint, as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the Resident is encouraged to utilize the assigned supervisor, or in the case of conflict of interest, another supervisor, as a consultant throughout the formal process.

**C. Procedures for Responding to Inadequate Performance:** If it is identified that a Resident’s skills, professionalism, or personal functioning are problematic, the Clinical Faculty Training Committee, with input from other relevant supervisory staff, initiates the following procedures: A) The negative evaluation(s) will be reviewed with discussion from the Clinical Faculty Training Committee and other supervisors and a determination made as to what action needs to be taken to address the problems identified. B) After reviewing all available information, the Clinical Faculty Training Committee may adopt one or more of the following steps, or take other appropriate action: 1). The Clinical Faculty Training Committee may elect to take no further action. 2). The Clinical Faculty Training Committee directs the supervisor(s) to provide constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Clinical Faculty Training Committee. 3). Where the Clinical Faculty Training Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

a). Increased supervision, either with the same or other supervisors. b). Change in the format, emphasis, and/or focus of supervision. c). Change in or adjunctive training experiences. d). A recommendation that growth oriented personal therapy is undertaken with a clear statement about the issues to be addressed by treatment, such as boundaries, addiction, or poor judgment. e). Recommendations of a leave of absence (with time to be made up at no cost to IMCES).

4). Alternatively, depending upon the gravity of the matter at hand (e.g., a violation of law or ethics, such as a HIPAA or client related violation), the Clinical Faculty Training Committee may issue a formal Remediation Plan which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the Resident addresses, changes, and/or otherwise improves the problem performance or behaviors. The Probation Notice is a written statement to the Resident. The Resident’s signature is required; however, in the case of the Resident refusing to sign the Probation Notice, this does not affect the probationary status. The Probation Notice includes the following items:

- A description of the problematic performance behavior.
- Specific recommendations for rectifying the problems.
- A time frame for the probation during which the problem is expected to be ameliorated.
- Procedures to assess concurrently whether the problem has been appropriately rectified.

5). Following the delivery of a formal Remediation Plan notice, the Training Director will meet with the Resident to review the required remedial steps. The Resident may elect to accept the conditions or may appeal the Clinical Faculty Training Committee's actions. Once the Clinical Faculty Training Committee has issued an acknowledgement notice of the Remediation Plan, the problem's status will be reviewed within the time frame indicated on the Remediation Plan, or the next formal evaluation, whichever comes first.

**D. Failure to Correct Problems:** When the defined intervention does not rectify the problematic performance within the defined time frame, or when the Resident seems unable or unwilling to alter his or her behavior, the Clinical Faculty Training Committee may need to take further formal action. If a Resident on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice, the Clinical Faculty Training Committee will conduct a formal review and then inform the Resident in writing that the conditions for revoking the probation have not been met. The Committee may then elect to take any of the following steps, or other appropriate action: 1. Continue the Remediation Plan for a specified period of time. 2. Inform the Resident and the Training Director that the Resident will not successfully complete the Resident clinical training program if his/her problematic performance does not change. If by the end of the training year, the Resident has not successfully completed the training requirements, the Clinical Faculty Training Committee may recommend that the Resident be deemed incomplete. The Resident will then be informed that he/she has not successfully completed the program. 3. If problematic behavior continues, supervisors and clinical staff will extend support with the aim of facilitating corrective extension of probationary period with further monitoring and evaluation in a collegial manner in order to reach our expected outcome. If the resident refuses to correct the problematic behavior, the resident's status remains as an incomplete in their permanent record open for revisiting by resident's choice and willingness to effectively rectify the issue.

All of the above steps will be appropriately implemented and documented in ways that are consistent with due process. In addition, we are open to receiving feedback from Residents based on the same philosophy to make the needed appropriate adjustments in our conducting of the training program. The Resident will be asked to sign a Due Process document, in which his/her signature is required, which affirms that he/she has read and understood the Due Process and Remediation of Problematic Performance. All communications related to due process are confidential and the only individuals involved are the resident, the Clinical Faculty Training Committee, and the Program Director.

## **X. Postdoctoral Grievance Resolution Procedure**

### **Grievance Procedure**

#### **Philosophy and Purpose:**

We recognize that human error is inevitable. Accordingly, we are open to receiving feedback from Postdoctoral Residents to make the appropriate adjustments in conducting the Postdoctoral Resident training program. The aim of our grievance resolution policy is to create a collaborative, coordinated problem-solving professional environment.

**Grievances Defined:** In the event a Postdoctoral Resident encounters any difficulties or problems during his/her training experiences, a resident may file a grievance about any supervisor, staff, faculty member or the structure of the program to obtain an independent review.

The following procedures are to be followed:

**Step One: Informal Approach:**

The resident may initiate an informal way of pointing out their concerns, opinion/feedback. Residents are encouraged to seek informal resolution of minor grievances or complaints directly with the other party, or by using a supervisor or the training director as a go-between. Opportunities for informal resolution include ongoing individual and group supervision, multidisciplinary team meetings, and other peer supported program meetings. Such informal efforts at resolution may also involve the Training Director as the final point of reference. Should the matter be unresolved and become a formal issue, the Resident is encouraged to utilize the assigned supervisor, or in the case of conflict of interest, another supervisor, as a consultant in proceeding with a formal grievance process.

**Formal Resident Complaints or Grievance Process:**

This grievance policy for postdoctoral Resident complaints outlines formal procedures for resolving grievances of postdoctoral Residents at IMCES. This grievance procedure is designed to supplement, not to replace, the routine and informal methods of responding to and providing sensible intervention/resolution in a preventative manner.

- i. Resident discusses the issue with their supervisors;
- ii. Resident's supervisors discuss the issue with the Clinical Training Faculty Committee.
- iii. If the issue cannot be resolved by the Clinical Training Faculty Committee, the Postdoctoral Resident may request in writing to the Clinical Training Director and to request a resolution to the problem. The Postdoctoral Resident will provide all supporting documents to the Clinical Training Director.
- iv. The Clinical Training Director will assign within 5 working days a committee including the IMCES Program Manager, supervisors and one other clinical staff member chosen by the Postdoctoral Resident. Within 14 working days of a grievance, the Clinical Training Director will make a final decision and will announce the formal decision to the Resident.

**Petition of Resident to Grievance Decision by Clinical Training Director:**

In the event there is need of a review of the grievance beyond the Training Director, IMCES's Advisory Committee comprised of Supervisors, Faculty, and Professionals from the community would be called on to serve as consultants.

**XI. Maintenance of Records**

Each Resident completes three self-evaluations, in addition to the supervisor's completed formal evaluations. All seven evaluations are maintained by the Supervisor in a confidential location within IMCES. Each supervisor maintains records in individual binders of all requirements:

- The signed document that the Resident understands the policies, procedures, and expectations as described above
- The IMCES Resident Evaluation Record, marking the completion of requirements such as a research project
- Records evaluating case presentations
- Copies of Supervised Professional Experience (SPE) logs
- Supervisory Documentation
- Copies of notes taken during Clinical Supervision

These binders are maintained with each supervisor and are used for final determinations of program successful completion in a confidential, secure location and are submitted to the Training Director for permanent maintenance in a confidential location.

The program will maintain information and records of all formal complaints and grievances against the program, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be made available to the Commission on Accreditation to examine as part of its periodic review of programs.

## **XII. Statement of Non-discrimination**

It is the policy of IMCES that selection decisions shall be based on merit, qualifications, and competence. Except where required or permitted by law, selection practices shall not be influenced or affected by virtue of an applicant's age, ancestry, national origin, marital status, ethnicity, color, sex, race, religion, sexual orientation, physical disability, perceived disability or veteran status. IMCES makes reasonable accommodations for individuals with disabilities. In addition, it is IMCES's policy to provide an environment that is free of harassment of any kind, including that which is sexual in nature or based on age, disability or ethnicity. This policy governs all aspects of IMCES's postdoctoral training program including selection, compensation, benefits, assignment, training, discharge, and other terms and conditions of residency.

Residents should immediately report any incident of discrimination or harassment to the Training Director, their supervisor, or the Human Resources Director who will then initiate an investigation of the matter. If a Resident is found to have engaged in prohibited discrimination, he or she will be advised with the appropriate corrective action plan to achieve mutually beneficial and respectful outcome to all parties involved.