



Help Group’s Postdoctoral Fellowship Program in Clinical Psychology  
Focusing on Autism Spectrum Disorder

Postdoc Handbook 2025-2026

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## THE HELP GROUP

### Purpose of This Handbook

Welcome to the Post Doctoral Fellowship Program at Help Group. This Postdoc Handbook has been created to guide the Post Doctoral Fellow through the training year by outlining policies and procedures, program requirements, Postdoc advisement and evaluation, and program evaluation. Commonly used forms will be provided to you electronically. A copy of the relevant pages of the agency Personnel Policy Manual will be provided to Postdocs by the Human Resources department, and the entire Manual is available on Help Group's intranet. It is expected that Postdocs will read and become fully acquainted with the personnel policies of Help Group. If any of these policies are discrepant with policies in the Postdoc Handbook, Postdocs should consult the Director of Training to resolve discrepancies.

Postdocs are expected to utilize the forms described in this Handbook for their designated purposes during the Postdoctoral Fellowship year. Policies/Procedures in this 2026-2027 Postdoc Handbook are subject to revision during the Postdoctoral Fellowship year. Postdocs will be informed of any such revisions in a timely manner.

## OVERVIEW OF THE AGENCY

Founded in 1975, Help Group is the largest, most innovative, and comprehensive nonprofit of its kind in the United States serving children with special needs related to autism spectrum disorder, learning disabilities, ADHD, developmental delays, abuse, and emotional problems.

Help Group provides over 15 types of comprehensive services throughout Los Angeles County communities including nine specialized day schools, child abuse prevention programs, residential programs, transitional age youth programs, outpatient services, and more. Help Group offers pre-K through high school programs for more than 1,000 students. Its broad range of mental health and therapy services extends its reach to more than 6,000 children and their families each year. Help Group employs more than 950 staff members in state-of-the-art schools and programs located in the Los Angeles area.

Recognizing that the problems of our community are complex and multifaceted, Help Group offers a continuum of services, ranging from outpatient therapy to 24-hour residential care. In addition, the programs within Help Group are offered individually or may be combined to address the unique needs of each child or family. This range of services affords the thousands of children, adolescents, young adults, and families served by Help Group a tremendous opportunity for continuity of care, as clients can move fluidly from one level of care to another as needed.

The programs of Help Group receive funding from the Los Angeles County Department of Mental Health, the Los Angeles County Department of Children and Family Services, the Los Angeles Unified School District, health insurance panels, and other governmental agencies.

The programs of Help Group serve a broad spectrum of children, adolescents, families and adults of varied ethnicities, cultural backgrounds, and socioeconomic levels. Many of the clients in each of Help Group programs live below the poverty level. Help Group's services are designed to be sensitive to cultural differences and multilingual needs. Over 60% of Help Group's clients are from diverse populations. Bilingual staff are employed across all disciplines; current staff includes bilingual Spanish/English speaking psychologists, social workers, in-home counselors, and paraprofessionals. All services are offered in both Spanish and English.

Help Group is located across Los Angeles County with most of its services centralized in the suburban San Fernando Valley, Culver City, and Irvine. Most clinics are thirty to sixty minutes from downtown Los Angeles. All Help Group campuses are located in culturally and ethnically diverse areas where cultural, professional, and recreational opportunities abound. Numerous major universities, professional schools, and training institutes are in close proximity.

**Help Group Child and Family Center** (formerly Los Angeles Center for Therapy and Education) is the founding agency of Help Group, initially established in 1953 as an outpatient treatment program for children with communicative disorders. At that point in our community's history, there were few services available to children and families with special needs. Recognizing this gap in services, Help Group dedicated itself to creating innovative programs for those in need, including children with emotional and developmental difficulties, as well as those who have been victims of abuse or neglect or who are at risk of being abused. As the community has grown, so have its social problems, and so have Help Group's efforts to respond to these issues. Over the years, as other and greater needs have arisen, Help Group has been a pioneering agency, recognizing these special needs and creating programs to fill them.

All children, adolescents and families served by Help Group's school and residential programs (see below for description of these programs) receive therapeutic services through The Child and Family Center, including but not limited to psychotherapy, psychiatry, crisis intervention, speech and language therapy, and parent education.

The Child and Family Center's outpatient department offers numerous community-based and in-home treatment programs.

### **SPECIALIZATION IN NEURODIVERSITY AND COMMITMENT TO NEUROAFFIRMING CARE**

Help Group is widely recognized as a leader in assessment and therapeutic services for neurodivergent children and families, including autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), and learning disabilities. The Help group recognizes that neurodiversity encompasses a broad range of individuals and life experiences and is committed to a neuro-affirming model of care, emphasizing individual strengths in supporting emotional health and psychological wellbeing.

Help Group is committed to continued training and professional development of its clinicians in areas of neurodiversity, alongside community outreach. Cutting edge trainings designed for clinicians as well as parents are offered throughout the year on topics which have included Strengths of ADHD, Translating Autism Genetic Findings into Therapy, and Management of Irritability and Agitation in ASD.

### **INTRODUCTION TO THE POSTDOCTORAL FELLOWSHIP PROGRAM**

The Psychology Doctoral Postdoctoral Fellowship Program at Help Group is designed to facilitate the professional growth of Postdocs who are in the process of becoming practicing psychologists. The goals of the Postdoctoral Fellowship year include assisting the Postdoc to become more skilled in the breadth and techniques of assessment and intervention with children, adolescents, and families with neurodevelopmental disorders. Currently, Help Group offers diagnostic, therapeutic, and educational services to a full range of clients within the autism spectrum who span in age from infant to adult, with the majority being school-aged. Approximately 500 clients with neurodevelopmental disorders are served throughout Help Group. During the training year, emphasis is also placed on giving the Postdoc exposure to the varied roles a psychologist plays in a large community-based mental health agency, including but not limited to administration, program evaluation, supervision, and consultation.

Students entering the Postdoctoral Fellowship Program will have finished their course work, completed internship, met all competencies without disciplinary actions, have prior experience working with individuals identified as having neurodevelopmental needs, and received confirmation by their graduate training director of their readiness for Postdoctoral Fellowship and their degree has posted prior to the beginning of the Postdoctoral Fellowship year. Help Group accepts applications only from students who attended APA-accredited graduate schools. Furthermore, interested applicants must be U.S. citizens or be able to obtain an F-1 Visa and authorization to participate in Curricular Practicum Training from their university. Help Group does not sponsor students for visas.

Help Group is a member of APPIC and follows their guidelines.

The Postdoctoral Fellowship is a full-time 12-month program that requires accrual of at least 2000 hours of Supervised Professional Experience (SPE) toward licensure. For fellows seeking licensure in the state of California under the Board of Psychology (BOP), successful completion of the fellowship will meet

requirements for licensure eligibility, if they have completed at least 1500 predoctoral CA Board approved SPE hours and the other requirements stipulated by the BOP ([CA BOP Licensure Information](#)).

The stipend for Doctoral Postdocs is accrued hourly with an annual average salary of approximately \$56,000 per year, with an additional \$3000.00 for fellows who are completely bilingual in Spanish. The Postdocs are eligible for health and dental benefits approximately six weeks after the beginning of the Postdoctoral Fellowship year.

## POSTDOCTORAL FELLOWSHIP STRUCTURE

The list below, while not exhaustive, includes the programs that Postdocs typically work during their training year:

### Programs Serving Children and Adolescents with Autism Spectrum Disorder

[Outpatient Services](#) are accessed by the community through several programs including the Child and Family Center therapeutic programs. The outpatient program is a Los Angeles County Department of Mental Health (DMH) funded program designed to serve children birth through 21 years of age who present with a variety of psychological, behavioral, and social challenges. Clients are also seen through [Lumina Counseling](#) launched by Help Group in 2022 in response to growing demand for mental health services, decreased public access to care, and to help diversify services offered to families served in the community. The program aims to provide a range of outpatient therapeutic services through insurance, private pay, and managed health care plans.

<https://luminacounselingla.com/>

<https://www.thehelpgroup.org/program/outpatient-services/#>

[Kaleidoscope](#) is one of Help Group's newest programs, serving LGBTQ+ children, youth, young adults, and their families. While not limited to clients with neurodiversity, this program also specializes in collaborating with individuals with Autism Spectrum Disorder, ADHD, unique learning needs, and social and emotional challenges.

<http://www.kaleidoscopelgbtq.org/>

[Village Glen School](#) is a WASC-accredited college preparatory program for students with social and communicative disorders, including autism spectrum disorder and learning differences. The Pace Program is available for gifted students. The Beacon Program educates students with behavioral challenges.

<https://villageglen.org/>

[The Bridgeport Vocational Education Center](#) provides young adults with special needs a unique learning environment where they can develop independent living skills and vocational opportunities.

<https://www.thehelpgroup.org/school/bridgeport-vocational-education-center/>

[Bridgeport School](#) integrates an academic curriculum with hands-on life skills training and vocational services for students with mild cognitive delays and challenges in the areas of social communication and/or language development.

<https://www.thehelpgroup.org/school/bridgeport-school/>

**Summit View School** fosters the fullest potential of students with specific learning disabilities. In this dynamic environment, students build their academic skills and experience the educational process as positive and rewarding.

<https://www.summitview.org/>

**STEM3 Academy** provides an innovative and rigorous K-12 curriculum for students with social and learning differences, including autism, who have a passion for STEM fields and may benefit from experiential learning approaches.

<https://stem3academy.org/>

**Help Group's Kids Like Me** Programs are designed especially for children and adolescents (from preschool to high school) with autism spectrum disorder and other developmental challenges. Participants enjoy a variety of enriching and beneficial after-school classes, clubs, camps, family weekend social activities, and other events. All programs are developed by a multidisciplinary team of experts and overseen by highly trained Help Group professionals to accommodate various ages and abilities.

<https://www.thehelpgroup.org/program/kids-like-me/>

## Assessment & Testing

**PLAN Assessment Center** provides comprehensive assessments that are tailored to identify each child's individual strengths and challenges, and provide an understanding of overall development, diagnoses, and treatment recommendations. The PLAN Assessment Center is an assessment center dedicated to providing diagnostic and developmental assessments to individuals with a variety of needs including suspected neurodevelopmental disorders (e.g., Autism Spectrum Disorder, ADHD, Intellectual Disability), social-emotional issues (e.g., anxiety, depression, self-esteem), and learning difficulties (e.g., reading, writing, mathematics, underachievement, anxiety, low self-esteem). Our assessments are comprehensive and are tailored to answer families' and other professionals' specific questions. We provide families, clients, and treatment teams with an understanding of a child's overall development, diagnoses, and treatment recommendations.

The Postdoctoral Fellowship is designed to provide specialized training in assessment for individuals with autism or other neurodevelopmental needs. Throughout the year postdocs will receive advanced supervision/training in administration, scoring, and interpretation of autism specific measures such as the ADOS 2, the ADI-r, etc. Similarly, the postdoc typically provides administration, observation, and scoring guidance for the doctoral interns and practicum trainees. Previous experience with these types of assessments prior to fellowship is highly encouraged.

The programs at Help Group continue to grow to meet the ever-changing needs of the community. To accommodate this growth, the agency not only accepts assessment referrals from current clients and families, but also through other outpatient and insurance-based referrals.

<https://helpgroup.org/therapy/plan-assessment-center/>

## Professional Development Opportunities

As a leader in the service of clients with neurodevelopmental disorders, Help Group provides a wide range of professional development opportunities to the community through major conferences and seminars, as well as a bi-annual newsletter featuring internationally recognized experts in the fields of

Autism Spectrum Disorder, Learning Disabilities and Attention Deficit Disorder. Some examples of Help Group's professional development and research activities include:

[Help Group Summit](#), a yearly national conference bringing together experts in the field of neurodevelopmental psychology and focusing on the latest research and the best practices in Autism Spectrum Disorder, Learning Disabilities, and attention deficit hyperactivity disorder.

[Advance LA](#) offers an annual conference for parents and professionals on a variety of topics to meet the growing need to support teens and young adults during their transition to independence.

For more information regarding all of the Help Group's programs, please check our website: [www.helpgroup.org](http://www.helpgroup.org).

## PHILOSOPHY AND MODEL OF TRAINING

The educational and training model of Help Group's Doctoral Postdoctoral Fellowship Program grows out of the Local Clinical-Scientist Model. Consistent with this model of training, the scientific approach is applied to all clinical practice endeavors through a process of learning, doing, and reflecting.

Postdocs are exposed to research-based empirical and theoretical knowledge in the field, they are given a wide variety of experiences in service delivery, and they are asked to engage in ongoing analysis, reflection, and dialogue on the nature of this experience. The general knowledge gleaned from scientific and theoretical endeavors is then adapted to the clients' own emotional, cultural, and environmental contexts to arrive at treatment strategies that are most fitting. Supervision then offers the opportunity for reflection, incorporating examination of ethical issues and the Postdocs' professional identity.

The process of learning, doing, and reflecting is applied to all psychological roles including service delivery, consultation, supervision, program development, program evaluation, and mental health administration. The scientific principles of careful and systematic observation, as well as those of curiosity, inquisitiveness, skepticism, and openness to divergence are encouraged and valued as a means of carefully reflecting on experiences.

This approach fosters the development of professionals who have a perspective that ranges from the particular to the general, sensitivity to ecological validity and cultural context, and respect for the complexity and subtlety of their work.

### Training Model

The Doctoral Postdoctoral Fellowship Program's model of training is experiential, based on the belief that professional competency is developed through hands-on direct service contact with clients, reflective practice, and in-depth analysis of clinical and professional interactions. A key component of this analysis is the Postdocs' endeavor to learn who they are as clinicians, and in turn to make increasing use of that knowledge to better understand and help their clients. This growing awareness of self is integrated with the Postdocs' knowledge of theory and research, balancing the art and science of psychology.

Postdocs can join the multidisciplinary team in a role of autonomy and responsibility, while being provided with the necessary support, supervision, and training they need to fully assume that role. This approach to learning is carried through all aspects of the Postdoc's professional training, including

experiences with mental health administration, program development and evaluation, consultation, and supervision.

Work at Help Group demands flexibility and adaptability, as much of the therapeutic work is conducted in non-traditional settings (e.g., a school-based milieu setting, the client's home, etc.). This allows students to develop a conceptualization of their role that is not bound to a specific external structure, fostering the development of psychologists who are able to meet the needs of an ever-changing world while maintaining the basic tenets of their role and their profession.

The Doctoral Postdoctoral Fellowship Program is also invested in training Postdocs to anticipate trauma exposure responses, create a sustainable practice approach, and manage their countertransference reactions. The clinical work in a community mental health setting with children and families who are often victims of child abuse and systemic inequities may weigh heavily on our Postdocs. The training program uses the experience of treating childhood trauma as an opportunity to help Postdocs plan for delivering care to traumatized populations ethically and with intentionality over the course of their career. We hope to retain psychologists in the treatment of traumatized and disenfranchised youth by preparing our Postdocs to anticipate how they will care for themselves to best care for others.

### Treatment Philosophy

Help Group is an organization committed to working within the larger community, creating linkages with governmental agencies, the business and philanthropic communities, and other providers. Working with a growth mindset in identifying and promoting change in systemic limitations, while also working to navigate within those same limitations. Our clients must function within their communities; therefore, a significant part of their treatment involves uncovering, strengthening, and creating linkages in their lives. This approach may range from helping an individual link with unacknowledged parts of the self, to helping members of a family link with each other, to facilitating a family's linkage with community resources to meet their needs. Many clients of Help Group are dealing with problems that are of a chronic and complex nature. The Postdoc is trained to understand and appreciate the tremendous energy and hope that can be stimulated by even subtle interventions or fragile linkages, thereby decreasing the individual or family's sense of isolation and hopelessness.

The treatment methods at Help Group reflect this dedication to forging links. Two of these treatment approaches are described below.

### Multidisciplinary Teamwork and Consultation

In approaching the treatment of children, adolescents and families, Help Group believes strongly in a treatment team approach. A child must be viewed not in isolation, but within the context of the many different arenas in which she/he lives, including family, school, friendship, other support networks and the larger community. Viewing a child from a multitude of vantage points allows areas of strength as well as deficit to be readily evident and demands that the therapist make sense of apparent differences in functioning in varying environments. This results in more careful and realistic assessments of the child or family and facilitates the creation of practical and useful treatment plans.

This team orientation is especially essential in the treatment of children and adolescents who are alienated from themselves and their communities, as is common with the population we treat. Through an integrated and cohesive effort by a team of professionals with differing roles and skills, the child is confronted by the same therapeutic messages in a variety of situations and is assisted in integrating new

skills across those situations. The treatment team at Help Group can include the child, the family or significant others, therapists, psychiatrists, group leaders, speech and language therapists, teachers and other school staff, professionals from such agencies as the Department of Children and Family Services, Department of Mental Health, Regional Centers or the Probation Department, and others significant to the child's life.

The Postdoc assumes the role of the team leader and is responsible for coordinating the contributions of these team members. This role demands a variety of skills, including conceptualization skills (an ability to conceptualize the client's strengths and weaknesses as well as the team's strengths and weaknesses), systems analysis (envisioning the team as a system), consultation, problem solving, and case management. Postdocs at Help Group receive training and supervision on consultation. The primary areas in which Postdocs are called to consult are within the child welfare system, schools, and during psychological assessments. Specialized training around these systems was developed to prepare Postdocs to know who the key players are within each system, understand their roles and boundaries, and develop a vision for their contributions to the system's shared goals.

The value of a team approach is multi-layered and generates increased understanding of the child and their world in many ways. For example, analysis of the conflicts that emerge as a team works together can lead to an enhanced understanding of the conflicts within the client's internal world. Through supervision, the Postdoc is encouraged to observe and understand the ways in which the client may be projecting onto the team and its various members, and how the team enacts these projections. To facilitate the creation of a cohesive team, the Postdoc is assisted in developing the skills to manage these conflicts. The clinician's strategies must incorporate an appreciation of each individual team member's strengths and deficits, an assessment of the overall abilities and limitations of the team, and an awareness of the constraints imposed on the larger structure of the agency system. This understanding parallels the clinician's recognition of the client as an individual, a member of a family and a part of a larger community.

### An Integrative Treatment Approach

The Training Department houses diverse psychologists who can offer effective but divergent viewpoints on cases. The Training Department is reflective, relational, and practical. While some supervisors may primarily conceptualize from different schools of thought, all supervisors welcome inquiry and reflection into the supervision dyad. The training department does not aim to train Postdocs in one orientation, but instead helps psychologists-in-training better define and apply their chosen theoretical orientation.

While many clinicians at Help Group think dynamically, they use techniques from behavioral, cognitive-behavioral, developmental, and family systems models. Behavioral interventions assist a child to learn to approach situations in new and more adaptive ways, through such techniques as shaping, reinforcing client strengths, and teaching new skills. Social skills training, in both therapy sessions and milieu treatment, can be a powerful tool to enhance social relatedness. Clients are encouraged to expand their repertoire of coping skills by learning problem-solving techniques, socialization skills, communication skills, relaxation techniques, etc.

Cognitive behavioral techniques are regularly used to help clients manage the flood of affect they experience because of their precariously structured internal world. Treatment identifies and supports client strengths, while aiding clients in recognizing their limitations. These distinctions can facilitate a differentiation between areas that are hopeful and those that are best mourned and let go, resulting in the development of realistic expectations of self.

A similar approach is taken in working with families. The focus of family treatment includes identifying conflicts, role confusion, and basic needs. Clinicians may aid family members in recognizing and acknowledging their abilities as well as their limitations or disappointments, and in learning new, more realistic, and satisfying ways of relating. They may also target specific child behavioral problems and assist caregivers by encouraging, supporting, and strengthening their roles to become partners with their children in effecting change. Additionally, they provide education and information, tools that empower families to pursue and maintain their sense of well-being. Moreover, they link families to community support services, and thereby prevent unnecessary crises. All these approaches aid families in maintaining changes and promoting better functioning.

## TRAINING GOALS AND OBJECTIVES

The overall goal of Help Group's Doctoral Postdoctoral Fellowship Program is to prepare Postdocs for the specialized practice working with families, systems, and individuals within the context of autism. The program has clearly defined areas of expected competency that are consistent both with our philosophy and training model as well as with more global standards for the training of professional psychologists. By the end of the Postdoctoral Fellowship year, it is expected that Postdocs will be ready for independent practice and meeting competency in the following areas and specific training goals as follows:

### Foundational Competencies

1. Research
2. Ethical-Legal Standards & Policy
3. Individual and Cultural Diversity
4. Professional Values and Attitudes
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Interdisciplinary Systems & Consultation

**Goal 1 - Assessment:** Post-Doctoral Fellows will develop advanced knowledge and skill levels in performing diagnostic and psychological assessments on young children (2-5), school-aged children, and adolescents suspected of having an autism spectrum disorder.

**Goal 2 - Intervention:** Post-Doctoral Fellows will acquire knowledge and advanced skill in utilizing empirically supported psychotherapy techniques for young children, school-aged children, and adolescents with autism spectrum disorder in school-based and/or outpatient settings.  
Competencies:

**Goal 3 - Research, Program Development, and Evaluation:** Post-Doctoral Fellows will develop or evaluate programs within Help Group's school-based and/or outpatient settings, and/or develop protocols for training professionals on how to screen, diagnose, and intervene with clients with ASD. Post-Doctoral

**Goal 5 - Ethical and Legal Considerations:** Post-Doctoral Fellows will demonstrate knowledge of the legal and ethical principles that guide the practice of psychology.

**Goal 6: Professionalism:** Post-Doctoral Fellows will develop a clear professional identity as a psychologist with advanced knowledge of autism spectrum disorder and will be prepared for independent practice.

## POSTDOCTORAL PROGRAM ACTIVITIES

Help Group training staff is dedicated to working with the postdoctoral fellow to tailor a program that will meet specific professional interests and needs and that capitalizes on the ideas, initiative, and creativity of each fellow. Early in the training year, the fellow, in consultation with their supervisors, will prepare a learning plan outlining individualized training goals and the specific activities that will help them attain these goals. The fellow's initial self-assessment will aid in the creation of this plan. The fellow's subsequent self-assessment along with the supervisor's mid-year assessment in February will provide information at the mid-year mark for further refining the learning plan. At the end of the year the fellows will evaluate their growth through self-assessment and the supervisor will do likewise through the end-year evaluation. Similarly, as part of the program's ongoing self-study, post-doctoral fellows are asked to formally evaluate the program at mid-year and end-year. Due process/grievance procedures are outlined in the Postdoc Brochure and Handbook and reviewed with the fellows at the onset of the training year.

### Clinical Activities

While the fellow is responsible for conducting and participating in a number of clinical activities, supervisors maintain professional responsibility for all fellows' clinical cases. The following is a list of possible activities to meet the fellow's training goals will include the items with an asterisk, and may include any or all the following activities:

1. Direct Service: Individual\*, family\* and group therapy\*, case management\*, multidisciplinary teamwork\*, summer camp\*, and crisis intervention\* with ten to twelve with a neurodevelopmental disorder, most likely autism.
2. Diagnostic Testing and Assessment\*: Assess infants through adults who are suspected of having an autism spectrum disorder.
3. Program Development and Evaluation\*: Enhance current programs (e.g., pre-school, summer camp, assessment program) or create new programs for clients with autism (e.g., after school day program).
4. Applied Research: Participate in applied research on autism spectrum disorder.
5. Supervision: Supervise Practicum Trainees and/or teachers and paraprofessionals; participate in supervision group for educational staff.
6. In-service training\*: Prepare and present in-service training for agency staff.
7. Public Speaking\*: Presentations in forums for parents, educators, professionals, and other related service providers in the community.
8. Contributions to the field of neurodevelopmental disorders: publish papers and/or present at professional conferences.
9. Grant writing: assess needs of agency and write grants for agency programs.
10. Progress toward Licensure: Sit for the EPPP\*; Complete all required courses required for licensure in the State of California\*. The Postdoctoral Fellowship structure involves one primary clinical rotation that comprises most of the Postdocs time and selected secondary rotations throughout the year that equate to approximately 3-4 hours per week.

### Supervision and Training Activities

1. Individual supervision, minimum 2 hours per week.
2. Group supervision, minimum 1 hour per week.
3. Individual or group supervision on supervision, professional development, and/or research project minimum 1 hour per week.
4. Attendance of weekly clinical staff meetings.
5. Attendance at Help Group's Annual Summit.

6. Attendance at Help Group's Advance.LA Annual Conference.
7. Participation in agency in-service training.

## TRAINING DEPARTMENT FACULTY

Robert Kretz, Psy.D., Core Faculty, Director of Psychology Training

**Involvement in Internship:** Directs and oversees the Postdoctoral Fellowship training program; provides clinical and/or assessment supervision to post doc fellows; provides trainings; participates in Cultural Complexity Seminar; participates in Postdoc Case Conferences and group supervision.

**Interests:** Psychological and Psycho-educational Testing, Attachment theory, transference-countertransference, case conceptualization, treatment of explosive anger and high levels of parent-child conflict, neurobiological impact of relational trauma on the developing brain

Priscilla Barajas, Ph.D., Core Faculty, Director of Professional Development

**Involvement in Postdoctoral Fellowship:** Provides clinical supervision to Postdocs; leads Professional Development Seminar; leads Family Therapy Seminar; provides EBP trainings such as Trauma Focused Cognitive Behavioral Therapy and Seeking Safety; participates in Cultural Complexity Seminar; participates in Postdoc Case Conferences and Formal Case Presentations; provides Professional Development and supervision to licensed and unlicensed psychologists.

**Interests:** Supervision and training; Family Systems; culturally Informed Interventions; evidenced-based treatment for trauma, anxiety, and depression; neurodiverse affirmative practices

Bonnie Auerbach, Ph.D., Core Faculty, Clinical Director of Advance LA, Supervising Psychologist

**Involvement in Postdoctoral Fellowship:** Provides clinical supervision to Postdocs; provides supervision of supervision to Postdocs; leads ICD supervision; participates in Postdoc Case Conferences and Formal Case Presentations.

**Interests:** Young adults – those with autism spectrum disorder and those with other struggles that leave them unable to thrive; parenting issues; substance abuse; family therapy

Laurie Stephens, Ph.D., Core Faculty, Senior Director of Program Development

**Involvement in Postdoctoral Fellowship:** Provides supervision on independent rotations; leads ICD supervision; participates in Postdoc Case Conferences and Formal Case Presentations

**Interests:** Differential diagnosis of the various autism spectrum disorders; the overlap between ASD and gender non-conformity; the development of theory of mind in ASD and designing intervention strategies to improve ToM; the changing nature of social expectations in the digital era and how this should inform changes to traditional belief and therapeutic interventions for social skills.

Alyson Marx, Psy.D. Core Faculty, Assessment Supervisor, Manager: PLAN Assessment Center: Provides supervision on assessment cases; coordinates with Post-doctoral fellow on management of PLAN Assessment Center. Specializes in Autism Assessments and early childhood assessment.

## PERSONNEL POLICIES AND ISSUES

Please read and sign the document entitled [Agency Policies for Postdocs](#) and return it to the Director of Training by the end of the Orientation.

### Supervision Agreement for Supervised Professional Experience

As of January 1, 2005, the Board of Psychology put into effect a mandated supervision agreement, which continually updates. This agreement must be completed and signed by all supervisors and the Postdoc before the commencement of any supervised clinical experience. Complete this form with your Primary Supervisor on the first day of orientation. All delegated supervisors will also need to sign this agreement. Your primary supervisor will keep this document until the end of the Postdoctoral Fellowship year.

## Remote Working

**Tele-supervision:** Clinical supervision is integral to continuing professional development of Postdocs in training. Supervision may be delivered via HIPAA compliant technology or in person, depending on the comfort level of the supervisor and Postdoc. The requirements and platform for supervision may change over the course of the training year to stay in alignment with changing state and federal mandates.

While engaging in tele-supervision (or supervision in person) it is expected that the Postdoc presents themselves appropriately (i.e., professional dress code), be fully present (i.e., reduce distractions such as texting and emails), maintain privacy, attend supervision on time, stay for the scheduled duration, and be prepared in supervision with questions regarding cases or professional development.

**Didactics via virtual platforms:** Help Group may provide didactic training and group supervision virtually. This policy is subject to change at any time given changes in agency, state, or federal health mandates.

### Postdoc expectations:

Proper use of the telehealth equipment and technology (e.g., camera is on; not utilizing private chat function with other Postdocs during training).

The trainee is attentive and engaged (i.e., not distracted by phone calls, emails).

Effective communication techniques (i.e., the trainee is engaged in the trainings through discussion).

Post doctoral fellows will be expected to provide all services on site for both in person services and telehealth appointments with clients. Help Group will continue to monitor guidance from public officials and health officials for the need for further remote work or hybrid work arrangements. Postdocs should not assume any specified period for telecommuting, and Help Group may require Postdocs to return to regular, on-site work as soon as reasonably feasible.

## Postdoc Clinical Activities Record

A record of all clinical activities and a Supervision Log is required both by this Postdoctoral Fellowship program as well as the State of California, as documentation of the student's activities during Postdoctoral Fellowship as well as the supervised hours accrued.

This **Clinical Activities Record (CAR)** is a summary of your Supervised Professional Experience (SPE) and is completed on a weekly basis by each Postdoc. Every time you have supervision, or you have a consultation with a supervisor on the phone or on the grounds for 10 minutes or more, please log this supervision time. As required by the Board of Psychology, be sure to fill in the name of your primary supervisor in the space provided on every supervision log.

Logs must be signed and dated by your Primary Supervisor within one week of accumulating those hours (i.e., your Primary Supervisor will sign and date the log during the following week of work). The Postdocs are responsible for keeping the CAR up to date. The CAR may be signed electronically or physically but

must be continually maintained by the Postdoc. The CAR will remain stored in each student's personal SharePoint file so supervisors and the Training Director can retain access. If using physical forms for supervisor initial/signature, Postdocs must retain the original logs for their own files.

The following are some of the Postdoctoral Fellowship requirement information recorded in the CAR:

- Direct Clinical Services
- Indirect Clinical Services
- Vacation/Sick/Holiday Time
- Active Client Lists
- Case Conceptualization Log
- Treatment Plan Log
- Individual Supervision
- Group Supervision
- Didactic Seminars
- ICD Presentations
- Learning Plan
- Self-Assessment
- Program Evaluation
- Intake Evaluations
- Crisis Intervention
- Psychological testing
- Recordings Review
- In-Service Seminar
- Secondary Rotation

### Expected Progress Toward Licensure

Postdocs are expected to take the EPPP and are expected to have taken the courses required for licensure in California before or during their Postdoctoral year.

### Postdoc Personnel Files

Records documenting Postdocs' performance evaluations, supervision/training logs, supervision agreements, and California Board of Psychology forms are kept in electronic Postdoc personnel files. During the training year, the Director of Training maintains these records and then moves them to the Human Resource Department confidential electronic files where they will be maintained permanently.

### Postdoc Stipend

The stipend for Doctoral Postdocs is approximately \$56,000 year, with an additional \$3,000 for Postdocs who are fully bilingual in Spanish and can conduct therapy in Spanish. Postdocs are paid on a regular basis every other Friday. The pay period consists of two weeks. Postdocs are required to clock in and out of the ADP portal daily. If, for any reason, a Postdoc is unable to clock in or out, they should contact the Director of Training to ensure that the error or omission is corrected. Postdocs are required by law to take a half-hour lunch break and two ten-minute breaks every day in which they work 8 hours. That first ten-minute break must be taken before you have worked 4 hours straight. The half-hour lunch break **MUST** be taken before you have worked **5 hours straight** (e.g., if you start work at 9:00 AM, you **MUST** take a ½ hour lunch break *prior* to 1:00 PM). The second break must be taken before your 8th hour of work. **Postdocs should clock in and out for their half hour lunch break but do not need to clock in and out for ten-minute**

**breaks.** Due to California state laws, Postdocs are not allowed to work more than 40 hours in a week and should plan to work 8 hours per day.

The Postdoctoral Fellowship is a full-time 12-month program that requires at least 2000 hours of Supervised Professional Experience (SPE) toward licensure. For fellows seeking licensure in the state of California successful completion of the fellowship will meet requirements for licensure eligibility, if they have completed at least *1500 qualifying predoctoral* CA Board approved SPE hours and the other requirements stipulated by the BOP ([CA BOP Licensure Information](#)). Postdocs are expected to be on site Monday through Friday and work 40 hours per week. Postdocs are expected to work approximately two evenings per week.

The expectation for Postdocs during school-based program breaks, consistent with their professional development and their role as a member of a team, is that unless time has been petitioned and approved for research or professional development purposes (as designated above), Postdocs will be involved in the myriad of professional activities and tasks generated by the needs of the agency at these times.

Postdocs may use up to 40 hours of professional development time during the Postdoctoral Fellowship year for purposes such as dissertation defense, school graduation, delivering papers at professional conferences, job interviews, etc. Postdocs may also request up to 40 hours of time during the times when school-based programs are not in session for research purposes. This time is designed to support Postdocs who have not yet completed their Dissertation or Psy.D. Project, as well as to support students who are engaged in other ongoing professional research endeavors.

### Postdoc Schedules

**Regular Work Hours:** The agency is open Monday through Friday from 8:00a.m.to 7:30p.m. With the end of the period of remote work or hybrid work, all Postdocs are expected to be on site Monday through Friday. The specific hours during these days have some flexibility, though Postdocs are encouraged to be on site daily from 9:00 am to 3:00 pm while clients are attending school. However, if the Postdoc is meeting with families in the evening, they can come in later that day. Postdocs are required to choose one to two evenings per week to be on site to accommodate families. Postdocs who have a primary concentration in the outpatient department may need to work two to three nights per week depending on their clients' schedules. Postdocs are required to submit a preliminary schedule to the Director of Training by September 15th for approval. This schedule is to be amended as per client need, and another schedule is to be handed in by September 30th for approval.

### Leave Time

**Agency Closure Dates (subject to change):** The agency has historically been closed for Thanksgiving Week, dates in 2024: November 23 through 27. November 26 and 27 will be paid holidays. Therefore, 3 days (24 hours) of vacation, professional development, or research time will be needed to cover 11/23, 11/24, and 11/25. Sick time cannot be used. You MUST use professional, research, or vacation time for these days.

The agency has historically been closed between Christmas and New Year's Day. Monday, December 25 and Monday, January 1 are paid holidays. You MUST use paid time off for the other days. Sick time cannot be used.

**Vacation and Holidays:** Postdocs receive approximately 80 hours of vacation time. Postdocs primarily placed in a school, may not take vacation time while students are in school, nor can they take vacation during orientation or the last month of Postdoctoral Fellowship.

The best times to take vacation, and minimize impact on clinical teams and accruing SPE, are during Thanksgiving week, the two weeks at the end of December, Spring Break, or one of the weeks between Spring and Summer school sessions.

All time-off must be discussed with your rotation supervisor (site director) and clinical team to ensure clinical coverage is facilitated. Once your clinical team approves your time-off, email your rotation supervisor, clinical supervisors, and Training Director to notify them. A formal Time-Off Request then must be submitted to the Director of Training through ADP, at least 2 weeks prior to taking the time. Please DO NOT make any travel plans until you receive approval from the Director of Training.

Postdocs are paid for the following holidays over the course of the year when the agency is closed (subject to change):

MARTIN LUTHER KING, JR. DAY  
PRESIDENT'S DAY  
MEMORIAL DAY  
INDEPENDENCE DAY  
LABOR DAY  
THANKSGIVING DAY  
FRIDAY AFTER THANKSGIVING  
CHRISTMAS DAY  
NEW YEAR'S DAY

**Professional Development Time:** The Postdoctoral Fellowship program is dedicated to supporting Postdocs in their transition from student to professional. Postdocs may use up to 64 hours of time over the course of the Postdoctoral Fellowship year for professional development tasks. This time is to be used to schedule such things as presentations at professional conferences or examinations for licensure.

Postdocs are highly encouraged to schedule professional development needs, as much as possible, on days when school-based students are not on campus (as per above). However, often this will not be possible. A Time-Off Request through ADP must be submitted to the Director of Training in writing, at least 2 weeks prior to taking the time.

**Sick Time:** Postdocs accrue paid sick time per pay period based on the Postdoc's scheduled working hours starting at the date of hire/first day of Postdoctoral Fellowship. Postdocs should not work on Postdoctoral Fellowship activities from home when using a sick day. The Postdoctoral Fellowship is designed so that Postdocs should be able to complete all Postdoctoral Fellowship activities during their regular workday.

Help Group recognizes that during the training year, Postdocs may become pregnant, adopt children, or have family members who require their assistance due to illness. Help Group complies with state, federal, and institutional standards regarding parental and family leave. Postdocs should meet with the Director of Training and Human Resources departments in these situations.

**Procedure for Being Off Campus:** If a Postdoc is off campus due to illness or for any other reason (taking a professional development day, research time, etc.) the Postdoc needs to follow the following procedure:

- Once approval has been granted for time off, inform the Director of Training and all individual supervisors of the absence from campus. Create a calendar event for the Training Director indicating you are away.
- Inform any other supervisors with whom they would have been meeting that day.
- Plan for coverage where one or more of the other full-time Postdocs covers your clients in the event of emergency (if all Postdocs are gone, find a staff therapist to cover); have this coverage person put a note on your door and/or inform clients as needed.
- Inform the receptionist, individual supervisors, Director of Training, coverage partner, and possible others including clinical directors, deans, teachers, etc., as needed of the coverage plan.

### Maintenance and Supplies

**Maintenance Requests:** Maintenance Requests refer to issues related to the upkeep of the work environment. Such requests should be made only to the Director of Training. Requests are prioritized and addressed within two weeks. If there is a maintenance emergency (flooding, power outage, spills), you should contact an administrator at your campus (please see the Intranet for instructions). Do not contact maintenance if you are locked out of your office – please find an administrator to let you in.

**Supplies:** For standard supplies when working in office (pens, paper, stapler), Postdocs should provide a list to the Director of Training.

### Parking and Mileage Reimbursement

At the Sherman Oaks campus, parking is assigned by the Human Resources Department and is subject to change. A parking permit will be given to you during orientation. Please place it on your dashboard. At other campuses, parking spaces will be assigned as available. At any campus, you may move your car into the main lot after 4:00 PM if you plan to work after it gets dark. Please ask the parking attendant for assistance.

Postdocs may be reimbursed for their travel mileage when providing services off site or when traveling to different agency sites (but not traveling to/from their main campus to/from home). Postdocs will need to complete the employee mileage log each time you travel for agency business. Postdocs should include the numerical address, city and zip code of all starting locations and destinations on the mileage log. Postdocs should submit the completed log monthly and attach an Employee Expense reimbursement form as well as an employee time sheet, which is available in ADP. These must be submitted within TWO WEEKS of the month end for reimbursement to be made. The current reimbursement rate is 56 cents per mile.

### Procedure for Leaving the Agency

There are several tasks you will need to complete before leaving Postdoctoral Fellowship. There is a checklist with due dates that will be helpful in keeping track of these tasks. An updated version will be emailed to you during the month of July. It will look like this:

Due Date	Task	✓ When Completed
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Help Group's Postdoctoral Fellowship Program

During July	Discuss with your supervisor cases to be transferred/ discharged.	
During July	Determine with supervisor when all DMH billing and notes for outpatient/SS/REACH clients are due for feedback, final version, etc.	
During July	Make sure all PLAN assessment protocols and scoring records are uploaded to the PLAN SharePoint and ensure a signed Word and PDF version of the report is also in the client file.	
Discuss with Sup	Notify parents/guardians of your departure date and plans for either closing the case or transitioning client to a new therapist. <i>If clients are being transferred to a new Postdoc, you must, at a minimum, have collateral phone contact with caregivers up until your final week of Postdoctoral Fellowship because cases need weekly contact and new Postdocs will not be able to start seeing transfer clients until their 3<sup>rd</sup> week of Postdoctoral Fellowship.</i>	
7/15 and ongoing	For any DMH cases that will be transferred to staff therapists, schedule a time to consult with the new therapist and schedule a transition session with the new therapist and client, if possible.	
7/22	Submit URC tools (audits) to supervisors to be distributed to Postdocs (so they have two weeks to make any corrections to their DMH charts)	
Week of 7/22	If any DMH clients are being discharged, close the chart. <i>See IBHIS workflow and Discharge Checklist from QA for steps.</i>	
7/29	For all clients being transferred, email final copies of Transfer/Discharge Summaries of school-based clients to the Director of Training by 8/4. For DMH clients, please complete the Transfer Note in Welligent and submit a list of names/ages/presenting issue to DoT. Please discuss with DoT if you should do this form for school cases you are covering over summer.	
7/31	Submit completed URC checklist to supervisor and finish corrections to DMH charts.	
7/31	Submit all school-based paperwork/billing, including final August MSL. <i>Ask school based clinical director if you should 'inactivate' ESY records for all summer school-based clients in Welligent.</i>	
Ongoing; final due 8/2	Complete all paperwork, including upcoming IEPs and DMH paperwork due by the end of the month after your departure date (i.e., any paperwork that will be due through the month of August, i.e., – cycle date is September or earlier). Be sure to do the ENTIRE annual packet. BUT if a DMH annual is due in September, do NOT get signatures. For school-based clients with IEPs in August or early September, please generate new IEP goals and present level of performance. Check IEP spread sheets and revisit IEP annual dates to determine when your clients' next IEP is.	
8/2	Review your own client files that you have in your office, maintaining information that will be helpful to subsequent therapist. Remove extraneous information and shred it.	
8/2	Return to Director of Training: Company Cellphone - if phone has password, collect password, Laptop, accessories and charger, Badge, Parking Pass, Google account - ask if the account attached to their phone, if so, as to please disable, confirm contact information is current (address, phone number and email address)	

Help Group's Postdoctoral Fellowship Program

8/2	Shred any extraneous client documents	
8/2	Destroy all audio and videotapes of clients	
8/2	Discard client's art or give to client, if clinically appropriate	
Last Week	If you feel your office needs paint or other major maintenance, let the Director of Training know.	
Last Week	Turn in all agency-purchased/reimbursed toys or books to the Director of Training (or ask if they should stay in your office)	
Last Week	Return all manuals and assessment materials to PLAN Center and inform Lidia who will verify their presence.	
Last Week	Return any unused THG business cards to the Director of Training.	
Last Week	Clean office (clean off bulletin boards, discard old clay, straighten shelves, clean off desk)	
Last Week	Wipe voicemail, and reset password to 0000	
Last Week	Return personal alarm, encrypted thumb drive including password, and locked file folder with key	
Last Week	Turn in all keys and badges to the Director of Training. Put them in one envelope labeled with your name.	
Week of 7/15	Exit interview with the Director of Training for the week of July 27th or August 3rd. This meeting will last 30 minutes. Bring your signed Completion of Requirements form and red Postdoctoral Fellowship binder to this meeting.	
7/24	Ensure all records, work samples, and portions of the CAR completed and in SharePoint.	
7/31	Give the BOP Verification of Experience form to the Director of Training. The original Supervised Professional Experience (SPE document) in a sealed envelope. You should save both and submit them along with your application to the California BOP for licensure.	
8/2	Postdocs who worked in a school-based setting only: Cancel your Psych Assistantship Registration. Complete the <a href="#">PSB 101</a> (remove/change supervisor) with the psych assistant to end the psych assistantship. **If you plan to continue working as a Psych Assistant at your next training/job site, complete the 'Notification to Add or Change Supervisor or Service Location' form and provide TD with a copy.	
7/24	Schedule an appointment for the week of July 29th with both supervisors to discuss the end-year evaluation of you.	
8/2	Complete the evaluation of the Postdoctoral Fellowship program by July 24th	
7/31	Complete the final self-assessment by July 31st.	
7/31	Attend appointment with both supervisors to discuss end-year evaluation.	
7/29	Email final timecard during the week of August 3rd	
8/2	If you have any mileage logs or other expenses that need to be reimbursed, submit them to the Director of Training by 8/4. Please include a mailing address where we can mail your check to you.	
8/2	Pick up your final paycheck from Human Resources on 8/4	

## PROFESSIONAL POLICIES

### Agency Communication

**Voice Mail:** Postdocs are expected to check their voice mail regularly (approximately every 2 hours) during the days they are working. Whenever possible, messages should be retrieved and not saved, as saving messages clogs the system. Voice mail instructions are on the intranet. It is also highly advised each inter sets up a "Goto" account to utilize online access to their voicemail as well.

**The Answering Service:** Postdocs are on call for their clients. If a client calls the answering service, the service will first try to contact the client's therapist. If the therapist is not available, the supervisor will be contacted. If the supervisor is not available a clinical administrator will be contacted. There is ALWAYS someone on call. In the event that a client contacts the service, and the service contacts the therapist/Postdoc, the Postdoc may always contact their supervisor or another clinical administrator for a consultation. All supervisors have cell phones. Cell phone numbers are on the intranet phone directory and Postdocs are given a main list of essential numbers during orientation that they should keep with them at all times. Postdocs **must** contact supervisors in the event of a clinical emergency. (These procedures are outlined during orientation and in this Handbook). Note: If a Postdoc plans to be away for the weekend, a coverage plan needs to be implemented with another Postdoc covering for the on-call responsibilities (see prior section for coverage plans).

Postdocs should always have their clients' phone numbers, as well as have the phone numbers of fellow Postdocs, supervisors, and group co-leaders.

**Cell phones:** A Postdoc is considered on-call 24-hours a day throughout the Postdoctoral Fellowship year unless an alternative coverage plan has been distributed and approved. The agency will contact employees via their personal cell phones for urgent issues. The 24-hour call center will notify Postdocs via text message if they receive a call for you. The call center will provide a detailed message.

Postdocs should not give their cell phone numbers to clients, but can be called/texted by the service, the receptionists, clinical or intervention staff when urgent matters arise. The phone number of the main desk at Sherman Oaks is (818) 781-0360.

**E-mail:** All Postdocs are required to use Help Group email account (which is provided by the agency).

All email communications with clients, students, and students' families should occur on agency email accounts, and be copied and/or forwarded to supervisory personnel and parents or guardians of clients/students who are under 18 or conserved adults. Postdocs are prohibited from emailing or texting clients, students, and students' families using their personal email or personal cell phone accounts.

Postdocs should only use email to schedule appointments. Sensitive and confidential information should not be put in email. As part of informed consent, Postdocs should explain to clients and parents that email is not to be used to communicate crises and that Postdocs will not exchange any information pertaining to treatment through email. If clients/parents send an email with clinical information, Postdocs should respond to the message with times the Postdoc is available to discuss the content over the phone.

**Help Group Intranet:** The intranet carries a wealth of information relating to upcoming events, as well as various forms and instructions. It is only accessible on computers that are on campus and connected to the Internet.

**Inter-agency Correspondence & Letters:** All written communication that leaves the agency must be co-signed by the appropriate clinical supervisor responsible for the case or by their designee. This includes but is not limited to letters to client family members, to DCFS workers, DMH workers, Probation Officers, or any other outside team members. Help Group letterhead is available in the QA department.

When clients or caregivers request records to be released, Postdocs should ask the legal guardian to sign a release and put their specific request in writing. Postdocs should scan the written request to [DLRecordsRequest@thehelpgroup.org](mailto:DLRecordsRequest@thehelpgroup.org) and cc their supervisor. Postdocs should note that the clinical team and QA/custodian of records will review their request and provide them with a response in a few days.

### Policies and Procedures for Clinical Care

The following policies and procedures include the general policies and procedures for each program as well as the specific policies for supervised Postdocs:

**Productivity:** All therapists working in the agency are expected to bill for a certain amount of case activity each week. This expectation is referred to as productivity. Postdocs differ from staff therapists in that they do not have productivity expectations, per se. The CAR will calculate your overall productivity rate, with a goal of aiming for 40-50% of your time as billable. This number is used solely as an educational tool and professional development skill to think about productivity. Tracking productivity also helps ensure you receive the appropriate number of clinical hours for a well-rounded training experience. The following can be used as a guideline for typical billable activity for DMH clients. For DMH clients, therapists generally bill at least 1.5 hours (90 minutes) of activity per week (typically 60 minutes of direct contact and documentation, with additional time spent on collateral work, case consultation, etc.). For these clients, the minimum tends to be 1.5 hours each week. Billing may exceed this if there is clinical justification for the service. For School-Based clients, Postdocs are expected and required to provide the number of minutes of counseling specified in the IEP (typically 30 or 60 minutes).

**School Based Clients:** Clients are assigned by the Director of Training in conjunction with the Clinical Directors of each program. Upon receipt of a new case, note the type of funding (DIS, ERICS, etc.), type of service provided (group, individual, family), and number of minutes per week funded. Also make sure for school cases that the funding and services match those on the IEP.

The therapist should attempt to reach the caregiver by phone and introduce themselves to the client within 48 hours of receiving the case, unless instructed otherwise by their supervisor. They should clarify their status as a Postdoc/unlicensed status, the fact that they are being supervised, and the limits of confidentiality. This information must be documented in the progress note you write for that session. A regular meeting time should be arranged (please consult with the client's teacher regarding appropriate therapy times).

The Postdoc should discuss the case in supervision and prepare a letter to send each family, (from their primary supervisor), informing the family of the Postdoc's status and of the availability of the supervisor. Attached to this letter will be a consent for audio/videotaping and a self-addressed stamped envelope.

The caregiver should be contacted regardless of whether a client is funded for family therapy. It is important to make contact simply as an introduction and to help families know who they should contact regarding questions or concerns. The Postdoc should introduce him or herself and clarify their Postdoc

status, and the fact that they are supervised. They should note that they can be reached either through their direct office line or on the main number (818) 781-0360 and that after hours the answering service will pick up that number. You should not give clients or families your personal cell phone number.

**Outpatient/DMH/Lumina Clients:** Upon receipt of a new case note the type of funding (EPSDT, OCS, Insurance, etc.) and type of service provided (psychotherapy, case management, medication, etc.). The family should be contacted within 24 hours. The Postdoc should introduce themselves and clarify their Postdoc status, and the fact that they are supervised. They should note that they can be reached through their direct office number or main number (818) 781-0360 and that the answering service will pick up after hours if they call the main number.

The Postdoc should discuss the case in supervision and a letter will be sent to each family, by the primary supervisor, informing the family of the Postdoc's status and of the availability of the supervisor.

The therapist should see the client for the first appointment within five days of receiving the case. In the first session, they should clarify their status as a Postdoc, the fact that they are being supervised and give them supervisor notification form, and the limits of confidentiality. In your progress note, please document that you covered these areas. A regular meeting time should be arranged.

**Group Therapy Cases:** Each Postdoc must run groups throughout the year. Postdocs are *highly encouraged* to run at least one group outside of their primary rotation. A minimum of 20 hours of group therapy is required by the end of the year.

In the event of a clinical emergency during the group (e.g., potential child abuse report, suicidal or homicidal concerns, etc.) the Postdoc's primary supervisor must be called immediately. If the supervisor is unable to return your call within 15 minutes, or within the amount of time that you are comfortable, then call the next clinical supervisor in the contact tree.

If a Postdoc is unable to attend group (due to illness or a clinical emergency with an individual client), the Postdoc must notify their co-leader and their supervisor and/or clinical rotation team as soon as possible.

**Testing Cases:** Postdocs are assigned between six and 12 testing cases over the course of their training year. The number of testing cases depends upon the Postdoc's training preferences and complexity of cases. Therefore, care will be taken to ensure Postdocs have the time to complete the number of batteries assigned.

Postdocs will receive specialized training and experience administering measures that assess cognitive, personality, neurodevelopmental, perceptual, and academic functioning. A thorough battery is expected to include both *objective and projective* tests and collateral data. School observations are highly encouraged when applicable. Postdocs will be trained in or be exposed to additional measures beyond their selected batteries throughout the year.

Cases are assigned by the Testing Supervisor, in consultation with the Director of Training. The Postdoc is given the Referral Form, which includes the name of the client, the referent, reason for referral, and other pertinent information.

The Postdoc meets with the Testing Supervisor to discuss initial thoughts regarding a battery after careful review of all pertinent supporting documentation. The Postdoc should schedule testing with the client, parent, and/or school within one week of being assigned the case. Sign up for testing materials using the

PLAN center outlook calendar. Please include your name and what tests you are checking out and for the specified duration of time. All testing materials MUST be returned in the same, if not better, condition as when checked out. If checking out the iPads for interactive testing. All iPad testing will be set up with the testing supervisor and stored in the Training Director's office. See iPad notes for creating clients etc. (Click on 'calendar,' and 'testing materials' under the Psychology Training Department. When signing up for Testing Materials, please include:

During your first meeting with the client/parents, limits to confidentiality, supervisor notice, should be discussed. Testing clients should sign consent to tape testing and feedback sessions. Postdocs are required to share a minimum of three assessment tapes (intake, administration, and feedback) over the course of the training year.

Administration of the battery should be completed within approximately 8 hours; however, this may vary. Once testing is completed, a face-to-face meeting is held with the supervisor to review the data and compile hypotheses. Postdocs have **one week to score** their protocols following the last testing session. Scores will then be brought to supervision for full review and discussion of diagnostic conclusions. Then Postdocs will have **one week to write the first draft** of the report. All drafts and data will be kept in the client's SharePoint file. The draft of the report will also be kept here to maintain supervisor access.

When a final draft is completed and approved by the supervisor, the referent is then informed that the testing is completed, and plans are made to provide feedback. Generally, a feedback session is set with the referent and the family; if clinically appropriate, a copy of the report is given to the family. For DMH clients a copy of the report goes to QA (Roya Senobarian) to upload into Welligent.

Just as with clinical cases, if there is a potential crisis with a testing client (e.g., suicidal ideation, Tarasoff, child abuse report, etc.), the Testing Supervisor must be notified immediately. In consultation with the Testing Supervisor, it may be decided that the Primary Therapist of the client should be contacted, as well as the parents.

### Crisis Intervention

**Suicide/Homicide:** If a Postdoc is informed, either directly or indirectly, of any concerns about a client's potential to harm themselves or others, the Postdoc is required to inform their supervisor immediately by cell.

If you become aware of a client's suicidal or homicidal intent, immediately call your primary supervisor for that case. If the supervisor does not return the call within the expected amount of time, (e.g., 15 minutes) or within the amount of time that you are comfortable, then call the Training Director. If you are unable to reach the Training Director, call your delegated supervisors. Their contact information will be distributed during the orientation and these numbers are also available on the intranet. Whenever another member of the training staff or clinical supervisor consults on a crisis (rather than the supervisor of that case), Postdocs are required to inform their primary supervisor and follow-up as soon as possible.

Clients may recant information or deny the veracity of their original claim. However, Postdocs are still required to notify their supervisors immediately, and give a full account of the situation. In other words, Postdocs are required to consult with a supervisor in all suicidal or homicidal situations regardless of their independent assessment of client's volatility.

Whenever in doubt about contacting a supervisor, always err on the side of caution and call immediately.

**Abuse, Abandonment, or Neglect:** Postdocs are mandated reporters of any suspected abuse, abandonment, or neglect. If any suspicion arises, either through direct report, observation, or inference, the supervisor should be called on their cell phone immediately. If the supervisor does not return the call within the expected amount of time, (e.g., 15 minutes) or within the amount of time that you are comfortable, then call another supervisor/training staff member. A list of clinical supervisors/training staff members and their locations and phone numbers will be distributed during orientation. These numbers are also available on the intranet. Whenever another member of the training staff or clinical supervisor consults on a crisis (rather than the supervisor of that case), Postdocs are required to inform their supervisor by voicemail, and follow-up in person as soon as possible.

Reports are made by phone to the Child Abuse Hotline (800) 540-4000, immediately following consultation with the supervisor. An online report on a Suspected Child Abuse Report form must be submitted and reviewed by your supervisor, as soon as possible, and by law within thirty-six (36) hours. If the incident to be reported is determined by the Postdoc's supervisor to be non-urgent (e.g., historical report of alleged abuse), the Postdoc may be instructed to make a non-urgent report on the CARES website instead of calling the child abuse hotline. If using CARES to make a report, you no longer file a verbal and written report.

**Emergency Preparedness and Procedures:** The Director of Facilities ensures the safety and security of the facility. They ensure that all first-aid supplies are readily available, including generators, water supply, emergency tarps, and food.

Emergency evacuation drills are held monthly. In the event of an earthquake, staff and students will be commanded to assume a drop drill position, away from windows and potential hazards. The drop is held for 60 seconds, and then staff and students are expected to evacuate to their emergency positions.

Each campus has a different area for evacuation, but it is typically in the center yard. Please ask the Education Director or Clinical Director at your site.

Evacuation is expected to be immediate upon hearing the evacuation alarm. If you are with a student, inform the teacher or school principal of where you are, and keep the student with you until you can safely return them to the rest of their class.

A Lockdown may be implemented when a situation occurs that may be a hazard to health or is life threatening. It is intended to limit access and hazards by controlling and managing staff and students to increase safety and reduce victimization.

If there is a situation in the agency that requires a Lockdown, you will be informed in one or more of the following manners:

1. Audible Telephone Announcement and/or audible PA announcement
2. E-mail notification
3. Text notification

The building will have restricted access until the "All Clear" is given or individuals are directed by emergency personnel or staff. A lockdown may be called for a variety of reasons including weapons, intruders, police activity in or around the school, contamination or hazardous materials or terrorist events. Postdocs will receive a copy of "School Lockdown Procedures" during orientation. This document

is also available on the intranet under the Safety tab. Postdocs are to keep this card with them at all times.

## POSTDOC ADJUNCTIVE PROGRAM REQUIREMENTS

### Observation and Video Review Requirements

As part of the training experience, Postdocs are required to audio or videotape a number of sessions. Your individual supervisors should have access to your work and should have the opportunity to review your work through audiotape and videotape; therefore, Postdocs should be sure to split the amount of therapy tapes they show both therapy supervisors. To facilitate assessment supervision, Postdocs should also show three tapes to the Testing Supervisor throughout the year. Postdocs must have signed releases from clients prior to taping. This form is available electronically. In lieu of recording, Postdocs may invite supervisors to attend their sessions to conduct a live observation.

For each requirement, the supervisor must sign the Completion of Requirements Form. In addition, when reviewing therapy tapes, Postdocs and supervisors must fill out the Formal Review of Direct and Indirect Observations form. Postdocs should bring a copy of the Review of Observations Form with them to supervision when reviewing tape and write in the reason they selected the particular session to share. Postdocs must submit an electronic copy of these forms monthly to the Director of Training.

Postdocs should borrow agency laptops and/or audio recorders. Postdocs should not save recordings on the actual devices but should instead save recordings to an encrypted flash drive (provided to them by the agency) which must be stored in a locked cabinet/drawer in a locked office at the agency. This is to ensure compliance with HIPAA regulations related to recording of mental health encounters. In accordance with the Audio and Video Recording contract form, Postdocs are to immediately save all recordings directly onto the encrypted flash drive.

If providing sessions virtually, per clinical need, Postdocs must use HIPAA compliant zoom accounts to record sessions. Sessions can be saved to agency issued laptops only or within your secure Help Group OneDrive. **DO NOT download** any client recordings or information onto a personal computer as this will result in a report to the compliance officer, QA, and clients will be notified of the PHI breach. Recordings should be deleted immediately after reviewing the session with their supervisor. Alternatively, Postdocs may invite supervisors to join zoom sessions of client work for live observations.

**Video/Audio Review:** Postdocs are required to submit videotapes of their therapy sessions a minimum of **nine** times over the course of the year (3 of 9 are assessment videos). **Three** of these observations must be completed before the winter break. See the Completion of Requirements Form for specific due dates. Because the use of video and audio review is a training tool, these deadlines are critical to follow.

Postdocs should bring the Formal Review of Direct and Indirect Observations Form to supervision when reviewing tape. The supervisor must sign the **CAR** and fill out **Formal Review of Direct and Indirect Observations** (see [Evaluations](#) file). Postdocs must upload these evaluations to their SharePoint file they share with the Director of Training to be saved in their electronic personnel files.

Postdocs are permitted to substitute videotapes for audiotapes. However, they may not substitute audiotapes for videotapes.

Of the 9 video reviews, at least **three** video reviews must be of their assessment sessions over the course

of the training year. Postdocs must specifically tape one session of them conducting an initial intake with a client/family and one tape of them administering an assessment measure before the winter break. Finally, Postdocs should submit at least one tape of a feedback session with a client/family during the spring. Postdocs should bring the Formal Review of Direct and Indirect Observations Form to supervision when reviewing tape. The supervisor must sign the CAR and fill out [Formal Review of Direct and Indirect Observations](#) (see [Evaluations](#) file). Postdocs must upload these evaluations to their SharePoint file they share with the Director of Training to be uploaded to their electronic personnel files.

By the end of the training year, Postdocs must have reviewed 9 total audio/video tapes in supervision and submit completed Review of Direct and Indirect Observations Forms ([Evaluations](#)) to the Director of Training to complete the training program requirements and successfully complete the Postdoctoral Fellowship.

### Supervisory Requirements

Postdocs are expected to supervise a trainee on individual or group treatment, and in either a one-on-one or group format. The Director of Training will assign a supervisee to each Postdoc. Postdocs are expected to set up a regular, weekly supervision time with their supervisee for one hour every week. The Postdoc is required to audio/videotape at least three supervision meetings with their trainee and bring these tapes to supervision of supervision.

In consultation with their primary supervisor, trainee supervisees will choose one case to be supervised by the Postdoc. In all cases, the licensed clinical supervisor is responsible for the treatment. As a result, the Postdoc supervisor is responsible to contact the trainee supervisee's primary clinical supervisor in the event of critical clinical issues, emergency situations, etc. Details regarding these procedures will be addressed at the onset of the training on supervision.

When doing individual adjunctive supervision, Postdocs are expected to complete a supervisory contract (see Electronic Appendices), which outlines the roles and responsibilities of both the Postdoc supervisor and trainee supervisee. The supervisory contract serves as an agreement between the Postdoc and the trainee regarding scheduling of supervision, expectations of the supervisory experience, and the evaluation process. Postdocs will also be expected to complete an evaluation form (see Electronic Appendices) on their trainee supervisee within the last two weeks of May. These evaluations need approval from the designated training supervisor prior to sharing with the trainee supervisee. In addition to sharing these evaluations with the trainee supervisee, they will be shared with the trainee supervisee's primary clinical supervisor and the Director of Training.

Trainee supervisees likewise will be expected to fill out an evaluation form (see Electronic Appendices) on their Postdoc supervisors by the last week of May. These evaluations will be shared with the supervisor as well as with the Postdoc's individual supervisor and the Director of Training.

## ADVISEMENT & EVALUATION FOR POSTDOCTORAL FELLOWSHIP COMPLETION

### Criteria for Evaluating Postdoc Competency upon Completion of Help Group's Doctoral Postdoctoral Fellowship Program

During the initial eight weeks of the Postdoctoral Fellowship year, Postdocs collaborate with their primary supervisor to formulate a Training Agreement and Individual Learning Plan for the year, outlining specific individualized goals and objectives. In preparation for creating this contract, Postdocs are asked to fill out a Self-Assessment focusing on the overall training goals for the year. Based on this document, the primary supervisor's initial assessments, and the Postdoc's interests, experience, and long-term professional goals, the primary supervisor along with the Postdoc complete an Individual Learning Plan by the end of October. The Individual Learning Plan is revisited and revised by the Postdoc following the mid-year evaluations. The Self-assessment is completed in August as the Postdoctoral Fellowship starts, and three other times during the year, October, January, and July, coinciding with Individual Learning Plans and supervisor evaluations.

Postdocs receive two formal written evaluations during the Postdoctoral Fellowship year. The first, or mid-year, evaluation takes place in February, and the second, or year-end, evaluation takes place in August. The mid-year evaluation contains both a narrative and a checklist component. It offers an in-depth analysis of competency areas, noting the Postdoc's strengths and areas of needed growth. The evaluation prepared at the end of the Postdoctoral Fellowship year includes a checklist of the competency areas previously outlined as well as indication of a Postdoc's progress during the year, areas of strength, and suggested areas of continued focus.

The following list contains the specific competency areas, skills needed, training opportunities, and assessments of competencies for each of the areas of training that are focused on during the Postdoctoral Fellowship year. For the mid-year and end-year evaluations, Postdocs are assessed on the following rating scale, which include six points to reflect nuances in strengths and areas for improvement.

1. **Significantly Below Expected Competence** - Substantial supervision and direction required on all cases, projects, and/or professional activities, regardless of the difficulty of the cases; little to no autonomous judgment.
2. **Below Expected Competence** – Increased supervision required for critical professional activities, cases, and/or projects.
3. **Emerging Competence** – At the level expected for doctoral Postdoctoral Fellowship training and readiness for Postdoctoral Fellowship.
4. **Anticipated Competence** – Building critical thinking/judgement evident overall in areas of competency. Level expected for mid-year level Postdocs.
5. **At Expected Competence** – Sound critical thinking/judgement evident overall. Prepared for entry level independent practice and/or specialized postdoctoral training.
6. **Advanced Competence** - Sound critical thinking/judgment is evidenced overall and in advanced or specialized area(s). Works independently and ready for advanced credentialing.

At the mid-year evaluation, Postdocs typically are rated with typical scores being 3 or 4. At the year-end evaluation, Postdocs must achieve a rating of 5 in each of the competency areas. Evaluations are prepared by the Postdoc's primary supervisor, with input from all supervisors and training faculty who work with the Postdoc. See [Evaluations](#) folder in SharePoint. Additionally, examples of competency standards can be found in the [Competency Examples](#) document in SharePoint.

During Postdoctoral Fellowship, Postdocs will have specific requirements that need to be completed to successfully complete Postdoctoral Fellowship. While the Postdoc is expected to demonstrate competency in all nine identified competency areas, there are also several Postdoctoral Fellowship activities that include numerical requirements (i.e., sharing of 9 total recorded or live observations of therapy and assessment sessions, completion of a minimum of 6 testing reports, maintenance of therapy caseload, completion of documentation, accrual of at least 2000 hours Supervised Professional Experience hours, etc.).

### Postdoc Self-Assessments

Postdocs are required to fill out the self-assessment form during orientation ([due the end of week 2](#)). This self-assessment provides information on perceived competencies at the start of Postdoctoral Fellowship. Subsequent self-assessments are completed by Postdocs by [October 30, January 30, and August 1](#), as a means of observing perceived changes in competency and noting areas which need focus. Postdocs are responsible for completing the self-assessments and uploading them to their shared folder. The self-assessment will be reviewed with the Training Director and/or their supervisor. See [Evaluations](#) folder in SharePoint. Postdocs must upload these evaluations to their SharePoint file they share with the Director of Training to be saved in their electronic personnel files.

The October 30<sup>th</sup> assessment is a measure of the Postdoc's perceived skill level within the first months of Postdoctoral Fellowship. The self-assessments completed in October, January, and August have a section wherein the Postdoc indicates which area of training/supervision they feel contributed to their feeling of competency in each goal area (see [Evaluations](#)).

### Postdoc Training Agreement

The Training Agreement (see [Required Forms](#) in the Onboarding folder) is a formal agreement between the Postdoc and the Agency regarding the Postdoc's program for the year. This contract specifies the activities Postdocs will be involved with over the course of the year, the Postdoctoral Fellowship requirements, and the Postdoctoral Fellowship expected competencies.

The Training Agreement is to be completed toward the end of September, depending on the start date. Postdocs must upload these evaluations to their electronic file they share with the Director of Training to be saved in their electronic personnel files.

### Individual Learning Plan

During the first six weeks of training, the Postdocs, along with their individual supervisors, will review the training goals for the Postdoctoral Fellowship year with an eye towards defining specific areas of strength as well as areas in need of supervisory focus. Areas of specific focus are determined based upon past experiences (as indicated on the Postdoc application), Postdoc and school advisor assessment form, Postdoc self-assessment form, and initial supervisory observation and assessment. The selection of areas of focus is an ongoing process and reflects the Postdoc's development over the course of training. This will also include the selections for secondary rotations. This will be written into the Individual Learning Plan. Furthermore, progress in all areas of competence will be formally reviewed in the mid- and end-year

evaluations. These goals and areas of focus are formalized in the Individual Learning Plan, (see [Individual Learning Plan](#) in the Postdoctoral Fellowship Documents folder) which should be completed by you and your supervisors and uploaded to their SharePoint file they share with the Director of Training by October 15<sup>th</sup>.

### Formal Review of Direct and Indirect Observations

Postdocs are expected to review [9 audio or videotapes](#), 3 of which are assessment sessions, with their supervisor and note areas of strength as well as areas that could benefit from further supervisory focus. This feedback will be noted on a formal review form (see [Evaluations](#)). This form serves as a means of tracking the growth of a Postdoc's intervention and professional skills. A copy of this form should be forwarded to the Director of Training. Postdocs must submit the completed formal review form to the Director of Training in order to successfully complete Postdoctoral Fellowship.

### Training & Didactics

Postdocs receive a calendar of scheduled didactic trainings for the year, which is subject to change. The didactic training provided and attended are entered and tracked within the Postdoc's CAR. Outside training attended can also be included within the CAR if attended during the Postdoctoral Fellowship year. Each Postdoc will be responsible for organizing one didactic seminar throughout the year on a clinical and/or research topic of their choice and approved by the Director of Training. The calendars along with the Postdoc's written evaluations of the didactic trainings are submitted to the shared folder and the Director of Training at the end of the month.

### Mid-Year Evaluation

The mid-year evaluation is a formal evaluation that covers the period from the onset of the Postdoctoral Fellowship year, through the end of January. As the supervisory process is oriented to provide Postdocs with ongoing feedback and observation over the course of the year, it is expected that little in this formal evaluation should be surprising or new, rather the formal evaluation is a consolidation of supervisory feedback.

The Postdoc's primary supervisor prepares the mid-year evaluation, with input from all supervisors, training faculty, and clinical staff who collaborate with the Postdoc. The Mid-Year Evaluation is presented to the Postdoc by both Postdoc's individual supervisors during the month of February. During that meeting, Postdocs will be provided with an opportunity to compare their own self-assessments (from October and January) to their supervisors' mid-year assessment.

The mid-year evaluation addresses the Postdoc expected competencies in narrative and objective rating form (see to [Evaluations](#) folder in SharePoint.), presenting an in-depth analysis of competency areas and in particular noting areas of strength as well as areas of potential growth. Discussion of the mid-year evaluation usually results in refinement and clarification of goals for the remainder of the Postdoctoral Fellowship year. The Postdoc's Learning Plan is significantly strengthened because of this mid-year evaluation process.

Postdocs have the opportunity to write a written response to the evaluation. A copy of the mid-year evaluation is provided to the Postdoc for their records and a copy is maintained in their personnel file.

## Year End Evaluation

The end-year evaluation is a formal evaluation that covers the period from February through the end of the Postdoctoral Fellowship year. The end-year evaluation is prepared by the Postdoc's primary supervisor with input from all supervisors, training faculty, and clinical staff who work with the Postdoc. The end-year evaluation is presented to the Postdoc by both Postdoc's supervisors during the last two weeks of their Postdoctoral Fellowship. It is sent to the Postdoc's school at the end of the Postdoctoral Fellowship year. A copy of the end-year evaluation is provided to the Postdoc for their records and an electronic copy is maintained in their personnel file.

The end-year evaluation addresses the Postdoc's expected competencies and noted areas of growth since mid-year in a structured checklist format, with briefer narrative statements (see [Evaluations](#) folder in SharePoint).

## DUE PROCESS PROCEDURES

*\*Postdoctoral trainees are given a copy of the Due Process procedures, the training handbook, and THG Employee Manual, at the outset of training during the onboarding process. Additionally, an electronic copy is available to the postdoc and all members of the training team within the programs secure electronic file system\**

This Due Process policy provides a stepwise procedure when the Training Program or Committee has concluded a Postdoc's performance and/or behavior is problematic. While the Program's intention is to apply this Due Process policy as written, it is not intended to be a contractual obligation and does not create a binding legal obligation on any party. It is subject to change at any time at the program's discretion.

The Training Program prefers to work informally and collaboratively with trainees in the first instance but provides more formal due process procedures as well. It involves: (1) notice to the Postdoc of the problem identified and how it will be addressed by the Program; (2) the right to a process and if necessary, a hearing in which a trainee hears of the Training Program's concerns and is provided a chance to respond; (3) an appeal process if the Postdoc does not agree with the actions taken by the Program.

## Performance Concerns

It is the goal of the Postdoctoral Fellowship Program to identify concerns and problems in a Postdoc's performance prior to those concerns and problems becoming serious, and to assist in the remediation of the difficulties through educational opportunities and supervision. The Due Process procedures are designed to respect the rights of all levels of trainee and to provide clearly delineated processes designed to be supportive in nature. Help Group and the Training Program recognize the rights of trainees to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that they are aware of avenues of recourse should problems with regard to these principles arise.

Should problematic behavior and/or competency concerns arise at any point during the year, or during an evaluation period, initiation of Due Process procedure and/or disciplinary actions up to and including dismissal from the Postdoctoral Fellowship program, may occur. Postdoc areas of expected competency are clearly delineated in the Postdoc Handbook and the formal evaluations of performance are presented to Postdocs through the self-evaluation process, during onboarding, and is available for them to review at all times within the Training Program's electronic files. Input from multiple sources, including supervisors and training staff, is solicited in any examination of a Postdoc's performance. The Training Program and

the Director of Training maintain a record of all formal evaluations, formal competency concerns, due process procedures documents, complaints, and grievances of which it is aware within secure electronic files.

#### Competency Rating Descriptions:

The following rating scale shall be used to evaluate the Postdoc on each of the competency areas:

1. Significantly Below Expected Competence - Substantial supervision and direction required on all cases, projects, and/or professional activities, regardless of the difficulty of the cases; little to no autonomous judgment.
2. Below Expected Competence – Increased supervision required for critical professional activities, cases, and/or projects.
3. Emerging Competence – At the level expected for doctoral Postdoctoral training and readiness for specialized independent practice.
4. Anticipated Competence – Building critical thinking/judgement evident overall in areas of competency. Level expected for mid-year level Postdocs.
5. At Expected Competence – Sound critical thinking/judgement evident overall. Prepared for independent practice in specialized postdoctoral clinical area.
6. Advanced Competence - Sound critical thinking/judgment is evidenced in advanced or specialized area(s). Works independently and ready for independent practice and advanced credentialing.

The goal of the program is for each Postdoc to receive a rating demonstrating competence in 100% of the required competency areas by the end of year evaluation to successfully complete Postdoctoral Fellowship. Within the evaluation scales, a rating of 5 or higher will indicate competence within that competency domain and skill at the end of the training year.

Any areas of concern must be addressed with a supervisor following the Due Process guidelines. All areas warranting supervisor's attention must first be addressed through informal discussion through supervision to help the Postdoc resolve the issue or gain the tools to meet expected competency.

Any competency items with a rating of 2 require completing the steps for Competency Concerns through either written acknowledgment or a corrective action, or both (see Competency Concerns in the Handbook).

Any competency items with a rating of 1 require initiating the Competency Problem steps, which may include, but are not limited to, Corrective Action Plan, Probation, Suspension of case privileges, administrative leave, and/or dismissal from Postdoc program.

A drop or decrease in competency performance (ex: rating of a 4 in the beginning of the year drops to a 3 later in the year) in any individual item from one assessment period to another also warrants following Competency Concerns procedures.

If a previously addressed Competency Concern or Problem is addressed successfully, those performance improvements must be maintained for the remainder of the training year. If previous performance issues return, Due Process procedures may not be repeated and the Training Team and/or Review Committee will meet to consider more significant responses such as Administrative Leave, or Dismissal.

**Competency Concerns** are those behaviors that are concerning and that may indeed need to be remediated, but these performance issues are not completely atypical for a Postdoc's level of training. Some Postdoc performance issues can be classified as "Competency Concerns," while other more

significant performance issues can be classified as "Competency Problems." An example of a concern might include Postdocs who have never administered projective tests, or who have never filed a child abuse report, and/or who struggle with paperwork management during a specific period of time.

**Competency Problems** are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

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

Competency Concerns typically become identified as Competency Problems when they include one or more of the following characteristics:

- the Postdoc does not acknowledge, understand, or address the problem when it is identified,
- the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
- the quality of services delivered by the Postdoc is sufficiently negatively affected,
- the problem is not restricted to one area of professional functioning,
- a disproportionate amount of attention by training personnel is required,
- the Postdoc's behavior does not change as a function of feedback, remediation efforts, and/or time,
- the problematic performance issue has potential for ethical or legal ramifications if not addressed,
- the Postdoc's performance issues negatively impact the public view of the agency,
- the problematic performance issues negatively impact the training team.

Examples of Competency Problems include, but are not limited to, the following:

- Lack of adequate levels of skill in one or more of the stated expected competencies; such difficulty is serious enough that clients' needs are not being met on an ongoing basis and/or professional obligations are not being met.
- Nonconformance with Board of Psychology rules of professional conduct.
- Nonconformance with Help Group policies or rules of conduct.
- Violation of California State Laws.
- Personal stress or psychological dysfunction that interferes with professional functioning.

Should the staff of the Postdoctoral Fellowship Program or Help Group perceive a problem in a trainee's performance of professional duties, specific steps are taken. Serious problems may lead to immediate disciplinary action.

### Options for Competency Concerns

Informal discussion and supervision are the first avenues used to address Competency Concerns. Should the concern not be resolved, two levels of intervention are possible.

**Option A: Written Acknowledgment:** Written Acknowledgment to the Postdoc formally acknowledges:

- that the Director of Training and the Training Committee are aware of and concerned about the performance,
- that the concern has been brought to the attention of the Postdoc

- that the concern has been added to the Individual Learning Plan
- that the Director of Training and Training Committee will collaborate with the Postdoc to rectify the problem or skill deficits, and
- that the performance issues are not significant enough to warrant more serious action.

**Option B: Corrective Action Plan:** A Corrective Action Plan is a time-limited, remediation-oriented closely supervised period of training when specific tasks are assigned to assist the Postdoc with the skill deficiency. The Postdoc, Director of Training, and Supervisors meet to discuss the area of concern and develop a plan of intervention, which may include the following:

- increasing the amount of supervision, either with the same or other supervisors
- change in the format, emphasis, and/or focus of supervision
- reducing the Postdoc's clinical or other workload
- discussion with the Postdoc's supervisory team

The area of concern will be added to the Postdoc's Individual Learning Plan. The length of a Corrective Action Plan will be determined by the Director of Training in consultation with the Supervisors. After the specified period, the Director of Training, Postdoc, and Supervisor will meet to discuss progress and any areas of concern. If the Director of Training and Supervisors feel the Postdoc has corrected the performance issues, they may choose to end the plan at that point.

However, if the concern is still present, the concern now becomes a "Competency Problem." Moreover, if the concern occurs a second time, after a Corrective Action Plan has ended, the concern becomes a "Competency Problem." When this is the case, five levels of intervention are possible.

#### Options for Competency Problems

Every Option listed below will involve discussion with the Postdoc's training team and the Training Committee. The vast majority of Competency Problems can be adequately addressed through initiating Option A, a Corrective Action Plan. However, each Competency Problem is assessed individually and, and based on the severity of the concerns, the Director of Training and the Review Committee may initiate any of the following options.

**Option A: Corrective Action Plan:** A Corrective Action Plan is a disciplinary action that is a time-limited, remediation-oriented closely supervised period of training when specific tasks are assigned to assist the Postdoc with the skill deficiency/problem area. Time limits are set based on reasonable timeline expectations needed for the Postdoc to correct the behavior based on the complexity of the goal and significance of the concern, which can typically last one month. The Postdoc, Director of Training, and Supervisors meet to discuss the Problematic Performance Issue/Competency Problem and develop a plan of intervention. The Director of Training will also discuss the problem with the Postdoc's training team. The plan of intervention may include the following:

- increasing the amount of supervision, either with the same or other supervisors
- change in the format, emphasis, and/or focus of supervision
- reducing the Postdoc's clinical or other workload
- requiring specific readings, courses, and/or writing

The Competency Problem will be added to the Postdoc's Individual Learning Plan. The length of a Corrective Action Plan will be determined by the Director of Training in consultation with the Supervisors.

After the specified period, the Director of Training, Postdoc, and Supervisors will meet to discuss progress and any areas of concern. If the Director of Training and Supervisors feel the Postdoc has corrected the behavior, they may choose to end the plan at that point.

If the Competency Problem is not resolved, the Postdoctoral Fellowship Program can either continue the Corrective Action Plan for another time-limited period, or go to Option B, C, D, or E, depending on the situation.

Before moving to Option B, C, D, or E, a Review Committee is convened. The Review Committee is comprised of two members of the Postdoctoral Fellowship Program's training staff who do not individually supervise the Postdoc and one other administrator or clinical staff member of Help Group. The Review Committee interviews the Postdoc, supervisors, Director of Training, and others relevant to the problem area and makes a recommendation to the Chief Operating Officer and/or Senior Risk Management Officer as to further action within ten (10) working days of first being convened. The Chief Operating Officer and/or Senior Risk Management Officer will make the final decision. All meetings of the Review Committee are documented.

**Option B: Probation:** Probation is considered a disciplinary action. The problems that may warrant probation and possibly dismissal include but are not limited to failure to respond to deficits identified in a remediation plan, significant failure to meet administrative requirements of the program (e.g., attendance, documentation), failure to respond to supervision, difficulties with professionalism, and/or other issues interfering with clinical functioning that put patient wellbeing in jeopardy.

Probation is also a time limited, remediation-oriented, more closely supervised training period. The purpose of Probation is to assess the ability of the Postdoc to complete the Postdoctoral Fellowship and to return the Postdoc to a more fully functioning state. Time limits are set based on reasonable timeline expectations needed for the Postdoc to correct the behavior based on the complexity of the goal and significance of the concern, which can typically last one month. During Probation, the Director of Training systematically monitors for a specific length of time the degree to which the Postdoc addresses, changes and/or otherwise improves their performance. The Postdoc is informed of the probation in a written statement which includes:

- the specific performance issues being displayed and the areas of competency that are a problem
- the requirements for rectifying the problem
- the time frame for the probation during which the problem is expected to be ameliorated
- the procedures to ascertain whether the problem has been appropriately rectified

If the Director of Training determines there has not been sufficient improvement in the Postdoc's behavior to remove the Probation, then the Director of Training re-convenes the Review Committee to determine the next course of action. This could include continuation of Probation, or movement to Option C, D, and/or E as determined by the Review Committee.

**Option C: Suspension of Case Privileges:** Suspension of Case Privileges, which may or may not also include implementation of an Administrative Leave, occurs if the Review Committee determines the welfare of the Postdoc's clients is in jeopardy. All direct service activities (e.g., individual, family, group, and testing cases) will be suspended for 7 days or as determined by the Review Committee. The Postdoc is informed of the Suspension in a written statement which includes:

- the specific performance issues being displayed and the areas of competency that are a problem

- the requirements for rectifying the problem
- the time frame for the probation during which the problem is expected to be ameliorated
- the procedures to ascertain whether the problem has been appropriately rectified

At the end of the suspension period, typically lasting one week, based on the plan as specified above, the Director of Training and the Postdoc's supervisors will assess the Postdoc's capacity for effective functioning and determine if or when direct service can be resumed. If the decision is made that case privileges cannot be resumed, the Director of Training may choose to continue the suspension and reconvene the Review Committee to determine if Option D and/or E are appropriate.

**Option D: Administrative Leave:** Administrative leave would be invoked for reasons including, but not limited to, severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, failure to respond to deficits identified in a remediation plan, significant failure to meet administrative requirements of the program (e.g., attendance, documentation), failure to respond to supervision, difficulties with professionalism, and/or when the Postdoc is unable to complete the Postdoctoral Fellowship due to physical, mental, or emotional illness. When specific interventions do not rectify the problematic performance after a reasonable period, and the Postdoc seems unable to alter her/his performance, the Director of Training will convene a Review Committee within 24 hours. The Review Committee is comprised of two members of the Postdoctoral Fellowship Program's training staff who do not individually supervise the Postdoc and one other administrator or clinical staff member of Help Group. The Review Committee will discuss the possibility of administrative leave from the Training Program and agency. The Committee will make their determination and provide their final suggestion to the Chief Operating Officer and/or the Senior Risk Management Officer, who will make the final decision. When a Postdoc has been placed on Administrative Leave, the Director of Training will communicate within 24 hours to the Postdoc. The Postdoc is informed of the Administrative Leave in a written statement that includes:

- the specific performance issues being displayed and the areas of competency that are a problem
- the requirements for rectifying the problem
- the time frame for the probation during which the problem is expected to be ameliorated
- the procedures to ascertain whether the problem has been appropriately rectified

At the end of the Administrative Leave period, 7 business days, the Review Committee will assess the Postdoc's capacity for effective functioning and determine when the Postdoc can return to work. If the decision is made that the Postdoc cannot return to work, the next step in Due Process could be Option E below.

If the Probation, Suspension of Case Privileges, and/or Administrative Leave interferes with the successful completion of the training hours needed for completion of the Postdoctoral Fellowship, this will be noted in the Postdoc's file. The Director of Training will inform the Postdoc of the effects the administrative leave will have on the Postdoc's stipend and accrual of benefits.

**Option E: Dismissal from the Postdoctoral Fellowship Program:** Dismissal/permanent withdrawal from the Postdoctoral Fellowship Program would be invoked for reasons including, but not limited to, severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, failure to respond to deficits identified in a remediation plan, significant failure to meet administrative requirements of the program (e.g., attendance, documentation), failure to respond to supervision, difficulties with professionalism, and/or when the Postdoc is unable to complete the

Postdoctoral Fellowship due to physical, mental, or emotional illness. When specific interventions do not rectify the problematic performance after a reasonable period, and the Postdoc seems unable to alter her/his performance, the Director of Training will convene a Review Committee hearing.

The Review Committee, which will conduct the review hearing within 7 business days, will consist of two training faculty members and/or clinical administrators selected by the Director of Training who do not supervise the postdoc, and one other administrator or clinical staff member of Help Group selected by the Postdoc. The Director of Training will chair the review hearing. At this hearing, the intern will be given the opportunity to hear all facts with the opportunity to dispute or explain his or her behavior. The Review Committee will discuss the possibility of termination from the Training Program and agency. The Committee will make their determination and provide their final suggestion to the Chief Operating Officer and/or the Senior Risk Management Officer, who will make the final decision. When a Postdoc has been dismissed, the Director of Training will communicate within 24 hours to the Postdoc that the Postdoc has not successfully completed the Postdoctoral Fellowship.

### Postdoc Appeals Process

Should the Postdoc disagree with an action taken in the Due Process procedures (Written Acknowledgement, Corrective Action Plan, Probation, Suspension of Privileges, Administrative Leave, Dismissal from Postdoctoral Fellowship Program), the Postdoc can file an appeal regarding the action taken by the Training Department/Agency.

1. The Postdoc must, within 5 business days of receipt of the decision, inform the Director of Training, in writing, of such an appeal.
2. The Director of Training will convene a Review Committee, which will conduct a review hearing within 7 business days consisting of two training faculty members and/or clinical administrators selected by the Director of Training and two training faculty members and/or clinical administrators selected by the Postdoc. Postdocs are given a list of training faculty members and clinical administrators during orientation. The review hearing will be chaired by the Director of Training. At this hearing, the appeal is heard, and the evidence is presented. The Postdoc will be given the opportunity to hear all facts with the opportunity to dispute or explain his or her behavior.
3. Within 7 business days of the completion of the review hearing, the Review Committee submits a written report to the Executive Director and/or the Senior Risk Management Officer, including any recommendations for further action. Decisions made by the Review Committee will be made by majority vote. The Postdoc is informed of the recommendations.
4. Within 5 business days of receipt of the recommendations, the Executive Director and/or the Senior Risk Management Officer will either, (a) accept the Review Committee's action, (b) reject the Review Committee's action and provide an alternative, or (c) refer the matter back to the Review Committee for further deliberation. The Review Committee then reports back to the Executive Director and/or the Senior Risk Management Officer within 5 business days of the receipt of the Executive Director and/or the Senior Risk Management Officer's request for further deliberation. The Executive Director and/or the Senior Risk Management Officer then decide regarding what action is to be taken and that decision is final.

### Postdoc Rights and Responsibilities

Should a Postdoc perceive a problem or wish to file a complaint about *any* portion of the Postdoctoral Fellowship Program or Help Group (e.g. complaints about evaluations, due process procedures,

supervision, stipends/salary, harassment, etc.), each trainee is encouraged to attempt to first resolve the problem informally and/or in person. If the Postdoc believes the problem has not been resolved after an informal attempt is made, the following formal procedure is available. At any point in the process, the Director of Training might also consult with the agency's Human Resources Department. The Director of Training maintains a record of formal trainee complaints within secure electronic files.

### Grievance Policy and Procedures

1. If the complaint is regarding a staff member, the Postdoc should discuss the difficulty with his/her supervisor. The supervisor may wish to meet with the Postdoc and other staff member(s) to discuss the problem. The supervisor may choose to contact the other staff member's supervisor, depending on the nature of the problem.
2. If the complaint is regarding the Postdoc's supervisor, the Postdoc may request a meeting with the Director of Training to aid in problem solving approaches toward resolution of the matter.
3. The Director of Training will meet with the Postdoc within seven (7) working days of receipt of the grievance.
4. The Director of Training will meet with the Postdoc's supervisor within seven (7) working days of meeting with the Postdoc and will then meet with the Postdoc and supervisor. If necessary, a plan for resolution of the problem will be created. This plan will be in writing and will detail specific actions and a timeline for them.
5. Should the grievance not be resolved by these means, the Director of Training will convene a Review Committee, comprised of the Director of Training, at least two other training staff, a representative from the Human Resources Department, and at least one other Help Group Administrator. The Review Committee will meet within seven (7) working days of being convened, will consult with the Postdoc, the supervisor, and all others relevant to the grievance, and will develop a written plan of action to resolve the grievance.
6. If the complaint is regarding the Director of Training, the Postdoc may consult with the Director of Training's supervisor (i.e., Senior Director), who will follow similar procedures as above.
7. Postdocs are always free to consult with the HR department for guidance, direction, or intervention with perceived problems. Postdocs may also consult with APPIC at any time using APPIC's Informal Problem Consultation (IPC; <https://www.appic.org/Problem-Consultation>).
8. If a Postdoc does not feel that a grievance has been adequately addressed, he or she may send a written account of that grievance to Help Group's HR Director.
9. If the problem has not been resolved, the HR Director will meet with the Postdoc.
10. The decision of the HR Director concerning the grievance is final.

Should a Postdoc disagree with the Training Department's actions during Due Process Procedures, they should follow the steps in the above section titled "Postdoc Appeals Process."

## POSTDOC EVALUATION OF PROGRAM

### Program Evaluation

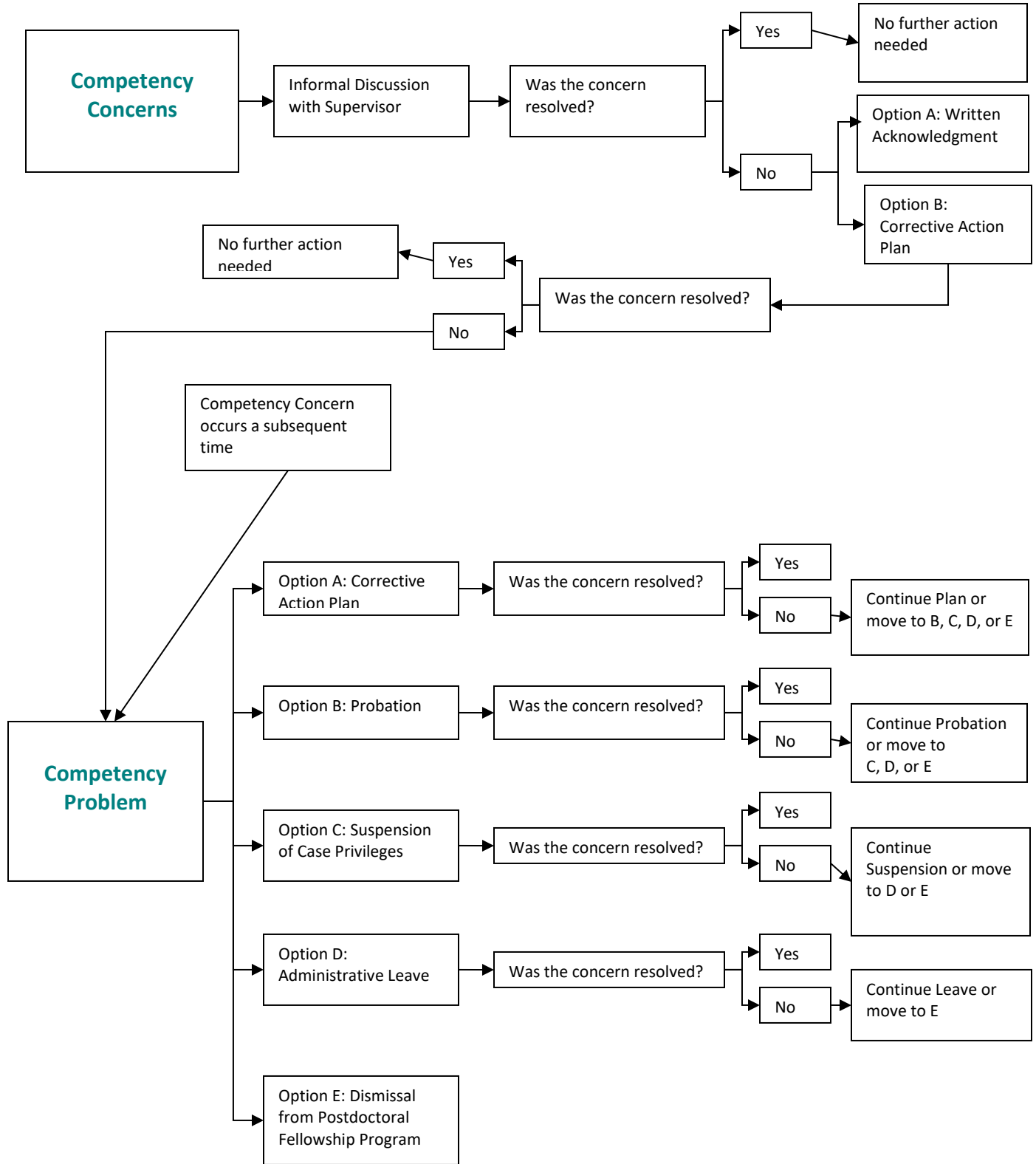
Postdocs are asked to formally evaluate the program at three points during the Postdoctoral Fellowship year. The first evaluation is due on December 15<sup>th</sup>, the second on August 1<sup>st</sup>. The purpose of the evaluation is to assist in identifying areas of strength in the program as well as areas that need further development. Postdoc program evaluations are part of the Postdoctoral Fellowship program's ongoing self-study process.

Postdocs should complete the online Program Evaluation via Survey Monkey. The link will be sent to them at least 2 weeks prior to the due date. The evaluations are reviewed by the Director of Training, Vice President of Programs and by the Chief Operating Officer. Portions of the evaluation that are pertinent to training staff will be distributed to them directly. Postdocs are required to put their names on all evaluations.

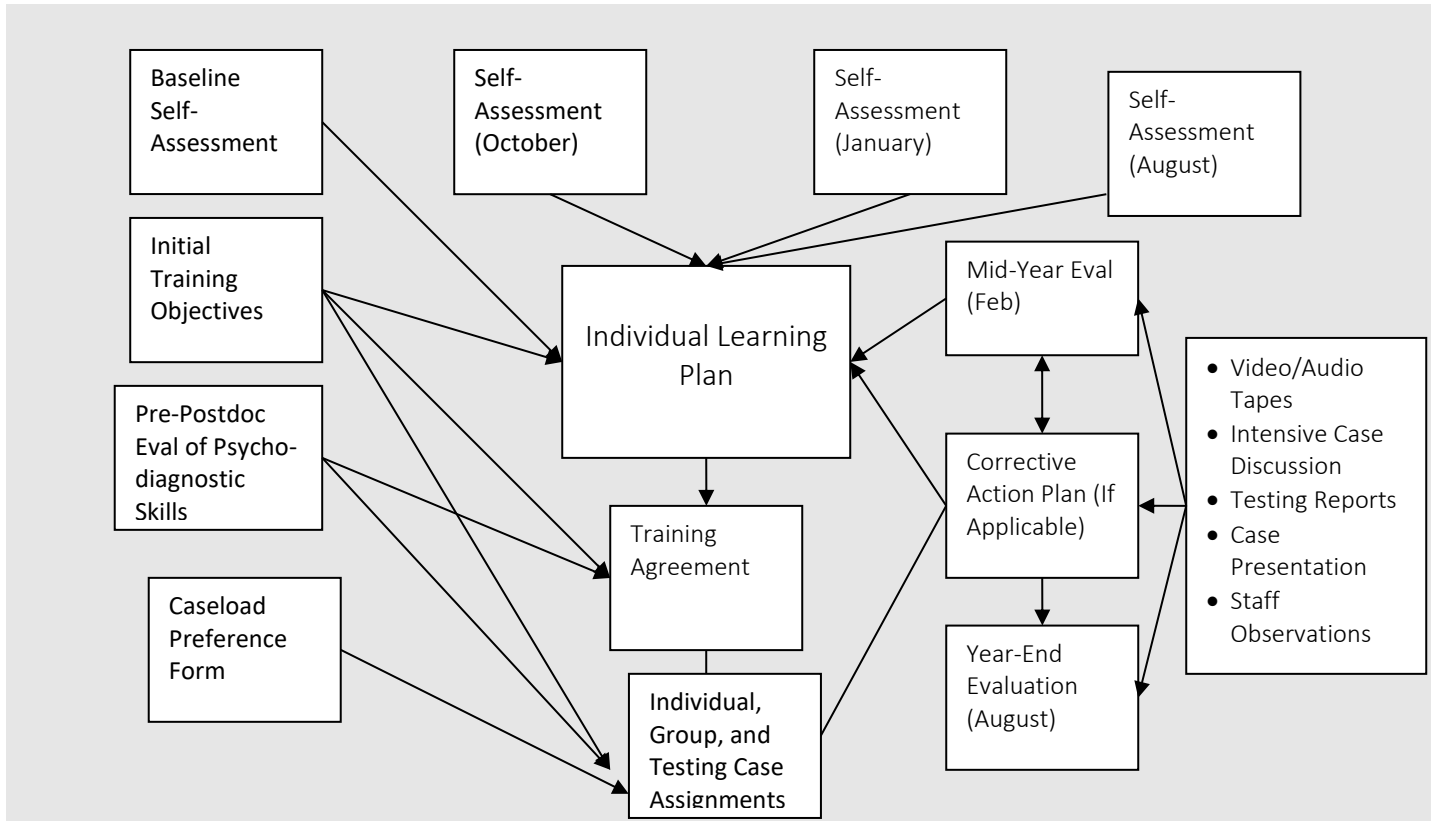
Evaluations will be reviewed with Postdocs in their individual and group supervision sessions as a means of strengthening the learning contract.

### Didactic Seminar Evaluation

Postdocs are asked to formally evaluate each didactic seminar using the Evaluation of Didactic Seminar form (available electronically). Evaluations should be filled out immediately following the didactic seminar. These evaluations should be attached to the monthly training log and uploaded to the shared folder at the end of each month to the Director of Training.



The Process of  
Developing, Assessing, and Modifying  
Individual Learning Plans of Doctoral Postdocs



Help Group's Postdoctoral Fellowship Program

POSTDOC HOURS (40 hours/week)

One-year full-time training, including approximately 1-2 weeks of orientation, at least 2 weeks of vacation time off, 9 agency holidays, and 2 weeks of research and professional development time

<b>Direct Service</b> (Includes documentation of cases)	<b>Hours per Week</b> August through Jan
Individual/Family Therapy/Case Management	10-15
Group Therapy	2
Psychodiagnostic Testing	approximately 4 batteries = 5 hrs./week
<b>TOTAL:</b>	<b>21-22</b>
<b>Indirect Service</b>	
School Dept. Clinical Meeting	1
Secondary Rotations	3-4
Supervision of Practicum Student (clinical)	1 (Jan-June)
Postdoc Program Requirements (e.g., case presentations, treatment plans, etc.)	3.5
<b>TOTAL:</b>	<b>7.5 – 8.5</b>
<b>Training</b>	
Individual Clinical Supervision	1.5
Individual Testing Supervision	1-1.5
Group Supervision (Groups, Case Conceptualization and Countertransference)	.5-1.5
Specialized Group Supervision (Professional Development, Supervision of Supervision, Intensive Case Discussion, Assessment)	1-1.5
Didactic Seminars/Training	2-5
<b>TOTAL:</b>	<b>6-11</b>