



# Austin Child Guidance Center

Postdoctoral Fellowship in Clinical Child Psychology  
2021 - 2022



The mission of the Austin Child Guidance Center is to improve the mental health of children and their families through early intervention, diagnosis, and treatment to help them develop the emotional skills to face life's challenges.

## **Table of Contents**

|  |    |
|--|----|
| Introduction to ACGC                                       | 3  |
| Location   | 4  |
| Facility and Resources                                     | 5  |
| Client Population  | 6  |
| Key Staff Members  | 7  |
| Training Goals, Objectives, and Competencies               | 8  |
| Postdoctoral Fellow Duties                                 | 11 |
| Supervision Guidelines                                     | 12 |
| Structured Training Activities                             | 16 |
| Didactic Calendar  | 18 |
| Application Procedures, Appointment, Stipend, and Benefits | 19 |
| Performance Evaluation Procedures                          | 20 |
| Appendices   | 21 |
| Appendix I – Evaluation Form                               | 22 |
| Appendix II – Due Process and Grievance Procedures         | 26 |

## **Introduction to ACGC**

Founded in 1951, the Austin Child Guidance Center (ACGC) is a non-profit community mental health center that serves youth and their families. Clients come from a variety of socioeconomic, ethnic, and cultural backgrounds. Presenting problems cover a wide range of issues faced by children and their families including, but not limited to, depression, anxiety, disruptive behavior, ADHD, learning disabilities, family changes, and exposure to trauma. Individual therapy, family therapy, group therapy, psychiatric evaluation, psychiatric treatment, and psychological assessment are available regardless of family income. Our mission at ACGC is to improve the mental health of children and their families through early intervention, diagnosis, and treatment to help them develop the emotional skills for meeting life's challenges.

ACGC is a trauma-informed care treatment center that follows guidelines set forth by the National Center for Trauma-Informed Care. To that end, clinicians are trained in empirically supported treatment for trauma survivors, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child & Family Traumatic Stress Intervention (CFTSI) and Parent-Child Interaction Therapy (PCIT). ACGC promotes the implementation of trauma-informed practices in all programs and services. The Austin Child Guidance Center is also accredited by the Joint Commission, the nation's leading accrediting body of health care organizations.

Our center emphasizes the use of evidence-based clinical practices and provides training in EBP through on-site workshops and funding staff to attend multi-day training opportunities offered in the community. As part of our commitment to EBP, we use a measurement feedback system to enhance therapist effectiveness and client outcomes.

Client population at ACGC is primarily low-income and diverse in race and ethnicity. All services are provided in English and Spanish, and professional interpreters are available when clients or family members speak other languages (e.g., Vietnamese, Arabic, Chinese).

ACGC partners with several agencies and participates in a number of collaborations in Austin and Travis County. In addition to providing core mental health services at our centrally located clinic, ACGC staff provides services in high-risk child care centers and primary and secondary schools, as well as home-based services for pregnant and parenting teens.

Austin Child Guidance Center has a multidisciplinary team of professionals including psychologists, social workers, counselors, marriage and family therapists. Our treatment staff also includes a part-time child/adolescent psychiatric service provider, and often, nurse practitioner intern. Our center's focus on training future mental health professionals means that in addition to our postdoctoral fellowship, we also offer a doctoral psychology practicum as well as internships for social work, counseling, and psychiatric nurse practitioner students.



## **Location**

The Austin Child Guidance Center is located in Central Austin, less than three miles north of downtown and near the University of Texas campus. Austin is a fast-growing, vibrant, and diverse community. With a population of about one million people and an additional one million in the larger metropolitan area, Austin is the 11<sup>th</sup> largest city in the U.S. The Austin region has been ranked the #1 Best Place to Live for the second year in a row by US News and World Report.

Austin's natural beauty and great climate allow for outdoor enjoyment and recreation year-round. From our hike and bike trails, paddle-boarding on Lady Bird Lake, or listening to live music at Zilker Park, Austin is a great place to be outdoors. Just outside of Austin is the beautiful Texas Hill Country with opportunities for hiking, swimming, rock climbing, or visiting wineries. If you're more of an indoor type, we also boast a world-famous live music scene, exciting theatre productions, a diverse art scene, and a range of nationally recognized restaurants.

Our location is walking distance from several restaurants, shops, and parks. Staff at ACGC enjoy walking to lunch at the Triangle, where you can get authentic Italian gelato, health and delicious Mediterranean food, some of the best burgers in Austin, or laid-back Tex-Mex. Also nearby are hike and bike trails, independent book stores, and art galleries. ACGC is easily accessible from most areas of town and located on a rapid bus route.

## **Facility and Resources**

*Facilities and Materials:* Our two postdoctoral fellows at the Austin Child Guidance Center share an office that is equipped with laptop computers and printer. Administrative support and IT support are available on-site. We have an extensive library of treatment manuals and other resources to support development of clinical skills. ACGC also maintains a collection of up-to-date psychological testing measures in English and Spanish with scoring software/online scoring subscriptions. ACGC maintains an observation room with a two-way mirror and access to two therapy rooms. These rooms are utilized for training, Parent-Child Interaction Therapy (PCIT), and our bi-weekly Walk-In Clinic. Other equipment for PCIT is also provided for fellows' use.

In addition to a shared office space, fellows are able to reserve other therapy rooms as needed to see clients. Rooms are equipped with age-appropriate toys, games, and art materials, and additional toys, games, and art materials are provided for fellows' use. ACGC boasts several outdoor spaces that can also be used with clients including the Children's Healing Garden, a labyrinth, expansive grounds, and a basketball court.

ACGC also offers tele-therapy services, and will provide necessary equipment, materials and training to provide counseling services in this forum.

*Measurement Feedback System:* We utilize a measurement feedback system—the Youth Outcome Questionnaire (Y-OQ®)—on a weekly basis with all clients at our center. Research with the Y-OQ® has demonstrated that regular feedback to therapists improves outcomes in therapy. That is, when parents and children provide regular feedback to their therapist, children show greater improvement. When therapists receive weekly information about their clients' emotions, behaviors, and relationships, they can provide more effective therapy.

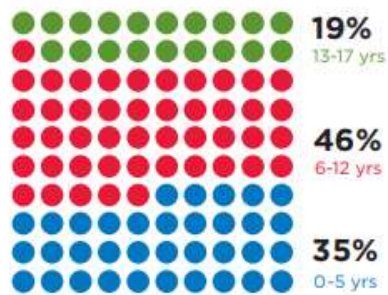
*Training Resources:* Beyond training activities provided as part of the fellowship (see pages 16-17), fellows have the opportunity to attend regular clinical workshops on-site throughout the year. Recent workshop topics have included exposure-based treatment for anxiety, crisis prevention and de-escalation strategies, and motivational interviewing. In addition, fellows are able to access a small training stipend to attend clinical workshops in the community during their fellowship year. Support and consultation are provided for activities related to licensure.

## ACGC Client Population

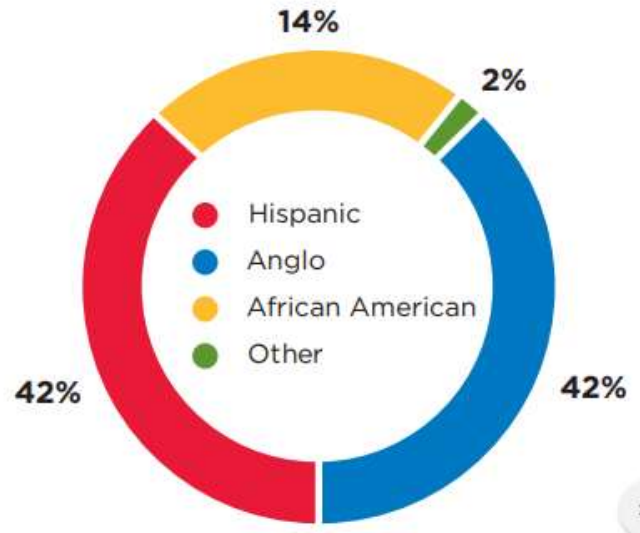
# 84%

of ACGC clients live at or below **200%** of the federal poverty level

### Age



### Ethnicity



## Overview of Training Goals, Objectives, and Competencies

**Goal:** The primary goal of Austin Child Guidance Center's fellowship is to prepare fellows for independent practice in the field of clinical child psychology. The mission of our training program is to produce psychologists who (1) provide evidence-based, developmentally appropriate, and culturally-sensitive clinical service, (2) demonstrate ethical decision making, and (3) contribute to the profession of psychology. Because our organization's mission includes a focus on underserved populations and those affected by trauma, service to these populations is emphasized within the training program.

**Objectives:** More specifically, fellows who complete this program will be able to (independently):

1. Provide collaborative and comprehensive psychological assessment to children and their families.
2. Provide evidence-based and effective therapy for children and their families.
3. Assess for high-risk behaviors and implement strategies to promote safety
4. Function successfully as a member of an interdisciplinary treatment team.
5. Engage in effective clinical supervision with trainees.
6. Engage in ethical decision-making.
7. Attend to cultural, racial, ethnic, gender, SES, and other individual differences in conceptualization, assessment, and treatment
8. Demonstrate understanding of the impact of trauma and choice of trauma-informed assessment and intervention procedures
9. Identify and achieve individual training objective based on fellow's professional goals and interests

### Competencies:

*Collaborative and comprehensive psychological assessment:*

1. Conduct effective interviews to obtain information from parents/caregivers and to identify assessment questions
2. Develop individualized assessment battery with attention to cultural and developmental factors
3. Engage child and family in collaborative psychological assessment using a combination of clinical interviewing, standardized psychological test measures, rating scales, and behavioral observations
4. Score, interpret, analyze, and integrate assessment results to develop clear conceptualization
5. Produce integrated and well-written psychological report in a timely fashion
6. Provide sensitive and responsive psychological assessment feedback including individualized and specific treatment recommendations



*Evidence-based and effective therapy*

1. Assess presenting concerns, other relevant factors, risk and protective factors, and goals for therapy
2. Formulate appropriate treatment plan
3. Deliver evidence-based therapeutic interventions to children and families with attention to cultural, ethnic, racial, gender, and other aspects of identity
4. Build and maintain positive therapeutic relationships with child and family members
5. Use measurement feedback system and/or other appropriate assessment methods to monitor progress and to inform treatment planning and service delivery
6. Deliver some services via tele-health

*Assessment of high-risk behaviors and implementation of strategies to promote safety*

1. Conduct effective risks assessment for high-risk behaviors including (but not limited to) suicidal thinking/behaviors, homicidal thinking/behaviors, and non-suicidal self-injury.
2. Estimate level of acute risk with attention to risk and protective factors
3. Determine most appropriate strategies for promoting safety
4. Seek consultation when appropriate
5. Implement strategies for promoting safety and demonstrate appropriate follow-up

*Participate in interdisciplinary team*

1. Build positive relationships with colleagues
2. Provide consultation to other professionals
3. Appropriately consult with other professionals on treatment team
4. Clearly and respectfully communicate with other team members including use of healthy conflict resolution strategies

*Effective supervision*

1. Build positive, collaborative supervisory relationship
2. Utilize appropriate assessment measures and strategies to evaluate supervisee performance and learning
3. Provide consistent and high-quality feedback
4. Demonstrate appropriate awareness of cultural, gender, ethnic and other differences between themselves, their supervisees and their supervisees' clients

*Ethical decision-making*

1. Demonstrate awareness of potential ethical dilemmas
2. Follow steps for effective ethical decision-making
3. Seek consultation when appropriate

4. Integrate knowledge of ethical and diversity issues into all areas of clinical practice

*Consideration of cultural, racial, ethnic, gender, SES, and other individual differences*

1. Demonstrate appreciation of one's own identities and those of others, awareness of privilege and power dynamics, and acknowledgement of the impact of these factors on provision of clinical services
2. Include consideration of factors such as culture, race, ethnicity, sexual orientation, disability status, gender in planning and implementation of assessment and intervention services
3. Develop and demonstrate skills for working flexibly with diverse individuals and families

*Trauma-informed assessment and intervention procedures*

1. Demonstrate understanding of trauma reactions for survivor and family system
2. Conduct comprehensive assessment of trauma exposure, trauma impact, risk and protective factors based on most current evidence base
3. Incorporate assessment of trauma into treatment planning
4. Demonstrate proficiency in evidence-based interventions for trauma such as Parent-Child Interaction Therapy and Trauma-Focused CBT

*Individual Training Objective*

1. Assess training needs in collaboration with supervisor
2. Identify individual training objective (e.g., autism assessment, bilingual assessment, Parent-Child Interaction Therapy)
3. Develop plan in collaboration with supervisor for achieving individual training objective

## Postdoctoral Fellow Duties

Postdoctoral fellows are expected to spend 40 hours/week engaged in fellowship activities. **Approximately 75% of fellows time is spent in professional psychology services** including psychological assessment (and related activities), therapy, consultation, and provision of clinical supervision. Over the course of the 12-month fellowship, fellows accrue **a minimum of 1800 hours of supervised experience**. ACGC's postdoctoral fellowship meets Texas licensure requirements (Board Rule, 463.11).

*Psychological assessment:* Postdoctoral fellows complete one psychological assessment per week. Activities related to psychological assessment include reviewing referral materials, conducting initial evaluation with parents, planning assessment battery (with supervisor support), reviewing/learning assessment measures as needed, administering psychological assessment, scoring and interpreting assessment measures, integrating data, formulating case conceptualization, writing and revising report, and providing feedback. On average, fellows spend approximately 15 hours per week engaged in psychological assessment and related tasks.

*Therapeutic intervention:* Postdoctoral fellows will carry a caseload of eight clients receiving individual and/or family therapy. Opportunities to lead or co-lead therapy groups may count toward required hours of therapy service delivery. Activities related to therapeutic intervention include conducting initial evaluations with clients and parents, planning and preparation for sessions, conducting sessions, documentation of session notes and treatment plans, and communication with other members of treatment and/or educational team. In addition to their therapy caseload, fellows also participate in a month-long rotation in our center's Walk-In Clinic, using a single-session therapy model. On average, fellows spend approximately 15 hours per week engaged in therapy services.

*Supervision:* Fellows participate in 2 hours per week of individual face-to-face supervision. Supervision is regularly scheduled. Fellows also provide one hour of face-to-face individual clinical supervision to a doctoral psychology student and facilitate a one-hour group supervision session for graduate students at ACGC. Fellows also spend time each week reviewing supervisees' chart documentation and completing other tasks related to clinical supervision. Total time related to clinical supervision is approximately 5 hours/week. Additional details regarding supervision at ACGC are included on pages 12 – 15.

*Training Activities:* Fellows average 3 hours per week in structured training activities, which are described in detail on pages 16 – 17.

*Other:* Remaining time (approximately 5 hours/week) is spent in administrative tasks, participating in optional training activities and/or committees at ACGC (e.g., Bilingual Services Taskforce), attending monthly staff meetings, and addressing licensure-related tasks (e.g., completing and submitting application, studying for EPPP).

## **Supervision**

### Supervisor Assignments

1. Postdoctoral fellows may be assigned to one or more licensed psychologist for supervision. If supervision is shared between two licensed psychologists, the scope of supervision shall be clearly delineated (e.g., therapy supervisor, assessment supervisor).
2. All supervisor-supervisee pairs will complete ACGC's Supervision Contract.

### Supervisor Responsibilities

1. Supervisors are expected to meet for scheduled weekly supervision at a consistent time each week. Supervisors are expected to be on-time for supervision appointments, and if supervision needs to be rescheduled, supervisors should contact supervisee ahead of time via preferred method of communication.
2. Face-to-face supervision: A minimum of two hours per week individual supervision is expected for postdoctoral fellows.
3. Supervision meetings may address the following topics: orientation to ACGC system, case conceptualization, client diagnoses, treatment planning, specific therapeutic strategies, countertransference, logistical concerns, professional development, and other relevant topics.
4. Documentation should be completed weekly using the ACGC Psych Services Supervision Form and should include information about the following:
  - client problems/critical issues
  - directions given to the supervisee
  - changes in diagnosis/treatment plan
  - discussions of case progress
  - details of safety, ethical, legal, or risk management concerns and their resolution
  - review of session recordings
5. Supervisors should review recordings or portions of recordings in supervisory sessions at least 3 times per semester. More frequent recordings and review are encouraged, and supervisors should assign additional recordings as needed to address clinical development and training goals.
6. Supervisors should complete required postdoctoral evaluation forms at designated intervals (4 months, 8 months, end of fellowship).
7. Supervisors are expected to provide informal feedback on supervisee performance throughout the supervision process, rather than waiting to complete formal (written) evaluations.
8. Supervisors should invite feedback from supervisee's on the supervision process and utilize this feedback to make changes as needed.
9. Supervisors are expected to seek consultation from Director of Psychological Services if they encounter difficulties within supervision that cannot be resolved directly with the supervisee.
10. Live supervision: supervisor is expected to attend a minimum of first two therapy sessions to model clinical skills and ensure that important information is conveyed to client/parent. When

a supervisee is also providing assessment, supervisor may use clinical judgment to decide whether to observe first assessment sessions and/or subsequent assessment sessions.

11. Other learning strategies: Supervisors may facilitate opportunities for supervisees to observe the supervisor's sessions or sessions of other clinicians and/or video record sessions (with client permission) for supervisee to watch.

#### Supervisee's Responsibilities

1. Supervisees are expected to be on-time (or early) for scheduled supervision meetings. If unable to attend a scheduled supervision meeting, supervisees should inform supervisor as early as possible using their supervisor's preferred contact method (e.g., email, phone, text).
2. Supervisees are expected to come to supervision meetings with an agenda.
3. Supervisees are expected to take notes during supervision using supervision documentation form.
4. Supervisees should record therapy sessions as needed for clinical development based on supervisor recommendations and their own assessment of need. The supervisee is responsible for obtaining client/parent permission for video recording. Recorded sessions should be reviewed by the supervisee. See guidelines for HIPAA compliance in this area provided by ACGC.
5. At least three times per semester, supervisees will be prepared to share a segment of a therapy recording in supervision. This requires that the student view the entire recording prior to the supervision meeting and choose a shorter segment (up to 15 minutes) to watch during supervision. It is the supervisee's responsibility to ensure that the required number of recorded sessions are available for review each semester.
6. Supervisees should be prepared to present a concise summary of relevant clinical factors.
7. Supervisees are expected to provide feedback about the supervisory process so that, if needed, changes can be made to improve their training experience.
8. If supervisees encounter difficulties within supervision that cannot be resolved directly with their supervisor, they are expected to follow procedures outlined in Due Process and Grievance Procedures (Appendix II).

#### Supervision of Trainees' Supervision

1. Provisions for overseeing the supervisory responsibilities of an unlicensed supervisor include:
  - a. Licensed supervisor attends first supervision session with postdoctoral fellow to oversee review of supervision contract, discussion of training goals, and explanation of direct/indirect supervision.
  - b. Licensed supervisor attends at least five additional supervision sessions during the supervisee's placement. The postdoctoral fellow is responsible for scheduling sessions that the licensed psychologist is able to attend and for ensuring the required number of sessions is scheduled each semester.
2. Supervisors who are postdoctoral fellows should receive supervision on their supervision of trainees.

- a. Licensed supervisor attends first supervision session and then required number of subsequent sessions. Priority is on attendance at sessions in which (1) recordings are reviewed, (2) evaluations are shared, and (3) other sessions, as requested by postdoctoral fellow.
- b. Supervision should be a topic addressed weekly in postdoctoral fellow's supervision meetings.
- c. As needed, recording of supervision sessions may be used to provide postdoctoral fellow with feedback.

Documentation of supervision:

1. All supervision sessions should be documented using provided template. Supervision notes should be recorded electronically whenever possible. Notes taken on paper should be scanned for electronic storage.
2. After completion of supervision, supervision notes should be stored in appropriate folder on shared drive.
3. Supervisees should take notes using template. Paper notes should be kept in locked filing cabinet at ACGC. Electronic supervision notes may not be stored on a trainee's personal computer due to potential for HIPAA breach. Supervision notes may be stored on encrypted flash drives.

Group Supervision

1. Postdoctoral fellows who provide group supervision should note which trainees presented cases as well as feedback provided.
2. Group supervision notes should also be kept electronically and stored on the shared drive.

## Structured Training Activities

Austin Child Guidance Center (ACGC) offers a structured fellowship program in child clinical psychology. All clinical services are provided at our outpatient clinic located in Central Austin, and most training activities also take place at this site. Postdoctoral fellows participate in an average of **three hours per week of structured learning activities** including brief topic-specific seminars, weekly case staffing meetings, and more in-depth training in evidence-based practices, offered through a combination of in-person and online formats. ACGC serves a primarily low-income population of children and adolescents and their families. In 2017, eight-four percent of our center's clients reported incomes at 200% or less of the federal poverty level (i.e., "low income"). Most recent data related to race/ethnicity indicates that 42% of our clients identify as Hispanic, 42% as White, 14% as African-American, and 2% as "other." Thirty-five percent of our clients are 0 - 5 years of age, forty-six percent are 6 - 12 years of age, and nineteen percent are 13 - 17 years of age.

*Introductory Seminars:* At the outset of the training program, fellows participate in two 2-hour seminars taught by our fellowship supervisors—one focused on our **psychological assessment model and procedures** and one focused on our **therapeutic intervention model and procedures**. At this time, fellows are also provided with access to resources intended to support their learning and development in these areas.

*Online and/or Self-Paced Training Modules:* Based on fellows' previous experience and training, they and their supervisors choose one or more of the following online and/or self-paced training modules for the fellow to complete:

- Medical University of South Carolina, TF-CBT Web 2.0, Course for Trauma-Focused Cognitive Behavioral Therapy: This online training course provides the foundations necessary to begin using TF-CBT in supervised practice and takes approximately 10 hours to complete.
- University of California – Davis, Parent-Child Interaction Therapy Web Course: This online training course provides the foundations necessary to begin using PCIT-informed interventions in supervised practice and takes approximately 10 hours to complete.
- Western Psychological Services, Autism Diagnostic Observation System, 2<sup>nd</sup> Edition, DVD Training Package: Completion of this training package is the first step in becoming proficient in administering and interpreting the ADOS-2 in clinical practice. Completion of all portions of the training package takes approximately 12 hours.

*Research Opportunities:* Currently, psychologists in our department are conducting research in the field of psychological assessment for trauma-affected youth. In addition to attending monthly research meetings, current fellows have been involved in development of a coding system for psychological reports. Future fellows will have opportunities to participate in data analysis and interpretation and preparation of manuscripts for submission. Research-related tasks account for approximately one hour per week.

*Trainee Seminars:* ACGC offers weekly didactic seminars and consultation during the fall and spring semesters on Thursdays from 12:30 – 2:30, led by Director of Therapy Services. Presenters are ACGC clinicians and community experts in specific areas of clinical practice.

*Sample Overview of Previous Training Activities Schedule:*

|                   | Training Activities  | Hours per week |
|-------------------|--|----------------|
| Week 1 (9/2/2019) | Introductory Seminars: ACGC's Collaborative Model of Psychological Assessment; ACGC's Therapeutic Intervention Model       | 4              |
| Weeks 2 – 14      | Weekly Seminar + Weekly Case Staffing Meeting (No Seminar Week of 11/25 –Thanksgiving) + Online/Self-Paced EBP Instruction | 3              |
| Weeks 15 – 16     | Online/Self-Paced EBP Instruction + Weekly Case Staffing Meeting   | 3              |
| Weeks 17 – 18     | ACGC is closed for Winter Break  | NA             |
| Weeks 19 – 20     | Online/Self-Paced EBP Instruction + Weekly Case Staffing Meeting   | 2              |
| Weeks 21 - 36     | Weekly Seminar + Weekly Case Staffing Meeting (No Seminar Week of 3/16 – Spring Break) + Online/Self-Paced EBP Instruction | 3              |
| Weeks 37 - 51     | Weekly Case Staffing Meeting + Independent Research  | 2              |



### Example of past Didactic Calendar

| Date         | Topic  |  |
|--------------|--|--|
| 9/6/2018     | Orientation to ACGC  |  |
| 9/13/2018    | Orientation to systems, continued                                |  |
| 9/20/2018    | CPS Reporting/Suicide Risk Assessment                            |  |
| 9/27/2018    | Crisis Prevention and Response, Pt. I                            |  |
| 10/4/2018    | Crisis Prevention and Response, Pt. II                           |  |
| 10/11/2018   | Walk-In Clinic and Single Session Therapy Model                  |  |
| 10/18/2018   | TF-CBT, Part I   |  |
| 10/25/2018   | TF-CBT, Part II  |  |
| 11/1/2018    | ADHD in Children and Adolescents                                 |  |
| 11/8/2018    | Safety Planning with Children and Adolescents                    |  |
| 11/15/2018   | PCIT, Part I   |  |
| 11/22/2018   | PCIT, Part II  |  |
| 12/6/2018    | Introduction to DBT  |  |
| 12/13 – 1/17 | NO SEMINARS – WINTER BREAK + Student Holiday                     |  |
| 1/24/2019    | Treating Encopresis and Enuresis                                 |  |
| 1/31/2019    | Use of Psychiatric Medications for Mood and/or Anxiety Disorders |  |
| 2/7/2019     | ARC Framework, Part I  |  |
| 2/14/2019    | ARC Framework, Part II   |  |
| 2/28/2019    | Counseling from a Cultural Humility Framework                    |  |
| 3/7/2019     | Treating Non-Suicidal Self-Injury in Adolescents                 |  |
| 3/14/2019    | Motivational Interviewing Part I (3 hours)                       |  |
| 3/21/2019    | NO SEMINAR – Spring Break  |  |
| 3/28/2019    | Motivational Interviewing Part II (3 hours)                      |  |
| 4/4/2019     | Therapy with Children and Adolescents on the Autism Spectrum     |  |
| 4/11/2019    | Working with Immigrant Children and Families                     |  |
| 4/18/2019    | Psychosis in Children and Adolescents                            |  |
| 4/25/2019    | Working with Families Affected by Domestic Violence              |  |
| 4/30/2019    | Working with LGBTQ+ Youth  |  |
| 5/7/2019     | Religion and Psychotherapy                                       |  |
|              |  |  |

### Application and Selection Procedures

Candidates should submit a letter of interest, a curriculum vitae, a de-identified sample psychological assessment report, an unofficial copy of your graduate school transcripts, and three reference letters by Jan. 31, 2021. Applications may be mailed to

Austin Child Guidance Center  
 Attention: Postdoctoral Fellowship  
 810 W. 45<sup>th</sup> St.  
 Austin, TX 78751

Or submitted via email [SCrosbie@austinchildguidance.org](mailto:SCrosbie@austinchildguidance.org) Potential candidates will be notified by email if chosen to interview. This fellowship follows APPIC selection and notification guidelines (<https://www.appic.org/Postdocs/Postdoctoral-Selection/Postdoctoral-Selection-Guidelines>).

### **Appointment, Stipend, and Benefits**

The postdoctoral fellowship will begin August 31, 2021 and continue for 12 months at 40 hours per week. Salary (\$40K) is paid bi-monthly. Vacation and sick leave are provided, as well as employee health insurance.

## **Performance Evaluation**

Formal evaluation is provided at 4-month intervals using evaluation included in Appendix I. Supervisors for each fellow collaborate to provide ratings. Evaluations are discussed within supervision. Fellows are invited to set individualized training goals in addition to competencies set by training program. Minimum level of achievement at the initial (4-month) evaluation is a summary rating of 3 or higher for each objective. Summary rating of lower than 3 will trigger due process procedures (see Appendix II). Minimum level of achievement for completion of fellowship program (final evaluation) is summary rating of 4 or higher for all objectives.

## **Appendixes**

## Appendix I Postdoctoral Evaluation Form

Postdoctoral Fellow \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Date \_\_\_\_\_ Time of evaluation:    4 month                  8 month                  final

### Scoring Criteria:

- 1 – Significant Development Needed – Significant improvement in functioning is needed to meet expectations, remediation required
- 2 – Developing Skills Level – Expected level of competency pre-fellowship, close supervision required on most cases
- 3 – Intermediate Skills Level – Expected level of competency for fellow at 4-month evaluation; routine or minimal supervision required on most cases
- 4 – Independent Skill Level – Expected level of competency for fellow by completion of fellowship program; fellow able to practice independently
- 5 – Advanced Skill Level – Rare rating for fellow, especially at first two evaluation points; indicates skills that surpass what is expected for a new or early career psychologist
- NA – Not applicable/Not Observed/Insufficient Information at this point in time

**\*\*Minimum level of achievement for completion of fellowship program is 4 or greater average rating for each objective\*\***

### Methods Used in Evaluating Competency:

☐ Direct Observation                      ☐ Review of audio/video recording                      ☐ Case presentations  
☐ Documentation Review                      ☐ Supervision                      ☐ Info from other staff  
☐ Other: \_\_\_\_\_

| #1 - <i>Provide evidence-based and effective therapy for children and their families.</i>                              | Rating                 |
|--|------------------------|
| 1. Assess presenting concerns, other relevant factors, risk and protective factors, and goals for therapy              | 1   2   3   4   5   NA |
| 2. Formulate appropriate diagnosis, updating as needed   | 1   2   3   4   5   NA |
| 3. Develop appropriate treatment plan  | 1   2   3   4   5   NA |
| 4. Deliver evidence-based therapeutic interventions to children and families   | 1   2   3   4   5   NA |
| 5. Attend to cultural, ethnic, racial, gender, and other aspects of identity   | 1   2   3   4   5   NA |
| 6. Build and maintain positive therapeutic relationships with child and family members                                 | 1   2   3   4   5   NA |
| 7. Use Y-OQ and/or other appropriate methods to monitor progress and to inform treatment planning and service delivery | 1   2   3   4   5   NA |
| Summary Rating (average)   |                        |
| Strategies to increase competence:   | Strengths:             |

| #2 - <i>Provide collaborative and comprehensive psychological assessment to children and their families</i> | Rating |
|---|--------|
|---|--------|

|   |            |   |   |   |   |    |
|---|------------|---|---|---|---|----|
| 1. Conduct effective interviews to obtain information from parents/caregivers and to identify assessment questions  | 1          | 2 | 3 | 4 | 5 | NA |
| 2. Develop individualized assessment battery with attention to cultural and developmental factors   | 1          | 2 | 3 | 4 | 5 | NA |
| 3. Appropriately administer and/or use a combination of clinical interviewing, standardized psychological test measures, rating scales, and behavioral observations | 1          | 2 | 3 | 4 | 5 | NA |
| 4. Accurately score, interpret, and analyze assessment results  | 1          | 2 | 3 | 4 | 5 | NA |
| 5. Integrate assessment results to develop well-supported case conceptualization  | 1          | 2 | 3 | 4 | 5 | NA |
| 6. Produce integrated and well-written psychological report   | 1          | 2 | 3 | 4 | 5 | NA |
| 7. Complete report in timely manner   | 1          | 2 | 3 | 4 | 5 | NA |
| 8. Provide sensitive and responsive psychological assessment feedback including individualized and specific treatment recommendations                               | 1          | 2 | 3 | 4 | 5 | NA |
| Summary Rating (average)  |            |   |   |   |   |    |
| Strategies to increase competence:  | Strengths: |   |   |   |   |    |

| #3- <i>Assessment of high-risk behaviors and implementation of strategies to promote safety</i>   | Rating     |   |   |   |   |    |
|---|------------|---|---|---|---|----|
| 1. Conduct effective risks assessment for high-risk behaviors including (but not limited to) suicidal thinking/behaviors, homicidal thinking/behaviors, and non-suicidal self-injury. | 1          | 2 | 3 | 4 | 5 | NA |
| 2. Estimate level of acute risk with attention to risk and protective factors   | 1          | 2 | 3 | 4 | 5 | NA |
| 3. Determine most appropriate strategies for promoting safety   | 1          | 2 | 3 | 4 | 5 | NA |
| 4. Seek consultation when appropriate   | 1          | 2 | 3 | 4 | 5 | NA |
| 5. Implement strategies for promoting safety and demonstrate appropriate follow-up  | 1          | 2 | 3 | 4 | 5 | NA |
| Summary Rating (average)  |            |   |   |   |   |    |
| Strategies to increase competence:  | Strengths: |   |   |   |   |    |

| #4 - <i>Function successfully as a member of an interdisciplinary treatment team.</i>                             | Rating |   |   |   |   |    |
|---|--------|---|---|---|---|----|
| 5. Build positive and respectful relationships with colleagues  | 1      | 2 | 3 | 4 | 5 | NA |
| 2. Appropriately engage in consultation with other staff members  | 1      | 2 | 3 | 4 | 5 | NA |
| 3. Clearly and respectfully communicate with team members including use of healthy conflict resolution strategies | 1      | 2 | 3 | 4 | 5 | NA |
| Summary Rating (average)  |        |   |   |   |   |    |

|                                    |            |
|------------------------------------|------------|
| Strategies to increase competence: | Strengths: |
|------------------------------------|------------|

| #5- <i>Provide effective clinical supervision for trainees.</i>   | Rating       |
|---|--------------|
| 1. Build positive, collaborative supervisory relationship   | 1 2 3 4 5 NA |
| 2. Utilize appropriate assessment measures and strategies to evaluate supervisee performance and learning   | 1 2 3 4 5 NA |
| 3. Provide consistent and high-quality feedback   | 1 2 3 4 5 NA |
| 4. Demonstrate appropriate awareness of cultural, gender, ethnic and other differences between themselves, their supervisees and their supervisees' clients | 1 2 3 4 5 NA |
| Summary Rating (average)  |              |
| Strategies to increase competence:  | Strengths:   |

| #6- <i>Engage in ethical decision-making</i>                                 | Rating       |
|--|--------------|
| 1. Demonstrate awareness of potential ethical dilemmas                       | 1 2 3 4 5 NA |
| 6. Follow steps for effective ethical decision-making                        | 1 2 3 4 5 NA |
| 7. Seek consultation when appropriate  | 1 2 3 4 5 NA |
| 8. Integrate knowledge of ethical issues into all areas of clinical practice | 1 2 3 4 5 NA |
| Summary Rating (average)   |              |
| Strategies to increase competence:   | Strengths:   |

| #7 - <i>Attend to cultural, racial, ethnic, gender, SES, and other individual differences in conceptualization, assessment, and treatment</i>  | Rating       |
|--|--------------|
| 4. Demonstrate appreciation of one's own identities and those of others, awareness of privilege and power dynamics, and acknowledgement of the impact of these factors on provision of clinical services | 1 2 3 4 5 NA |
| 5. Include consideration of factors such as culture, race, ethnicity, sexual orientation, disability status, gender in planning and implementation of assessment and intervention services               | 1 2 3 4 5 NA |
| 6. Develop and demonstrate skills for working flexibly with diverse individuals and families   | 1 2 3 4 5 NA |

|                                    |            |
|------------------------------------|------------|
| Summary Rating (average)           |            |
| Strategies to increase competence: | Strengths: |

| #8- <i>Demonstrate understanding of the impact of trauma and choice of trauma-informed assessment and intervention procedures</i>      | Rating       |
|--|--------------|
| 5. Demonstrate understanding of trauma reactions for survivor and family system  | 1 2 3 4 5 NA |
| 6. Conduct comprehensive assessment of trauma exposure, trauma impact, risk and protective factors based on most current evidence base | 1 2 3 4 5 NA |
| 7. Incorporate assessment of trauma into treatment planning  | 1 2 3 4 5 NA |
| 8. Demonstrate proficiency in evidence-based interventions for trauma such as Parent-Child Interaction Therapy and Trauma-Focused CBT  | 1 2 3 4 5 NA |
| Summary Rating (average)   |              |
| Strategies to increase competence:   | Strengths:   |

| #9 - <i>Identify and achieve individual training objective based on fellow's professional goals and interests</i> | Rating       |
|---|--------------|
| 1.  | 1 2 3 4 5 NA |
| 2.  | 1 2 3 4 5 NA |
| 3.  | 1 2 3 4 5 NA |
| Summary Rating (average)  |              |
| Strategies to increase competence:  | Strengths:   |

These signatures indicate that this evaluation has been reviewed with the fellow.

\_\_\_\_\_  
Fellow Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor/Training Director Signature

**\*\*Please keep a copy for your records and provide a copy to supervisee and to Human Resources.**



## **Appendix II**

### **Due Process and Grievance Procedures – Postdoctoral Fellowship**

**Due Process Procedures** are implemented in situations in which a supervisor or other staff member raises a concern about the functioning of a postdoctoral fellow. The fellowship's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

#### **Rights and Responsibilities**

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program and also carry responsibilities for both.

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

**Postdoctoral Fellowship Program:** The program has the right to implement these Due Process procedures when they are called for as described below. The program and its staff have the right to respectful, professional, and ethical treatment. The program has a right to make decisions related to remediation for a fellow, including probation, suspension, and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical; making every reasonable attempt to support fellows in remediating behavioral and competency concerns; and supporting fellows to the extent possible in successfully completing the training program.

#### **Definition of a Problem**

For purposes of this document, a problem is defined broadly as follows:

*an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.*

The Director of Psychological Services (DoPS) and/or supervisor determines when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

- 1) the fellow does not acknowledge, understand, or address the problem when it is identified;
- 2) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- 3) the quality of services delivered by the fellow is sufficiently negatively affected;
- 4) the problem is not restricted to one area of professional functioning;

- 5) a disproportionate amount of attention by training personnel is required;
- 6) the trainee's behavior does not change as a function of feedback, and/or time;
- 7) the problematic behavior has potential for ethical or legal ramifications if not addressed;
- 8) the fellow's behavior negatively impacts the public view of the agency;
- 9) the problematic behavior negatively impacts other trainees;
- 10) the problematic behavior potentially causes harm to a client; and/or,
- 11) the problematic behavior violates appropriate interpersonal communication with agency staff.

### **Informal Review**

When a supervisor or other faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor should document these efforts in supervision notes and monitor the outcome through weekly supervision sessions. Supervisors will inform the DoPS when informal review is required.

### **Formal Review**

If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a fellow receives a summary rating below a "3" for any objective on a supervisory evaluation, the following process is initiated:

- A. **Notice:** The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. **Hearing:** The supervisor or staff member will hold a Hearing with the Director of Psychological Services (DoPS) and fellow within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the DoPS is the supervisor who is raising the issue, an additional postdoctoral supervisor who works directly with the fellow will be included at the Hearing. Fellows will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to his/her response to the problem.
- C. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the DoPS and other staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within 5 working days of the Hearing:
  1. Issue an "Acknowledgement Notice" which formally acknowledges:
    - a. that the supervisor is aware of and concerned with the problem;
    - b. that the problem has been brought to the attention of the fellow;
    - c. that the supervisor will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
    - d. that the problem is not significant enough to warrant further remedial action at this time.
  2. Place the fellow on a "Performance Improvement Plan" which defines a relationship such that the supervisors and DoPS actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Performance Improvement Plan will represent

a probationary status for the fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the DoPS. A written Performance Improvement Plan will be shared with the fellow in writing and will include: the actual behaviors or skills associated with the problem;

- a. the specific actions to be taken for rectifying the problem;
- b. the time frame during which the problem is expected to be ameliorated; and,
- c. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the DoPS will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the fellow's permanent file. If the problem has not been remediated, the DoPS may choose to move to Step 3 below or may choose to extend the Performance Improvement Plan. The extended Performance Improvement Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3. Place the fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the DoPS and fellow's supervisor. A written Suspension Plan will be shared with the fellow in writing and will include:
  - a) the actual behaviors or skills associated with the problem;
  - b) the specific actions to be taken for rectifying the problem;
  - c) the time frame during which the problem is expected to be ameliorated; and,
  - d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the DoPS will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation place the fellow on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the fellow's permanent file.

4. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the fellow's placement within the fellowship program may be terminated. The decision to terminate a fellow's position is made by the DoPS and other members of the agency's Management Team and represents a discontinuation of participation by the fellow within every aspect of the training program. The DoPS would make this determination during a meeting convened within 10 working days of the previous step completed in this process. The DoPS may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

**Appeal Process**

Fellows wishing to challenge a decision made at any step in the Due Process procedures may request an Appeals Hearing before the Management Team (excluding DoPS). This request must be made in writing to the DoPS within 5 working days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by the Management Team (excluding the DoPS) within 10 working days of the fellow's request. The Management Team (excluding DoPS) will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The Management Team (excluding DoPS) may uphold the decisions made previously or may modify them.

**Grievance Procedures**

Grievance Procedures are implemented in situations in which a psychology fellow raises a concern about a supervisor or other staff member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the fellowship program:

**Informal Review**

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Director of Psychological Services (DoPS) in an effort to resolve the problem informally.

**Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the DoPS. If the DoPS is the object of the grievance, the grievance should be submitted to Executive Director (ED). The individual being grieved will be asked to submit a response in writing. The DoPS (or ED, if appropriate) will meet with the fellow and the individual being grieved within 10 working days. In some cases, the DoPS or ED may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the DoPS and ED will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

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

The DoPS or ED will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the DoPS or ED in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the DoPS or ED will convene a review panel consisting of the DoPS or ED and at least two other staff members from the Department of Psychological Services within 10 working days. The fellow may request a specific member of the Department to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved following the above procedures, then the issue will be turned over the agency's Human Resources Officer to initiate the agency's Employee Discipline & Performance Improvement procedures.

Please sign this acknowledgement page and return to the Director of Psychological Services.

I acknowledge that I have received and reviewed the Due Process and Grievance Procedures for the Austin Child Guidance Center's Postdoctoral Fellowship Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of this document for my records.

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Print Name

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Signature

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Date