CENTRAL OREGON
BEHAVIORAL HEALTH
CONSORTIUM

2022-2023 Training, Policy, and Procedure Handbook

A joint authorship by the COBHC Training Committee

Approved annually by the COBHC Membership

Preface

This handbook has been created in joint effort with the COBHC members, the COBHC Training Committee, and with the feedback from each cohort. As a living document, we aspire to update this handbook as needed to reflect that most up to date efforts of the consortium and needs of members and trainees.

Acknowledgement

Without the passion of a select few the COBHC would not be possible. We would like to thank Dr. Kim Swanson for her passion in moving this project from an idea to a burgeoning program. We would also like to thank the 14 original members who had a major hand in seeking the HowTo start-up funds. To East Cascade works, we thank you for being our financial and compliance manger, and for providing your guidance and wisdom. Finally, thank you to our trainees, for whom all this is for. We sincerely hope that you find usefulness and inspiration as a practitioner and scholar with the COBHC.

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Central Oregon Behavioral Health Consortium

Problem Statement

According to the Centers for Disease Control and Prevention, mental health refers to the psychological, emotional, and social well-being of an individual. It affects how we think, feel, and act. It also helps determine our health behaviors, how we manage stress, relate to others, and make choices. Taking care of one's mental health can make an enormous difference in a person's overall health and well-being. Mental health challenges, particularly depression and severe and persistent mental illness (SPMI), can increase the risk of physical health problems such as stroke and heart disease. Likewise, living with a chronic health condition can increase the risk of mental illness (CDC, 2019). In a simple explanation, mental and physical health are very connected.

In Central Oregon from 2012 – 2015, 35.7%, 23.1%, and 28.1% of adults were diagnosed with depression in Crook, Deschutes, and Jefferson Counties (Regional Health Assessment, 2019). Approximately, one in four adults over the age of 55, reported a diagnosis of depression in Central Oregon (Regional Health Assessment, 2019). Among adults with diabetes, approximately 50% also reported depression (Regional Health Assessment, 2019). While representing a smaller percentage of the population, just over 1% of individuals with SPMI such as schizophrenia, experience significant struggles managing health conditions resulting in lifespans up to 25 years shorter than the general population (National Institutes of Mental Health, 2019). These individuals benefit significantly from intensive outreach and coordination of care activities, which are centralized in the more populous centers of Central Oregon and less available in remote areas.

The 2019 Regional Health Assessment shows that across Oregon and Central Oregon, the percentage of students who reported feeling sad or hopeless every day for two weeks or more has generally been trending upward since the 2011-2012 school year (Regional Health Assessment, 2019, Figure 148). In Oregon and Deschutes County, the highest proportion of these students where 11th graders, 35.6% and 36.0%, respectively, and the percentages for 6th, 8th, and 11th graders in Crook Counter were all very similar, 27.3%, and 27.4%, respectively (Regional Health Assessment, 2019). Across Oregon and in Deschutes County, the proportion of students who reported seriously considering suicide has increased over time (Regional Health Assessment, 2019, Figure 149). These increases may also be present in Crook and Jefferson Counties; however, the trend is less clear.

Suicide mortality rates, among all ages in Central Oregon, are like the rate in Oregon (Regional Health Assessment, 2019); however, the suicide mortality rate in Central Oregon (2008 and 2017 in particular) is over three times higher among males than females (Regional Health Assessment, 2019), and the mortality rate was higher among American Indian/Alaska Natives, and White, non-Hispanics in Central Oregon than Oregon overall (Regional Health Assessment, 2019). According to the 2018 Annual Health System Report for the Warm Springs Indian Reservation, suicide has been the 3rd leading cause of death for adolescents ages 13-17 from 2003 – 2018 (Annual Health Systems Report for Warm Springs Indian Reservation, 2016). In Central Oregon, the age-specific suicide mortality rate for 15 to 24-year-olds and 25- to 44-year-olds were significantly higher than in Oregon overall (25.8% and 20.4%), and more than 50% were completed using firearms (Regional Health Assessment, 2019).

Research indicates significant opportunities for mental health and suicide prevention in primary care and medical settings. For example, 64% of individuals who died by suicide visited their primary care

practitioners one year prior to their death and 21% of individuals who died by suicide visited their primary care providers within one month prior to their death (Ahmedani et al., 2014). Standard primary care training has traditionally lacked specific education around managing and supporting the suicidal patient. Furthermore, behavioral health concerns are most often discovered in primary care settings, yet only 20% of those in need will access specialty behavioral health care outside of the primary care setting (Kessler, 2008).

Despite the aforementioned tremendous need for behavioral health care, Central Oregon is experiencing a behavioral health workforce shortage. This makes it difficult for patients to get the behavioral health care they need. This barrier to care is a growing public health issue. Of all the 50 states plus the District of Columbia, Oregon ranks 49th in the nation for access to mental health care (Kamal, et al., 2014). Oregon has less that one mental health professional for every 1,000 people (SAMHSA, 2017). The current availability of behavioral health providers is less in the rural areas of the region, according to the 2019 Oregon areas of Unmet Health Care Needs Report:

Mental Health Providers Per 1,000 Population	
Oregon	1.33
Oregon Rural	.62
Bend	1.83
La Pine	.45
Madras	.58
Prineville	.68
Redmond	.58
Sisters	.66
Warm Springs	.71

Source: Oregon Office of Rural Health, 2019

There is also a lack of behavioral health providers who accept certain insurances e.g., Medicaid and Medicare or specialize in serving certain subpopulations such as young children, seniors, and linguistic and cultural groups such as Native Americans and Latinx. In short, the need for more behavioral health providers is immense.

At present, one of the biggest challenges in addressing education workforce issues in Central Oregon is a paucity of training sites for graduate and post graduate level trainees. Physicians, mental health, and other health care providers who practice in rural areas as compared to those who practice in urban areas are more likely to come from a rural background. Students from rural areas face several difficulties as compared to those whose parents are urban, wealthy, and well educated. Additionally, individuals who complete training in rural areas are most likely to stay and practice in a rural setting.

Background

The Central Oregon Behavioral Health Consortium represents the collaborative effort of agencies across the three counties of Central Oregon to share resources for the purpose of providing training and workforce development opportunities for behavioral health providers. The goal and mission of the Central Oregon Behavioral Health Consortia is to prepare and retain behavioral health providers throughout Central Oregon to provide culturally competent care for diverse children, adolescents, and adults throughout the region.

The Consortium includes the following training sites:

Best Care Treatment Services
Brightways Counseling
Central Oregon Pediatric Associates
Central Oregon Independent Practice Association
Deschutes County Behavioral Health
Flourish Counseling and Behavioral Medicine
High Lakes Health Care/Praxis Health
Juniper Mountain Counseling
Mosaic Medical
New Priorities Family Services
Rimrock Trails
Saving Grace
St. Charles Outpatient Behavioral Health
St. Charles Programs of Evaluation of Development and Learning (PEDAL) Clinics
St. Charles Center for Women's Health
Summit Health/BMC

Accreditation Status

The Central Oregon Behavioral Health Consortium is not presently accredited by any accrediting bodies.

Application and Selection Procedures

Individuals who meet the following criteria are welcome to apply to the Central Oregon Behavioral Health Consortia.

Eligibility Requirements for Behavioral Health Training Consortium of Central Oregon trainees:

1) Trainees are subject to background checks and finger printing based on individual training site requirements.
2) Approved for practicum, internship, or resident status by graduate institution.
3) A student or post-graduate student in good standing.

Interested applicants for the Central Oregon Behavioral Health Consortia are directed to https://cobhc.org to apply online. Required supporting documents to submit online are as follows:

- Cover Letter
- Curriculum Vitae
- Attestation of 3-hour weekly commitment as part of your field placement or internship experience.

All required application materials must be submitted by September 15th via the COBHC website application.

Consortium Program Admission

Behavioral Health Consortium of Central Oregon Narrative
The Consortium offers an intensive, generalist, clinical training experience designed to provide a flexible, varied, and balanced educational experience. Its objectives include providing a comprehensive set of learning experiences around major rotations. Clinical rotations include Outpatient Behavioral Health, Integrated Behavioral Health, Child and Family, and Drug & Alcohol Counseling. Populations in each rotation can be specific e.g., pediatrics, or general, depending on the trainee's preference. Clinical skills and professional growth develop through substantial contact with faculty, varied clinical experiences and collegial stimulation. An active peer group of interns have regular and meaningful interaction. The hallmark of the program is variety and flexibility to meet the individual needs and interests of each trainee.

Stipend Benefit provided by the Central Oregon Behavioral Health Consortium

The COBHC will provide stipends on a graduated scale to master's level interns and trainees (not board-certified associates, as they are considered full time employees at placement sites). Greater stipend payments are provided to trainees who engage in their field placement at rural field sites, as well as those training sites that provide 75% or more care to child and family treatment, and training opportunities for trainees. Stipend amounts are calculated on an annual basis based on a number of factors such as size of cohort, availability of funds, and number of training sites involved in the COBHC collaborative.

Financial and other support for upcoming training year (2022– 2023)

For trainees interested in future employment with one of the consortium members, and who need loan repayment, many of our member institutions offer student loan repayment through the National Health Service Corps and or the Oregon Health Care Provider Loan Repayment Program. Please ask your training site or the COBHC Director for more information related to loan repayment qualifications.

Consortium Positions

Pre-graduate Intern

For master's and certificate level students:

Interns can begin practicing counseling under strict supervision when they have reached a stage in training as determined by their academic institution where practical experience is needed for acquired skills and knowledge. Interns will provide supportive services to include individual, group, and family interventions as well as consultative services for clients diagnosed with all types of behavioral health concerns. Interns will also conduct assessments and evaluations as appropriate.

Post graduate Associates, Interns, and Residents

For psychology residents, master's in counseling, marriage and family, and social work associates:

Psychological or counseling services as an associate/resident can begin once you receive notification from the Oregon State Board associated with your degree and future license type, that your Contract for Supervision/Supervision Plan as a resident has been approved. You are considered a full-time employee with your employer of record and are eligible to participate in all consortia related trainings relevant to your work responsibilities.

Associates/residents will provide supportive services to include individual, group, and family interventions as well as consultative services. They will also conduct assessments and evaluations as appropriate. As advanced trainees, the COBHC Director and your supervisor(s) will work with you to tailor a learning experience that will identify individual goals.

Supervising Faculty

Qualifications of the Supervisor for Interns and Post-graduate Residents

The basic requirement is that a supervisor, both primary and associate, be in good standing with their respective Board, in good standing with their current employer, and has been licensed for at least a total of 2 years, either in Oregon or in another state. The supervisor needs to be competent in areas in which the intern/resident practices. Supervisors must have documented and maintained at least six hours of continuing education training in supervision, current within five years. Supervisors acknowledge through membership with the consortium that they are responsible for the clinical work of their trainee. Interns, associates, and residents are not required to name an associate supervisor, but it is a practical plan in case your primary supervisor is away for any reason. The COBHC will work with supervisors and training sites to verify credentialing and supervisory ability on an as needed basis. Each degree type has variable requirements for supervision, and we encourage potential and current supervisors to say abreast of these requirements with their licensing boards. *For sites that do not have access to a qualified clinical supervisor, the COBHC will provide clinical supervision at an agreed upon rate. Sliding scale rates are available for qualifying member sites.*

There are many criteria that vary from one licensing board to another. The COBHC will work with individual sites, supervisors, and potential supervisors, to assure eligibility and verify good standing with licensing boards.

Supervision

Supervisors do not need to work at the same site as the intern/post graduate resident or associate; however, interns/post graduate associates and residents will receive one hour of face-to-face supervision per week if he/she works 1-20 hours in a week and two hours of face-to-face supervision per week if he/she works more than 20 hours per week (one hour may be individual and one hour may be group). A week is defined as a period from Monday to Sunday. If an intern/post graduate resident does not comply with the weekly supervision requirements, those hours will not be counted toward the supervised work experience requirement. Also, the intern/post graduate resident may be subject to Board review for improper supervision.

Case Consultation, Journal Club & Didactic Schedule

A series of meetings and workshops will provide skill development, and enrichment opportunities for interns/post graduate residents. These will take place via a video conference meeting and will be required for all trainees to attend.

All trainees are required to attend 3 or more didactics a month which will be provided by the COBHC to be considered in compliance with training requirements.

Didactics are a dynamic and changing set of trainings, with some individual differences based on your site placement, personal development goals, and availability of trainers. For the most up to date listing of didactics please see the Events section of the COBHC.org website.

Core Competencies

The COBHC will strive to provide robust training that is generalist in nature. There will be specific focal training on PTSD diagnosis and treatment, as well as equity and inclusion. The supervision relationship will be the primary place of evaluation, review, and growth of core competencies. Each academic program will have its own expected core competencies that the COBHC will echo in its training and supervision programing.

Core Addiction Competencies for Alcohol and Drug Interns that count toward Requirement

The list below identifies the core addiction competencies which ensure each Alcohol and Drug Intern meets all goals and outlined objectives. Alcohol and drug interns will collaborate with their supervisors to develop an individualized training plan that includes each activity in a manner relevant to the setting(s) in which they work and the learning needs of the alcohol and drug Intern.

All education hours must be accredited or approved by a recognized/approved accreditation body. Education hours must include the topical areas of:

CADC I

- Basic Counseling Skills (distance learning not accepted)
- Group Counseling Skills (distance learning not accepted)
- Alcohol & Drugs of Abuse Pharmacology
- HIV/AIDS Risk Assessment & Risk Reduction
- Counseling Ethics
- Clinical Evaluation ASAM (American Society of Addiction Medicine Patient Placement Criteria 2 and DSM Substance Abuse Disorders)

CADC II

- Basic Counseling Skills (distance learning not accepted)
- Group Counseling Skills (distance learning not)
- Alcohol & Drugs of Abuse Pharmacology
- HIV/AIDS Risk Assessment & Risk Reduction
- Counseling Ethics
- Counseling Diverse Populations
- Clinical Evaluation ASAM (American Society of Addiction Medicine Patient Placement Criteria 2 and DSM Substance Abuse Disorders)
- Coexisting Disorders, or Multiple Diagnosis, or Dual Diagnosis, etc.

Core Training Requirements for master's level Interns through Psychology Interns, and all types of Associates and Residents

The lists below identify the required activities which ensure that each intern/resident meets all the goals and objectives outlined in this document. Residents and their supervisors will work together to develop and individualize a training plan based on year of training, degree type, and certification status, which includes each activity in a manner relevant to the setting(s) in which they work and the learning needs of the resident. Although the specific application of activities may vary from one training site to another, the comprehensive residency plan ensures that all required training activities are detailed and implemented for each resident. All activities should include diverse clients and contexts.

"Psychological, therapeutic, or counseling services" include the following activities:

- Evaluation services (assessing or diagnosing mental disorders including functioning, including administering, scoring, and interpreting screenings/tests of mental abilities or personality) with links to intervention and treatment planning.
- Planning and implementation of an individual intervention
- Planning and implementation of a small group intervention.
- Participation in interdisciplinary teams
- Providing therapy services
- Consultation regarding diagnosis or treatment
- Research related to client services
- Writing clinical reports, progress notes and professional correspondence related to services provided
- Receiving formal training including workshops and conferences, as approved by supervisor
- Supervision of others performing psychological services (practicum students, interns)
- Individual or group supervision meetings
- Planning and implementation of skill building activity with peers, site personnel or practice colleagues to disseminate an empirically supported assessment, intervention, or consultation methodology

"Psychological, therapeutic or counseling services" do not include:

- Business development t such as marketing or credential activities
- Business management activities such as creating forms or purchasing
- Administrative billing
- Orientation or administrative staff meetings
- Teaching a class or lecturing on a psychology topic
- Research that is not directly related to the client services you are providing
- Trainings that do not deal with substantive psychological issues, for example, word processing computer skills, marketing investments, or practice building strategies.

Overview of Requirements & Procedures for Interns/post graduate Residents

The intern is identified as "Intern" in all professional contacts and written work, including interaction with parents/guardians, colleagues, and other persons.

The resident is identified as "resident" in all professional contacts and written work, including interaction with parents/guardians, colleagues, and other persons.

Work Requirements will be determined by each training or employment site.

Drug and Alcohol Intern:

- CADC I
    - 1000 supervised hours in Addiction Counselor Competencies
    - Letter of verification verifying a minimum of 2 years of recovery for those who are recovering from substance use disorder.

- CADC II
    - Completion of a minimum of a Bachelor of Arts or a Bachelor of Science (or an equivalency of an AA degree/90 college credits and combination of academic courses with specialized training and experience in Addiction Counseling Competencies commensurate with baccalaureate degree credit/hour requirements with a minimum of 300 Alcohol and Drug Specialty Education hours.
    - 4000 supervised hours in addiction counselor competencies
    - Letter of verification verifying a minimum of 3 years of recovery for those who are recovering from substance use disorder.
- CADC III
    - Completion of a minimum of a master's degree with a minimum of 300 Alcohol and Drug Education hours
    - 6,000 supervised experience hours in addiction counselor competencies
    - Letter of verification verifying a minimum of 3 years of recovery for those who are recovering from substance use disorder.

Interns: 1-year 1500 hours

Residents/Fellows: 2 years 3000 hours

Criteria for Successful Completion of Consortium Training

Successful completion of all required training activities as outlined in the Trainee Plan and what is listed below unless excused our alternatives are outline.

1) Successful completion of the identified criteria of
    a. Attend all quarterly trainings
    b. Attend 3 or more didactics monthly
    c. Attend 3 or more Journal Clubs and Case Consultations groups
        i. Present at least 1 time for each group type
2) Supervisor ratings on the summative evaluation for your academic institution and or credentialing type, with:
    a. No objectives rated
    b. No Unsatisfactory ratings
    c. A minimum of 80% of observed objectives rated
    d. All Competencies rated at satisfactory or better

A log of supervised professional experience that meets both hours of professional practice activities and for supervision. With successful completion of the internship year, and in combination with their

academic training, Consortium trainees have the knowledge and skills required for either academic or professional advancement to apply for licensure in the state of Oregon.

Internship Setting

The Behavioral Health Training Consortium of Central Oregon represents the collaborative effort of independent agencies throughout Central Oregon to share resources and faculty for the purpose of providing a diversified training program and development of behavioral health workforce throughout the region.

The Consortium faculty is diverse, encompassing a breadth of clinical, professional, and programmatic interests. All share a commitment to quality patient care, learning, promoting, and developing clinical talent, and excellence in teaching.

Responsibility in the training program resides in the Consortium Training Committee comprised of the Consortium Training Director, and Training Leads representing each type of training setting. The committee is charged with the overall administration of the program, including formulation of policy objectives, and ongoing monitoring of programs and activities.

The Consortium offers a 9-month training duration that will meet a trainees' current needs (inclusive of full-time internships). The Consortium also offers post-graduate training opportunities to meet the trainees' fulfillment needs for Oregon State licensure requirements.

The Consortium training program is designed to meet clinical training requirements declared by both academic institutions and relevant statutory training requirements set forth by the State of Oregon for the trainee's desired licensure. The Consortium is also designed to meet the specific training needs of the trainee such as but not limited to:

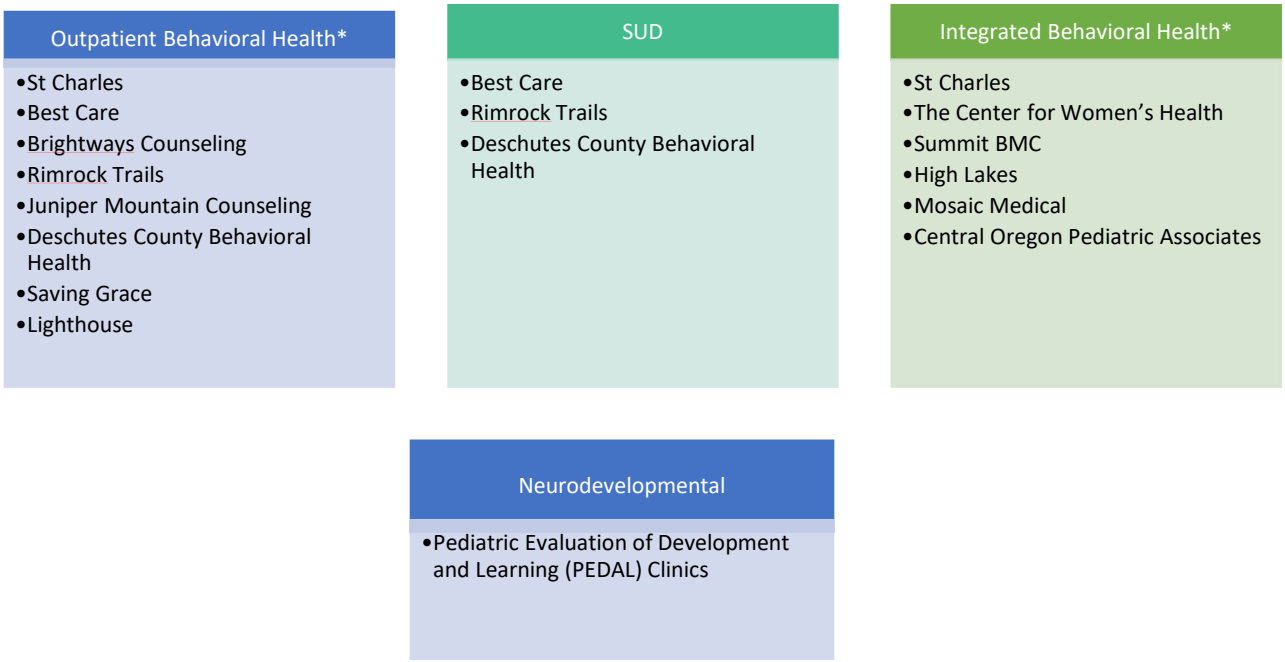
- Supervision – 1 hour for every 20 hours of clinical work – or 2 hours for full time, 40 hours, clinical work.
- Year-long didactic seminars, journal club, case consultation, and quarterly special interest trainings.

Consortium Training Tracks

The Central Oregon Behavioral Health Consortium offers a broad array of training tracks that are representative of the treatments offered at participating agencies. Training tracks include the following:

Pediatric	**Adult**
Integrated Behavioral Health	Integrated Behavioral Health
Outpatient Behavioral Health	Integrated Women's Health
PEDAL Clinic (Neurodevelopmental Assessment & Treatment)	Outpatient Behavioral Health
Outpatient Substance Use Disorder Treatment	Outpatient Substance Use Disorder Treatment
Inpatient Substance Use Disorder Treatment	Inpatient Substance Use Disorder Treatment
Psychiatric Nurse Practitioner Preceptorship	Psychiatric Nurse Practitioner Preceptorship
	Short Term Residential Treatment

Institutions offering training opportunities within these tracks are listed below:



Training sites

Interns

Internship field-placements in the Central Oregon Behavioral Health Consortium are 9 months in duration for a Master's in social work intern, and 12 months for a Master's in Counseling intern. In general, programing within the COBHC will be 9 months starting in late September through June. Every intern will be required to complete 1 major training rotation at one Consortium agency.

Each training site will provide supervision, either within their own agency staffing or hired through the COBHC. Training sites will also provide information to all trainee applicants of their expected engagement at the COBHC as part of their internship, associateship, or fellowship programing.

Post-Graduate Residents

Post-graduate resident rotations in the Central Oregon Behavioral Health Consortium are 24 months in duration. Every post-graduate resident will be required to complete 1 major rotation at one Consortium agency selected from the training tracks for the entire 24 months. Training tracks should be selected based on each individual post-graduate residents' field of study and area of personal interest.

Each training site will provide supervision, either within their own staffing, or hired through the COBHC. They will also provide information to all applicants for their program at every level of their expected engagement at the COBHC as part of their internship, associateship, or fellowship programing.

Training Site Rotations

- Adult Outpatient Behavioral Health
- Pediatric Outpatient Behavioral Health
- Adult Substance Use Disorder Treatment
- Pediatric Substance Use Disorder Treatment
- Adult Integrated Behavioral Health
- Pediatric Behavioral Health
- Pediatric Evaluation of Development and Learning (PEDAL) Clinic
- Adult Short Term Acute Psychiatric Residential

Training Model and Program Philosophy

The Consortium offers generalist clinical training designed to provide a flexible, varied, and balanced learning experience within a practitioner – scholar model of training. Objectives include:

- A set of learning experiences in all major areas of clinical functioning.
- Professional development and growth through regular contact with supervisory faculty who have diverse clinical perspectives and experience.
- Collegial stimulation via the development of a cohesive and active peer group of trainees who have regular meaningful interaction.

The program is flexible to meet the individual needs and interests of each trainee. This flexibility is made possible by:

- Available supervision
- Diversity of training settings and areas of clinical focus
- A rich program of shared clinical and didactic seminar experiences

The Consortium holds that the role of the trainee is that of an emerging professional. Trainees are expected to gradually assume and develop unique roles as independent professionals as they become proficient in clinical skills. As a training program, we highly value the role of the supervisory relationship in facilitating the trainee's growth and development across clinical and professional domains. We work to create a positive culture in which trainees feel supported and valued, while also challenged to grow professionally. Trainees are ultimately expected to exhibit satisfactory levels of broad competencies in ethics, individual and cultural diversity, evaluation and treatment planning, effective use of research and incorporation of evidenced based practice, therapy, consultation, developing a professional identity, developing professional communication skills, documentation, and clinical notes, and developing an understanding of supervision and consultation. Allocation of time in these areas may vary with skills and interests, but all trainees should be able to perform the following functions satisfactorily by the end of their training with the Consortium:

Evaluation, diagnostic assessment, and case conceptualization

- Effectively utilize interview findings, clinical observations, and clinical judgment to identify one or more diagnoses and develop treatment plans
- Effectively communicate evaluation findings verbally and in progress notes
- Use of brief screenings to further assess and validate diagnosis, treatment progress, and treatment outcomes

Brief and long-term individual, family, and group interventions – trainees will be able to:

- Conceptualize presenting problems and set appropriate treatment goals
- Establish effective therapeutic alliances
- Select, justify, and apply different treatment interventions in a group and family context
- Articulate an understanding of the overall intervention process
- Articulate an understanding of the interactive nature of the therapeutic relationship

Professional development – trainees will be able to:

- Be accountable, dependable, responsible, and show initiative
- Appropriately manage boundaries in all professional contexts
- Be concerned for the welfare of others and their general well-being
- Conduct oneself in a professional manner

Consultation and referral to other disciplines regarding psychological and/or substance related issues – trainees will be able to:

- Develop and maintain effective professional relationships with a variety of other professional and allied health disciplines
- Work with individuals of other professions to maintain a climate of mutual respect and shared values regarding inter-professional practice. This includes appreciation and integration of contributions and perspectives of other professions.

Diversity and cultural competency – trainees will be able to:

- Understand how their own personal/cultural history, attitudes and biases interact with people who are different from themselves
- Demonstrate sensitivity and be responsive to issues of individual and cultural diversity
- Integrate awareness and knowledge (including current theoretical and empirical knowledge) of individual and cultural diversity across the full range of professional roles (e.g., assessment, intervention, professionalism, communication, etc.)

The Consortium faculty, through their active participation in clinical program development, consultation, clinical supervision, continuing education, professional development, and administrative activities, will strive to impart to the trainee attitudes essential for life-long learning, scholarly inquiry, and professional problem solving in the context of an evolving healthcare arena and an evolving body of scientific and professional knowledge.

One core experience of the program is supervision. Supervisors from a wide variety of clinical settings and theoretical orientations are available as both primary supervisors and auxiliary

collaborators. The structure and variety of services throughout the Consortium, and behavioral health's intrinsic role in these services, also provide many opportunities for adjunctive supervision using the expertise of a wide variety of professionals across a broad range of clinical activities.

Geographically, trainees can look forward to learning with a diverse demographic composition in Central Oregon. For example, while Deschutes and Crook Counties have a higher proportion of individuals who identify as White as compared to Oregon as a whole, Jefferson County has a higher proportion of residents who identify as American Indian and Alaskan Native as compared to Oregon as a whole. All three Central Oregon Counties have a higher proportion of adults aged 65 and over as compared to Oregon as a whole. In Central Oregon, Madras has the highest proportion of residents who identify as Hispanic or Latino.

The patients served by the Consortium institutions are characterized by diversity along a variety of dimensions:

- Race
- Ethnicity
- Language
- Age
- Gender Identity
- Education
- Occupation
- Marital Status
- Economic
- Religion
- Cultural
- Sexual Orientation
- Health
- Functional Status
- Severity of Mental Health Issues

Consortium faculty addresses issues of cultural and individual differences and diversity in their supervision. Developing cultural competence in healthcare and behavioral health settings is a priority area in the internship.

Program Structure & Training Experiences

Each trainee is assisted in developing a personalized training plan that incorporates areas of interest, areas in which the trainee feels they need additional training, and areas in which trainees may have not had previous experience but would like an initial exposure. Interns are encouraged to view training from a consortium perspective, with an emphasis on the unique advantages of seeking training opportunities at each institution.

Consortium Didactic Opportunities

Consortium trainees' clinical experiences are enriched through a series of required seminars that reflect both the expertise of the Consortium faculty and contemporary topics/issues in the clinical practice of behavioral health. Although the exact seminar selections may vary by year (we rely on current trainee input to create the next year's offerings) many core topics remain year after year. Seminars loosely fall into one of five categories. The basic groupings are: 1) problem-specific seminars; 2) current research topics in behavioral health; 3) culture & diversity; 4) professional practice issues; 5) professional development. Examples of seminar topics may include the following:

Problem-Specific Intervention

- Health Psychology
    - Diabetes: What every behavioral health professional needs to know
    - Hypertension: What every behavioral health professional needs to know
    - Chronic Pain: What every behavioral health professional needs to know
    - Obesity: What every behavioral health professional needs to know
    - Other co-morbid medical conditions: What every behavioral health professional needs to know
    - Substance use disorders and health
- PTSD Treatment Across Behavioral Health Settings
- Substance abuse assessment across all behavioral health settings
- CBT for SUD, anxiety, and affective disorders
- ACT for chronic pain, anxiety, and affective disorders

Current Research Topics in Behavioral Health

- Basic psychopharmacology
- Solution focused therapies
- Motivational Interviewing
- Developmental Psychopathology
- Attachment Theory and applications
- Mindfulness Based Stress Reduction
- Cultural and ethnic issues in treatment

Culture &Diversity

- Black/Indigenous and People of Color (BIPOC) issues in behavioral health
- Gender issues in behavioral health
- Sexual orientation and transgender issues in behavioral health

Issues in the Professional Practice

- Listening to the patient
- Behavioral health clinic administration
- Patient engagement, self-management skills and home-based care

- Primary Care Behavioral Health Integration
- Integrating theoretical orientations in practice
- Measurement based practice to facilitate triage and disposition decisions
- Facilitating successful transitions of care across systems of behavioral health care

Professional Development

- Post-training planning
- Professional ethics
- Supervision and consultation
- Licensure
- Team based care
- Behavioral health team leadership
- Documentation, treatment planning and CPT coding

Consortia trainees are strongly encouraged to attend weekly, either virtual or in person, Grand Rounds at St. Charles Medical Center. Grand Rounds are offered every Friday at 7am – 8am. To request your email address be added to the mailing list for Grand Round events and topics email CME@stcharleshealthcare.org or call 541-706-4680.

Trainees are also strongly encouraged to attend Oregon State University Health Sciences (OHSU) Psychiatry Grand Rounds that are offered livestream. Use the Google Chrome browser to access the live stream of Psychiatry Grand Rounds. If the button link below does not work, try to manually copy and paste the following link into a new google chrome window: https://echo360.org/section/239826d6-781a-4cbd-aea6-af8a754d03be/public. OHSU Department of Psychiatry sends out notifications a few days in advance of Grand Rounds. Go to Oregon State University Health Sciences (OHSU) Psychiatry Grand Rounds and fill out their online form if you would like to receive notifications.

Levels of Responsibility/Authority

- The Consortium Director is responsible for developing and managing the Consortium. The Consortium Director is also responsible for daily operations and meeting the goals for ongoing program development and expansion. Other principal duties are as follows:
    - Program Administration
        - Training Director for Consortium-Based programs
        - Accreditation application(s) and compliance
        - Development of Policies and Procedures that ensure compliance with all relevant entities
        - Budget development and maintenance
        - Marketing and communications

        - Maintenance of the Consortium website
        - Utilization reporting to internal and external constituents
    - Training
        - Ensuring that academic preparation of the applicants meets all criteria for placement within the Consortium
        - Leadership of the Consortia Training Committee
        - Supplemental clinical supervision for all Consortia trainees
        - Support Consortia site Clinical Supervisors & Coordinators
        - Support sites and coordinate delivery of didactic training
        - Support sites and coordinate delivery of group supervision
        - Consultation to faculty, administration, and community partners around training and licensure
    - Site Management
        - Management of community partner relations
        - Site development
        - Contract management
        - Site-specific marketing and communications
        - Liaison among sites, students, and supervisors
        - Site evaluation

- The training site holds administrative control over all trainees and associates/residents in the role of employee and is advised by the intern's academic institution and the COBHC. Such things as working schedules, holiday times, and financial reimbursement are in the domain of the employer.
- The site Training Lead/Coordinator assumes responsibility for the professional work of the trainee including caseload, quality of service provided, written reports or patient notes written by the trainee, and when applicable, accurate coding and billing. The latter responsibility requires approving and countersigning all written clinical material produced by the trainee as well as trainee activity logs. Primary supervisors ensure the trainee is fulfilling the activity agreements in the Trainee Plan; and complete all evaluations, formative and summative for each trainee (described on page xxxx).
- Training Committee
    - The Consortium Director facilitates the work of the Consortium Training Committee. The committee develops and reviews documentation, and the implementation of

procedures related to training program functions. The committee serves a critical role in reviewing the effectiveness of the training program and is the final authority for the appeal process for trainees.

- The Consortium Training Committee consists of the consortium Director of Training, and members representing each type of training site, who will also serve as primary supervisors and/or site coordinators.
- All members of the Consortium Training Committee attend regular Consortium Committee meetings or send an alternate representative. The committee will meet a minimum of four times per year with trainee representatives invited to participate in each meeting. A standing agenda item in these meetings will involve the intern representative being asked to report on intern-related questions, concerns, or ideas.

- Site Supervisors/Site Coordinators
  - A site supervisor/site coordinator from each consortium affiliate has a responsibility to assist with the brochure description of their site, its staff, and rotations (if any) at their site, and to consult with management within their agency. They are also responsible for assisting in the selection of interns by identifying members in their agency who will review applications, interview applicants, and participate in the rank ordering of the Consortium trainee candidates for the entire Consortium.

Administrative Policies & Procedures

Reviews

In facilitating the professional growth of the trainee, the Consortium supervisors strive to maintain a climate in which open, mutual sharing of thoughts and feelings regarding progress remain an integral part of all supervisory relationships. Quarterly and annual reviews provide the basis for discussion in which the supervisor and trainee review progress, specific training experiences that may be necessary to enhance professional growth, the supervisory relationship, and professional conduct. In the unlikely event that a trainee's performance is evaluated at a less than "Satisfactory" level in any of the areas noted above, the Consortium Training Director and Consortium Training Committee, in conjunction with the designated supervisor and the intern, will develop a plan to remediate the performance deficiency.

Liaison to Academic Programs

The Consortium is interested in working as closely as possible with faculties from the various academic programs from which our trainees come. We establish a formal training agreement with each intern's academic institution through an official Memorandum of Understanding (MOU). After each evaluation, the Consortium Training Director forwards a letter to the appropriate individual at the trainee's academic institution summarizing the trainee's progress toward completion of the Consortium training program.

Appendix Descriptions

The following appendices are standard documents for training sites to use. Documentation for interns completing field placements is primarily held by their academic institutions and will be confirmed complete on a quarterly basis through the COBHC. For Associates, or residence, the follow documents will be found helpful to evaluation progress toward licensure and continued education through the supervision process.

Central Oregon Behavioral Health Consortium Member Agreement (Appendix A)

This document is between a training site and the COBHC. It outlines the shared and individual responsibilities of a member organization and the COBHC.

Post-Graduate Associate Agreement (Appendix B)

The Consortium Training Agreement outlines the relationship between the trainee and the supervisor. It specifies the time commitments, salaries or stipends provided to the trainee, and briefly outlines the core requirements for both roles to meet training program criteria. It is the responsibility of the trainee to work with the supervisor to complete the document prior to the commencement of training at your employer and submit it to the Consortium Director of Training.

The Post-Graduate Associate Agreement document also provides additional information regarding the site's requirements and expectations for both supervisors, training sites, and associates. It outlines appropriate titles to be use for interns that are dictated by state regulations, as well as provides a clear outline of expectations for hours of supervision.

COBHC Supervisor/Supervisee Agreement (appendix C)

The Supervisor/Supervisee Agreement is a statement of the working alliance between the supervisor and supervisee in terms of responsibilities and procedures. Both supervisee and supervisor sign and keep a copy of the agreement; a third copy is filed with the Consortium Director of Training.

Associate Training Plan (Appendix D)

The Associate and the primary supervisor jointly complete the Associate Training Plan. This document is a living document that the supervisor and or associate may modify at any time and will be reviewed quarterly to ensure progress on goals, both individually developed by the associate, and required for advancement towards licensure. Some requirements may also be specific to the type of clinical setting an associate is working.

Pre and Post Supervisee Competency Evaluation (Appendix E)

The Pre and Post Supervisee Competency Evaluation is a summative evaluation used twice a year, once at the beginning of the supervisor year, and again at the end of the year. This document used to show programs on major competencies.

Supervisory Rating Experience Form: Part I and Part II (Appendix F)

An associate supervision is one of the most important final education experiences before becoming a licensed independent practitioner. Feedback to your supervisor on a regular basis is helpful to further progress and create a sense of confidence in your training.

Procedures For Due Process, Remediation, and Appeal (Appendix G)

The Consortium subscribes to the general principles of Alternative Dispute Resolution. Trainees address special needs and/or grievances at the lowest level necessary to realize relief or resolution. When a trainee has a grievance or need, he/she will first address the issues with their site clinical supervisor, progressing to the next higher level (e.g., the institution's training coordinator) followed by the Consortium Training Committee and the Consortium Training Director until resolution is realized. The trainee may request the involvement of another neutral Consortium clinical supervisor to serve as a mediator at any point in the process. If the trainee is unable to realize resolution, they can consult with the Human Resources department of the institution housing their clinical training regarding institutional procedures as they apply to temporary employees. Trainees are advised that temporary employees may have limited rights relative to permanent employees. These policies are completely spelled out in the Consortium Trainee Handbook which is provided during orientation in the trainee's first week.

Competency Remediation Plan and Termination Processes (Appendices G-I)

Should circumstances arise that might warrant termination from the COBHC training program, the trainee will be informed by the Consortium "Director of Training" via letter and requested to appear before the Consortium Director of Training. The letter will describe the behavior in question, the possible interventions, and outcomes. Interested parties (e.g., rotation supervisor) and the trainee's graduate program Director of Training will become an active participant in the proceedings. Every effort will be made to take corrective action (e.g., remediation counseling and grievance procedures) unless the behavior in question is so egregious that termination is warranted without such action. The Consortium Training Director's decision can be appealed to the full Consortium Training Committee; the Training Committee's decision is final.

Appendix A

Central Oregon Behavioral Health Consortium Member Agreement

The following agreement specifies the commitment to, and the roles of, the participating agencies (Consortium Members) of the Central Oregon Behavioral Health Consortium. By their signature on this document, a consortium member agrees to engage consortium trainees during the 2022/2023 academic training year, according to the specifics of the individualized Training Agreement.

In recognition of the fact that a single independent agency may not have the capacity to support an intern in fulfilling the multiple goals, objectives, and activities required by the consortium Training Program, Consortium members agree to enter a collaborative relationship with the COBHC with the express purpose of providing a portion of the trainee's needs, with the COBHC and its contracted and work-in-kind affiliates in agreement to supply the remaining curriculum needs for trainees.

EC Works serves as the coordinating body for the consortium training program. The Executive Director of EC Works and the Consortium Director of Training will work with all agencies, both individually and collectively, to ensure consistency and quality of the training program across all facilities for all interns. At the individual agency level, there is ongoing interaction between agency administrators and clinical supervisors to further support and maintain the standards of the COBHC Training Program.

A Consortium affiliate accepts the purpose and the implementation of the COBHC Training Program as defined in this *Policies and Procedures Manual*. Critical components include:

- Acknowledgement of EC Works as the coordinating body for the Consortium, and the COBHC Training Director as the administrative leader.
- Participation in agreed upon training meetings for members, clinical supervisors, and trainees.
- Agreement to provision of a stipend through the COBHC for non-degree holding interns, or a salary through individual members sites for associates that is commensurate with the regional expectations, and supportive of guidelines in the individualized Training Agreement.
- Agreement to provide access to qualified supervision as outlined in the Training Agreement.
- Participation in the development of the Training Plan which details activities the trainee will undertake to meet the required goals and objectives.
- Provision of training resources to allow the intern to work toward implementation of activities specified in the Training Plan.
- Participation in annual site visits initiated by the COBHC Director of Training that allow for feedback regarding the broad functioning of the COBHC Training Program.
- Adherence to the grievance and appeal process if there are concerns about a trainee's performance.
- Participation in the annual feedback rating of the Consortium and Training Program.

Documentation

- The Membership Agreement represents the broad terms of commitment to the COBHC Training Program and the relationship to the coordinating body, EC Works.
- The Trainee Agreement specifies the details of the administrative commitment among the individual trainees, clinical supervisors, and training sites.

- The Training Plan is a working document which outlines the specific work the trainee will undertake in meeting all goals, objectives, and activities of the Training Program in the context of the individual Training Site and under clinical supervision. The Training Plan relates only to the period outlined in the Training Plan (generally 9, 12, or 24 months).

Name of Agency: _____

Agency Administrator: _____

EC Works Administrator: _____

COBHC Director of Training: _____

Date: _____

This agreement applies to the 2022 - 2023 internship year only. Affiliation agreements are reviewed and renewed on an annual basis.

Appendix B

Post-Graduate Associate and Resident Agreement

The Post-Graduate Associate Resident Agreement provides details of the roles of the Associate or Resident and supervisors, and the compensation or release times required. Note that this agreement is distinct from the contractual employment documents developed with individual associates, training sites, and supervisors. Further information is available in the Policies & Procedures Manual or by contacting the COBHC Director of Training.

Name of Agency: _____

Name of Administrator: _____

Phone: _____ Email: _____

Site Address: _____

Name of Trainee: _____

Phone: _____ Email: _____

Name of Supervisor: _____

Phone: _____ Email: _____

(*Fill out only section that applies*)

Duration of Internship: _____

Duration of Post Graduate Residency: _____

Duration of PMHNP Preceptorship: _____

Description of Training

Interns ☐

Post Graduate Resident ☐

The Training Plan

Training within the COBHC requires a breadth of experiences in a wide range of behavioral health and substance use services including assessment, intervention, and consultation at both the individual and the systems level. Individual agencies in the COBHC agree to provide opportunities to work with a diverse range of patients and enhance professional skills in the community-based context. The nature of the training opportunities and behavioral health services provided are defined in a detailed individualized Training Plan developed by the supervisor and trainee in consultation with the agency administrator and COBHC Training Director. Further goal-related activities requested at a placement site may be discussed with the supervisor and added to the plan. A copy of the Training Plan is filed with both the agency administrator and the Director of Training of the COBHC.

Terms of the Agreement

Trainee

Total Hours per week doing COBHC related education: _____

Total hours minimum per week in placement site: _____ OR

Days per week in placement site (specify days): _____

FTE Equivalent: _____

Compensation

Total monthly OR per contract terms (specify): _____

Itemize benefits, holidays etc. as itemized below:

_____

Title

For the period of COBHC training:

Interns will use the title:

Post Graduate Associate/Residents will use the title:

Supervisor

Hours

Total hours of supervision per week: _____

Administration

The COBHC trainee works under the administrative control of _____ (Member Site). The trainee is expected to follow the same daily schedule and yearly calendar as other behavioral health staff employed by the agency. The COBHC trainee is not guaranteed employment at any of the COHC training sites beyond the term of the agreed upon training period.

Responsibility to the COBHC Training Program

The member site, the trainee, and the supervisor are responsible to the training standards and criteria of the COBHC Training Program. All parties agree to act in a manner consistent with the commitment of the Consortium with the standards and training outlined in the *COBHC Policy and Procedures Manual*.

Responsibility of COBHC member Agency

1. Provide the student with a period of orientation to the agency and its operation during the early part of the Practicum.
2. Give assignments and responsibilities that will foster development in accordance with individual needs and abilities
3. Provide the student with the opportunity to strengthen his or her management and supervisory skills by observing and participating in various meetings as well as program activities.
4. Provide the student with as many of the following experiences as is feasible within the agency context:
    a. An orientation to the purposes and aims of the organization.
    b. An orientation to the philosophy, procedures, and policies of the agency.
    c. The opportunity to practice and develop professional skills in a variety of situations.
    d. The opportunity to meet and talk with management/administrators and other supervising personnel of the organization.
    e. An orientation to the agency's business practices and policies.
    f. The opportunity to actively participate in various planning aspects of the agency.
    g. Periodic evaluation sessions to evaluate performance and discuss the individual strengths and areas of needed growth of the student.

h. The opportunity to attend general staff and other important committee meetings.

i. The opportunity to observe the management techniques of the agency personnel.

COBHC Training Activities

COBHC trainees understand and play an integral role in the application of the agency's mission; however, each trainee's primary role is as trainee. While training needs can be accommodated through service demands, those demands do not erode the full complement of training goals. Other applied activities are necessary and are identified in the full statement of goals and objectives in the *COBHC Policy and Procedures Manual* as well as adapted per COBHC training needs and agency options in the individual Training Plan.

The COBHC Training Plan

The fill list of required activities while training with the COBHC is included below with the acknowledgement that not all of them apply to any single setting. At each agency, the COBHC trainee will engage in the activities developed together with the supervisor, delineated in the individualized Training Plan, and agreed upon in consultation with the agency administrator. It is the responsibility of the trainee and supervisor to ensure that all activities are implemented across rotation agencies.

1) Psychoeducational and/or psychological assessments and diagnoses with links to intervention and treatment planning.
2) Planning and implementation of the individual intervention.
3) Participation in multi-disciplinary team(s).
4) Provision of individual, group, or systems-level consultation.
5) Program evaluation.
6) Case presentation including review of relevant literature.
7) Participation in ethics "roundtable" activity.
8) Dissemination of evidenced based intervention, consultation and assessment to colleagues and peers.

The Supervisor

The supervisor is a licensed behavioral health professional in good standing and experienced in the field in which they are practicing.

The supervisor has responsibility for the professional development and practice of the COBHC trainee and ensures that the services provided by the COBHC meet high professional standards, including adherence to codes of ethics, and professional codes of conduct.

The supervisor(s) will provide the minimum required hours per week of direct supervision (generally across agencies, 2 hours of individual and one hour of group supervision). The supervisor has the professional responsibility for all casework undertaken by the COBHC trainee, as identified during informed consent given to patients, and will co-sign all patient records produced by the COBHC trainee.

Agency Site Supervisor

The site supervisor, where applicable, plays a key role in the COBHC training experience and agrees to engage in ongoing involvement with the intern, the supervisor and the COBHC. Any concerns about the work of the COBHC trainee's work should be discussed directly with the trainee's supervisor.

Site Supervisor Signature: _____ **Date:** _____

Clinical Supervisor Signature: _____ **Date:** _____

COBHC Director Signature: _____ **Date:** _____

Appendix C

COBHC Supervisor/Supervisee Agreement

Training Period: _____ to _____

Name of Supervisee: _____

Name of Supervisor: _____

The purpose of this agreement is to clarify our roles and responsibilities as supervisee and supervisor.

As the Supervisor:

1) In assisting you to develop your clinical skills, I agree to:
    - Facilitate a positive learning environment which will enhance your professional growth and autonomy
    - Work with you to apply empirically demonstrated assessment and intervention techniques
    - Discuss with you the application of ethical standards and codes of conduct including diversity themes
    - Concentrate on the development of your skills and help you identify strengths, weaknesses, and limitations. Help you address your weakness and limitations with specific and actionable feedback
    - Provide timely information about emergency procedures in critical situations for patients, and support you through any such emergency responses
    - Discuss with you how to best arrange appropriate supervision for cases that may not be within my area of competency to supervise. We will determine together the appropriateness of a case given your level of skill and my areas of competency
2) In providing feedback I agree to:
    - Provide ongoing informal feedback
    - Provide scheduled formal feedback using the *COBHC Trainee Competency Evaluation* (formative and summative)
3) I agree to take steps to continually improve our relationship and my supervision practice by:
    - Responding in an open and professional manner to any concerns you bring to me about the supervisory relationship and engage in finding solutions
    - Discuss specific issues arising in my supervision with you and, if unresolved, with the COBHC Director of Training

As the Supervisee:

1) I agree to:

a. In compliance with the Federal Family Education Rights and Privacy Act of 1974, I authorize release of school records and other records maintained by their academic program. It is understood that such information will be discussed only with a supervisor and that as such the supervisor will be enjoined from releasing this information to any third party.
b. I agree that I will receive college credit upon completion of the work experience requirements in accordance with my academic institution's policy. I will keep my faculty coordinator informed of the work activities and consult with her/him prior to changing the supervisee's work status.
c. I understand that by accepting this training position, I will not be able to file an unemployment claim against the COBHC affiliate training site at the end of the placement unless the student was already an existing employee when they entered the placement.
d. Abide by expectations laid out in my course syllabus (when applicable).
e. Act in accordance with the professional and ethical standards and codes of conduct as outlined by my intended profession
f. Observe the policies and procedures of my placement site
g. Seek clarification when needed

2) I agree to provide patients with:
    a. Verbal/written (depending on my site) informed consent and limits of confidentiality at initial contact; explaining informed consent and the limits of confidentiality; and a noting of this discussion in the patient record
    b. Your credentials, indicating that you supervise me, that we will be discussing their assessment and intervention, and that you will be co-signing any documents or reports
3) I agree to participate in the supervisory process and specific activities, including:
    a. Case consultation and discussions
    b. Supervisor observations
    c. Discussion of ethical issues and related codes
    d. Identification of my weaknesses with commitment to actionable steps to address these issues as needed
    e. Exploration of possible sources of countertransference, e.g., overly positive, or negative reactions to patients or their parents/family/support system
    f. Providing feedback about supervision, including suggestions for improving the supervision experience
    g. Engaging with you in a professional manner regarding disagreements, differences of opinion, and conflicts in the supervisory relationship
    h. Being open to learning and being receptive to feedback
    i. Seeking consultation from others as requested or needed
4) I agree to provide timely information on:
    a. Problems arising in my patient work or work setting
    b. Patients who are at elevated risk for harming themselves or others and how I have responded in relation to established emergency procedures

This agreement will be formally reviewed as necessary and may be revised at the request of either the supervisee or the supervisor. Revisions will be made only with the joint consent of the supervisee and supervisor.

By our signatures, we, _____ (*supervisor*), and _____(*supervisee*), agree to the terms outlined in this document and to conduct ourselves in keeping with our stated Ethical Standards and Codes of Conduct, laws and regulations.

Appendix D

Training Plan

Integrated Care Settings

Name of BHP/Supervisee:		Clinic:	
EVALUATION CONDUCTED BY			
❑ **SELF Rating:** TRAINING	DATE ADMINISTERED:	❑ BY Mentor/Supervisor (NAME):	
❑ **SELF Rating:** ANNUAL	DATE ADMINISTERED:	DATE ADMINISTERED:	

This tool is used to evaluate the core competencies of the Behavioral Health Provider (BHP)/Supervisee. This core competency tool will be used as follows:

1. You will evaluate and rate yourself.
2. You and your mentor/supervisor will also rate your skills.
3. Your goal is an average score of 2.0 or better on scored items in each of the competency areas.
4. This tool will also be used for input on your annual performance appraisal.

The BHP Core Competency Tool includes seven basic areas of knowledge and skill development	Competency is assessed using a rating scale of 1 to 3
I. Clinical Domain: Brief Interventions Skills II. Clinical Domain: Population Health Skills III. Documentation Skills IV. Consultation Skills V. Team Performance Skills VI. Practice Management Skills VII. Administrative Knowledge and Skills	1. Needs further training 2. Achieves objectives 3. Excels

Name of BHP/Supervisor:	**Clinic:**

SUMMARY OF DOMAIN RATINGS	**SELF Pre-Training Average Rating**	**SELF Post-Training Average Rating**	**Mentor/Supervisor Post-Training Average Rating**
I. Clinical Domain: Evidenced Based Interventions Skills			
II. Clinical Domain: Pathway Services Skills			
III. Documentation Skills			
IV. Consultation Skills			
V. Team Performance Skills			
VI. Practice Management Skills			
VII. Administrative Knowledge and Skills			

BHP SIGNATURE	DATE
Mentor/Supervisor SIGNATURE	DATE

I. CLINICAL DOMAIN: Evidenced Based Interventions		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Role Definition	1. Says BHP introductory script accurately and smoothly		
Role Definition	2. Answers patient questions about BHP services accurately		
Bio-psycho-social Perspective	3. Conveys an understanding of the connection between biological, psychological, and social health		
Use of Screeners	4. Completes appropriate screeners for site e.g., PHQ-9 and GAD-7 at appropriate intervals; Completes other screeners as indicated Scores accurately. Uses screeners to help assess treatment response and make treatment and triage decisions		
Identification of Factors Affecting Healthcare Use	5. Asks questions, as indicated, to identify factors that might impede patient use of healthcare services (e.g., head injury, learning disability, health literacy limitations)		
Target Problem Identification	6. Identifies and clarifies referral problem with patient		
Uses the 5 A's regarding the referral problem: Assess, Advise, Agree, Assist Arrange	7. Uses Three 5 As to formulate possible interventions and elicit patient engagement		

I. CLINICAL DOMAIN: Evidenced Based Interventions		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Problem Summary	8. Makes problem summary statement and asks for patient verification		
Intervention Development	9. Links recommended interventions to results of analysis and solicits patient agreement/feedback		
Evidence-based Interventions	10. Uses evidence-based interventions suited to training site (and as indicated, briefly cites, and explains evidence to patient)		
Patient Engagement	11. Asks patient to choose among possible evidenced based interventions		
Patient Education	12. Uses patient education materials as appropriate		
Patient Adherence	13. In follow-up visits, asks patient about implementation of behavior change/treatment plan, and routinely assesses patient readiness and other barriers to change		
Support of Behavior Change Plans	14. Provides face-to-face and/or telephone call support to patients concerning implementation of behavior change/treatment plans		
Cultural Competence	15. Attempts to understand the patient's cultural perspective on health and health problems and/or seeks resources as needed		
Cultural Competence	16. Uses information about patient's culture to understand patient's expression of psychological distress and/or seeks resources as needed		

I. CLINICAL DOMAIN: Evidenced Based Interventions		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Cultural Competence	17. Adapts assessments, screeners, and interventions to patient's cultural perspective and/or seeks resources as needed		
I. CLINICAL DOMAIN: BRIEF INTERVENTIONS – Total Points:			
Average (divide by 25, or the number of skills rated if fewer):			

II. CLINICAL DOMAIN: Population Health		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Population-based Care	18. Can state the difference between a case-focused approach and a population-based approach to patient care		
Population-based Care	19. Able to identify opportunities for providing care along a continuum from primary prevention to tertiary care		
Population-based Care	20. Participates in development of standardized clinical algorithms/pathways intended to promote health / prevent health decline/ and for chronic conditions		
Pathway Activities	21. Participates in development of pathways for high impact / high prevalence conditions other than chronic disease		
Algorithm/Pathway Activities	22. Provides assessment and intervention activities according to standardized algorithm/pathway instructions		

II. CLINICAL DOMAIN: Population Health		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Multi-patient Intervention Skills	23. Works with PCPs, RNs, MAs, and BHC-As to provide primary care group services (e.g., behavioral health groups, shared medical group medical visits, drop-in group visits)		
II. CLINICAL DOMAIN: Population Health – Total Points:			
Average (divide by 9, or the number of skills rated if fewer):			
III. DOCUMENTATION SKILLS		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Concise, Clear Charting	24. Completes brief, specific, accurate notes that enhance team-based care		
Prompt Charting	25. Completes notes immediately following clinical activity / patient service. Has charts signed and closed per Mosaic Medical Records Procedure within 24 hours of patient visit		
SOAP Format	26. Uses SOAP format or other format expected in Electronic Health Record for all patient visits		
Recommendations to Patient	27. Documents specific recommendations to patient		
Recommendations to PCP and other primary care team members	28. Documents specific recommendations to PCP and other primary care team members		
III. DOCUMENTATION SKILLS - Total Points:			

II. CLINICAL DOMAIN: Population Health		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Average (divide by 16, or the number of skills rated if fewer):			

IV. CONSULTATION SKILLS		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Referral Clarity	29. Listens carefully to PCP, patient, or other primary care team member regarding specific referral concern		
Response to Referral	30. Responds directly to referral question in chart note and in feedback		
Assertive Follow-Up	31. Ensures PCPs receive feedback on patients. Interrupts PCP, when indicated, for urgent patient needs		
Participation in Meetings	32. Regularly attends clinical team meetings e.g., provider meetings, clinical huddles (based upon clinic standards)		
Brief Presentations	33. Effectively delivers pertinent brief presentations in staff meetings (for example, on evidence for behavioral treatments)		
Provides Orientation	34. Provides orientation on PCBH/Behavioral Health program to all new clinic employees		
Curbside Consultations	35. Offers productive, on-demand, and concise consults to PCPs and other team members on both general and patient specific issues, using clear, direct language		

IV. CONSULTATION SKILLS		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
IV. CONSULTATION SKILLS – Total Points:			
Average (divide by 9, or the number of skills rated if fewer):			

V. TEAM PERFORMANCE SKILLS		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Fit with Primary Care Culture	36. Understands and operates comfortably in fast-paced, action-oriented, team-based culture of primary care		
Knows Team Member Roles	37. Knows the roles and functions of primary care team members and both assists and uses other team members		
Responsiveness	38. Readily responds to PCP, RN, MA, and BHC-A requests		
Availability	39. Is available during all hours worked in clinic. Communicate whereabouts when appropriate, e.g., white board, email communication, text		
V. TEAM PERFORMANCE SKILLS – Total Points:			
Average (divide by 4, or the number of skills rated if fewer):			

VI. PRACTICE MANAGEMENT SKILLS		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Triage Efficiency	40. Demonstrates efficiency in triage of patients e.g., who is appropriate for primary care, specialty care, acute care interventions		
Telephone Visit Efficiency	41. Routinely offers telephone visits as a modality for patients to access care, adheres to a protocol that supports efficient coverage of planned topics, and notes start and stop times		
Patient Visit Efficiency	42. Adheres to a protocol that supports efficient coverage of planned topics. Notes start and stop times		
Patient Registries	43. Uses patient registries as a population health method of case finding of patients who can benefit from BHP services		
Collaborates on Registries	44. Collaborates on data entry on registries worked by multiple team members		
Community Referrals	45. Makes use of community resources		
Seeks Assistance	46. Seeks assistance from Mentor/Supervisor concerning practice management concerns		
VI. PRACTICE MANAGEMENT SKILLS – Total Points:			
Average (divide by 10, or the number of skills rated if fewer):			

VII. ADMINISTRATIVE KNOWLEDGE AND SKILLS		SELF Rating	Mentor/Supervisor Rating and Comments
Skill Area	**Skill**		
Template	47. Assures that schedule supports appropriate same day to scheduled visits ratio		
Adheres to CLINIC Policies and Procedures	48. Adheres to all Mosaic Medical policies and procedures		
Risk and Safety	49. Provides risk assessments as indicated by patient presentation. Develops appropriate safety plans		
Documentation	50. Routinely and accurately completes documentation on the same day of service delivery		
VII. ADMINISTRATIVE KNOWLEDGE AND SKILLS – Total Points:			
Average (divide by 5, or the number of skills rated if fewer):			

Appendix E

Pre and Post Supervisee Competency Evaluation

Supervisee Name: _____

Agency Placement: _____ Date of Evaluation: _____

Evaluator: _____

Was this trainee supervised by individuals also under your supervision? _____ Yes _____No

Type of Review

Mid-placement Review Final Review Other (please describe)

Dates of Training Experience this Review Covers: _____ to _____

Please use the following rating scale in evaluating the intern on characteristics listed below:

0 = Unsatisfactory: The trainee's skills reflect insufficient proficiency in this competency and requires additional course-based instruction

1 = Needs Improvement: The trainee requires extra practice in this competency prior to leaving the program; plans to accomplish this should be included in the overall assessment summary

2 = Satisfactory: The trainee's skills are adequate for practice as an entry level behavioral health provider; the trainee should continue to develop this competency with access to supervision and/or mentoring

3 = Competent: The trainee is ready for independent practice in this area

4 = Outstanding: The trainee's skills in this area are exceptionally strong; the trainee would serve as a model behavioral health provider in this area.

N/O = No Opportunity to Observe

Training Goals

I. Training Goals

1. **PROFESSIONALISM**: PROFESSIONAL VALUES AND ATTITUDES: TRAINEES MODEL BEHAVIOR AND COMPORTMENT REFLECTING THE VALUES AND ATTITUDES OF PROFESSIONAL BEHAVIORAL HEALTH

1A. **INTEGRITY** – HONESTY, PERSONAL RESPONSIBILITY AND ADHERENCE TO PROFESSIONAL VALUES					
MONITORS AND INDEPENDENLY RESOLVES SITUTATIONS THAT CHALLENGE PROFESSIONAL VALUES AND INTEGRITY; RECOGNIZES THE NEED FOR AND SEEKS SUPERVISOR AND/OR PEER CONSULTATION	**1**	**2**	**3**	**4**	**N/O**
1B ATTITUDE					
CONDUCTS SELF IN A PROFESSIONAL MANNER ACROSS MULTIPLE SETTINGS AND SITUATIONS: USES APPROPRIATE VERBAL AND NON-VERBAL COMMUNICATION, DEMONSTRATES FLEXIBLITY IN MEETING REQUIRMENTS OF DIFFERENT SETTINGS AND OUTCOMES.	**1**	**2**	**3**	**4**	**N/O**
1C. ACCOUNTABILITY					
ACCEPTS PERSONAL RESPONSIBILITY ACROSS SETTINGS AND CONTEXTS: ENHANCES OWN PROFESSIONAL PRODUCTIVITY; HOLDS SELF ACCOUNTABLE; SEEKS SUPERVISOR AND ADMINISTRATOR REVIEW OF QUALITY PERFORMANCE	**1**	**2**	**3**	**4**	**N/O**
1D. CONCERN FOR THE WELFARE OF OTHERS					
ACTS AS AN ADVACATE FOR THE WELFARE OF OTHERS: IS RESPECTFUL, COMPASSIONATE, PRO-ACTIVE, AND TOLERANTE OF DIVERSITY IN ALL DOMAINS.	**1**	**2**	**3**	**4**	**N/0**
1E. PROFESSIONAL IDENTITY					

DISPLAYS CONSOLIDATION OF PROFESSIONAL IDENTITY AS A BEHAVIORAL HEALTH PROVIDER; DEMONSTRATES KNOWLEDGE ABOUT ISSUES CENTRAL TO THE FIELD; INTEGRATES SCIENCE AND PRACTICE. KEEPS UP WITH ADVANCES IN THE PROFESSION THROUGH A BROAD RANGE OF CONTINUING EDUCATION ACTIVITIES.	**1**	**2**	**3**	**4**	**N/O**

2. **INDIVIDUAL AND CULTRUAL DIVERSITY:** TRAINEES DEMONSTRATE AWARENESS, SENSITIVITY AND SKILLS IN WORKING WITH DIVERSE INDIVIDUALS, GROUPS, & COMMUNITIES REPRESENTING VARIED CULTURAL AND PERSONAL BACKGROUNDS, CHARACTERISTICS AND VALUES

2A. UNDERSTANDING SELF AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTECT (E.G. CULTURAL, INDIVIDUAL, AND ROLE DIFFERENCES, INCLUDING THOSE BASED ON AGE, GENDER IDENTITY, RACE, ETHNICITY, CULTURE, NATIONAL ORIGIN, RELIGION, SEXUAL ORIENTATION, DISABILITY, LANGUAGE AND SOCIOECONOMIC STATUS.)					
INDEPENDENTLY MONITORS AND APPLIES KNOWLEDGE OF SELF AS A CULTURAL BEING IN ASSESSMENT, TREATMENT, AND CONSULTATION. SEEKS CONSULTATION WHEN NEEDED.	**1**	**2**	**3**	**4**	**N/O**
2B. UNDERSTANDING OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT					
INDEPENDENTLY MONITORS AND APPLIES KNOWLEDGE OF DIVERSITY IN OTHERS AS CULTURAL BEINGS IN ASSESSMENT, TREATMENT AND CONSULTATION. ACTS AS AN ADVOCATE FOR OTHERS WHEN NEEDED.	**1**	**2**	**3**	**4**	**N/O**
2C. UNDERSTANDING INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY					
INDEPENDENTLY MONITORS AND APPLIES KNOWLEDGE OF DIVERSITY IN OTHERS AS CULTURAL BEINGS IN ASSESSMENT,	**1**	**2**	**3**	**4**	**N/O**

TREATMENT, AND CONSULTATION. ACTS AS AN ADVOCATE FOR OTHERS WHEN NEEDED.					
2D. APPLICATIONS TO PRACTICE BASED ON INDIVIDUAL AND CULTURAL CONTEXT					
APPLIES KNOWLEDGE, SKILLS, AND ATTITUDES REGARDING DIMENSIONS OF DIVERSITY TO PROFESSIONAL PRACTICE. ADAPTS BEHAVIOR AND/OR SEEKS CONSULTATION AS NEEDED. ARTICULATES AND USES AN ALTERNATIVE AND CULTURALLY APPROPRIATE REPERTOIRE OF SKILLS, TECHNIQUES, AND BEHAVIORS	**1**	**2**	**3**	**4**	**N/0**

3. **ETHICAL LEGAL STANDARDS AND POLICY:** TRAINEES APPLY ETHICAL CONCEPTS AND DEMONSTRATES AWARENESS OF LEGAL ISSUES REGARDING PROFESSIONAL ACTIVITIES WITH INDIVIDUALS, GROUPS, AND ORGANIZATIONS

3A. **KNOWLEDGE OF ETHICAL, LEGAL AND PROFESSIONAL STANDARDS AND GUIDELINES**					
MODELS AND PROMOTES KNOWLEDGE AND APPLICATION OF APPROPRIATE CODE OF ETHICS AND CODE OF CONDUCT AND OTHER RELEVANT ETHICAL, LEGAL AND PROFESSIONAL STANDARDS AND GUIDELINES IN MULTIPLE SETTINGS RELEVANT TO THE PRACTICE OF PROFESSIONAL BEHAVIORAL HEALTH. SEEKS TO PREVENT AND RESOLVE PROBLEMS AND UNPROFESSIONAL CONSDUCT IN SELF AND OTHERS.	**1**	**2**	**3**	**4**	**N/O**
3B. AWARENESS AND APPLICATION OF ETHICAL DECISION MAKING					
MODELS THE INDENTIFICATION AND RESOLUTION OF PROFESSIONAL PRACTICE	**1**	**2**	**3**	**4**	**N/O**

DILEMMAS USING AN ETHICAL DECISION-MAKING MODEL IN PROFESSIONAL WORK: CLINICAL CASES, PROFESSIONAL WRITINGS, AND PRESENTATIONS, TEACHING, RESEARCH.					
3C. ETHICAL CONDUCT					
INDEPENDENTLY INTEGRATES ETHICAL AND LEGAL STANDARES WITH ALL COMPETENCIES, CONTINUOUSLY MONITORS OWN PERFORMANCE; TAKES RESPONSIBILITY FOR CONTINUUING PROFESSIONAL STUDY AND DEVELOPMENT.	**1**	**2**	**3**	**4**	**N/O**

4. **REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE**: INTERNS DEMONSTRATE PERSONAL AND PROFESSIONAL SELF-AWARENESS AND REFLECTION, AND APPROPRIATE SELF-CARE

4A. REFLECTIVE PRACTICE					
DEMONSTRATES REFLECTIVITY BOTH DURING AND AFTER PROFESSIONAL ACTIVITY, ACTS UPON REFLECTION. MONITORS AND ADJUSTS PROFESSIONAL PERFORMANCE IN MULTIPLE SETTINGS. ENGAGES ON PEER AND/OR GROUP CONSULTATION	**1**	**2**	**3**	**4**	**N/O**
4B. SELF-ASSESSMENT					
ACCURATELY SELF-ASSESSES COMPETENCE IN ALL COMPETENCY DOMAINS; INTEGRATES SELF-ASSESSMENT IN PRACTICE; RECOGNIZES LIMITS OF KNOWLEDGE SKILLS AND ACTS TO ADDRESS THEM; DEVELOPS A PERSONAL PLAN TO ENHANCE	**1**	**2**	**3**	**4**	**N/O**

KNOWLEDGE/SKILLS. ADJUSTS PROFESSIONAL PERFORMANCE AS SITUATION REFQUIRES. ADDRESSES OWN PROBLEMS, MINIMIZING INTERFERENCE WITH COMPETENT PROFESSIONAL FUNCTIONING. SEEKS CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES.					
4C. SELF-CARE (ATTENTION TO PERSONAL HEALTH AND WELL-BEING TO ASSURE EFFECTIVE PROFESSIONAL FUNCTIONING)					
SELF MONITORS ISSUES RELATED TO SELF-CARE AND PROMPTLY INTERVENES WHEN DISRUPUTIONS OCCUR. APPROPROPRIATELY SEEKS CONSULTATION WITH SUPERVISORS AND COLLEAGUES.	**1**	**2**	**3**	**4**	**N/O**
4D. PARTICIPATION IN SUPERVISION PROCESS					
SEEKS AND ACCEPTS SUPERVISION. BOTH PROFESSIONAL AND ADMINISTRATIVE AS NEEDED. PROVIDES SUPERVISION TO OTHERS AS REQUESTED OR REQUIRED.	**1**	**2**	**3**	**4**	**N/0**

II. Relational

5. **RELATIONSHIPS:** TRAINEES ENGAGE IN EFFECTIVE AND MEANINGFUL INTERACTIONS WITH INDIVIDUALS, GROUPS, AND/OR COMMUNITIES

5A. INTERPERSONAL RELATIONSHIPS					
DEVELOPS AND MAINTAINS EFFECTIVE RELATIONSHIPS WITH A WIDE RANGE OF CLIENTS, COLLEAGUES, ORGANIZATIONS AND COMMUNITIES. EFFECTIVELY NEGOTIATES CONFLICTUAL, DIFFICULT AND COMPLEX RELATIONSHIPS;	**1**	**2**	**3**	**4**	**N/O**

MAINTAINS EFFECTIVE INTERPERSONAL RELATIONSHIPS WITH PATIENTS, PEERS, ADMINISTRATORS, ALLIED PROFESSIONALS AND THE PUBLIC.					
5B. AFFECTIVE SKILLS					
MANAGES DIFFICULT COMMUNICATION; MODELS ADVANCED INTERPERSONAL SKILLS. OFFERS AND ACCEPTS FEEDBACK TO AND FROM OTHERS; MAINTAINS AND PROMOTES PROFESSIONAL DIALOGUE IN THE FACE OF PATIENT OR COLLEAGUE NEGATIVITY OR CRITICISM; ALLOWS, ENABLES, AND FACILITATES CLIENTS' EXPLORATION AND EXPRESSION OF AFFECTIVELY DIFFICULT ISSUES.	**1**	**2**	**3**	**4**	**N/O**
5C. EXPRESSIVE SKILLS					
VERBAL, NONVERBAL, AND WRITTEN COMMUNICATIONS ARE INFORMATIVE, ARTICULATE, SUCCINCT, SOPHISTICATED, AND WELL-INTEGRATED; DEMONSTRATES THOROUGH GRASP OF PROFESSIONAL LANGUAGE AND CONCEPTS AND APPLIES THESE IN MULTIPLE SETTINGS	**1**	**2**	**3**	**4**	**N/O**

III. Science

6. **SCIENTIFIC KNOWLEDGE & METHODS**: TRAINEES DEMONSTRATE UNDERSTANDING OF RESEARCH, RESEARCH METHODOLOGY, TECHNIQUE OF DATA COLLECTION AND ANALYSES. TRAINEES INCORPORATE RESPECT FOR SCIENTIFICALLY DERIVED KNOWLEDGE IN THEIR PRACTIC

6A. SCIENTIFIC MINDEDNESS					
VALUES AND APPLIES SCIENTIFIC METHODS TO	**1**	**2**	**3**	**4**	**N/O**

PRACTICE. ACCESSES AND APPLIES SCIENTIFIC KNOWLEDGE AND SKILLS APPROPRIATELY TO THE SOLUTION OF PROBLEMS; INFORMS OTHERS ABOUT THE APPLICATION OF SCIENCE IN CLINICAL PRACTICE.					
6B. SCIENTIFIC FOUNDATION OF PROFESSIONAL PRACTICE					
INDEPENDENTLY APPLIES KNOWLEDGE AND UNDERSTANDING OF SCIENTIFIC FOUNDATIONS TO PRACTICE. REVIEWS SCHOLARLY LITERATURE RELATED TO CLINICAL WORK AND APPLIES KNOWLEDGE TO CASE CONCEPTUALIZATION AND INTERVENTION; APPLIES EVIDENCE-BASED PRACTICE AND EVALUATES ITS EFFECTIVENESS IN RELATION TO OTHER THEORETICAL PERSPECTIVES. SHARES KNOWLEDGE AND EXPERIENCE WITH OTHERS.	**1**	**2**	**3**	**4**	**N/O**

Functional Goals

I. Application

8. **EVIDENCE-BASED PRACTICE**: TRAINEES DEMONSTRATE THE ABILITY TO INTEGRATE RESEARCH AND CLINICAL EXPERTISE IN THEIR PRACTICE

8A. **KNOWLEDGE & APPLICATION OF EVIDENCE-BASED MODELS**					
INDEPENDENTLY APPLIES KNOWLEDGE OF EVIDENCE-BASED PRACTICE, INCLUDING ASSESSMENT, INTERVENTION, AND OTHER PSYCHOLOGICAL APPLICATIONS, CLINICAL EXPERTISE, AND PATIENT PREFERENCES. MODELS OF INTEGRATION OF	**1**	**2**	**3**	**4**	**N/O**

CURRENT RESEARCH IN PROFESSIONAL PRACTICE.					

8. **ASSESSMENT**: TRAINEES APPLY KNOWLEDGE AND SKILLS IN THE ASSESSMENT AND DIAGNOSIS OF PROBLEMS, CAPABILITIES AND ISSUES FOR INDIVIDUALS, GROUPS, AND ORGANIZATIONS

8A KNOWLEDGE OF MEASURMENT AND PSYCHOMETRICS					
SELECTS AND IMPLEMENTS MULTIPLE METHODS AND MEANS OF EVALUATION IN WAYS THAT ARE RESPONSIVE TO AND RESPECTFUL OF DIVERSE INDIVIDUALS, FAMILIES, GROUPS AND CONTEXT.	**1**	**2**	**3**	**4**	**N/O**
8B. KNOWLEDGE OF ASSESSMENT METHODS					
UNDERSTANDS THE STRENGTHS AND LIMITATIONS OF DIAGNOSTIC APPROACHES AND INTERPRETATION OF RESULTES FROM MULTIPLE MEAUSRES FOR DIAGNOSIS AND INTERVENTION PLANNING. STAYS ABREAST OF NEW DEVELOPMENTS AND PROVIDERS TRAINING AND CONSULTATIONI TO OTHERS IN VARIOUS SETTINGS. SELECTS AND ADMINISTERS A VARIETY OF ASSESSMENT TOOLS APPROPRIATE TO THE PRACTICE SITE AND BROAD AREAS OF PRACTICE (E.G., HOSPITAL, MENTAL HEALTH, SUBSTANCE USE DISORDER SETTINGS) AND INTEGRATES RESULTS TO ACCURATELY EVALUATE PRESENTING QUESTION.	**1**	**2**	**3**	**4**	**N/O**
8C. APPLICATION OF ASSESSMENT METHODS AT A SYSTEMS LEVEL					

APPLIES ASSESSMENT METHODS TO THE EVALUATION OF SYSTEMS ISSUES SUCH AS PROGRAM CHANGE, SERVICE EFFECTIVENESS, AND ADMINISTRATIVE PROCEDURES.	**1**	**2**	**3**	**4**	**N/O**
8D. DIAGNOSIS					
APPLIES INFORMATION FROM ASSESSMENT PROCESS TO THE DIAGNOSIS OF INDIVIDUAL OUTCOMES AND NEEDS USING DIAGNOSTIC CRITERIA RELEVANT TO VARIOUS SETTINGS, BOTH EDUCATIONAL AND MENTAL HEALTH. APPLIES RELEVANT AND APPROPRIATE DIAGNOSTIC CRITERIA ACROSS DIVERSE SETTINGS.	**1**	**2**	**3**	**4**	**N/0**
8E. CONCEPTUALIZATION AND RECOMMENDATIONS					
BASED ON RESULTS OF ASSESSMENT, INDEPENDENTLY AND ACCURATELY CONCEPTUALIZES THE MULTIPLE DIMENSIONS OF THE CASE AND DEVELOPS RECOMMENDATIONS. DEMONSTRATES THE ABILITY TO TEACH AND SUPERVISE OTHERS IN THIS PROCESS.	**1**	**2**	**3**	**4**	**N/O**
8F. COMMUNICATION OF ASSESSMENT FINDINGS					
COMMUNICATES IN RESULTS IN WRITTEN AN VERBAL FORM CLEARLY, CONSTRUCTIVELY, AND ACCURATELY IN A CONCEPTUALLY APPROPRIATE MANNER ACROSS DIVERSE SETTINGS. PROVIDES CONSTRUCTIVE FEEDBACK REGARDING ORAL AND/OR WRITTEN	**1**	**2**	**3**	**4**	**N/O**

COMMUNICATION OF ASSESMENT RESULTS	

9. **PREVENTION & INTERVENTION**: TRAINEES DEVELOP PREVENTION AND INTERVENTIONI ACTVITIES DESIGNED TO PROMOTE THE SUCCESS AND WELL BEING OF INDIVIDUALS, FAMILYS, GROUPS, AND/OR SYSTEMS

9A. KNOWLEDGE OF THE PSYHOLOGY SERVICE DELIVERY MODEL					
IDENTIFIES NEED FOR AND DESIGNS SERVICES AT THE PRIMARY, SECONDARY AND TERTIARY LEVELS.	**1**	**2**	**3**	**4**	**N/O**
9B. PREVENTION PLANNING AND INTERVENTION (UNIVERSAL)					
INDEPENDENTLY DEVELOPS PLANS FOR UNIVERSAL SERVICES WITH FIDELITY TO EMPIRICAL MODELS AND FLEXIBILITY TO ADAPT AS NEEDED IN VARIOUS SETTINGS. TRAINS AND/OR SUPPORTS OTHERS IN APPLICATION OF THE PROCESS.	**1**	**2**	**3**	**4**	**N/O**
9C. INTERVENTION PLANNING AND IMPLEMENTATION (TARGETED)					
WORKS AS A TEAM MEMBER IN THE PLANNING AND IMPLEMENTATION OF EVIDENCED BASED INTERVENTIONS TAILORED TO THE SPECIFIC NEEDS OF INDIVIDUALS, FAMIIES, GROUPS OF PATIENTS IN VARIOUS SETTINGS	**1**	**2**	**3**	**4**	**N/O**
9D. INDIVIDUAL ASSESSMENT AND INTERVENTION (INTENSIVE)					
INDEPENDENTLY DEVELOPS INTERVENTION AND TREATMENT PLANS CONSISTENT WITH ASSESSMENT FINDINGS. IMPLEMENTS THE PLANS INDIVIDUALLY OR AS PART OF A TEAM AS RELEVANT TO THE SETTING.	**1**	**2**	**3**	**4**	**N/0**
9E. INTERVENTION IMPLEMENTATION					
DEVELOPS CASE CONCEPTUALIZATIONS AND INTERVENTION PLANS THAT ARE	**1**	**2**	**3**	**4**	**N/O**

SPECIFIC TO THE PATIENT AND CONTEXT					
9F. PROGRESS MONITORING AND PROGRAM EVALUATION					
INDEPENDENTLY EVALUATES TREATMENT PROGRESS OR SERVICE DELIVERY AND MODIFIES PLANNING, WITH AND WITHOUT ESTABLISHED OUTCOME MEASURES.	**1**	**2**	**3**	**4**	**N/O**

10. CONSULTATION: TRAINEES PROVIDE PROFESSIONAL ASSISTANCE IN RESPONSE TO THE NEEDS OF PATIENTS

10A. ROLE OF CONSULTANT					
CONTRIBUTES SPECIALIZED KNOWLEDGE AS A CONSULTANT IN VARIOUS SETTINGS IS ABLE TO ASSUME LEADERSHIP IN DEVELOPING AND MANAGING A CONSULTATION PROCESS AND ASSURING RELEVANT OUTCOMES	**1**	**2**	**3**	**4**	**N/O**
10B. ADDRESSING REFERRAL QUESTIONS					
DEMONSTRATES KNOWLEDGE OF AN ABILITY TO SELECT APPROPRIATE AND CONTEXTUALLY SENSITIVE MEANS OF ASSESSMENT/DATA-GATHERING THAT ARE FOCUSED ON SPECIFIC REFERRAL QUESTIONS. IS ABLE TO TEACH OTHERS IN THIS PROCESS	**1**	**2**	**3**	**4**	**N/O**
10C. COMMUNICAITON OF CONSULTATION FINDINGS					
PROVIDES EFFECTIVE COMMUNICATION AND DIRECTION TO OTHERS IN ORDER TO FACILITATE THEIR UNDERSTANDING OF ASSESSMENT, EVALUATION, INTERVENTION AND PROGRESS MONITORING ACTIVITIES AND OUTCOMES	**1**	**2**	**3**	**4**	**N/O**
10D. APPLICATION OF CONSULTATION METHODS					

DRAWS ON LITERATURE TO PROVIDE CONSULTATIVE SERVICES (ASSESSMENT, EVALUATION, INTERVENTION, AND PROGRESS MONITORING). IS ABLE TO FACILITATE THE DEVELOPMENT OF CONSULTATION SKILLS IN OTHERS IN MOST ROUTINE AND SOME COMPLEX CASES.	**1**	**2**	**3**	**4**	**N/0**
10E. INTERVENTION IMPLEMENTATION					
DEVELOPS CASE CONCEPTUALIZATIONS AND INTERVENTION PLANS THAT ARE SPECIFIC TO THE PATIENT AND CONTEXT	**1**	**2**	**3**	**4**	**N/O**
10F. PROGRESS MONITORING AND PROGRAM EVALUATION					
INDEPENDENTLY EVALUATES TREATMENT PROGRESS OR SERVICE DELIVERY AND MODIFIES PLANNING, WITH AND WITHOUT ESTABLISHED OUTCOME MEASURES.	**1**	**2**	**3**	**4**	**N/O**

II. Systems

11. **INTERPROFESSIONAL SYSTEMS**: TRAINEES DEMONSTRATE KNOWLEDGE OF KEY ISSUES AND CONCEPTS IN RELATED DISCIPLINES, AND THE ABILITY TO INTERACT EFFECTIVELY WITH PROFESSIONALS IN MULTIPLE DISCIPLINES

11A. KNOWLEDGE OF THE SHARED AND DISTINCTIVE CONTRIBUTIONS OF OTHER DISCIPLINES					
DEMONSTRATES AWARENESS OF MULTIPLE AN DIFFERING WOLDVIEWS, ROLES, PROFESSIONAL STANDARDS, AND CONTRIBUTIONS ACROSS CONTEXTS AND SYSTEMS; SHOWS KNOWLEDGE OF COMMON AND DISTINCTIVE ROLES OF OTHER PROFESSIONALS; IS AWARE OF ROLES OF OTHERS IN DETERMINING OWN	**1**	**2**	**3**	**4**	**N/O**

ROLES AND OF OTHERS IN DETERMINING OWN PROFESSIONAL AND INTERPERSONAL ROLES; AND INTEGRATES COMPETENCIES ROLES SEAMLESSLY INTO MODELS OF SERVICE DELIVERY					
11B. TEAM FUNCTIONING					
SUPPORTS EFFECTIVE TEAM FUNCTIOING AND RESPECT FOR ETHICAL VALUES OF MEMBERS; FACILITATES DISCUSSION AND INTERACTION AMONG TEAM MEMBERS; PARTICPATES IN COLLABORATIVE DECISION MAKING; REFLECTS ON OWN FUNCTIONING WITHIN THE TEAM; RESPECTS TEAM ETHICS; INCLUDING CONFIDENTIALITY, RESOURCE ALLOCATION AND PROFESSIONALISM	**1**	**2**	**3**	**4**	**N/O**
11C. COLLABORATIVE LEADERSHIP					
ADVANCES INDEPENDENT WORKING RELATIONSHIOPS AMONG ALL PARTICIPANTS TO ENABLE EFFECTIVE OUTCOMES; FACILITATES EFFECTIVE TEAM PROCESSES AND DECISION MAKING THAT HELP CREATE A CLIMATE FOR COLLABORATIVE PRACTICE AND SHARED LEADERSHIP; APPLIES COLLABORATIVE DECISION-MAKING PRINCIPLES; MONITORS AND FACILITATES THE EFFECIVENESS OF PROCESSES AND OUTCOMES	**1**	**2**	**3**	**4**	**N/O**
11D. INTERPROFESSIONAL CONFLICT RESOLUTION					
RECOGNIZES AND VALUES THE	**1**	**2**	**3**	**4**	**N/0**

POTENTIALLY POSITIVE NATURE OF CONFLICT AND KNOWS STRATEGIES TO DEAL WITH ITH; IDENTIFIES COMMON SITUATIONS LIKELY TO LEAD TO DISAGREEMENTS; WORKS TO ADDRESS AND RESOLVE DISAGREEMENTS; HELP ESTABLISH AND MAINTAIN A PSYCHOLOGICALLY SAFE ENVIRONMENT IN WHICH TO EXPRESS DIVERSE OPINIONS.					

12. **MANAGEMENT-ADMINISTRATION**: TRAINEES ENGAGE DIRECT DELIVERY OF SERIVES AND/OR THE ADMINISTRATION OF ORGANIZATIONS, PROGRAMS, OR AGENCIES.

12A. APPRAISAL OF MANAGEMENT AND LEADERSHIP					
DEVELOPS AND OFFERS CONSTRUCTIVE CRITICISM AND SUGGESTIONS REGARDING MANAGEMENT AND LEADERSHIP.	**1**	**2**	**3**	**4**	**N/O**
12B. MANAGMENT					
PARTICIPATES IN MANAGEMENT OF DIRECT DELIVERY OF PROFESSIONAL SERVICES; RESPONDS APPROPRIATELY WITHIN MANAGEMENT HIERARCHY	**1**	**2**	**3**	**4**	**N/O**
12C. LEADERSHIP					
CONSTRUCTIVELY PARTICIPATES IN SYSTEM CHANGE	**1**	**2**	**3**	**4**	**N/O**

13. **ADVOCACY**: TRAINEES IDENTIFY NEEDS AND TAKE ACTIONS THAT TARGET THE IMPACT OF SOCIAL, POLITICAL, ECONOMIC OR CULTURAL FACTORS WITH THE GOAL OF PROMOTING CHANGE AT THE INDIVIDUAL, INSTITUTIONAL, AND/OR SYSTEMS LEVEL.

13A. EMPOSERMENT					
APPLIES AWARENESS OF THE SOCIAL, POLITICAL, ECONOMIC OR CULTUAL FACTORS THAT MAY IMPACT PROGNOSIS AND	**1**	**2**	**3**	**4**	**N/O**

COURSE OF TREATMENT OUTCOMES IN THE CONTEXT OF SERVICE PROVISION. INTERVENES TO PROMOTE ACTION ON FACTORS IMPACTING DEVELOPMENT AND FUNCTIONING.					
13B. SYSTEMS CHANGE					
DEMONSTRATES SKILLS TO IMPLEMENT SYSTEM CHANGE AT THE LEVEL OF THE INSTITUTION OR COMMUNITY.	**1**	**2**	**3**	**4**	**N/O**

Appendix F

Supervisory Rating Experience Form: Part I

Trainees complete this rating form for each primary supervisor following final evaluation from the supervisor. Responses remain anonymous and are used for program development and improvement purposes. Completed forms are submitted to the COBHC Director of Training

Climate and Structure of Supervision				
	Marginal	**Adequate**	**Good**	**Excellent**
Availability of Supervisor	1	2	3	4
Effective Use of Time in Supervision	1	2	3	4
Committed to the Trainee's Growth and Development	1	2	3	4
Develops sense of trust and respect	1	2	3	4
Open to exploring the supervisory relationship	1	2	3	4
Effectively resolves conflict within the supervisory relationship	1	2	3	4
Provides timely and helpful comments on the trainee's competence and limitations	1	2	3	4
Comments:				
Overall Evaluation	1	2	3	4

Goal Setting and Monitoring				
	Marginal	**Adequate**	**Good**	**Excellent**
Establishes clear and achievable goals	1	2	3	4
Establishes realistic expectations for supervision	1	2	3	4
Helpful in maintaining focus for supervision	1	2	3	4
Helps in selecting appropriate professional and training goals, tasks, and experiences	1	2	3	4
Provides helpful feedback regarding goals, tasks, and experiences	1	2	3	4
Comments:				
Overall Evaluation	1	2	3	4

Focus on Human Relationships				
	Marginal	**Adequate**	**Good**	**Excellent**
Provides useful feedback about my interpersonal skills	1	2	3	4
Is helpful with support/information about forming and maintaining relationships with colleagues	1	2	3	4
Is helpful with support/information involving team dynamics and interactions	1	2	3	4
Comments:				
Overall Evaluation	1	2	3	4

Supervisor as Resource and Information Provider				
	Marginal	**Adequate**	**Good**	**Excellent**
Uses a range of resources/references to encourage trainees' skill development	1	2	3	4
Demonstrates knowledge and use of effective problem-solving model	1	2	3	4
Promotes awareness of ethical issues	1	2	3	4
Heightens awareness of professional issues	1	2	3	4
Demonstrates knowledge of and sensitivity to issues related to patient	1	2	3	4

gender, ethnicity, and other individual differences				
Demonstrates knowledge of and sensitivity to issues related to client problems	1	2	3	4
Comments:				
Overall Evaluation	1	2	3	4

The Supervisory Relationship				
	Marginal	**Adequate**	**Good**	**Excellent**
Extent of learning from the relationship	1	2	3	4
Extent to which supervisory relationship enhanced my competence in my work	1	2	3	4
Extent to which supervisory relationship addressed my professional issues	1	2	3	4
Extent of Trust	1	2	3	4
Comments:				
Overall Evaluation	1	2	3	4

Supervisory Experience Rating Form Part II

Trainees complete this rating form for each primary supervisor following final evaluation from the supervisor. Responses are discussed with the supervisor and signed by both the trainee and supervisor. Completed forms are submitted to the COBHC Director of Training and are used for program improvement and development purposes.

1) Overall, my supervisor's strengths include:

2) In my supervisory relationship, I wish I would have gotten more of:

3) In my supervisory relationship, I wish I would have gotten less of:

_____	_____
Trainee	Supervisor
_____	_____
Date	Date

Appendix G

Procedures For Due Process, Remediation, and Appeal

The following due process procedures deal with (A) concerns about intern performance, and (B) interns' concerns about aspects of the training program. These procedures include the steps of notice, hearing, and appeal. Interns, supervisors, and agency administrators are informed about the due process procedures at the beginning of the internship period. All concerns are initially directed to the primary supervisor for response and intervention as deemed necessary by the supervisor. If a solution cannot be found or concerns prevail, the following steps are implemented.

A. Procedures to address concerns about intern performance

Supervisors are required to provide the Director of Training with a written evaluation of each intern's performance on two occasions – a formative evaluation at the midpoint of the internship, and a summative evaluation at the end of the internship. If a supervisor believes that an intern's performance is unsatisfactory at any point in the internship, or if a concern is expressed to the supervisor by another individual involved with the intern, the following sequence is initiated.

Stage I: The supervisor is expected to immediately discuss the concern with the intern. If, after initial discussions with the intern, the supervisor continues to deem the intern's performance to be below expectations, the supervisor must:

- A.I.1 increase supervisory guidance; and/or
- A.I.2 direct the intern to other appropriate resources such as additional instruction and readings, and where appropriate, additional individual support (e.g., consultation with secondary supervisor). If the concern is substantial, the Director of Training should be informed of the concern.

Stage II: When these customary educational and supervision techniques are unsuccessful, remediation is indicated, and the supervisor and intern will proceed to discuss a plan to remediate any deficiencies. For the purposes of this document, remediation is defined as a documented, procedural process that addresses observed inabilities in trainees' performance with the intent to provide trainees with specific means to remedy their inabilities. The plan for remediation should meet the following criteria:

- A.II.1 It must be completed in consultation with the Director of Training;
- A.II.2 It must be in the form of written communication to the intern, using the Competency Remediation Plan;
- A.II.3 It must outline specific behaviors and goals, including criteria for successful remediation; and
- A.II.4 It must include a timeline for successful completion, the specific timeline of which will be approved by the supervisor and the Director of Training.

Stage III: If concerns are not resolved or if the intern's performance does not improve within the assigned time, the supervisor will bring the matter to the Director of Training, whose practice will generally be as follows:

- A.III.1 The Director of Training will use reasonable efforts to notify the intern of concerns in writing and invite him or her and the supervisor to meet with the Director of Training to discuss the matter. The intern will be informed of their option to invite a single advocate to accompany him or her to the meeting.

- A.III.2 The Director of Training will meet with the intern and the supervisor to review the concerns. During this meeting, the intern will be given the opportunity to respond to the concerns. This may resolve the matter satisfactorily for all parties. If the intern does not respond to the invitation or if he or she refuses to meet with the Director of Training, the meeting will proceed without the intern, and the intern will be informed in writing of the outcome of this meeting.

- A.III.3 If the matter is not resolved as a result of the meeting described in paragraph 2 above, the supervisor, within two weeks after the meeting described above, will submit to the Director of Training a written detailed account of the concerns (including the names of any professionals or facts that support his or her account). The Director of Training will provide the intern with a copy of this written account.

- A.III.4 Within two weeks after the Director of Training has provided the intern with a copy of the supervisor's written account, the intern will be requested to submit to the Director of Training, his or her own detailed account of the concerns (including the names of any people or facts that support his or her account).

- A.III.5 The Director of Training will review the information provided in paragraphs 3 and 4 above. If, in the opinion of the Director of Training an investigation is required, the Director of Training will ask a sub-set of the Training Committee to investigate the matter and to provide a summary of their findings to the Director of Training.

    - The sub-committee may proceed in two ways:

        - i. The sub-committee may find that the complaint is unsubstantiated. The sub-committee will notify the Director of Training of their decision in writing. The Director of Training will notify the intern in writing.

        - ii. The sub-committee may find that the complaint is substantiated. The sub-committee may determine that further remedial actions should be undertaken (e.g., repeating coursework, practicum, or the internship year), or may determine that the intern is unsuited to proceed with the internship and should be required to withdraw from the program. The sub-committee will notify the Director of Training of their decision in writing. The Director of Training will notify the intern and the relevant academic training program in writing.

- A.III.6 In the event that an intern is not satisfied with the decision outlined in step 5ii, the intern may appeal for review of the decision to the head of the department and subsequently the dean of the faculty.

B. Procedures to address interns' concerns about the Internship Program

Interns/Residents may have concerns about features of the internship program, including supervision, placement, or evaluation. To address concerns, the program has adopted the following stepwise procedure to guide interns to successfully identify and resolve any problems that may arise:

Discuss the concern with the supervisor. If, after the initial discussions with the supervisor, the concern is not resolved, the intern will bring the matter to the Director of Training, whose practice will generally be as follows:

- B.1 The intern will be invited to meet with the Director of Training and, if the intern prefers, also the relevant third party to discuss the concern. The Director of Training will summarize the concerns in writing. If concerns are not resolved during this meeting, proceed to B2.
- B.2 The Director of Training will meet with the relevant third party and the intern to review the concerns. During this meeting, the relevant third party will be given the opportunity to respond to the concerns. This may resolve the matter satisfactorily for all parties. If the relevant third party does not respond to the invitation or if he or she refuses to meet with the Director of Training, the meeting will proceed without the relevant third party and the relevant third party will be informed in writing of the outcome of this meeting.
- B.3 If the matter is not resolved as a result of the meeting described in paragraph 2 above, the intern, within two weeks after the meeting described above, will submit to the Director of Training a written detailed account of the concerns (including the names of any professionals or facts that support his or her account). The Director of Training will provide the relevant third party with a copy of this written account.
- B.4 Within two weeks after the Director of Training has provided the relevant third party with a copy of the intern's written account, the relevant third party will be requested to submit to the Director of Training, his or her own detailed account of the concerns (including the names of any people or facts that support his or her account)
- B.5 The Director of Training will ask the Executive Director to review the information provided in paragraphs 3 and 4 above. If, in the opinion of the Executive Director an investigation is required, the Executive Director will ask a sub-set of the

The Training Committee will appoint a sub-committee to investigate the matter and to provide a summary of their findings to the Director of Training. The sub-committee may proceed in two ways:

- I. The sub-committee may find that the complaint is unsubstantiated. The sub- committee will notify the Director of Training of their decision in writing. The Director of Training will notify the relevant third party in writing.
- ii. The sub-committee may find that the complaint is substantiated. The sub- committee will determine any further steps. The sub-committee will notify the Director of Training of their decision in writing. The Director of Training will notify the relevant third party in writing.
- B.6 If either the intern or the relevant third party is dissatisfied with the decision outlined in step 5, the intern or relevant third party have the option to request a hearing directly with the Training Committee.

Note: At any point during the above outlined process the intern or the relevant third party has the option to invite a single advocate to accompany him or her to the meeting/s.

Appendix H

Competency Remediation Plan

Date of Competence Remediation Plan Meeting:

Supervisee:

Supervisor:

Names of All Persons Present at the Meeting: Date for Follow-up Meeting(s):

Indicate the goal domain(s) in which the supervisee's competence indicators have been judged unsatisfactory:

Description of the problem(s) in each goal domain circled above:

Date(s) the problem(s) was brought to the intern's attention and by whom:

Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already taken by the supervisor to address the problem(s):

Goal Domain Essential Components	Problem Behaviors	Supervisee's Responsibilities/Actions	Supervisor's Responsibilities/Actions	Timeframe for Acceptable Performance	Assessment Methods	Dates of Evaluation	Consequences for Unsuccessful Remediation

I (intern), _____, have reviewed the above competency remediation plan with my supervisor, and the Director of Training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If intern disagrees, comments, including a detailed description of the intern's rationale for disagreement, are REQUIRED*).

_____ _____

Intern Date

_____ _____

Director of Training Date

_____ _____

Supervisor Date

Intern's comments (Feel free to use additional pages):

Appendix I

Summative Evaluation of Competency Remediation Plan

All persons with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN

Follow-up Meeting(s): Date (s):

In Attendance:

Goal Domain Essential Components	Expectations for Acceptable Performance	Outcomes Related to Competence Indicator(s) (met, partially met, not met)	Next Steps (e.g., remediation concluded, remediation continued and plan modified)	Next Evaluation Date (if needed)

I (intern), _____, have reviewed the above summative evaluation of my competency remediation plan with my supervisor and the Director of Training. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

_____	_____
Trainee	Date
_____	_____
Director of Training	Date
_____	_____
Supervisor	Date

Trainee's comments (Feel free to use additional pages):

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