

Baylor
College of
Medicine

**HARRIS
HEALTH
SYSTEM**

PSYCHOLOGY FELLOWSHIP
2018-2019

THE MENNINGER DEPARTMENT OF
PSYCHIATRY AND BEHAVIORAL SCIENCES
BAYLOR COLLEGE OF MEDICINE

AND

THE PSYCHIATRY SERVICE
AT BEN TAUB HOSPITAL

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OVERVIEW

Ben Taub Hospital (BTH) is a county-funded general hospital built in 1963 to serve the needs of the Houston area. The Psychiatry Service at BTH provides inpatient and outpatient treatment for medically indigent and psychiatrically impaired persons. As a member of the Psychiatry team, the postdoctoral fellow will provide assessment and therapy services to psychiatric patients in the outpatient and inpatient setting. For the upcoming academic year (2018-2019), two full-time clinical psychology postdoctoral fellowships will be available for the Ben Taub Hospital/Baylor College of Medicine Adult/Child Track

Postdoctoral fellows of the BTH/BCM Adult/Child Track will complete their fellowships through Ben Taub Mental Health Services located at BTH. During the fellowship year, postdoctoral fellows will spend six months in the BTMHS outpatient clinic and 6 months on the adult acute psychiatric inpatient unit at BTH. On the outpatient rotation, fellows will provide psychological assessments and therapy services to psychiatric outpatients and serve as a primary clinician in the Adolescents in Motion Program (AIM) and the Intensive Outpatient Program (IOP). On the inpatient rotation, the fellow will become an integral member of two multi-disciplinary treatment teams. Fellows function as consultants on the treatment teams and provide services that include individual therapy, group therapy, and brief psychological assessments to patients admitted to the inpatient unit. The fellow will also have opportunities to conduct psychological assessment and consultation services to medical inpatients through the hospital Consultation and Liaison Service (C&L). In addition to the primary rotation duties, each fellow will have the opportunity to choose an Elective rotation (i.e. geriatric, research, specialized outpatient groups, human trafficking patients, assessment). Fellows will also have opportunities to work with psychiatry residents, teach psychology seminars to medical students, and participate in ongoing research protocols. For more information on the description of each rotation see Appendix IV.

Members of both the BCM psychology and psychiatry faculty provide supervision as appropriate to the clinical work being done and research activities pursued by the fellow. A full range of educational opportunities at BCM and the Texas Medical Center is available, including BCM Psychiatry Grand Rounds, on-site workshops, and regularly scheduled training activities (e.g., individual and group supervision), as well as a postdoctoral seminar series for BCM-affiliated fellows in the Houston area. The fellow may also develop a research project for presentation and/or publication during their term and engage in a variety of teaching and training opportunities.

This fellowship meets the licensure requirements for the State of Texas and fellows are encouraged to pursue licensure in Texas during the fellowship year. The training program is flexible and tailored to the fellow's interests and needs based on agreement of supervisors and fellow. Some activities are required; however, there is considerable room for customization within the general categories of training activities.

TRAINING GOALS AND OBJECTIVES

- I. The fellowship will promote **general professionalism**, including appreciation of and sensitivity to diversity and ethics, and preparation for licensure.
 - A. The fellow will work with a culturally diverse patient population, including those who are traditionally underserved.
 - B. The fellow will participate in the **BCM Psychology Fellow Network**, which exposes fellows to ethical and professional issues and promotes collegial relationships among fellows in the **Houston** area.
 - C. The fellow will be prepared for licensure in the state of Texas.

- II. The fellowship will provide training in **psychological assessment**.
 - A. The fellow will conduct focused psychological assessments of medically ill patients in the general hospital setting.
 - B. The fellow will conduct comprehensive psychological assessments for patients in the outpatient setting. .
 - C. The fellow will conduct problem-focused, brief psychological assessments for patients on the acute inpatient psychiatric unit.

- III. The fellowship will provide training in **psychotherapeutic interventions**.
 - A. The fellow will conduct individual and group psychotherapy in outpatient programs for patients with chronic psychopathology, including personality disorders.
 - B. The fellow will conduct individual outpatient psychotherapy with adults.
 - C. The fellow will conduct individual and family therapy with children and adolescents.
 - D. The fellow will conduct time-limited individual psychotherapy for patients on the acute inpatient psychiatric unit.
 - E. The fellow will co-facilitate a daily therapy group(s).

- IV. The fellowship will promote **multi-disciplinary consultation**.
 - A. The fellow will serve as a consultant to other mental health care disciplines, including psychiatry, social work, psychiatric nursing, occupational therapy, and chemical dependency counseling.
 - B. The fellow will help teach other mental health care providers about the psychological services he or she conducts, both informally through discussion and formally through seminar teaching.

- V. The fellowship will provide training in **clinical supervision**. (when available)
 - A. The fellow will supervise one or two psychotherapy cases being treated by either psychology trainees and/or psychiatry resident(s).
 - B. The fellow will participate in didactic presentations to either other psychology trainees, medical students and/or psychiatric residents.

- VI. The fellowship will promote **evidence-based practice**.
 - A. The fellow will conduct clinical activities based on an empirical approach, consulting relevant research, and using scientific methods of evaluating evidence.
 - B. The fellow may be involved in ongoing research projects and will develop at least one project for presentation and/or publication by the end of the fellowship.

TRAINING COMPETENCIES AND ACTIVITIES

I. General Professionalism

- A. The fellow participates in a monthly Psychology Service meeting focusing on clinical and ethical issues and other professional matters. (Required)
- B. The fellow participates in the BCM Psychology Fellow Network, an organization of postdoctoral fellows in the Houston area. The Network meets three to four times per year to discuss professional topics including ethics, licensure, and cultural diversity. (Required)
- C. The fellow participates in a bi-monthly peer supervision meeting with a BTH faculty member to discuss a variety of topics including providing supervision, job search, interviewing skills, and other topics related to professional development. (Required)

II. Psychological Assessment

- A. Consultation and Liaison (C&L) service: The fellow provides consultation and assessment services to the psychiatric C&L service, which consults to the entire hospital. Typical C&L evaluations are brief and focused and may center on issues of competence, need for guardianship, identification of underlying psychosis, and prognosis for rehabilitation. (Required)
- B. Outpatient psychological assessment: The fellow is responsible for conducting psychological neuropsychological evaluations for psychiatric outpatients. These evaluations may be brief or extensive, depending on the referral question. Typical referrals include diagnostic, cognitive, and/or personality testing. (Required)
- C. Acute Psychiatric Inpatient Unit: The fellow is responsible for conducting psychological evaluations for psychiatric inpatients. These evaluations are typically brief in nature, as the average length of stay is 7 days on the psychiatric inpatient unit. Typical referrals include diagnostic, cognitive, and/or personality testing.

III. Psychotherapeutic Interventions

- A. Adult Intensive Outpatient Program (IOP). The fellow serves as a primary clinician for the IOP, a program for patients with severe psychopathology/behavioral problems. As a primary clinician, the fellow provides individual psychotherapy, runs groups, and serves on a multi-disciplinary treatment team. See appendix IV. (Required)
- B. Outpatient Group Therapy: The fellow conducts a cognitive-behavioral group and/or interpersonal process group or a combination of several outpatient group therapy patients with severe psychopathology.
- C. Adult outpatient psychotherapy: The fellow treats a small number of patients in longer-term individual psychotherapy. (Required)

- D. Acute psychiatric inpatient individual psychotherapy: The fellow will provide evidenced-based, time-limited psychotherapy to patients who have been admitted to the psychiatric inpatient unit through the Ben Taub Emergency Center (BTEC). Due to the setting, therapy often involves crisis intervention/stabilization/management and motivational interviewing. Fellows will utilize different therapeutic approaches (e.g. CBT, DBT, insight-oriented, strength-based) depending on the patient's psychiatric presentation. (Required)
- E. Acute psychiatric inpatient group psychotherapy: The fellow will co-facilitate a daily coping skills group. Group topics include self-care, anger management, problem-solving, assertiveness, and distress tolerance. (Required)
- F. Adolescents in Motion (AIM) Intensive Outpatient Program: The fellow serves a primary clinician for AIM, a program for adolescents and their parents. As a primary clinician, the fellow provides individual and family therapy weekly, leads the skills group, provides case management, and works on a multidisciplinary team. (Required)
- E. Elective Rotation: The fellow will have the opportunity to spend a designated period of their time engaging on an Elective rotation. Fellows will be able to choose from one of the four elective options available listed below:
1. *Geriatric Elective*
 2. *Research Elective*
 3. *Assessment Elective*
 4. *Psychotherapy*
 5. *Specialized Outpatient Groups*

IV. Clinical Supervision (when available)

The fellow receives specialized training in the supervision of clinical psychology graduate students, psychology trainees and/or psychiatry residents. The fellow supervises the treatment of one or two individual psychotherapy cases and/or groups, under supervision of their primary clinical supervisor. In addition, the fellow may further contribute to the supervision and teaching of psychology and psychiatry trainees by demonstrating the use of assessment tools and participating in case consultation meetings. (Required)

V. Multi-disciplinary Consultation

A. As noted above, the fellow participates on several multi-disciplinary treatment teams, which may include IOP, AIM, the C&L service, and the Acute Psychiatric Inpatient Unit. In each setting, the fellow provides consultation to other treatment professionals, such as by attending treatment team meetings, providing oral and written feedback to the team, and seeking out the services of other professionals when necessary (e.g., by making referrals to psychiatry, social work, occupational therapy, or substance abuse treatment). (Required)

B. The fellow also attends Grand Rounds in the Psychiatry Department, which is a multi-disciplinary forum for the latest research and practice updates. (Required)

VI. Evidence-Based Practice

The fellowship is evidence-based, insofar as an empirical stance towards assessment and treatment is endorsed and empirically-supported treatments are encouraged. In addition, the fellow is provided opportunities to pursue a research project during the fellowship year, and to produce a manuscript for presentation and/or publication. The fellow may elect to create a new research protocol or to develop a smaller research study within the context of an existing protocol. The vast majority of patients receiving assessment or psychotherapy services are enrolled in research studies as part of their treatment. The fellow may draw from this database for their research endeavors.

SUPERVISION AND DIDACTIC EXPERIENCES

I. Supervision

Fellowship training follows a developmental model of supervision, beginning with more supervision and oversight of the fellow's activities and progressing to greater autonomy, with supervisors taking a more consultative stance. Furthermore, the training program is flexible and tailored to the fellow's interests and needs. At the beginning of the academic year, the fellow meets with the Director of Training and Deputy Chief of Psychiatry to identify personal goals within the competence areas identified by the program. Specific activities are then selected to achieve these goals, which allows for a customized fellowship curriculum.

II. Grand Rounds

The fellow attends weekly Grand Rounds in the Menninger Department of Psychiatry and Behavioral Sciences. Grand Rounds include lectures, case reviews, and research presentations. Grand Rounds provides an opportunity to hear and meet nationally recognized experts in the fields of psychiatry and psychology, as they present the most up-to-date information on a variety of topics.

III. Baylor College of Medicine (BCM) Psychology Fellow Network

The BCM Psychology Fellow Network comprises postdoctoral fellows from various Houston-area fellowships. The Network meets quarterly to discuss professional issues and listen to presentations by guest speakers on topics such as licensure, supervision, and diversity. The Network also provides fellows with regular information on jobs and additional training opportunities.

TRAINING RESOURCES

I. Training staff

The fellow is supervised by a licensed clinical psychologist(s).

In addition, the fellow will receive training from licensed psychiatrists and other mental health professionals in the context of the multi-disciplinary team approach.

II. Training support

The fellow has access to all training activities available to trainees at the hospital, including workshops, seminars, and conferences. Although the fellow does not receive a specific training fund, status as a fellow often provides access to training activities and resources at a reduced rate. The Training Director monitors such opportunities, including research funding, and makes them known to the fellow.

III. Facility and resources

The Psychology Service of Ben Taub Hospital is located in the Psychiatry Outpatient Program Clinic. Although the fellow works throughout the hospital, the Outpatient Program Clinic is the fellow's home base. In the Clinic, the fellow has an office with a personal computer, e-mail access, and standard office software (e.g., Microsoft Word, Excel, PowerPoint). The fellow has access to computerized scoring programs (e.g., PAI, WAIS-IV, etc.) as well as access to therapy rooms, a testing room, and group rooms within this facility. Office supplies, electronic equipment (e.g., copy and fax machines), and testing supplies are provided by the hospital for the fellow's use.

The fellow may also obtain a free Texas Medical Center library card, which grants access to all libraries within the Medical Center.

EVALUATION AND DUE PROCESS PROCEDURES

The fellow receives a formal evaluation from supervisors each quarter (see Appendix I for evaluation form). The fellow will be evaluated in a variety of competency areas and will be given specific feedback on strengths and areas that need improvement. The fellow also provides supervisors with formal evaluation after each rotation. The fellow completes a written evaluation (Appendix II). The evaluation form is given to the fellowship director who will then give the faculty your evaluation once the fellowship year is complete. Supervisors will receive informal evaluation/feedback from fellows at the end of each rotation. Formal due process procedures (see Appendix III) are in place for both the fellow and the training program regarding problem situations.

LEAVE POLICY

1. Fellows should notify their primary supervisor(s) 4 weeks in advance of any leave. Dr. Nguyen should also be notified. Once supervisor(s) approve leave, please send the leave request form to Charissa Wiltz for approval by Dr. Nguyen. This form should also include the name of the clinician covering for you.
2. For a leave of less than 2 hours, notify your primary supervisor first. Once supervisor(s) approve leave, please send the leave request form to Charissa Wiltz for approval by Dr. Nguyen. This form should also include the name of the clinician covering for you.

** If more than 2 hours is needed for appointment, then one has to take the day off.

3. If supervisor not available, then please email Dr. Nguyen for approval
4. Exceptions are made if there are no patients scheduled and in emergency cases
5. Fellows have 15 vacation days and 12 sick days, 4 Floating time Holidays. Please make sure you are keeping track of these through BCM website.

APPLICATION REQUIREMENTS

We will begin accepting applications on December 1, 2017. Applicants must be graduates from APA- or CPA-Accredited Counseling or Clinical Psychology Ph.D. or Psy.D. training programs. Applicants must complete all doctoral degree requirements by 9/4/2018, including dissertation. U.S. citizenship is not a requirement for the fellowship.

The deadline for applications is January 16, 2018 (11:59PM CST). We will begin interviewing applicants in mid-January. In-person interviews are preferred. We will be adhering to the APPIC Postdoctoral Selection Guidelines for the selection of the 2018-2019 class. The Universal Notification Date (UND) for Postdoctoral Fellowships is February 26, 2018.

The fellowship begins September 4, 2018 and ends August 30, 2019. If fellow is hired, please be available a month in advanced before the start of your fellowship in order to complete on-boarding and credentialing process. Application should be submitted through APPIC. But also please send application materials (i.e. letter of interest, updated CV, and three letters of recommendations) via email to the Fellowship Director, Phuong T. Nguyen, PhD (ptnguyen@bcm.edu)

APPENDIX I

BAYLOR PSYCHOLOGY FELLOW EVALUATION FORM

DATE:

SUPERVISOR:

FELLOW:

EVALUATION PERIOD: 1 2 3 (please underline)

EVALUATION PERIOD SUPERVISED: 1 2 3 (please underline)

TRAINING ASSIGNMENT:

SUPERVISION REPORT BASED ON (please underline):

Direct observation, videotape, audiotape, case presentation, review or written work, review of raw test data, discussion of clinical interaction, comments from other staff

RATING KEY

ALL RATINGS ARE BASED ON THE FOLLOWING SCALE:

Rating:	<u>*FAIL*</u>	<u>*CONDITIONAL*</u>	<u>*PASS*</u>	<u>*HIGH*</u>	<u>*HONORS*</u>
	1	2	3	4	5

1 = Fail

2 = Conditional Pass (Specific Remediation **REQUIRED**; performance below level of training)

3 = Pass (Performance and Recommendations equal to Level of Training)

4 = High Pass (Performance greater than Level of Training)

5 = Honors (Exceptional Performance significantly above Level of Training)

PLEASE NOTE: To meet the requirements of the FELLOWship program, an FELLOW must have a ***PASS*** rating on ALL criteria, for ALL review periods.

If a ***PASS*** rating is not obtained during any review period, a **remedial plan** must be agreed on between FELLOW and supervisor. Space is provided at the end of this form to outline (1) the specific goals of such a remedial plan, and (2) measures to evaluate whether these goals are met, and (3) the time frame within which these goals are expected to be met.

A. PROFESSIONAL BEHAVIOR and ETHICS

1. Evaluate reliability in keeping appointment, preparing material for supervision, and completing all patient care tasks (e.g., phone calls, notes); initiative in seeking out meaningful work experiences; ability to carry out assignments; timeliness with which work demands are met; knowledge and use of ethical principles; coping strategies for managing personal and professional stressors.

Rating (1-5):

Comments:

B. INTERPERSONAL WORK RELATIONSHIPS

2. Ability to work cooperatively with peers and other treatment personnel. Take into consideration such factors as the ability to empathize with the viewpoints and feelings of others and the ability to manage or resolve interpersonal differences; rate openness to feedback or critique, willingness to be open and candid with the supervisor about problems with patients or staff.

Rating (1-5):

Comments:

C. ASSESSMENT SKILLS

3. Grasp of the assessment process. Take into consideration the fellow's knowledge of differential diagnosis, interviewing skills, selection and administration of procedures/tests, ability to integrate test findings (if used) with clinical interviews and behavioral observations, and ability to organize and communicate findings in a written report. Consider also the fellow's ability to integrate science and practice in the assessment process.

Rating (1-5):

Comments:

D. THERAPEUTIC RELATIONSHIP SKILLS

4. Ability to form a therapeutic alliance with patients. Take into consideration the fellow's ability to respect the patient, empathize with the patient, and provide an atmosphere to facilitate change.

Rating (1-5):

Comments:

E. THERAPEUTIC PROCESS SKILLS

5. Ability to conceptualize patients' problems and intervene appropriately. Take into consideration the fellow's ability to utilize the empirical literature to formulate a case, set treatment goals, develop a treatment plan, intervene, and evaluate improvement of therapy patients. Also consider ability to manage crises and make appropriate short-term safety plans.

Rating(1-5):

Comments:

F. PROFESSIONAL ROLE AND CONSULTATION SKILLS

6. Assess the fellow's understanding of the different roles played by a psychologist in a clinical setting and his/her ability to function as a consultant or teacher to others. Take into consideration the fellow's ability to integrate theory, research, and practical knowledge in this task, and consider development of a professional identity.

Rating (1-5):

Comments:

G. RESEARCH SKILLS -- INTEGRATION OF SCIENCE and PRACTICE

7. Ability to engage in the scientific process of advancing knowledge in both clinical and research settings. Take into consideration the fellow's ability to generate research ideas and questions, formulate experimental methods, analyze results, and draw appropriate conclusions. Also consider ability to apply empirical literature to clinical work in both assessment and therapy applications.

Rating (1-5):

Comments:

H. CULTURAL DIVERSITY and INDIVIDUAL DIFFERENCES

8. Assess the fellow's ability to take into account cultural diversity and individual differences in clinical work, including assessment, consultation, and interventions. Consider also the fellow's sensitivity to individual differences in the research context, as well as in the context of didactic and case presentations.

Rating (1-5):

Comments:

I. OVERALL RATING

9. Please provide a composite rating of the fellow's overall effectiveness. Take into consideration the fellow's work habits, relationships with peers, supervisors, and other professional personnel, and in

particular the fellow's abilities in research comprehension and application, patient assessment, therapeutic relationship, and therapeutic skills.

Rating (1-5):

Comments: (Description of strengths and weaknesses. Please provide specific recommendations for remediation, future supervision, experiences, and guidance.)

REMEDIAL PLAN

PLEASE UNDERLINE: No remedial plan is necessary / A remedial plan has been agreed upon.

If a remedial plan has been agreed upon, please give details below:

A) Specific goals:

B) Measures to determine whether goals have been reached:

C) Time frame for reaching goals:

FELLOW

SIGNATURE _____ DATE _____

SUPERVISOR

SIGNATURE _____ DATE _____

APPENDIX II

SUPERVISOR EVALUATION FORM

Rotation: _____

Training year: _____

Supervisor's Name: _____

Evaluation Period: _____

Please complete questionnaire evaluating supervisor's skill and performance using the following rating scale:

1 = Outstanding, 2 = Very Good, 3 = Average, 4 = Fair, 5 = Poor, N/A = Not Applicable

A. PROCEDURE, FORMAT, EFFORT

CIRCLE BELOW

1. Used supervision time productively	1	2	3	4	5	N/A
2. Knowledge of fellowship policies, procedures and requirements	1	2	3	4	5	N/A
3. Kept regular appointments	1	2	3	4	5	N/A
4. Accessible for informal questions and discussions	1	2	3	4	5	N/A
5. Set clear supervision objectives and fellow responsibilities	1	2	3	4	5	N/A
6. Used effective aids in supervision	1	2	3	4	5	N/A
7. Provided feedback on professional performance and development	1	2	3	4	5	N/A
8. Maintained reasonable expectations for fellow's development	1	2	3	4	5	N/A

B. ASSESSMENT/TREATMENT SKILLS

CIRCLE BELOW

1. Assisted in case conceptualization	1	2	3	4	5	N/A
2. Assisted in development of concrete goals	1	2	3	4	5	N/A
3. Integrated clinical and empirical	1	2	3	4	5	N/A
4. Assisted in selection of appropriate assessment/intervention strategies	1	2	3	4	5	N/A
5. Recommended alternative clinical perspectives	1	2	3	4	5	N/A
6. Recommended appropriate readings and other resources	1	2	3	4	5	N/A
7. Provided guidance in development of professional relationships	1	2	3	4	5	N/A
8. Assisted in development of written communication skills to generate meaningful reports and notes	1	2	3	4	5	N/A
9. Provided guidance in development of adequate skills to evaluate treatment outcomes	1	2	3	4	5	N/A
10. Provided assistance in learning referral and termination procedures	1	2	3	4	5	N/A
11. Addressed cultural diversity and individual differences	1	2	3	4	5	N/A

C. SUPERVISORY RELATIONSHIP

CIRCLE BELOW

1. Created environment offering freedom to make mistakes	1	2	3	4	5	N/A
2. Provided ongoing feedback	1	2	3	4	5	N/A
3. Provided easily acceptable feedback	1	2	3	4	5	N/A
4. Challenged fellow to expand clinical skills	1	2	3	4	5	N/A
5. Respected fellow as an emerging professional	1	2	3	4	5	N/A
6. Exhibited commitment to fellow's training	1	2	3	4	5	N/A
7. Exhibited characteristics of an excellent role model	1	2	3	4	5	N/A
8. Accurately conceptualized fellow's strengths and developmental needs as an emerging psychologist	1	2	3	4	5	N/A
9. Communicated evaluation of fellow's skills in a direct manner	1	2	3	4	5	N/A
10. Facilitated appropriate level of independence	1	2	3	4	5	N/A

D. GENERAL COMMENTS

1. What did you most enjoy about the supervision you received?
2. What did you least enjoy about the supervision you received?
3. What suggestions do you have for improving supervision on this rotation?

APPENDIX III

Baylor College of Medicine/Menninger Department of Psychiatry

Due Process Procedures Psychology Post-Doctoral Fellowship

Post-doctoral Psychology Fellow Evaluation

I. Definitions:

A. Due Process: General Guidelines

Due process ensures that the training program's decisions about Fellows are neither arbitrary nor personally based.

Specific evaluative procedures apply to all Fellows, and appeal procedures are available for Fellows who wish to challenge the program's actions. All steps need to be appropriately documented and implemented.

General guidelines are as follows:

1. The training program's expectations related to professional functioning are presented to Fellows in writing and discussed both in group settings and with individual supervisors.
2. A copy of the psychology fellowship handbook is provided to fellow.
2. Formal evaluations occur with each supervisor at specified times.
3. Problematic behavior or concerns are clearly defined in writing, and opportunities for discussion and clarification are provided if necessary.
4. Fellows are informed of due process procedures and written policies for appealing actions of the program when warranted.
5. The training program will institute a remediation plan for identified inadequacies, including a time frame for expected remediation. Consequences of not rectifying the inadequacies are clearly stated in writing.
6. The training program ensures that Fellows have sufficient time to respond to any action taken by the program.
7. The training program considers multiple professional sources when making decisions or recommendations regarding a Fellow's inadequate performance.
8. The training program documents the action taken by the program and its rationale, and provides this documentation to all relevant parties.

Evaluations for fellows are conducted every three months by their respective supervisors to monitor the development and readiness of Fellows. Supervisors provide ongoing feedback on Fellows' strengths and areas of growth. The ongoing evaluation process provides regular feedback and evaluation of goals set for the training year. Professional autonomy increases and Fellows complete the program with developed competencies to practice as professional psychologists.

B. Definition of Inadequate Performance

Inadequate performance is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- 1) An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- 2) An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- 3) An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. It is a professional judgment as to when a Fellow's performance becomes inadequate rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified when they include one or more of the following characteristics:
 1. The Fellow does not acknowledge, understand, or address the problem when it is identified;
 2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
 3. The quality of services delivered by the Fellow is sufficiently negatively affected;
 4. The problem is not restricted to one area of professional functioning;
 5. A disproportionate amount of attention by training personnel is required; and/or
 6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Procedures for Responding to Inadequate Performance by a Fellow

A. Basic Procedures

If a Fellow receives an "unacceptable rating" from any of their supervisors in any of the major categories of evaluation, or if a staff member has concerns about a Fellow's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Training Director is not the Fellow's primary supervisor, the Training Director and/or person with the concerns will discuss their concern with the Fellow's primary supervisor.
3. If the Training Director and the primary supervisor determine that the alleged complaint, if proven would constitute a serious violation, the Training Director will meet with the staff member(s) who brought up the complaint initially
4. The Training Director will convene a meeting with the Training Committee comprised of appropriate psychologists housed at the Ben Taub NPC/Department of Psychiatry to discuss the performance rating or the concern. The Associate Chief of Psychiatry and the Head of the Psychology division will be informed of the concern.

B. Notification Procedures to Address Inadequate Performance

Once inadequate performance is identified, it is imperative to identify a meaningful way to address it. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the

Fellow, the patients involved, members of the training group, the training staff, and other agency personnel. All evaluative documentation will be maintained in the trainee's file.

1. Verbal Notice to the Fellow emphasizes the need to discontinue the inappropriate behavior under discussion.
2. Written Notice to the Fellow formally acknowledges:
 - a) that the Training Director is aware of and concerned with the performance rating,
 - b) that the concern has been brought to the attention of the Fellow,
 - c) that the Training Director will work with the Fellow to rectify the problem or skill deficits, and
 - d) that the behaviors associated with the rating are not significant enough to warrant more serious action at that time.
3. Second Written Notice to the Fellow indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
 - a) a description of the Fellow's unsatisfactory performance;
 - b) actions needed by the Fellow to correct the unsatisfactory behavior;
 - c) the time line for correcting the problem;
 - d) what action will be taken if the problem is not corrected; and
 - e) notification that the Fellow has the right to request a review of this action.

If at any time an trainee disagrees with the aforementioned notices, the trainee can appeal

C. Remediation and Sanctions

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the training director, relevant members of the training staff and supervisors. The remediation and sanctions are listed below and may not automatically occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. Schedule modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the Fellow to a more fully functioning state. Modifying a Fellow's schedule is an accommodation made to assist the Fellow in responding to personal reactions to environmental stress, with the full expectation that the Fellow will complete the Fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - a) increasing the amount of supervision, either with the same or other supervisors;
 - b) change in the format, emphasis, and/or focus of supervision;
 - c) recommending personal therapy;
 - d) reducing the Fellow's clinical or other workload;
 - e) requiring specific academic course work.

The Director of Training, in consultation with the primary supervisor and the training committee, will determine the length of a schedule modification period. The termination of the schedule modification period will be determined, after discussions with the Fellow, by the Training Director in consultation with the primary supervisor.

2. Probation is a time limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the fellow to complete the fellowship and to return the fellow to a more fully functioning state. Probation defines a relationship and specific length of time that the Training Director

systematically monitors the degree to which the fellow addresses changes and/or otherwise improves the behavior associated with the inadequate rating. The fellow is informed of the probation in a written statement, including:

- a) specific behaviors associated with the unacceptable rating,
- b) recommendations for rectifying the problem,
- c) time frame for the probation during which the problem is expected to be ameliorated and
- d) procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the Fellow's behavior after the implementation of the above options, then the Training Director will discuss with the primary supervisor, the training committee, Head of Psychology Division and the Associate Chief of Psychiatry the possible courses of action to be taken. The Training Director will communicate in writing to the Fellow that the attempts to address the problematic behavior have not been successful, and the course of action that will be taken. If the Fellow's behavior does not change with these additional sanctions, the Fellow will not successfully complete the Fellowship. If these sanctions do result in successful change in the Fellow's problematic behavior, then the Director of Training, the Fellow's primary supervisor, Head of Psychology Division and the Associate Chief of Psychiatry will assess the Fellow's capacity for effective functioning and determine when direct service can be resumed. If the sanctions interfere with the successful completion of the training hours needed for completion of the Fellowship, this will be noted in the Fellow's file.

3. Suspension of direct service activities requires a determination that the welfare of the fellow's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period determined by the Training Director in consultation with the primary supervisor, Head of Psychology Division and the Associate Chief of Psychiatry. At the end of the suspension period, the fellow's supervisor in consultation with the Training Director will assess the fellow's capacity for effective functioning and determine when direct service can be resumed.

4. Administrative leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the probation period, suspension of direct service activities or administrative leave interferes with the successful completion of the training hours needed for completion of the fellowship, this will be noted in the fellow's file and the fellow's academic program will be informed. The Training Director will inform the fellow about the effects the administrative leave will have on the fellow's stipend and accrual of benefits.

5. Dismissal from the Training program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problematic behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the Associate Chief of Psychiatry and the Head of Psychology Division the possibility of termination from the training program. Either administrative leave or dismissal would be invoked and if such decision is reached the Training Director will notify the Fellow in writing.

6. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the supervisor(s), or Training Director, the Chief of Psychiatry and the Head of Psychology may immediately dismiss the trainee from her training site. his dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC).

If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement *Appeal Procedures (Section II D)*.

D. Appeal Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the Training Director. The trainee must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
2. Within three work days of receipt of a formal written appeal from a trainee, the Training Director will consult with the Training Committee to discuss the appeal or the concern. The Associate Chief of Psychiatry and the Head of the Psychology division will be informed. Psychology faculty will then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.
3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Training Fellowship Director, then that appeal is reviewed by the Head of Psychology and the Chief of Psychiatry. The aforementioned will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld.

III. Grievance Procedures

In the event a trainee encounters difficulties or problems other than evaluation related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during his/her training program, a trainee can:

1. Discuss the issue with the staff member(s) involved;
2. If the issue cannot be resolved informally, the trainee should discuss the concern with the Training Director who may then consult with the staff member, other staff members, Chief of psychiatry, or Head of Psychology if needed (if the concerns involve the Training Director, the trainee can consult directly with the Chief of Psychiatry);
3. If the Chief of psychiatry, Training Director and/or faculty involved cannot resolve the issue of concern to the trainee, the trainee can file a formal grievance in writing with all supporting documents by following these steps which are listed in the BCM Policies and Procedures.
 - (a) Supervisor - The employee shall submit his/her complaint verbally to the employee's immediate supervisor as soon as possible, but not later than fifteen (15) working days after the problem arises. The supervisor should orally answer the employee within five (5) working days after receipt of the complaint.
 - (b) Chairperson/Department Head - If the proposed resolution of the complaint by the supervisor is not to the Fellow's satisfaction, the Fellow may appeal the matter in writing to the Chief of Psychiatry or Head of Psychology within five (5) working days of receipt of the supervisor's decision. The Chief of Psychiatry or Head

of Psychology will meet with the Fellow as soon as practicable and within five (5) working days of the meeting will advise the Fellow in writing of his/her decision.

(c) Grievance Committee - If the employee is not satisfied with the proposed resolution of the matter by the Chief of Psychiatry or Head of Psychology, he/she may within five (5) working days of receipt of the decision submit a written appeal to the Vice President for Human Resources for transmittal to an ad hoc grievance committee which shall be appointed to review the matter. The written appeal shall be on forms which are available from Employee Relations. The Chief of Psychiatry/Head of Psychology will also be provided with the appropriate forms. The Fellow will provide a complete statement of his/her complaint and attach any documents deemed relevant. The Fellow and Chief of Psychiatry/Head of Psychology shall receive a copy of the grievance forms completed by the other party. As soon as practicable, the committee will schedule a meeting at which both the Fellow and Chief of Psychiatry/Head of Psychology will present their cases. Within ten (10) working days of the meeting, the committee will complete its review of the matter and advise both parties in writing of its recommendation.

(d) President - If the employee or the chairperson/department head disagrees with the recommendation of the committee, either party may, within five (5) working days of receipt of notification of the action of the committee, shall submit an appeal in writing to the President for a final determination. Such final appeal shall include copies of all submissions, determinations and correspondence related to the matter. Copies of the appeal shall also be sent to the other party and to Employee Relations. The President may seek input from both the employee and the department. The President's resolution to the complaint, which shall be the final decision on the matter, shall be given to the employee and the chairperson/department head in writing as soon as practicable after receipt of the appeal. The President may, in his sole discretion, delegate any responsibility hereunder to an individual or committee of his choosing.

(e) Employee Relations, will, at the request of the aggrieved employee, fully explain this procedure and assist him/her in completing the necessary forms and in preparing written submissions. Both the grievant and chairperson/division head will be provided a copy of the policy by Employee Relations. (f) At any meeting at which the employee is present, he/she may be accompanied by another person, who shall serve as the grievant advisor, although this person may not otherwise participate in the proceedings. (g) While the proceedings of the grievance committee shall be conducted in an orderly manner, the hearing will be of an informal nature and will not be governed by formal rules of evidence.

(h) This policy will be reviewed with supervisors annually.

Staff Grievance Committee

(1) If resolution cannot be reached at the department level, an ad hoc staff grievance committee shall be appointed by the Vice President for Human Resources to hear each grievance of a staff employee. The committee shall be composed of five (5) members selected from a list of faculty and staff members. The list shall include minorities and females, and it must be approved by the Academic Council of the College. Employee Relations shall serve as secretary and an ex-officio (non-voting) member of the committee.

(2) If an aggrieved employee feels that any proposed committee member may be predisposed to vote against him/her, the grievant shall object in writing to the Vice President for Human Resources to the inclusion of such person on the committee. Such writing shall set forth in detail the basis for the grievant's objection to the inclusion of such person on the committee. The Vice President for Human Resources shall, in his or her sole discretion, have the right to replace the proposed committee member with another person from the approved list.

Retaliation

It is a violation of Baylor policy for any person to retaliate against any employee for filing and pursuing a grievance under any College grievance policy. The grievance policy is available without regard to whether the aggrieved employee has filed any charge or complaint with any state or federal fair employment agency.

APPENDIX IV

Rotations

Inpatient Psychiatry Service: the PIU is a 20-bed, adult, co-ed inpatient psychiatric/medical unit. The PIU is the only psychiatric unit in the greater Houston-area capable of providing care for indigent patients needing psychiatric hospitalization, who also have medical conditions that frequently render them ineligible for services at other local psychiatric inpatient facilities. The unit is divided into two multidisciplinary treatment teams, each responsible for the care of 10 patients. Psychology fellows are expected to become active members of each treatment team which include an attending psychiatrist, psychiatry residents, medical students, occupational therapists, a social worker, a chaplain, a dietician, a substance abuse counselor, mental health workers, and nurses. With an average length of stay of eight days, the inpatient psychiatric service admits patients during acute disturbances or crises including mania, depression, psychoses, and characterological disturbances, as well as a variety of neurologic illnesses presenting with psychiatric symptoms.

During the inpatient rotation, the fellow will attend inpatient rounds four mornings per week. The function of these teaching rounds is to help formulate a diagnosis and treatment plan for each patient and to discuss each patient's treatment, progress and discharge plans. The fellow is encouraged to be an active participant by interviewing patients and providing feedback to the team regarding observations during intake interviews, interaction with patients on the unit, observations during group or individual therapy, and results of psychological testing. A primary goal for each fellow is to learn the team member role and consultation role of a psychologist in a hospital setting.

Adolescents in Motion (AIM) Intensive Outpatient Program

The Adolescents in Motion (AIM) program's overarching goal is to provide education and skills (interpersonal, coping, etc.) to adolescents and families that will improve the youth's ability to function in all domains (home, school, community, etc.). AIM is designed for youth 13-17 years old who have emotional disorders such as depression, anxiety, and/or disruptive behavior disorders that interfere with their daily functioning. AIM is a 3-week-long intensive program for adolescents and their parents that is held on Tuesday and Thursday mornings. Psychology fellows, supervised by Dr. Leah Clionsky, will participate in the AIM program in the following ways: 1) Co-leading Dialectical Behavior Therapy Skills groups for adolescents with Psychiatry fellows twice per week; 2) Conducting individual therapy and family therapy for participants in the program; 3) Collaborating with a multidisciplinary team including psychiatry, social work, occupational therapy, and substance abuse specialists; 4) Attending supervision and staffing with the rest of the AIM treatment team ; 5) Screening AIM referrals for interest and appropriate fit for the program.

Outpatient Child Therapy

Psychology fellows will be responsible for providing services for children aged 3-17 years old. Psychology fellows will provide child and family therapy to children referred from Ben Taub Psychiatry, the AIM program and the community under the supervision of Dr. Clionsky. Common referral reasons include disruptive behavior disorders, reactions to trauma, depression, anxiety, family conflict, and suicidality. Specific application of evidence-informed treatments, including elements of Parent-Child Interaction Therapy, Cognitive Behavioral Therapy, Trauma-Focused CBT, Dialectical Behavior Therapy, and other behavioral strategies, are encouraged.

Advanced Child Assessment

Psychology fellows will conduct weekly psychological assessments for children ages 6-17 years old for patients referred through the Harris Health System. Fellows will conduct clinical interviews, utilize evidence-based assessment measures, interpret data, write psychological reports, and provide feedback to families to clarify the diagnostic picture. Common referral questions include assessment of ADHD, mood disorders, trauma reactions, somatic symptoms, psychosis, and intellectual/academic functioning. Emphasis will be placed on helping fellows to gain confidence in choosing appropriate assessment measures and ability to identify differential diagnoses for a very complex and challenging population.

Consultation-Liaison Psychiatry Service: Psychology is part of a multidisciplinary C & L Psychiatry Service providing consultations to patients throughout Ben Taub Hospital. During the Consultation & Liaison rotation, the fellow attends morning rounds. The fellow then works in conjunction with Dr. Flores, psychologist in the C & L service providing bed side psychotherapy, brief psychological assessments such as suicide, depression, anxiety and cognitive screeners. The fellow also provides brief psychological interventions at the bedside. Patients referred to C & L services are referred to psychological services by either the psychiatric team and/or by the medical teams. Such medical patients referred for psychological services present with primary or secondary psychiatric/psychological issues. The fellow provides consultation services to inform diagnoses, treatment decisions, and discharge planning as part of a multidisciplinary team by working in direct contact with a team of medical students, medical residents, social workers, spirituality as well as nursing staff. The psychology fellow serves as an independent consultant to services within the hospital.

Psychiatry Outpatient Clinic: During the outpatient rotation, the fellow provides psychological and cognitive assessment services to outpatients through the Psychiatry Outpatient Clinic to help with diagnostic clarification. Referrals primarily come from psychiatry and may include assessments for determination of ADHD, learning disability, intellectual and memory functioning, and dementia. The fellow may conduct between two to three outpatient assessments a month. The fellow will continue to gain experience expanding their knowledge using various assessment measures and with interpretation of results.

Electives:

1. *Geriatric Elective:* this will comprise a combination of consults, geriatric assessment, and/or therapy at Quentin Mease rehabilitation hospital.
2. *Research Elective:* this will allow the fellow with an opportunity to publish a paper with approved goals.
3. *Autism Elective:* this elective will be comprised of clinic and/or autism evaluations. There may be the possibility of Parent-child interaction therapy experience available.
4. *Specialized Outpatient Groups:* if fellow chooses to participate in this elective, the fellow will be able to lead Obsessive Compulsive Disorder group (OCD) and Trauma Focused CBT group and/or individual therapy of such patients.

**** Note:** *All ideas about the electives are open for discussion with fellowship director.*

APPENDIX V

Psychology Faculty

Phuong T. Nguyen, Ph.D. - Dr. Nguyen is the Director of Psychology Services at Ben Taub Hospital. He is also the BCM Psychology Internship Training Director and Training Director for the BTH-BCM Psychology Postdoctoral Fellowship. He works primarily in the psychiatric inpatient service, teaching both a team member role and the consultation model. Dr. Nguyen also leads the Applied DBT Group and is the Program Director for the STAR Program.

Laura Orme, Ph.D. - Dr. Orme provides therapeutic and assessment services for adults within the Harris Health System as well as consult and liaison services at Quentin Mease for geriatric patients.

Elaine Savoy, Ph.D. - Dr. Savoy is the Program Director for Adolescents In Motion (AIM) Intensive Outpatient Program. She is also the Program Director for Adult IOP Program. She supervises interns during their rotation for outpatient services. Dr. Savoy also runs a DBT Skills Group.

Devika Srivastava, Ph.D. - Dr. Srivastava supervises the Consultation and Liaison Service activities, which include consultation, assessment, and brief therapy with medically-ill patients.

Nizete-Ly Valles, Ph.D. – Dr. Valles is a psychologist who is currently in charge of the TF-CBT group and Autism Assessment. She works with children and adults providing clinical and psychological assessment. She supervises trainees in providing therapy and diagnostic assessment for children ages 6-17 years old and adults. Dr. Valles also runs a DBT Skills Group.

