Nova Southeastern University
College of Psychology

Psychology
Postdoctoral Resident Program Handbook

2019-2020
# Table of Contents

Nova Southeastern University’s History & Mission .................................................................................. 4

President’s Message ................................................................................................................................. 6

Dean’s Message ........................................................................................................................................ 7

Residency Training Mission ..................................................................................................................... 8

- History ................................................................................................................................................ 8
- Model of Training ..................................................................................................................................... 8
- Profession Wide Competencies ............................................................................................................. 8

Track Description ...................................................................................................................................... 9

- Track I: Behavioral Psychology and Developmental Assessment Training Program ......................... 9
- Track II: Suicidal and Violence Prevention & School-Related Psychological Assessment and Clinical Intervention .................................................................................................................. 10
- Track III: University School & School-Related Psychology Assessment and Clinical Intervention..... 11
- Track IV: General Psychology .............................................................................................................. 11

Supervision ............................................................................................................................................... 12

Other Learning Activities ......................................................................................................................... 12

- Mentorship .......................................................................................................................................... 12
- Psychology Residency Seminar ........................................................................................................... 12
- Supervision of Supervision .................................................................................................................. 12
- Psychology Faculty Meetings .............................................................................................................. 12
- Training Resources ............................................................................................................................. 13
- Diversity ............................................................................................................................................... 13

Evaluations ............................................................................................................................................... 13

- Evaluation of the Residency Program and Supervisors ...................................................................... 12
- Evaluation of Residents ......................................................................................................................... 13

General Information ................................................................................................................................. 13

- Stipend and Benefits ............................................................................................................................ 13
- Time Requirements & Leave ................................................................................................................. 13
Residency Administration ................................................................. 14
Florida Licensure ................................................................................. 14
Due Process and Grievance Procedures .................................................. 15
Notice of Nondiscrimination .................................................................. 19
Resources .............................................................................................. 19
Application and Selection ....................................................................... 20
  Internship and Academic Preparation Requirements ............................. 20
  Selection ................................................................................................. 20
  Start Dates ............................................................................................. 20
  Unforeseen Circumstances Including Leave of Absence .......................... 20
  Interviews ............................................................................................ 21
Program Supervisors and Administrators ................................................. 22
Appendix A: Individualized Training Plan ............................................... 24
Appendix B: Competency Evaluation Form ............................................. 27
Appendix C: Performance Planning Worksheet ........................................ 39
Appendix D: Evaluation of the Residency Program ................................. 40
Nova Southeastern University

Nova Southeastern University is a not-for-profit, fully accredited, coeducational University classified by Carnegie as both a “high research” and “community engaged” University. It was founded in 1964 as Nova University. NSU’s main campus is located on the 314-acre main campus in Ft. Lauderdale-Davie. It has a presence throughout Florida, the U.S. and in nine countries. Its 18 Colleges of study offer undergraduate, graduate, and professional programs in the fields of medicine, psychology, pharmacy, arts and sciences, dental medicine, education, law, optometry, computer and information sciences, humanities and social sciences, human services and justice, nursing, business, and oceanography. It also has programs offered for children and families through the Mailman Segal College for Human Development and the University School. NSU also brings cultural enrichment to the community through the Museum of Art, the Miniaci Performing Arts Center, public access to the Alvin Sherman Library, Research and Information Technology College, and programs in the performing and visual arts.

From the beginning, the University has distinguished itself by its innovative outlook, its unique programs that provide both traditional and nontraditional choices in educational programs, and its research in many fields aimed at solving problems of immediate concern to the community. The University’s Colleges and programs share a common mission to educate students for leadership roles in a variety of professions. Through the Nova Southeastern University plan, students master competencies at each academic level, develop a sense of professional ethics and responsibility, and learn to appreciate the role of the professional as a key individual in society.

NSU stresses the critical relationship between theory and practice; it reinforces and tests the classroom experience through applied research and community service as integral parts of academic experience. Consistent with its mission, the University extends its resources to provide educational opportunities to working professionals nationwide, with faculty teaching on the main campus, online, at regional campuses throughout Florida and Puerto Rico, and across the country. NSU also delivers programs through a variety of educational technologies, including telecommunications. Nova Southeastern University is committed to the idea that education should not be time-bound or place-bound. Through its educational offerings, research projects, and programs of public service, the University encourages the free exchange of ideas and the search for knowledge that is the cornerstone of the academic tradition.

Nova Southeastern University programs are approved for educational benefits by the Bureau of State Approval for Veterans Training, Florida Department of Veterans Affairs. The University is authorized under federal law to enroll nonimmigrant alien students. Nova Southeastern University’s general policies on student relations are on file in the Office of the University Registrar.

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NSU Mission Statement:
The mission of Nova Southeastern University, a private, not-for-profit institution, is to offer a diverse array of innovative academic programs that complement on-campus educational opportunities and resources with accessible, distance-learning programs to foster academic excellence, intellectual inquiry, leadership, research, and commitment to community through engagement of students and faculty members in a dynamic, lifelong learning environment.

NSU Vision 2020 Statement:
By 2020, through excellence and innovations in teaching, research, service, and learning, Nova Southeastern University will be recognized by accrediting agencies, the academic community, and the general public as a premier, private, not-for-profit university of quality and distinction that engages all students and produces alumni who serve with integrity in their lives, fields of study, and resulting careers.

NSU Core Values:
Academic Excellence
Student Centered
Integrity
Innovation
Opportunity
Scholarship/Research
Diversity
Community
President’s Message

Welcome to Nova Southeastern University!

NSU’s main campus is located in Greater Fort Lauderdale with locations around Florida, the Bahamas and Puerto Rico. We are at the heart of the region’s academic and research hub, and just minutes from some of the world’s best beaches. With more than 26,000 students and 152,000 alumni around the world, you will find Shark Friends in every corner of the country – and beyond. Nova Southeastern University is the largest independent, not-for-profit university in the Southeast, and the seventh largest in the United States. As president of NSU, I invite you to become an ambassador of this extraordinary educational institution that is in its sixth decade of existence.

NSU’s undergraduate programs are diverse and all serve as a conduit into more than 100 graduate and professional programs. NSU boasts a strong health professions division and our dual-admit program for undergraduate students is great for those with who wish to pre-apply to our nationally ranked graduate and professional programs. Our business school is the largest in Florida and caters to future business leaders and entrepreneurs who seek a personalized real-world education. Alumni from our school of education are teachers and administrators across the county, including more than 300 sitting superintendents and 38 college presidents hold our Ed.D. degree. NSU’s programs in psychology, conflict resolution and family therapy are nationally renowned. So, whether you are preparing to study law, computer sciences or marine biology – NSU is the best choice to pursue higher education.

We are proud to be classified as one of only 37 universities, out of more than 4,000, that have the dual designation of both “high research” and “community engaged.” This did not happen by accident. Our faculty and student researchers are changing the world in areas such as coral reef preservation, cancer drug therapies, autism, neuro-immune medicine, and many others. And our students, faculty and staff give back to the community each year through approximately 2,000 different community events. NSU is committed to providing the highest quality faculty in small classroom environments where interaction is a key ingredient in the learning process.

I invite you to take a few minutes and look around our website and discover NSU. Get to know our faculty, our students and programs – I am sure you will like what you see. Our virtual campus map will give you building-by-building access to our classrooms, athletics facilities, student union, and libraries. And, if you are in town, please stop by to say hello and join us for a tour of our beautiful 300-acre campus.

Sincerely,

George L. Hanbury II, Ph.D.
President and CEO
Nova Southeastern University
Dean’s Message

I am pleased to extend you a warm welcome to Nova Southeastern University and the College of Psychology. We hope to guide you through a rich and transformative journey where you will grow personally, academically and socially on the road to becoming major contributors to our society. Our aim is to guide you in your development of skills needed to impact the quality of life of individuals, families, institutions, and communities.

Our College offers bachelor’s degree programs in psychology and behavioral neuroscience, as well as graduate programs in clinical and school psychology, counseling, experimental psychology, forensic psychology, and general psychology, along with other specialized training experiences. Our outstanding faculty guide students, not only in discovering and appreciating the factual content of their respective fields of study, but also in developing the critical and creative thinking skills essential to producers or consumers of science and the investigative skills of aspiring professionals, researchers, and clinicians.

The scope of psychology, counseling, neuroscience and related fields is expansive, as our disciplines describe and explain the effects of psychological processes from the level of individual brain cells to the scale of complex social interactions. The areas of expertise our faculty collectively possess are similarly diverse. Regardless of the specific field or subfield of study, however, our students benefit from the greater involvement that small classes provide and from the related opportunities for research collaborations and for experiential placements in community settings.

While the lasting memories of one’s years at a university surely include many events beyond the confines of the classroom, one’s day-to-day enjoyment while enrolled as a university student depends largely on his or her chosen field of study and engagement with its particular subject matter. The College of Psychology is proud to house engaging undergraduate majors, an array of highly regarded graduate programs and related training opportunities and a clinic that serves our community. We hope that these opportunities at our university will figure positively in the memories our students of their university experience.

Conducting basic and applied research and providing quality assessment and treatment of psychological problems is one of the greatest challenges facing modern society. The College seeks to address these challenges by providing a broad range of training, by conducting research that addresses society’s pressing problems, and by offering services to the community through its clinics. On behalf of the faculty and staff of the College of Psychology, I am pleased to welcome you to Nova Southeastern University. It is my sincere belief and hope that you will find your time here richly rewarding, both during your enrollment with us and, retrospectively, as alumni entering the workforce or continuing to pursue your educational goals.

Karen S. Grosby, Ed. D.
Dean, College of Psychology
HISTORY
Nova Southeastern University’s (NSU’s) Psychology Postdoctoral Residency Program (PPRP) was established in the fall of 2004. Since its inception, psychology residents have been involved in a number of programs, including the College of Dental Medicine, College of Osteopathic Medicine, the Mailman Segal Center for Human Development, the College of Psychology, and the University School. Nova Southeastern University’s Psychology Postdoctoral Residency Program is comprehensive in its scope and aims to cultivate residents’ knowledge, skills and overall professional identity as psychologists. Working closely with seasoned professionals who are recognized experts in their field, residents are encouraged to continue to take on an inquisitive mindset and practice lifelong learning.

The Nova Southeastern University’s Postdoctoral Residency Program is a member of the American Association of Psychology Postdoctoral and Internship Centers (APPIC).

Association of Psychology Postdoctoral and Internship Centers
10 G. Street, N.E., Suite 750
Washington, DC 20002
www.appic.org

TRAINING MISSION
The Psychology Postdoctoral Residency Program at Nova Southeastern University fully supports the mission of the University by providing a quality Health Service Provider training program for psychology residents that promotes their development as professional psychologists. Engaging in sound science and practice, this goal-directed program aims to cultivate advanced competencies through well-integrated training modalities and interdisciplinary training activities. Residents will strengthen their understanding and skill in integrating high legal and ethical standards, models and policies. They will deepen their appreciation of individual, racial, and cultural diversity and establish routine self-reflective practice. The program will foster a learning environment rich in scholarly inquiry, professional values and leadership, inter-professional collaboration, provision and use of sound supervisory and teaching strategies, and community service.

MODEL OF TRAINING
Our philosophy is that sound clinical practice in psychology is based on scientific research, empirically supported methods for prevention, assessment, consultation, intervention and creative individuation. Our training program embraces a Scientist-Practitioner Model of Training in which research and scholarly activities guide and direct clinical practice, and clinical practice leads to scientific inquiry and systematic application of research results.

HEALTH SERVICE PSYCHOLOGY: PROFESSION-WIDE COMPETENCIES

- Level One Competencies: Advanced Competency Areas:
  1. Integration of science and practice
  2. Ethical and legal standards and policy
  3. Individual and cultural diversity

- Level Two Competencies: Program Specific Competencies:
4. Psychological intervention
5. Psychological assessment
6. Supervision
7. Teaching
8. Consultation
9. Relational
10. Reflective practice, self-assessment and self-care

TRACKS
The tracks (or concentration) are designed to cultivate residents’ knowledge and skills in health service psychology, with focus on their specific area of interest. Residents will participate in one year of intensive training under the supervision of qualified licensed psychologist(s).

- I: Behavioral Psychology and Developmental Assessment Training Program
- II: Suicidal and Violence Prevention & School-Related Psychological Assessment and Clinical Intervention
- III: University School & School-Related Psychological Assessment and Clinical Intervention
- IV: General Psychology

Track I: Behavioral Psychology and Developmental Assessment Training Program
Core supervisor: Dr. Roseanne Lesack, Behavioral Psychology
Core supervisor: Dr. Sohani Char

- The overall focus of this track is to advance knowledge and skills in providing assessment and treatment services for children and their families. This track offers high level training in developmental assessment, applied behavior analysis (ABA), autism spectrum disorder, developmental disabilities, and parent training. Training occurs through a number of outpatient clinics. There are two distinct postdoctoral residency positions at the Mailman Segal Center for Human Development:
  - Developmental Assessment Clinic
    - Diagnostic Services: This placement offers specialized training in assessment of children suspected of having an autism spectrum disorder or other related developmental disorder. Resident are trained in gold-standard assessments and have the opportunity to interface with a large volume of clients.
    - Autism Education Program: Following diagnosis, the resident will conduct one-on-one sessions providing psychoeducational therapy with newly diagnosed families. These sessions are comprised of evidence-based support to ensure that families receive the most up-to-date information about ASD and community resources.
    - Starting Right: Residents will participate in Starting Right, which is an early intervention, parent-child class serving children ages 18-36 months exhibiting delays in language and social skills. With an emphasis in caregiver training, the ABA-based program teaches caregivers how best to support their child’s development.
  - Behavioral Assessment and Intervention
    - Feeding Disorders Clinic:
      - For children who refuse to eat an adequate volume of food or for those who limit the variety of food they willingly accept, the Feeding Disorders Clinic
works with an inter-professional team to support healthy eating habits and transform mealtimes into successful experiences. Residents will learn to conduct feeding evaluations as well as implement treatment for feeding disorders as a part of a treatment team.

- Challenging Behavior Clinic:
  - The Challenging Behavior Clinic addresses behavioral difficulties through direct support for caregivers via parent training sessions or individual ABA sessions during which the therapist initially works directly with the child prior to integrating caregivers. Both of these treatments teach the child adaptive methods to replace problem behaviors with more functional skills. Residents conduct behavioral assessment and intervention for children and their families.

**Track II: Suicidal and Violence Prevention & School-Related Psychological Assessment and Clinical Intervention**

**Core supervisor:** Dr. Scott Poland, Suicide and Violence Prevention  
**Core supervisor:** Dr. Gene Cash, School-Related Psychological Assessment and Clinical Intervention  
**Additional supervisors:** Dr. Douglas Flemons, Suicide and Violence Prevention  
Dr. Kristen Jones, School-Related Psychological Assessment and Clinical Intervention

- The overall focus of this track is to advance knowledge and skills in clinical research and presentation to provide direct clinical assessment, prevention, intervention, and consultation services.
- The populations with which the resident will predominately work are pre-school and school-age students and their families, university staff and students, and the community.
- Specific activities that will be provided in this track are two-fold and include half time in the College of Psychology (CoP) School-related Psychological Assessment and Clinical Intervention (SPACI) clinic and half time training with the NSU Office of Suicide and Violence Prevention. Suicide and Violence Prevention residents will collaborate with the Co-Directors of the Office, participating in projects that involve the development of training materials for prevention of suicide and violence and delivering training to university groups of staff and students, as well as to groups in the community. In addition, residents will be prepared to intervene, as well as to provide post-intervention services in the aftermath of tragedies as needed. Residents will coordinate the writing, editing, and digital posting of a quarterly newsletter, collaborating with the SVP doctoral intern, as well as search for research grants and participate in the writing of grant proposals. The activities in the CoP SPACI clinic include providing comprehensive psychological evaluations and psychotherapy; helping to coordinate assessments, interventions, and training experiences; helping to plan and to conduct research; and assisting with the supervision of clinical psychology and school psychology graduate students and interns. Clinical supervision of junior members under the supervision of a licensed psychologist and supervised teaching are also required.
Track III: University School & School-Related Psychological Assessment and Clinical Intervention

Core supervisor: Dr. Peter Caproni, University School
Core supervisor: Dr. Gene Cash, School-Related Psychological Assessment and Clinical Intervention

Additional supervisors: Dr. Kristen Jones, School-Related Psychological Assessment and Clinical Intervention

- The overall focus of this track is to advanced knowledge and skills in direct clinical assessment, intervention, and consultation services, primarily for school-age populations, including preschoolers and college students.
- The populations with which the resident will predominately work are school-age students, school staff, and parents.
- The specific activities that will be provided on this track are two-fold and include direct service at the University School on campus with grades pre-k to 12 and service in the College of Psychology (CoP) School-related Psychological Assessment and Clinical Intervention clinic, providing comprehensive psychological evaluations and psychotherapy; helping to coordinate assessments, interventions, and training experiences; helping to plan and to conduct research; and assisting with the supervision of clinical psychology and school psychology graduate students and interns. Clinical supervision of junior members under the supervision of a licensed psychologist as well as supervised teaching are also required.

Track IV: General Psychology

Core supervisor: Dr. Len Schnur

- The overall focus of this rotation is to advanced knowledge and clinical skills in providing direct clinical services for the Psychology Service Center and to expand skills in research, teaching, clinical supervision, and program review.
- The population the resident will predominately work with is adults. Opportunities for specialization with particular populations of interest are available.
- The specific activities that will be provided on this rotation include psychological assessment, treatment and consultative services. Residents may work with faculty on research related activities, including literature searches, reading and summarizing the literature and making recommendations for specific studies based on gaps uncovered in the literature, critical analysis of the specific research field, preparing data for analysis, and assisting in preparing application to secure funding for research projects. Opportunities to work with the Dean’s office to become familiar with the preparation for program approval or accreditation reviews are available. Residents will have the opportunity to supervise psychology practicum students and interns at the Psychology Service Center and to teach master’s and doctoral level courses at CoP.
SUPERVISION
All Residents are required to receive at least three (3) hours of clinical supervision per week by appropriately credentialed psychologists, with at least two (2) hour of such as individual face to face supervision and one (1) hour of group supervision per week (which will include supervision of supervision of a junior member(s) of the profession). Residents will engage in one (1) hour of case conference weekly. Direct observation/video recording is a required part of each evaluation process.

Developing individualized training plans (Appendix A), faculty supervisors will explore and guide residents in selecting training opportunities that reflect residents’ professional interest and individual career objectives. Faculty supervisors and residents will develop a mutually agreed upon plan which is based on a logical training sequence that includes core training activities that build fundamental competencies as well as individualized areas of interest. With this systematic approach, the NSU’s PPRP will provide a comprehensive clinical training experience that will prepare residents for the independent practice of psychology once he or she becomes licensed.

OTHER LEARNING ACTIVITIES
Mentorship
University faculty supervisors/mentors will work closely with residents to establish and solidify a strong professional identity as a psychologist. Residents have the opportunity to consolidate their professional identity by gaining experience in different roles as a psychologist and to effectively function in those professional roles across setting and situations. Residents may co-teach graduate and/or undergraduate psychology courses with their faculty mentors, learn how to pursue grants and contracts, collaborate with organizations and/or community entities, engage in program review, work with higher administration in activities associated with program certification, licensure, new program development, as well as exposure to the day-to-day operations in an academic support unit. Issues of recruiting and hiring staff, organization and management of project(s), and budgets related to one’s institution are additional areas that residents may gain experience.

Psychology Resident Seminars
In this regularly scheduled seminar, psychology residents meet with the psychology faculty to discuss issues of clinical professional development specific to their advanced level of training. Topics covered include diversity issues, psychological ethics/law, evidence based clinical supervision, licensure and board certification, research management/grants, and professional networking/employment.

Supervision of Supervision
Residents meet with psychology interns for supervision, under the supervision of a licensed psychologist(s), on a bi-weekly basis. Residents will be required to formally present an audio recording of their supervision for review. The purpose of this hierarchical supervision model is to assist in the development of intermediate to advanced skills and knowledge in the area of clinical supervision.

Psychology Faculty Supervisor Meetings
In this bi-monthly meeting, the chief psychologist presents information of general interest with faculty, conducts in-service trainings, engages the faculty in regular review of the training program with the focus on quality improvement, and discusses administrative and clinical issues.
**Training Resources**
The residents will meet with the training director, who also serves as primary supervisor, on a weekly basis. Faculty supervisors and administrators are routinely available to residents. Residents are considered staff members of the university and will be assigned offices, computers, access to NSU’s library, as well as access to the CoP Testing Library. Employee services, career development, and technological resources are readily accessible to residents. Each resident will also be provided with an allotted funding to participate in professional development activities of their choice.

**Diversity**
The PPRP takes action to demonstrate sensitivity to the issues of cultural and individual diversity, a key component of the training of psychologist. Not only is the cultural diversity stressed during the context of individual and group supervision, but the issues are frequently reviewed and discussed in special topic seminar and case conferences. The cultural and racial diversity of the south Florida area provides residents with many opportunities to provide services to diverse clients and discuss diversity issues in supervision.

**EVALUATIONS**

**Evaluation of the Residency Program and Supervisors**
Residents formally evaluate their training experiences and supervisors annually. Standard rating forms are provided for this purpose. Informal evaluation of the residency is a continual process in which residents are encouraged to discuss issues, concerns, and suggestions throughout the year with their supervisors, the training director and chief psychologist. Exit interviews are also conducted by the training director and chief psychologist to gain ongoing feedback regarding the resident’s training experience. Information from this routine evaluation is utilized to ensure program quality and improvement. Prospective residents are welcome to review these evaluation forms during their interview visit. See Appendix D for a copy of the Evaluation of the NSU’s PPRP form.

**Evaluation of Residents**
Residents receive three formal, written evaluations throughout the residency year. These evaluations are based on learning outcomes established by the program to measure the resident’s level of achievement and competencies. Upon completion, copies of the resident's and the supervisor's evaluations are kept in the resident's training file. See Appendix B for a copy of the Competency Evaluation Form.

**GENERAL INFORMATION**

**Stipend and benefits** The annual stipend for the one year NSU Residency is set at $40,000.00. All postdoctoral resident positions include health insurance. Residents receive 3 weeks of annual leave up front, to be used within the 12 months of the position; 11 days of sick leave which is earned (2 during the 1st 3 months and 1 for each additional month); 2 personal days and all official NSU holidays. See [http://www.nova.edu/cwis/hrd/holidays.html](http://www.nova.edu/cwis/hrd/holidays.html) for a list of official days. Residents are allowed time off to attend approved educational conferences or job interviews. Additionally, resources are available for conferences.

**Time Requirements**
The residency year begins on September 1st and ends August 31st. Residents are expected to successfully complete one year of full time supervised training and accrue **2000 total clinical hours, with a minimum of 900 hours being direct client contact**. Residents will document their training activities utilizing the PPRP’s log of contact form.
Resident Weekly Clinical Hours and Activities

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<thead>
<tr>
<th>Training (15%)</th>
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<tbody>
<tr>
<td>Clinical Seminar</td>
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</tr>
<tr>
<td>Professional Development</td>
<td>3</td>
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<tr>
<td>University-wide Training/Program Meetings</td>
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<tr>
<th>Supervision (10%)</th>
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<tbody>
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<td>Individual Supervision</td>
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</tr>
<tr>
<td>Group Supervision</td>
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</tr>
<tr>
<td>Case Conference</td>
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<table>
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<tr>
<th>Direct Clinical Services (60%)</th>
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<tbody>
<tr>
<td>Clinical Services</td>
<td>22</td>
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<tr>
<td>Consultation/Advocacy/Outreach</td>
<td>2</td>
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<table>
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<tr>
<th>Research/Literature Review (5%)</th>
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<tbody>
<tr>
<td>Research/Literature Review</td>
<td>2</td>
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<table>
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<tr>
<th>Teaching and Supervision of Others (8%)</th>
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<tbody>
<tr>
<td>Teaching and Supervision of Others</td>
<td>3</td>
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<table>
<thead>
<tr>
<th>Administrative Tasks (2%)</th>
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<tbody>
<tr>
<td>Administrative Tasks</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>TOTAL HOURS</th>
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<tbody>
<tr>
<td>TOTAL HOURS</td>
<td>40</td>
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Residency Administration
The training director/primary supervisor works in collaboration with each track supervisor to ensure that residents experience a well-integrated and meaningful training experience. Clinical supervisors within each track work closely with their residents throughout the training year, coordinating the assignment of training activities which are aligned to residents’ Individualized Training Plans, providing weekly individual supervision, and evaluating the residents. The final administrative responsibility for the residency program rests with the chief psychologist who provides oversight of the program.

Florida Licensure
Satisfactory completion of the Nova Southeastern University Psychology Postdoctoral Residency Program fulfills the licensure requirements for postdoctoral supervised practice in the state of Florida. Psychology candidates considering licensure in another state(s) may want to study the licensure requirements of the state(s) of interest and plan accordingly.

Adjunct Faculty Position
All postdoctoral residents will occupy an Adjunct Faculty position and will be required to teach one course during the Fall or Winter semesters.
DUE PROCESS AND GRIEVANCE PROCEDURES

It is the policy of the Psychology Postdoctoral Residency program (PPRP) that residents are assured due process regarding concerns which might arise over their performance and functioning. The policy is guided by principles to ensure that residents receive ongoing constructive feedback about their performance, opportunities and support for remediation if needed, and advisement of resident’s rights and responsibilities and processes to address concerns or grievances. This policy is enacted with respect for resident diversity in areas of professional functioning; therefore, PPRP supervisors are expected to adapt the supervisory style, focus, and expectations for each resident based on the resident’s professional developmental level, theoretical orientation, personality and cultural background.

Resident Performance

Residents are evaluated and provided with both formative and summative feedback on an ongoing basis through weekly individual supervision and formal resident performance evaluations (see Appendix B).

If at any time there are deficiencies, specifically a rating of 2 or below on the resident’s competency evaluation, or concerns with professionalism, the resident’s core supervisor will provide constructive verbal feedback to the resident and document in writing any discussions related to the problem area(s). While it is difficult to operationally define all characteristics associated with quality professionalism, broad areas include: (a) adherence to the APA Ethical Code of Conduct for Psychologists, institution policies and procedures, and applicable state of Florida laws, clinical competence (as defined above under performance evaluations); (b) professional comportment, including: dependability; accepting responsibility for own work; professional grooming, attire, and demeanor; and demonstrating maturity, discretion, sound professional judgment and a respectful/non-hostile attitude, and developing selfassessment skills; and (c) a positive attitude toward others, including: cooperating and respecting others, giving, accepting, and utilizing constructive feedback, and developing and maintaining positive working relationships with peers, supervisors, and others.

Step 1: If the resident continues to struggle with the problem areas and/or the resident’s performance competencies are rated below satisfactory levels during evaluations, a performance improvement plan will be developed using the NSU Performance Planning Worksheet (Appendix C) to remediate any deficient areas. The performance improvement plan must be signed by the resident, core supervisor, and a copy forwarded to the director of training within five working days following the evaluation. In extenuating circumstances, where it would be difficult or impossible for the resident or the supervisor to schedule the appointment within the designated time limit, the appointment should be scheduled as soon thereafter as possible, but in no case exceeding ten days from the date of the evaluation. The performance improvement plan
will focus on improving minimum competencies and/or professionalism within a clearly defined timeframe, which does not exceed two calendar months. Remediation strategies may include increased supervision, additional readings, increased opportunities to practice, and/or additional coursework.

Step 2: If the core supervisor and resident cannot reach an agreement about the performance improvement plan, the director of training would mediate the situation. A conference including the resident, core supervisor, and the director of training will be held within three working days of the resident/core supervisor’s conference. The resident’s conference with the director of training will be held at such a time that the supervisor in question will be able to participate in the conference.

The director of training shall provide final decisions regarding the resident’s performance improvement plan within three working days of the last conference held with the resident, core supervisor, and the director of training.

Step 3: If the Director of Training is unable to resolve the situation, consultation would be requested from the Chief Psychologist of the PPRP to aid with the resolution of the problem, and development of performance improvement plan. Request for consultation must be held within three working days. Decisions regarding problem resolution are individual and specific to the facts related to each resident.

Step 4: If minimum competencies are not attained within the established timeframe of the performance improvement plan, disciplinary action (including dismissal from the residency program) in keeping with rules and regulations covering disciplinary actions outlined by NSU’s Office of Human Resources may be warranted. NSU’s Office of Human Resources will be consulted via the CoP representative for approval prior to administering disciplinary action beyond a verbal warning.

The Director of Training (DoT) investigates any behaviors that may warrant disciplinary action and is consulted prior to the recommendation of any disciplinary action. A resident may be terminated from their concentration due to violations of ethics, law, and/or agency policy, but they remain PPRP residents until the matter is reviewed by the DoT and/or PPRP Chief Psychologist. The resident would meet with the DoT and/or PPRP Chief Psychologist, and a representative from the university community of his/her choosing if desired. The DoT would present the results of the investigation and make a recommendation to the Dean of the CoP and a decision would be made regarding any further action, which may include termination from the PPRP.

The Director of Clinical Training for the CoP doctoral programs would be kept apprised of the progress. The core supervisor(s) would be informed about any decisions or actions taken by the university. The resident could appeal any disciplinary action affecting employment to the NSU
Office of Human Resources or to the Dean of CoP for disciplinary actions affecting the resident’s standing in the PPRP.

**Appeals**

Residents wishing to contest disciplinary decisions with the NSU Office of Human Resources must follow NSU’s Formal Grievance Hearing Policy: http://www.nova.edu/cwis/hrd/emphanbk/hearing.html.

Residents who wish to contest disciplinary decisions affecting the resident’s standing in the PPRP must submit a written appeal with the Dean of CoP within 30 working days of the decision. Additional steps may be taken by the Dean at her/his discretion.

**Resident Grievances**

The CoP and PPRP value professionalism, honesty, and ethical conduct in the handling of resident concerns. At all times, matters are handled in the spirit of education and development. The purpose of the resident grievance and appeals process is to allow for the orderly resolution of resident grievances. At all times, the respect and protection of residents is of utmost concern. In keeping with the policy of NSU’s Office of Human Resources, residents who file a grievance will not be retaliated against through any adverse action by their supervisor or any NSU representative. If a resident has a grievance about his/her training, the following steps should be taken:

**Step 1:** The resident should work with his/her core supervisor to resolve the issue.

**Step 2:** If a resolution is not achieved, the resident may request that a conference be scheduled with the director of training, who would attempt to mediate or resolve the concern. The conference with the director of training should be held within three working days of the resident/core supervisor conference. The resident’s conference with the director of training will be held at such a time that the supervisor in question will be able to participate in the conference.

Should the issue involve the director of training, the resident would request that a conference be scheduled with the PPRP chief psychologist, who would attempt to mediate or resolve the situation. The conference with the chief psychologist should be held within three working days of the resident/director of training conference.

**Step 3:** If the resident believes that the informal process above is unsuccessful in resolving the issue, the resident may file a written grievance with the director of training (or chief psychologist, if grievance involves the director of training), including a concise statement of the particular manner of harm, along with all relevant facts and compelling supporting evidence. The resident’s written appeal must be submitted within five working days following the conference with the director of training.
Residents who wish to appeal an evaluation must do so within five working days of the evaluation. Failure to submit the appeal within the designated time frame will invalidate the resident’s right to challenge the evaluation in question, which will then stand as assigned.

a) The director of training (or chief psychologist, if grievance involves the director of training) will review the written document to determine if the complaint warrants further review. If no further review is warranted, the formal grievance will be terminated, and the resident will be provided with a brief written explanation. If further review is warranted, the grievance will be forwarded to the Ad Hoc Grievance and Appeals Committee (the Grievance Committee). This appeal represents the initial step in the Formal Grievance Procedure. The Grievance Committee will be made up of two PPRP supervisors (one whom is appointed Chair), selected, as soon as possible, by the director of training. None of the supervisors will have had direct supervisory authority over the resident in question. An outside member of the training team will also be appointed to the committee, with approval from the resident. The composition of the Grievance Committee shall be as follows: the Chairperson of the Committee will serve without a vote. The three voting members will be the two supervisors and the member identified as an outside member. When all members have been identified, within three working days of the resident’s written appeal, the resident and supervisor will be notified in writing of the implementation of the formal grievance procedure and informed of the members identified to serve on the Grievance Committee. Should the resident involved in the grievance question the composition of the Grievance Committee, he or she may request a replacement of the two members not previously assented to by the resident.

b) At a time not to exceed five working days from the date of receipt of the resident’s written appeal by the Chairperson of the Grievance Committee, a hearing date will be scheduled at a time when all parties involved will be available. The hearing should be held at the earliest possible date to insure efficient treatment of the grievance. The Grievance Committee will conduct a substantive review of all facts it deems pertinent to the grievance and, at its discretion, may interview the resident or any other pertinent person that it judges has the information relevant to the review. The supervisor also has the right to provide the committee with a written statement regarding his or her justification for the evaluation in question. All documentation pertaining to the grievance procedure will remain confidential and be provided only to the resident, the director of training, the supervisor involved, and each member of the Grievance Committee. Such documentation should be distributed at least twenty-four hours prior to the scheduled hearing.

During the hearing, it shall be the Chairperson’s responsibility to insure that the discussion and questions remain germane to the issue. The Committee members, having reviewed the pertinent documentation presented by both the resident and the supervisor, shall have the right to question both the resident and the supervisor.

The number of people present during the hearing is limited to committee members, the resident, the supervisor, and a recording secretary. Witnesses may be called into the room as needed.
Deliberation of the three voting committee members will commence at the close of the exchange of information when all parties have been dismissed from the hearing. A vote of two-thirds of the total voting membership of the committee is required to finalize its conclusion.

c) The Grievance Committee will file a written recommendation, with justification, to the Dean of the CoP. Recommendations of the Grievance Committee will also be forwarded to the appropriate core supervisor(s)/administrator(s) for review and response. The decision of the Grievance Committee is final.

The time limits stated in the above procedure serve to facilitate execution of the grievance process as quickly and efficiently as possible. It is the responsibility of the Director of Training to follow-up on the response to these recommendations by ensuring that core supervisors or others implicated in the resident grievance submit responses to the Grievance Committee and that all Grievance Committee decisions are implemented.

**Nondiscrimination**

Consistent with all federal and state laws, rules, regulations, and/or local ordinances (e.g., Title VII, Title VI, Title III, Title II, Rehab Act, ADA, Title IX, and the Florida Civil Rights Act), it is the policy of Nova Southeastern University not to engage in discrimination or harassment against any persons because of race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, gender, gender identity, military service, veteran status, political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders, and regulations. Any such acts are unacceptable and strictly prohibited by the university.

In addition, the law prohibits retaliation against an individual for opposing any practices forbidden under this policy, for bringing a complaint of discrimination or harassment, for assisting someone with such a complaint, for attempting to stop such discrimination or harassment, or for participating in any manner in any investigation or resolution of a complaint of discrimination or harassment. This nondiscrimination policy applies to admissions, enrollment, scholarships, loan programs, athletics, employment, and access to, participation in, and treatment in all university centers, programs, and activities. NSU admits students of any race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, gender, gender identity, military service, veteran status, political beliefs or affiliations, and activities generally accorded or made available to students at NSU and does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

**Resources**

Resident also have access to all of the COP and University resources which include a fully stocked psychological testing library on the second floor of the Maltz Psychology Building, campus-wide computer labs, and state-of-the art University libraries:
Ongoing resources including technology, career development, and other similar services are accessible to residents. The types of clerical resources available will depend on the training setting.

**APPLICATION AND SELECTION**

**Internship and Academic Preparation Requirements**
The goal of the PPRP is to select residents that will be the best match for the program. Candidates selected into the program have demonstrated strong clinical knowledge and exhibited global traits that included motivation, dedication to the field and training, and perseverance. It is preferred that applicants have successfully completed an APA-approved graduate program and internship in clinical, counseling or school psychology prior to beginning their postdoctoral training with this PPRP.

**Selection**
Applications for the NSU’s PPRP positions are due by December 31st. Completed applications are reviewed and ranked by the training director and the PPRP review subcommittee. Acceptable candidates are invited to interview with members of the PPRP review subcommittee in person or by video conference. The review committee evaluates the quality of applicant’s academic preparation, clinical experience, letters of recommendations, degree of “fit” to the residency program and interview. The evaluation is used to produce a rank ordered list of candidates that are the best match. The PPRP subcommittee reaches a consensus regarding the final rank ordered list of candidates which is then forwarded to the director of training and chief psychologist for review and final decision regarding position appointments. The residency program participates in the APPIC Match process. Please refer to APPIC Match at https://www.appic.org/Match/About-The-APPIC-Match for detailed information.

**Start Dates**
The NSU’s Psychology Post-Doctoral Residency Program begins on September 1st. It is the program’s policy that residents must have successfully defended their dissertation and have their degree conferred before they may begin the program. Residents with extraordinary circumstances may petition for two 30-day extensions. If granted, the start date is delayed and the resident may be required to extend his/her period of training for 30-60 days (possibly without compensation). Residents who are unable to begin their residency training more than 60 days after the program’s start date may be terminated from the program. In this unusual circumstance, alternative candidates are contacted and the open position is filled as quickly as possible.

**Unforeseen Circumstance Including Leave of Absence**
Resident who must interrupt their training for an adequate reason such as illness may be granted a leave of absence. Residents should provide a written request to the director of training at least thirty (30) days before anticipated start of leave or as soon as possible under unforeseen circumstances. If granted, the leave shall be for a stated period of time, not to exceed one year. The resident will return and complete the remaining 12 month contract.
During unpaid leave, the resident may continue health and other insurance participation but must make arrangements to directly pay his/her share of the contributions.

**Interviews**
Applicants invited for an interview will have the opportunity to meet with the program’s faculty, administration and residents. While on-site interviews are not required, they are strongly encouraged. Video conferencing may serve as an alternative option for those candidates who are not able to attend an in-person interview. Interviews are scheduled in February; The program will provide an invitation for interview a minimum of two weeks prior to interview day.

**Postdoctoral Files**
All files relating to present, future and past postdoctoral residents are kept in a locked cabinet in the Training Director’s office.
PROGRAM FACULTY

- **Peter Caproni, Ph.D.**, Institute for Advanced Psychological Studies, Adelphi University (1989); Florida Licensed Psychologist, Florida Certified School Psychologist, NSU’S College of Psychology assistant professor, NSU/University School consulting psychologist. Interests include collaborative/therapeutic assessment; legislative advocacy; psychological services within schools; psychotherapy research, emotional/behavioral issues with young people in transition.

- **Ralph E. (Gene) Cash, Ph.D., ABPP, NCSP**, New York University, professor. Florida licensed psychologist. Director, School-related Psychological Assessment and Clinical Intervention clinic. School psychology; psychological assessment, diagnosis, and treatment; depression; anxiety disorders; suicide prevention; forensics, including child custody, wrongful death effects, and disabilities; stress management; and psychology and public policy.

- **Jennifer Davidtz, Ph.D.**, University of Massachusetts Amherst, assistant professor, Director of Internship Training, Psychology Services Center. Treatment of long-term mental illness, complex trauma, and personality disorders; countertransference and other intersubjective psychotherapy process phenomena; psychotherapy training and clinical supervision; community mental health; contemporary psychoanalytic psychotherapy; and psychotherapy integration.

- **Maria Fimiani, Psy.D.**, Nova Southeastern University, Director of Internship Training for the SFCIP. Health psychology; responsible for the supervision and training of doctoral psychology practicum students and interns, along with coordinating the Psychology Consultation and Liaison service at Broward Health Medical Center (BHMC). She serves on various boards including the South Florida Consortium Internship Program (SFCIP) Executive and Operations Boards, and chairs the Behavioral Health Advisory Council at BHMC.

- **Douglas Flemons, Ph.D., LMFT**, Nova Southeastern University (1989), professor of family therapy (College of Arts, Humanities, and Social Sciences); co-director of the NSU Office of Suicide and Violence Prevention. Florida licensed marriage and family therapist. Suicide assessment, suicide prevention and postvention, hypnotherapy, couple therapy, brief therapy, sex therapy, systemic theory, academic writing.

- **Karen Grosby, Ed.D.**, Nova Southeastern University, Dean of the College of Psychology.

- **Donna Hillier, Psy.D.**, Nova Southeastern University, assistant professor. Director of training for the NSU Psychology Post-Doctoral Residency Program and director of academics at the Mailman Segal Center for Human Development. Clinical training, supervision and professional development; psychotherapy case conceptualization; stress management; eating disorders.

- **Kristen M. Jones, Psy.D.**, Nova Southeastern University, assistant clinical professor; assistant director, School-related Psychological Assessment and Clinical Intervention clinic. Licensed
psychologist; clinical psychology; psychological assessment and intervention planning, implementation, and monitoring; preschool and school mental health; assessment of autism spectrum disorders; parent-mediated interventions; and developmental-behavioral pediatrics.

- **Roseanne Lesack, Ph.D., BCBA-D, ABPP**, director of the Unicorn Children’s Foundation Clinics at the Mailman Segal Center for Human Development. Behavioral intervention for children with a specialization in pediatric feeding disorders. Works extensively with parents to ensure treatment generalization. Board certified behavior analyst at the doctoral level and is boarded in Clinical Child and Adolescent Psychology.

- **Scott Poland, Ed.D.**, Ball State University, associate professor. Professional experience has included leading national crisis teams and primary interests are suicide intervention, crisis intervention, youth violence, self-injury, school safety and delivery of psychological and counseling services in schools.


- **Leonard Schnur, Psy.D., ABPP**, Nova Southeastern University, associate clinical professor. Clinical supervision and training; interests include treatment of mood disorders for adult and adolescent populations, time-limited dynamic psychotherapy, and psychotherapy integration approaches for treatment of personality disorders.

- **Dr. Shannon Worton** graduated from Stetson University in 2008 with a Bachelor of Science in Psychology. In 2010, she completed her Masters of Science (en route) in Clinical Psychology at Nova Southeastern University (NSU), and then earned her Doctor of Psychology Degree (Psy.D.) in Clinical Psychology from NSU in 2013. Dr. Worton completed her clinical internship at Florida International University, Counseling and Psychological Services, and focused her time primarily on individual and group psychotherapy, crisis intervention, and campus outreach. Her Postdoctoral Residency was completed at Nova Southeastern University, The Institute for the Study of Human Services, Health and Justice. During her residency, she worked within the School-related Psychological Assessments and Clinical Interventions Clinic (SPACI), where she conducted psychoeducational evaluations for children, adolescents, and young adults. She also worked in NSU’s Office of Suicide and Violence Prevention, where she engaged in campus outreach and provided psychoeducational workshops on suicide and violence prevention. Dr. Worton, a licensed psychologist, now serves as the Assistant Director for SPACI within NSU’s Psychological Services Center, and is adjunct faculty within the College of Psychology. Dr. Worton’s research interests include suicide prevention and crisis interventions, as well as identifying best-practices in graduate training.
Appendix A

Nova Southeastern University
College of Psychology, Psychology Postdoctoral Residency Program
Individualized Training Plan

<table>
<thead>
<tr>
<th>Resident:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Track:</td>
<td>Residency Year:</td>
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<tr>
<td>Clinical Supervisor(s):</td>
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With support of your clinical supervisor(s) please list detailed activities that you plan on engaging in during the training year. These training activities are aimed to promote the development of advanced competencies. This intentional training model will provide you with the opportunity to engage in a carefully planned training experience, and it will allow you to demonstrate competency at time of evaluation.

**Level One Competencies: Advanced Competency Areas**

I. Integration of Science and Practice

II. Ethical Legal Standards and Policy

III. Individual and Cultural Diversity

**Level Two Competencies: Program Specific Competencies**

IV. Psychological Intervention

V. Psychological Assessment
<table>
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<tr>
<th>VI. Supervision</th>
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<th>VII. Research/Evaluation</th>
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<th>VIII. Teaching</th>
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<th>IX. Consultation</th>
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<th>X. Interdisciplinary Systems</th>
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<th>IX. Relational</th>
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<th>XII. Reflective Practice, Self-Assessment, Self-Care</th>
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<th>Additional Comments:</th>
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Sample:

**II. Ethical Legal Standards and Policy**

1. Attend “Ethical Decision-Making and the APA Ethics Code” workshop at the APA conventions
2. Attend NSU’s workshop on Ethics
3. Study and Pass Florida State Laws and Rules exam
Appendix B
Nova Southeastern University
College of Psychology, Psychology Postdoctoral Residency Program
Competency Evaluation Form Revised 11/19

Resident:                      Date:
Track:                         Residency Year:
Clinical Supervisor:

Evaluation: (highlight/circle one): First (October) Second (March) Final (August)

This evaluation is based on the following sources of information (mark/highlight all that apply)

<table>
<thead>
<tr>
<th>Source of Information</th>
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<tbody>
<tr>
<td>Direct observation/video recording</td>
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<tr>
<td>Discussion in supervision</td>
</tr>
<tr>
<td>Audio recording</td>
</tr>
<tr>
<td>Feedback from others</td>
</tr>
<tr>
<td>Participation in meetings</td>
</tr>
<tr>
<td>Review of clinical records</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

*Direct observation/video recording is a required part of each evaluation process

Ratings:
4 - **Advanced knowledge, skills, and competencies**: Independent level of knowledge and performance; Advanced degree of competence with consultation. Ready for autonomous practice.
3 - **Intermediate knowledge, skills, and competencies**: Proficient level of knowledge and performance; Advanced degree of competence with routine supervision
2 - **Basic knowledge, skills, and competencies**: Needs recommendations and developmentally supportive education and training Competent level of knowledge and performance; Effective performance with routine supervision. Requires recommendations for education/training, which is integrated into the resident’s Individual Training Plan, in order to achieve the PPRP’s expected level of competency.
1 - **Minimal knowledge, skills, and abilities**: Needs remedial education and training/formal remedial action work plan Progressing and/or deficient level of knowledge and performance; consistent growth towards effective performance with routine supervision and/or deficient performance requiring intensive supervision and remediation plan.

Utilizing the **Individualized Training Plan**, highlight/circle the rating (1-4) that best describes the resident’s current level of competency for each of the 10 competency areas below. Space is provided for narrative description of the resident’s level of functioning. It is expected that the resident will function with increasing levels of independence as they progress through their residence training.
### Level One Competencies: Advanced Competency Areas

#### I. RESEARCH (INTEGRATION OF SCIENCE AND PRACTICE)

Scientific Research and Resources

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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| 4 | **Advanced knowledge, skills, and abilities**  
Demonstrates the substantially independent and routine application of planning, conducting and critically reviewing practice-based research relevant to quality improvement efforts and integrating the results into practice at an advanced level. |
| 3 | **Intermediate knowledge skills, and competencies**  
Demonstrates independent competency to critically review practice-based research. Engages in systematic efforts to increase his/her knowledge base of psychology through reviewing and/or implementing research, supervision, and consultation as well as evaluating outcome measures. Demonstrates knowledge and skills in applying evidence based concepts into practice. |
| 2 | **Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training**  
Demonstrates knowledge and the development of skills in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology. Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs. |
| 1 | **Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan**  
Evaluation of resident: |

**Comments:**
## II. PROFESSIONAL VALUES AND ATTITUDES (REFLECTIVE PRACTICE, SELF-ASSESSMENT, SELF-CARE)

Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

<table>
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<tr>
<th>Level</th>
<th>Description</th>
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<tr>
<td>4</td>
<td><strong>Advanced knowledge, skills, and competencies</strong>&lt;br&gt;Demonstrates reflectivity both during and after professional activities; acts appropriately upon reflection; uses self as a therapeutic tool. Accurately self-assess competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills. Self-monitors issues related to self-care and promptly intervenes when disruptions occur. Independently seeks supervision/consultation as needed.</td>
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<tr>
<td>3</td>
<td><strong>Intermediate knowledge skills, and competencies</strong>&lt;br&gt;Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity. Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills. Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice. Effectively participates in supervision.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Basic knowledge, skills, and competencies</strong>&lt;br&gt;Needs recommendations and developmentally supportive education and training&lt;br&gt;Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice. Demonstrates knowledge of core competencies; engages in initial self-assessment regarding competencies. Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care. Demonstrates straightforward, truthful and respectful communication in supervisor relationship.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Minimal knowledge, skills, and competencies</strong>&lt;br&gt;Needs remedial education and training/formal remedial action work plan&lt;br&gt;Evaluation of resident:</td>
</tr>
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Comments:
### III. COMMUNICATION AND INTERPERSONAL SKILLS (RELATIONAL)
Relate and communicate effectively and meaningfully with individuals, groups and/or communities.

<table>
<thead>
<tr>
<th>Level</th>
<th>Knowledge, Skills, and Competencies</th>
<th>Description</th>
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<tbody>
<tr>
<td>4</td>
<td>Advanced knowledge, skills, and competencies</td>
<td>Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities. Manages difficult communication; possesses advanced interpersonal skills. Verbal, nonverbal and written communication are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts.</td>
</tr>
<tr>
<td>3</td>
<td>Intermediate knowledge skills, and competencies</td>
<td>Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines. Negotiates differences and handles conflict effectively; provides effective feedback to others and receives feedback nondefensively. Communicates clearly using verbal, nonverbal and written skills in a professional context; demonstrates clear understanding and use of professional language.</td>
</tr>
<tr>
<td>2</td>
<td>Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training</td>
<td>Displays good interpersonal skills. Displays appropriate affective skills. Negotiates differences and handles conflict satisfactorily. Communicates ideas, feelings and information clearly using verbal, nonverbal and written skills.</td>
</tr>
<tr>
<td>1</td>
<td>Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan</td>
<td>Evaluation of resident:</td>
</tr>
</tbody>
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Comments:
## IV. INDIVIDUAL AND CULTURAL DIVERSITY

Issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served and the focus/concentration area.

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<thead>
<tr>
<th>Level</th>
<th>Knowledge, Skills, and Competencies</th>
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</table>
| 4     | **Advanced knowledge, skills, and competencies**  
Demonstrates understanding and independent competency to monitor how one’s own personal/cultural history may affect how one interacts with people different from oneself.  
Evidence 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; Demonstrates competency independently to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. Independently applies knowledge in working effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with his/her own. |
| 3     | **Intermediate knowledge skills, and competencies**  
Demonstrates the understanding and competency to monitor how one’s own personal/cultural history may affect how one interacts with people different from oneself. Displays developing 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; Demonstrates competency to applying awareness and knowledge of individual and cultural differences in the conduct of professional roles. Demonstrates effectiveness in working with the range of diverse individuals and groups encountered during residency. |
| 2     | **Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training**  
Demonstrates the competency to monitor and to apply knowledge of self and others as a cultural being in assessment, treatment and consultation, as well as to monitor and to apply knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others.  
Applies knowledge, sensitivity and understanding regarding International Classification of Diseases (ICD) issues to work effectively with diverse others in assessment, treatment and consultation. |
| 1     | **Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan**  
Evaluation of resident: |

**Comments:**
V. ETHICAL AND LEGAL STANDARDS AND POLICY
Professional conduct, ethics and laws, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to setting, the population served, and the focus/concentration area.

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<thead>
<tr>
<th>Level</th>
<th>Knowledge, Skills, and Competencies</th>
<th>Description</th>
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<tbody>
<tr>
<td>4</td>
<td>Advanced knowledge, skills, and competencies</td>
<td>Demonstrates advanced knowledge of and acts in accordance with each of the following areas: APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels, as well as relevant professional standards and guidelines. Independently recognizes ethical/legal dilemmas as they arise, and applies ethical and legal decision-making processes in order to resolve the dilemmas. Independently integrates ethical and legal standards with all competencies.</td>
</tr>
<tr>
<td>3</td>
<td>Intermediate knowledge, skills, and competencies</td>
<td>Demonstrates intermediate level knowledge and application of the APA Ethical Principles and Code of Conduct as well as other relevant ethical, legal and professional standards and guidelines. Recognizes ethical/legal dilemmas as they arise and applies ethical and legal decision-making with minimal guidance from the clinical supervisor in order to resolve the dilemmas. Conducts self in an ethical and legal manner in all professional activities.</td>
</tr>
<tr>
<td>2</td>
<td>Basic knowledge, skills, and competencies/Needs recommendations and developmentally supportive education and training</td>
<td>Demonstrates basic knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards, guidelines, laws, statutes, rules and regulations. Demonstrate knowledge and application of an ethical and legal decision-making process with routine supervision from the clinical supervisor. Applies relevant elements of ethical and legal decision-making to dilemmas.</td>
</tr>
<tr>
<td>1</td>
<td>Minimal knowledge, skills, and competencies/Needs remedial education and training/formal remedial action work plan</td>
<td>Evaluation of resident:</td>
</tr>
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Comments:
VI. ASSESSMENT (PSYCHOLOGICAL ASSESSMENT)
Knowledge, skills and attitudes in the selection, administration and interpretation of assessments consistent with best scientific research evidence and relevant expert guidance.

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<th>Grade</th>
<th>Description</th>
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<tr>
<td>4</td>
<td><strong>Advanced knowledge, skills, and competencies</strong>&lt;br&gt;Demonstrates independent ability to select and to implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups and context. Displays advanced understanding of the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning. Independently selects and administers a variety of assessment tools and integrates results to evaluate presenting question appropriate to the practice site and broad area of practice. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of the assessment. Communicates results in written and verbal form clearly, constructively and accurately in a conceptually appropriate manner. Demonstrates the competency of effectively training junior member(s) of the profession in the process of developing competence in the area of psychological evaluation.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Intermediate knowledge skills, and competencies</strong>&lt;br&gt;Demonstrates competency to select and to implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups and context with minimal guidance from supervisor. Displays understanding of the strengths and limitations of diagnostic approaches and interpretation of results from multiple measure for diagnosis and treatment planning. Demonstrates the competency selecting and administering a variety of assessment tools and integrates results to evaluate presenting questions appropriate to the practice site. Utilizes case formulation and diagnosis for intervention planning in the context of stages of development and diversity. Accurately conceptualizes the multiple dimensions of the case based on the results of the assessment. Communicates results in written and verbal form clearly, constructively and accurately in a conceptually appropriate manner with minimal guidance from supervisor. Provides training in psychological assessment to junior professionals.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training</strong>&lt;br&gt;Demonstrates competency in selecting assessment measures with attention to issues of reliability and validity. Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances. Displays competency in selecting appropriate assessment measures as well as related technological advances. Selects appropriate assessment measures to answer diagnostic questions. Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity. Utilizes systematic approaches of gathering data to inform clinical decision-making. Writes assessment reports and progress notes and communicates assessment findings verbally to client.</td>
</tr>
</tbody>
</table>
| 1     | **Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan**<br>Evaluation of resident:
VII. INTERVENTION (PSYCHOLOGICAL INTERVENTION)
Knowledge, skills and attitudes in the selection, implementation and evaluation of interventions that are based on the best scientific research evidence; respect for clients’ values/preferences; and relevant expert guidance.

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<tr>
<th>Level</th>
<th>Description</th>
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| **4** | **Advanced knowledge, skills, and competencies**  
Independently applies integration of psychological science and practice in order to facilitate human development and functioning effectively. Demonstrates knowledge and competency in independently implementing intervention plans that are specific to case and context. Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations. Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate. Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures. Demonstrates effective training and supervision of junior member(s) of the profession in developing competence in the area of psychological intervention. |
| **3** | **Intermediate knowledge skills, and competencies**  
Demonstrates application of knowledge of scientific, theoretical, empirical and contextual bases of intervention, including psychotherapy theory, research and practice. Demonstrates knowledge and competency formulating and implementing evidence-based interventions that takes into account empirical support, clinical judgment and client diversity. Displays clinical skills with clients, and uses good judgment even in unexpected or difficult situations. Evaluates treatment progress and modifies treatment planning as necessary, utilizing established outcomes measures when available. Provides training in psychological intervention to junior member(s) of the profession. |
| **2** | **Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training**  
Demonstrates formulation and conceptualization of cases, and plans interventions utilizing at least one consistent theoretical approach. Displays clinical skills and uses good judgment when working with clients. Implements evidence-based interventions. Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures when available. |
| **1** | **Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan**  
Evaluation of resident: |

Comments:
### VIII. SUPERVISION

Knowledge, skills and attitudes regarding the instruction and oversight of trainees and other professionals.

<table>
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<tr>
<th>Level</th>
<th>Description</th>
<th>Comments</th>
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</table>
| 4     | **Advanced knowledge, skills, and competencies**  
Demonstrates recognition of the ethical, legal and contextual issues of the supervisor role and brings identified ethical and legal issues to the supervisor’s attention. Demonstrates knowledge of and systematically applies supervision models; demonstrates knowledge of and effectively addresses limits of competency to supervise. Independently engages in professional reflection about one’s clinical relationships with supervisees’ relationship with their clients. Provides effective supervised supervision to less advanced students, peers or other service providers in typical cases appropriate to the service setting. | |
| 3     | **Intermediate knowledge skills, and competencies**  
Demonstrates knowledge of, purpose for, roles of supervision. Displays understanding of ethical and legal issues of the supervisor role. Demonstrates knowledge of and developing skills in applying supervision models. Engages in professional reflection as it pertains to one’s role and relationship with supervisee(s), as well as addressing limits of competency to supervise. Provides supervised supervision to less advanced students, peers or other service providers in typical cases appropriate for the services setting. | |
| 2     | **Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training**  
Demonstrates knowledge of, purpose for, and roles of supervision. Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices. Demonstrates knowledge of supervision literature and how clinicians develop to be skilled professionals. Provides helpful supervisory input in peer and group supervision. | |
| 1     | **Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan**  
Evaluation of resident: | |
**IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

Expert guidance or professional assistance in response to a client’s needs or goals; develops and maintains smooth interprofessional/interdisciplinary working relationships

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<tr>
<th><strong>Advanced knowledge, skills, and competencies</strong></th>
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<tr>
<td>Demonstrates situations that require different role functions and shifts roles accordingly to meet referral needs. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations. Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases. Develops and maintains smooth and mutually beneficial interactions within an interprofessional/interdisciplinary context.</td>
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<th><strong>Intermediate knowledge skills, and competencies</strong></th>
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<tr>
<td>Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher). Articulates common and distinctive roles of consultant and able to compare and contrast consultation, clinical and supervision roles, as well as effectively transitions from one role to another. Ability to select appropriate measures of assessment to effectively answer referral questions. Able to implement a systematic approach to data collection in the consultative role. Develops and maintains adequate interprofessional/interdisciplinary relationships</td>
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<tr>
<th><strong>Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training</strong></th>
<th>2</th>
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<tr>
<td>Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) and transitions accordingly. Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions. Identifies literature and demonstrates knowledge about the process of informing consultee of assessment findings. Develops and maintains some adequate interprofessional/interdisciplinary relationships</td>
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<tr>
<th><strong>Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan</strong></th>
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<tr>
<td>Evaluation of resident:</td>
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**Comments:**
**Level Two Competencies: Program Specific Competencies**

**X. TEACHING***
Instruction, disseminating knowledge, and evaluation of knowledge acquisition and skill in health service psychology

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<tr>
<th>Level</th>
<th>Competency Description</th>
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<tr>
<td>4</td>
<td><strong>Advanced knowledge, skills, and competencies</strong>&lt;br&gt;Demonstrates comprehensive knowledge of and ability to explain course content in an accessible manner. Consistently engages students so as to stimulate interactive learning. Demonstrates comprehensive mastery in carefully listing to, reflecting to ensure clarification, and providing responses to student questions so as to ensure their understanding of a given topic. Demonstrates comprehensive mastery in clearly delineating and emphasizing learning expectations.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Intermediate knowledge skills, and competencies</strong>&lt;br&gt;Demonstrates adequate knowledge of and ability to explain course content in an accessible manner. Often engages students so as to stimulate interactive learning. Demonstrates adequate mastery in carefully listing to, reflecting to ensure clarification, and providing responses to student questions so as to ensure their understanding of a given topic. Demonstrates adequate mastery in clearly delineating and emphasizing learning expectations.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Basic knowledge, skills, and competencies/ Needs recommendations and developmentally supportive education and training</strong>&lt;br&gt;Demonstrates developing knowledge of and ability to explain course content in an accessible manner. Sometimes engages students so as to stimulate interactive learning. Demonstrates developing mastery in carefully listing to, reflecting to ensure clarification, and providing responses to student questions so as to ensure their understanding of a given topic. Demonstrates developing mastery in clearly delineating and emphasizing learning expectations.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Minimal knowledge, skills, and competencies/ Needs remedial education and training/formal remedial action work plan</strong>&lt;br&gt;Evaluation of resident:</td>
</tr>
</tbody>
</table>

**Comments:**

*Please note that Competency X should be marked “Not Applicable” in the Comments section for the October Competency Evaluation, as residents will not complete their teaching assignments and receive student ratings until Winter semester. Please leave this section blank for the Director of Training to complete on the March Competency Evaluation, based on student ratings and observation. For the August Competency Evaluation, please mark Competency X “Not Applicable”.*
**Summary of Strengths:**

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**Summary of Additional Development Opportunities (or Remediation), Including Recommendations:**

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**Psychology Resident comments:**

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I have reviewed and discussed this evaluation with my supervisor(s)

---

Psychology Resident Signature  
Date

---

Core Clinical Supervisor Signature  
Date

---

Primary Supervisor/Director of Training Signature  
Date

---

Primary Supervisor/Director of Training Signature  
Date
APPENDIX C

Performance Planning Worksheet

Employee’s Name: ___________________________ Title: ___________________________
Department: ___________________________ Date: ___________________________
Supervisor’s Name: ___________________________

1. Review employee’s job description. Identify any changes in duties and responsibilities. Update job description as necessary.

2. Discuss how the employee's position relates to university, center and department mission and goals. How can the employee’s performance enhance these missions/goals? Make mission statements available to the employee.

3. Establish employee goals and objectives for the year and competencies to be developed. (Refer to the most recent performance evaluation form for stated goals)

4. Set a timeline for employee completion of major projects as appropriate. Discuss methods of measurement.

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<tr>
<th>GOAL 1</th>
<th>GOAL 2</th>
<th>GOAL 3</th>
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<tbody>
<tr>
<td>Work to be accomplished or competency to be developed</td>
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<tr>
<td>Time-line</td>
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<td>Action Plan</td>
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<tr>
<td>Resources needed</td>
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<td></td>
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<tr>
<td>Measures to be used</td>
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</tbody>
</table>

Signature of Employee: ___________________________ Date: ________________
Signature of Supervisor: ___________________________ Date: ________________

*PERF*
PERF-Perf Rev
NOVA SOUTHEASTERN UNIVERSITY
POSTDOCTORAL RESIDENCY PROGRAM
Evaluation of Training Program

Date:

Period covered:

This evaluation is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluating performance and also a vehicle for change.

Scale for rating program areas:

   5 = Outstanding
   4 = Very good, above average
   3 = Average, accepted and typical level
   2 = Below expected level
   1 = Very poor
   N/A = Not Applicable

1. Professional Atmosphere
   _____ Adherence to APA ethical guidelines
   _____ Commitment to serving the psychological needs of clients
   _____ Active collaboration and cooperation between staff members
   _____ Respect for and use of, professionals from other disciplines
   _____ Commitment to science and profession of psychology
   _____ Awareness of, and respect for, individual differences among clients and professionals
   _____ Respect for human rights of clients and professionals
   _____ Opportunity for professional development
   _____ Opportunity for research activities

2. Training Atmosphere
   _____ Commitment to training
   _____ Responsiveness of program to personal and individual training needs
   _____ Accessibility of staff for supervision, consultation, and other training needs
   _____ Adequate role models
3. Direct Service: Please rate your experiences in these areas:

_____ General Professional Practice
   Comments:

_____ Scholarly Research
   Comments:

_____ Psychological Assessment
   Comments:

_____ Psychotherapeutic Interventions
   Comments:

_____ Supervision/Consultation/Teaching
   Comments:

4. Training Received: Please rate your experiences in these areas:

_____ Individual supervision (received)
   Comments:

_____ Individual supervision (given)
   Comments:

5. What are the strengths of this training program?

6. What are the limitations of this training program?
7. Recommendations:

8. Given the rapid changes in health care and employment opportunities in psychology, what would you like to see included in current training which would help residents to be better prepared?

9. Please rate the training program overall in helping to prepare you as a psychologist (circle):

   Excellent        Above Average        Average        Below Average        Poor

10. Please rate the training program as meeting your own expectations:

    Excellent        Above Average        Average        Below Average        Poor

11. Additional comments: