Psychology Postdoctoral Resident Manual

Training Year 2024-2025

Table of Contents

Aim Statement

The aim of the postdoctoral residency program at Community Health Center, Inc., is to produce professional psychologists equipped to serve individuals, families, and groups in a patient-centered medical home model, utilizing essential skills requisite of an advanced behavioral health clinical practitioner in an integrated primary care setting. The intention of the postdoctoral residency program is to develop professional, clinical, ethical, quality improvement, supervision, leadership and cultural skills under supervision and to provide a means for cultivating a resident's professional identity as a clinical psychologist, a functioning member of a clinical team, and a community member. Upon graduation from the residency, individuals will be able to confidently, ethically, and with cultural competency, provide psychotherapy to diverse underserved clients with various backgrounds across the lifespan. Residents will enhance their capacity to provide care through a wide range of services and methods to improve the physical and emotional health of the individuals and communities in which we serve.

Competencies

1. Integration of Science and Practice
1A: Displays clinical skills with a wide variety of clients and presenting concerns, including but not limited to: clients across the lifespan, varying diagnoses, and populations.
1B: Utilizes empirically supported treatments to inform therapeutic interventions.
1C: Demonstrates the flexibility to adapt interventions where appropriate for both in person and treatment over telehealth, specific to case and context.
1D: Provides diagnoses to clients that are clear, relevant and accurate, as well as provides comprehensive justifications for those diagnoses.
1E: Evaluates treatment progress and modifies treatment planning as indicated.

2. Individual and Cultural Diversity
2A: Independently monitors cultural awareness of self (including an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves) and seeks appropriate consultation if there is a gap in this awareness.
2B: Considers aspects of the client's identities (including but not limited to ethnicity, race, gender, age, developmental stage, religion, disability, socioeconomic and sexual identity) and how they intersect in conceptualizing, diagnosing, and treating clients.
2C: Demonstrates ability to address differences in colleagues' intersecting identities, including the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.
2D: Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision, consultation, and service and can independently apply knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency.

3. Ethical and Legal Standards
3A: Independently utilizes ethical decision-making in all professional activities, acting in accordance with the APA Ethical Principles of Psychologists and Code of Conduct.
3B: Understands the ethical and legal considerations related to a client's needs and can apply ethical decision- making processes in treating the client, including addressing exceptions that arise related to confidentiality.
3C: Proactively assesses and documents safety risk and interventions, including but not limited to: concerns of suicidality, homicidality, and suspicion of abuse, and seeks consultation in such situations.
3D: Documentation reflects expectations based on agency, professional, state, federal, and insurance laws, regulations, rules, policies, standards, and guidelines, including but not limited to: objectives being specific and measurable in the care plan, care plan including all diagnoses, goals in the care plan being in the patient's own words, care plan reviewed consistently in the expected interval (30, 60, then 90 days thereafter), and following guidelines related to appropriate use of telehealth.

4. Primary Care and Integrated Service Delivery
4A: Gathers relevant information during Warm Handoff visits in order to respond to the requesting provider in a succinct and timely manner.
4B: Actively engages in virtual and in person team meetings and communicates effectively with behavioral health, medical, leadership and other staff using synchronous and a-synchronous forms of communication to enhance collaboration and treatment outcomes.
4C: Applies behavioral health knowledge when identifying, screening, assessing, and diagnosing behavioral health needs as part of a primary care team, including but not limited to anxiety, trauma related disorders, mood disorders, insomnia, psychosis, substance use, violence, and attention concerns.
4D: Exhibits an understanding of the external factors that contribute to health related behaviors and addresses a client's psychosocial factors, including but not limited to: food insecurity, housing insecurity, community supports, employment, and any other related environmental stressors, when treating the client.
4E: Demonstrates the ability to provide behavioral health related feedback to common medical concerns in the primary care setting, including but not limited to: type II diabetes, chronic pain conditions, obesity, multiple sclerosis, HIV, and hepatitis-C.

5. Building and Running Groups
5A: Demonstrates the ability to build a group and select or develop an appropriate group curriculum.
5B: Conducts pre-group evaluations over the phone or telehealth video to establish rapport with patient and evaluate appropriateness for group and distinguishes between clients who are appropriate and inappropriate for the group modality of treatment.
5C: Appropriately refers clients to colleagues' groups, and follows up with their referrals regularly, as well as advertises, explains, and elicits referrals from other staff members and clients, including but not limited to other behavioral health clinicians, medical providers, and patient service associates.
5D: Shows ability to conduct group sessions independently.
5E: As a group facilitator, works to be inclusive of all members in the group process and comfortably addresses group dynamics as they arise.
6. Interpersonal Skills and Professional Development
6A: Communication is informative, succinct, and completed promptly, in accordance with agency policy and culture.
6B: Proactively addresses colleague conflicts in the workplace and seeks consultation when appropriate.
6C: Proactively addresses client ruptures, understands their role and the client's in the situation, and seeks consultation when appropriate.
6E: Demonstrates receptivity to corrective and constructive feedback from supervisors and staff as demonstrated by their verbal and non-verbal responses.
6F: Provides constructive feedback to supervisors and staff.
6G: Exhibits the ability to reflect on one's reactions and behaviors in different interpersonal interactions.
6H: Provides organized and engaging presentations on clinical topics.

7. Supervision Development
7A: Articulates awareness of identity and value differences among trainee, self and clients, and articulates how these differences may affect dynamics between these groups.
7B: Fosters the trainee's consciousness of the identity and value differences among the resident, the trainee and the clients, and address these differences in therapy.

7C: Develops a supervisory alliance despite potential differences between supervisor and trainee.
7D: Shows awareness of supervisory developmental models and provides support to the trainee in a way that meets their current developmental need.
7E: Demonstrates the ability to provide both formative and summative feedback to trainee**.**
7F: Actively applies ethical, legal, and administrative considerations related to supervision of a trainee.

8. Quality Improvement
8A: Demonstrates knowledge of quality improvement processes and relevant healthcare innovations within an integrated healthcare service system.
8B: Systematically analyzes and utilizes appropriate tools to measure quality and impact of changes within an integrated healthcare service system.
8C: Contributes to performance improvement by identifying areas for change (e.g., issues related to clinical workflow) and uses appropriate quality improvement procedures to facilitate the change process.

9. Utilization of Telehealth
9A: Presents professionally while delivering telehealth services, including but not limited to the use of appropriate lighting, camera angle, professional attire and appearance, professional virtual setting, clear audio and picture quality, displaying professional credentials, setting up professional voicemail, and communicating absences.
9B: Conducts and adapts evidence-based treatments via telehealth by explaining and delivering exercises using virtual mediums, or uses technology to provide psychoeducation and explain key concepts to clients, such as those provided by Zoom, including but not limited to sharing their screen and utilizing the white board function, to augment their treatment when appropriate.
9C: Proactively addresses professional boundaries and challenges due to limited control over the client's environment, including but not limited to discussing appropriate client attire, the client being in an appropriate setting (i.e. not driving, in a quiet environment), clarifying expectations regarding others in the room and their expected participation during the session, and setting boundaries around online communication**.**

9D: Provides technical support to clients by assisting them in navigating minor technical challenges, assists clients with video capability to use video consistently, and effectively transitions to telephonic appointments when technical difficulties cannot be resolved or when a client does not have video capability.

10. Treatment of Opioid Use Disorders/Substance Use Disorders (OUD/SUD)
10A: Routinely assesses and diagnoses all clients and diagnoses all relevant OUD/SUDs, including but not limited to appropriately assessing tolerance and withdrawal, and identifying appropriate level of severity.
10B: Exhibits awareness of how social justice elements intersect with personal biases and transference/countertransference towards individuals with substance use disorders, and proactively addresses concerns as they arise in supervision.
10C: Uses specific MI interventions in line with the stage of change of the client, including understanding the role of ambivalence in treating SUDs.
10D: Uses harm reduction as a primary lens for treating clients and determining whether to engage or discharge clients in care at CHC, and when discharges are appropriate, can articulate the reasons for discharge within a harm reduction framework.
10E: Can explain and utilize the CHC SUH program model and how it is implemented including interdisciplinary care and care coordination and seeks consultation when appropriate.
10F: Relapse prevention plans created with clients are specific, multi-step and strengths based.

CHC Staff: Alum of the Postdoctoral Training Program

Name	Training Year	Site
Alicia LaRose	2023-2024	Hartford
Rosarimar Rodriguez	2022-2023	Waterbury/Bristol
Areta Zikopoulos	2022-2023	Middletown
Megan Culp	2022-2023	Stamford
Joshua Cruz	2020-2021	Waterbury
Abisai Garcia	2020-2021	Norwalk/Danbury
Sita Nadathur	2019-2020	Middletown
Rachel Tirnady	2019-2020	Enfield
Alexandra Munro	2017-2018	CGC
Catherine Savvides	2016 -2017	School Based
Dariush Fathi	2015-2016	Danbury
Chelsea McIntosh	2014-2015	Norwalk
Brenda Beauchamp	2014-2015	Meriden

Schedules and Weekly Calendars

Each resident is expected to work 40 hours a week, with at least one evening per week and one Saturday a month to meet the needs of our clients. Residents, based on space availability and for a hybrid training experience, are placed to be in person one day at each site and remote the other day(s). Residents who would like to be in person for more days can speak directly to their onsite behavioral health directors for site availability. Sites are typically open from 8:30 a.m. to 7:00 p.m. with some variations between sites during the week. Saturday hours are typically 8:30-12:30. On Site BH Directors create the Saturday schedules. **Residents should be only assigned to a Saturday rotation at one site only.**

The clinical day is typically comprised of one intake, two 45 minute sessions, one group, approximately two Warm Hand Off (WHO) blocks, and the rest are 30 minute sessions. Notes and other correspondence (TEs, emails) are to be completed ideally within 48 hours and notes sent to supervisors for review. Care plans need to be reviewed in a timely manner (in 30 day, 60 day, and 12 week intervals).

Each site has a number of team meetings throughout the week. Residents will see these indicated in their templates in Centricity and on the schedule provided to them.

Residents will receive two hours of face-to-face individual supervision per week. Residents will have two supervisors, and their client caseload will be split between them. In some cases, supervision may have to be completed via video conference, although preference is for in person. Residents will also have one hour of group supervision Thursday from 8:30-9:30 am, alternating between the Chief Behavioral Health Officer and the Postdoctoral Training Director. Didactic seminars occur either Wednesdays from 3:00-5:00 or Thursdays from 2:00-4:00 pm. Multicultural case conference will be once a month on Wednesdays from 2:00-3:00 pm. QI project meetings will be the first and third Tuesday of the month from 1-2 pm. Additional meetings including community resource and professional development meetings will also be scheduled.

If a resident will be calling out sick or will be late to work, they must follow CHC's procedure by calling a CHC number and then extension 7425 (SICK). Also, they must let their Onsite BH Director if it is a clinical day, know through email or text that they will be out. If a resident will be missing supervision, they need to proactively work with their supervisor to find an alternate time to meet. If a resident is going to miss a training part of the schedule, they need to let the Training Director and Program Specialist know. Residents will be unable to take time off in August (the last month of the training year) if they are not staying at the agency, or are switching site placements, with the exception of fixed events that are unable to be scheduled for another time. For residents who do not stay on for employment at CHC, **PTO time and CME funds must be used prior to leaving the agency.**

As employees, residents must document absences in Workday. Access absence, pay, and other HR-related items via this link: https://wd5.myworkday.com/wday/authgwy/osv_chc/login.htmld

Postdoctoral Resident Participation Expectations

- **Supervisor Contract and Individualized Training Plan (ITP)**

  The documents define expectations, goals, and processes as discussed and mutually agreed upon between supervisor and supervisee. These documents will be drafted and signed within the first few meetings with residents' supervisors.

- **Quality Improvement (QI) Seminar**

  Residents will learn about how to implement quality improvement initiatives in a healthcare setting and work with a Behavioral Health Quality Improvement team on a project currently being conducted at the agency. QI is a competency area and feedback on participation, collaboration, and presentation will be conducted. Residents will be provided a biweekly scheduled time for working on their project.

- **Supervision Training**

  Residents will participate in an eight-week one hour didactic seminar regarding various aspects about becoming a supervisor. Residents will engage in a co-facilitating group supervision opportunity for the doctoral student practicum program or for the psychiatric nurse practitioner residents. Residents will also be paired with a psychology doctoral student

for weekly, one hour peer consultation sessions to be able to discuss cases and practice supervisory skills in the spring.

- **Behavioral Health Quality Improvement Committee**

  Residents will participate in the agency's bi-monthly Behavioral Health Quality Improvement Committee. They are encouraged to participate and provide feedback on the agency's quality improvement initiatives presented in the meeting. They will also be expected to give the committee updates on their quality improvement project.

Residents are also welcome to participate in the following:

- Process Improvement (PI): CHCI's quality improvement committee that reviews medical, behavioral health, dental, client satisfaction, and employee satisfaction quality improvement initiatives.
- Institutional Review Board (IRB)
- Research
- School-based Rotation

- **Child Concentration**

  Residents in this concentration are evaluated by the same competencies and attend all resident activities as general postdoctoral residents. In addition to the activities above, child concentration residents will engage in the following:

  Hartford Residents will be trained to conduct Multidisciplinary Evaluations (MDEs) for DCF

  All Child Concentration Residents will engage in a monthly case conference to discuss child specific cases and concerns. They will be expected to select a child focused ECHO. They will also be trained and attend a weekly case meeting on using the Attachment, Regulation and Competency (ARC) treatment model.

- **Key Populations**

  Residents in this concentration are evaluated by the same competencies and attend all resident activities as general postdoctoral residents. In addition to the activities above, child concentration residents will engage in the following:

  - Key Populations ECHO

- Assignment to a shelter-based placement and/or to the Gender Diversity and Resilience (GDR) Program

All Trainee Participation Expectation Summary
Refer to the trainee manual for descriptions

Required	**Optional Elements**
Group co-facilitation or group creation	Mentorship
Didactic	Multicultural Committee
Multicultural Case Conference	Project ECHO
Observation	Psychological Assessment
Supervision (individual and group)	
Trainee Presentation*	
Evaluations *(journals, didactics, competencies, evaluation of supervisor, supervision forms)*	

Program Specifics:

***Trainee Presentations**

All residents will present a 90 min didactic on a clinical topic. These presentations will be scheduled monthly starting in January and residents will receive feedback from the Program Specialist and Training Director.

Evaluation Requirements:

Evaluation Type	**Due Date**
Reflective Journals	Weekly – Due on Thursday
Didactic Evaluations	Due after the didactic
Competency Benchmark by supervisor/Update ITP *Assessment of competencies*	Due in December, April, August
Supervisor Evaluation by Trainee	Due in December, April, and August
Self-Evaluation	Due at Due in October, April, August

Self-assessment of competencies	
Supervision Form	Due After Every Supervision Session

Evaluation Tips

You evaluate yourself and your supervisor will evaluate you on the program competencies. Compare their evaluation of you to your self-assessment and update the individualized training plan accordingly.

We encourage you to openly discuss each evaluation with your supervisor. If there are any barriers to providing your supervisor feedback about supervision, please reach out to the training director for support. Feedback to your supervisor and from your supervisor should be ongoing throughout the year outside of the formal evaluation period.

Evaluations are completed jointly by members of the training team for residents in December, April and August. Feedback in these meetings includes but is not limited to the following individuals: direct supervisor, on site behavioral health director, QI facilitator, group and telehealth training coordinator, training director, chief behavioral health officer, facilitator of group supervision of group supervision, presenters of didactics, and facilitator of multicultural case conference.

Post-Doctoral Policies and Processes

Grievance Policy

Purpose: The purpose of this policy is to establish the key guidelines for addressing postdoctoral psychology resident grievances.

Definition: A grievance is understood to be a dispute involving a postdoctoral resident during employment by the agency. A dispute may relate to disagreements or complaints by a resident about a staff member (supervisory or otherwise) or other resident's adverse personal behavior or professional performance. A grievance can be filed after termination if it pertains to actions initiated which are continuing or have been unresolved by that time.

Scope: This policy is applicable to all CHC postdoctoral psychology residents.

Open Door Problem Solving at Community Health Center Inc, strives to ensure fair and honest treatment of all employees and trainees. Supervisors, managers, employees and trainees are expected to treat one other with mutual respect. CHCI's postdoctoral residency program encourages an open atmosphere in which residents' problems, complaints, suggestions, or questions receive a timely response from their supervisors. The Postdoctoral Residency Program follows CHC's **Open Door Policy,** located on Sharepoint, which is a problem-solving process that encourages employees and trainees to openly discuss work-related problems and to attempt to solve problems constructively.

If a postdoctoral psychology resident disagrees with established rules of conduct, policies, or practices, they can express concern through the open door problem-solving procedure. No resident will be penalized, for voicing a complaint with CHC in a reasonable, professional manner, or for using the open door problem-solving procedure.

The program's open door problem-solving process incorporates several principles:

- Confidentiality: If a resident requests the opportunity to discuss a matter confidentially, CHC will endeavor to keep the matter private. However, the law and other circumstances may require CHC to take specific actions when certain issues are raised, so confidentiality

cannot be guaranteed in every instance. If confidentiality needs to be breached, the resident will be informed as to the reason and with whom information will be communicated.

- Freedom from retaliation: A resident will not be punished, for appropriate use of CHC's open door problem-solving procedure.
- Timeliness: A resident will receive a timely response from each person contacted in the process of using CHC's problem-solving procedure.

If a situation occurs when a resident believes that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps. The resident may discontinue the procedure at any step.

Any step should occur as soon as possible and no later than ten business days. If the grievance process is initiated each step and response will be documented in writing by training director (unless the grievance pertains to the training director, within which the Chief Behavioral Health Officer would gather written information) and retained in the resident's file.

1. Residents who have concerns about their training experience(s), supervision, or other training related matters are encouraged to discuss those concerns with the individual that is directly involved. If the resident does not feel comfortable doing so, they may seek guidance or raise the matter with their supervisor. The resident should describe the problem in a timely, complete and accurate manner.

2. If they are not satisfied with the response of their supervisor, or if the problem is inappropriate for discussion with their supervisor, they should discuss the problem with the training director. The training director will work with the resident to try to resolve the problem.

3. If the resident is still not satisfied after working with the training director, they should discuss the problem with the Chief Behavioral Health Officer.

4. A resident may discontinue the procedure at any step. At any point during the open door problem-solving process, they are free to talk with any member of management or

Postdoctoral Leadership team about the problem. Additionally, there may be points in the process where consultation with specific departments may be advised (e.g. Human Resources, Justice Equity Diversity Inclusion (JEDI) office, Legal). Whenever possible, however, a resident is encouraged to follow the steps listed.

Not every problem can be resolved to everyone's total satisfaction, but only through understanding and discussion of mutual problems can a resident and leadership develop confidence in each other. This confidence is important to the operation of an efficient and harmonious work environment.

Postdoctoral Psychology Due Process and Evaluation Policy

Purpose: The purpose of these policies are to establish the key postdoctoral psychology resident performance improvement guidelines for addressing trainee performance gaps in regards to their employment and training at CHC. In regards to Postdoctoral Residency performance within the expectations of the program, please see the Evaluation Policy, which is found in the second part of this policy.

Scope: This policy is applicable to all CHC postdoctoral psychology residents.

Policy: CHCI postdoctoral residents are expected to fulfill core job/trainee requirements and accept personal responsibility for adhering to performance standards and personal conduct that are consistent with CHC's standards and values, and noted in CHC's **Standards of Professional Behavior Policy**, **HR Professional Appearance Policy, Attendance Tardiness Policy, Drug and Alcohol Free Workplace Policy, HR Workplace Violence Weapons Ban Policy**, located on Sharepoint. CHC generally attempts to address performance difficulties and misconduct through coaching and corrective action to help postdoctoral psychology residents and all employees to achieve the expected performance standards. Degrees of coaching and corrective action are generally progressive and are used to ensure the CHC trainee has the opportunity to correct their performance. The corrective action process is designed to keep safety, high reliability, and accountability a top priority and to help postdoctoral psychology residents maximize their performance and promote a healthy work environment for all.

Disciplinary Action Documents

Copies of any documented disciplinary action or employment termination will be provided to postdoctoral psychology residents.

Postdoctoral Psychology Resident Written Statement

Any postdoctoral psychology resident who disagrees with any or all of the contents of any CHC disciplinary document may submit a written statement explaining their position. A copy of the postdoctoral psychology resident's written statement will be placed in the postdoctoral psychology resident's personnel file.

Procedure for Coaching and Corrective Action

If a postdoctoral psychology resident's performance, including attendance, falls below the expectations of their position and corrective action is appropriate, the postdoctoral psychology resident will be informed of the concern, and a collaboration as to ways to improve the concern will occur. CHC often uses a progressive approach to corrective action, beginning with coaching and counseling and continuing with a performance improvement plan. Depending on the nature of the offense, however, CHC reserves the right to commence the corrective action at any level it deems appropriate under the circumstances. When determining corrective action, multiple factors are taken into consideration including, but not limited to:

- The nature of the offense
- The postdoctoral psychology resident's employment history
- The seriousness of the offense
- The impact, if any, on patient or co-worker safety
- Whether the act was deliberate
- Whether the act was malicious or determined to be willful misconduct
- The impact on any stakeholders and/or CHC
- Any mitigating or aggravating circumstances
- The length of time since the postdoctoral psychology resident's last corrective action

At the discretion of the postdoctoral training director and/or Chief Behavioral Health officer, Human Resources can be consulted at any stage of the process for coaching, support, or development of a plan, and is required upon use of a final Performance Improvement Plan. When a postdoctoral psychology resident engages in any behavior, which requires correction and follow up monitoring, the following procedure will be followed.

1. A verbal discussion will occur with the resident and their supervisor(s).
2. A written Performance Improvement Plan is developed by the resident and their supervisor(s). This plan includes, at a minimum, concrete steps to be taken with target dates for completion, review criteria and review dates identifying who will be reviewing the resident's response to the plan, and next steps in the case of successful compliance, partial compliance, and noncompliance.

3. Following the meeting, the plan is reviewed by the Training Director. Upon approval, a copy is sent to the resident.
4. Upon review of the performance improvement document, the trainee confirms in writing that this is an accurate summary of the agreed upon plan.
5. The resident, their supervisor(s) and, as requested by the resident or supervisors, the Training Director, meet at the time agreed upon in the plan and discuss the trainee's progress in meeting the goals.
6. A written summary of the discussion is sent to the trainee, supervisors, and Training Director by the supervisor running the meeting. If all goals are met, no further meetings are scheduled other than the regularly planned evaluations. If goals are unmet or partially met, then a new plan is made which may include further goals for the resident and/or the residency program.
7. Depending on the circumstances of the behavior(s), a verbal, then written, then final written **Performance Improvement Plan** may be implemented, in conjunction with involvement with CHCI's human resources department.

Investigative Suspension

In cases where alleged serious misconduct occurs, the postdoctoral psychology resident may be placed on investigative suspension when it is necessary to make a full investigation to determine the facts of the case.

Unacceptable Behaviors

While it is not possible to list all forms of behavior that are considered unacceptable in the workplace, CHC's **Unacceptable Employee Behavior List**, located on Sharepoint, provides examples of such behavior. Please be advised that respectful behavior and integrity are central to CHC's values, and that these are values which cannot be compromised. Disrespectful behavior, lack of honesty, lack of full disclosure or misleading behavior, are impermissible at CHC or in the performance of work.

Evaluation Policy

To ensure residents meet the minimum level of achievement to successfully complete the postdoctoral residency program, residents are assessed on a tri-annual basis. Residents must score a four or higher for each competency to meet the minimum level of achievement. The program determined a score of a four as a target because it is above the minimum level of operating at an advanced level.

The first resident evaluation is conducted at the end of December. If a resident does not receive a four of higher for each competency across supervisors, a remediation meeting will be scheduled. Residents will meet with both supervisors to create a **Remediation Plan** to focus on how to improve the areas where they scored less than a four prior to the next evaluation period. If a competency is less than a four by the second evaluation period, which is conducted at the end of April, residents will again meet with their supervisors. In addition, residents will also meet with the training director and chief behavioral health officer to create a revised plan for improvement in the specific domains. From the second evaluation forward, the resident will meet every 30 days with their supervisors to review the plan and address ways to improve their score in the specific domains and revise the plan as needed. If by the third evaluation period, conducted at the end of August, a competency remains below a four, they will not be able to successfully complete and graduate the postdoctoral program.

Obtaining a Reasonable Accommodation/Need to Take a Leave

To make a request for a reasonable accommodation or facilitate the event that a resident needs to take a leave from the program, residents can contact the Training Director and the Human Resources Business Partner assigned to the resident's region. A trainee can review CHC's **Reasonable Accommodations for Disabilities Policy,** on Sharepoint to learn more about the procedure regarding accommodations.

Disability

According to the Americans with Disabilities Act of 1990 (ADA), the term **disability** means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual. This includes individuals who have a record of such an impairment, or are regarded as having a disability.

A **reasonable accommodation** is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity. An equal employment opportunity means an opportunity to attain the same level of performance or to enjoy equal benefits and privileges of employment as are available to an average similarly-situated employee without a disability. The ADA requires reasonable accommodation in three aspects of employment:

1) To ensure equal opportunity in the application process,

2) To enable a qualified individual with a disability to perform the essential functions of a job, and

3) To enable an employee with a disability to enjoy equal benefits and privileges of employment.

Visit the Job Accommodation Network at askjan.org/soar.cfm to learn more about specific accommodations.

Clinical Expectations

Therapy Supervision Expectations

The state of CT requires that residents successfully complete at least one year of supervised work experience pre- or post-doc to sit for the licensing exam. Pre-doctoral internships do NOT meet this requirement. This requirement includes 35 to 40 hours of work per week for at least 46 weeks in one year, or no less than 1800 hours in two years.

Face-to-face supervision with a CT licensed doctoral level psychologist is required. Residents need at least 3 hours of supervision per 40-hour workweek, of which at least one hour is individual. At CHC, residents will be receiving two hours of individual supervision, of which at least one is in person (other may be via telesupervision) and one hour of group supervision per week in order to meet this requirement. Residents are expected to attend all three hours of supervision each week**. If supervision needs to be cancelled, both supervisor and supervisee need to make best efforts to make up the time missed.**

Residents are expected to maintain an ongoing list of all of their clients. The list must include basic demographic information, the date treatment plan was created, the date care plan review is due and any other relevant information. For example, child providers in Middletown, where our Child Guidance Clinic is located, often include the date DCF-specific forms are completed and due.

Each supervision session residents are **required** to complete a supervision form in New Innovations, including the initials of clients discussed and any action items. These forms need to be signed by both the resident and the supervisor and submitted consistently after the supervision session.

Residents and their supervisors will determine the best and most productive use of supervision time. A contract will be created with resident and supervisor with goals for supervision for the training year. Supervision is a time for residents to review ongoing cases, intakes, and particular challenges or areas of growth. Residents are encouraged to use their supervisor's knowledge of particular areas to learn and to use this time for professional development.

Residents are required have their work observed throughout the year as a way to augment supervision. The expectation is at minimum one observation per evaluation period (December, April, August), per supervisor, for a total of six observations for the training year.

Requirements for CT Licensure

Please check the website at http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389550 for up-to-date information about what residents need to do for CT licensure.

The licensure qualifications were reviewed for Connecticut to make a consistent decision moving forward for supervisor and postdoctoral guidance in the state. For successful completion of the postdoctoral program and completion of the placement, residents are in the placement until August 31st, but in Connecticut, in line with the licensure regulations of 46 weeks, the verification for work experience can be completed as of July 22nd of the training year.