

Postdoctoral Fellow Handbook
2017-2018

seesaw

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Postdoctoral Training Program Overview

Applicant Eligibility and Instructions

Seesaw welcomes fellows from diverse ethnicities, gender, cultures, religions, and sexual orientations and presentations, and we encourage all qualified applicants to apply to the postdoctoral fellowship. The eligibility requirements are:

- Fellows are required to have completed a doctorate degree (PhD or PsyD) from an APA or CPA-approved Clinical Psychology program
- Fellows must have completed an APA or CPA-accredited psychology internship prior to beginning the postdoctoral fellowship.

Setting and Population

Seesaw Psychology Group is a well-being studio and private outpatient clinic. We have two locations in San Francisco and Burlingame (Peninsula). Our team of child/adolescent psychologists and therapists provide psychological support services across the prevention-intervention continuum to children, adolescents, and their families since 2011, and our postdoctoral training program began in 2014. The clinic has a cozy feel to it, with natural sunlight, and thoughtful design and aesthetic, and a comfortable workspace for postdoctoral fellows and other team members.

We work closely with children and adolescents ages 12 months to 16 years, and their families. Our families are from diverse cultural, ethnic, and linguistic backgrounds and present with a range of concerns, including anxiety, social skills challenges, autism spectrum, ADHD/learning disorder, giftedness, and mood dysregulation. The majority of clinical services are provided in English; however, our team members are culturally diverse and several are bilingual or trilingual. Korean, Spanish, Mandarin, Japanese, French, and Danish are some of the languages spoken by Seesaw team members.

Our studio and clinic team is comprised of licensed psychologists, early childhood and education specialists, and clinicians (LCSW, LMFT). Our trainees are master's and doctoral level (MFTi, pre-doctoral, post-doctoral). We also have practicum students on our team assisting in classes, observing and helping with projects.

Our studio-clinic provides services along the prevention-intervention continuum. We offer educational classes and playgroups amidst therapy, assessment and clinical activities. Our Studio Assistants help with administrative, tech and operations support.

Our approach to working with clients is strength-based and collaborative. To that end, we work closely with parents and local school teams and providers. We consult with schools when conceptualizing and addressing student behavioral health issues. Our interventions are goal-oriented and skills-based, and we strive to provide best practice, culturally competent services, and evidence-based methods in all of our postdoctoral training activities.

Training Schedule

Postdoctoral fellows complete clinical rotations focused on helping them achieve proficiency and meet the program's goals and objectives (described in the following section). Cultural issues including racial/ethnic, socioeconomic, LGBTQQ, and other aspects of identity that are relevant to assessment, treatment planning and service delivery are discussed during training. A primary teaching tool is the use of case conference, in which fellows provide a clinical and cultural formulation and receive feedback from both peers and licensed clinicians.

Some of our specialized services that postdoctoral fellows participate in are comprehensive neuropsychological evaluations, individual and family therapy, parent coaching, and a variety of school-based interventions. We also offer consultation services to families and to school team professionals. Our postdoctoral trainees develop skills in social emotional learning (SEL) training, cognitive behavioral therapy (CBT), behavior therapy, family systems and mindfulness. They also participate in quality improvement and program evaluation projects (e.g., refining our manuals or procedures).

Our studio is open 6 days a week (Monday through Saturday) by private appointment only. Our hours reflect our clients' availability, which includes after school and weekend time slots. While there is some flexibility in fellows' schedules, all of our team members are expected to be available to work on Friday and/or Saturday, and one Saturday a month is reserved for group supervision.

Facility and Training Resources

Seesaw has staff at the San Francisco clinic and the Burlingame clinic, which are located approximately 14 miles apart. Postdoctoral fellows can work at either one or both sites. At each clinic, fellows share work spaces and a staff room that is well-equipped with computers, iPads, telephone, printer, scanner, and fax machine. Fellows have access to a refrigerator and microwave for shared use. We also use our webcam (nestcam) used for training and observing sessions. Seesaw has Studio Assistants at each clinic who

support clinic/studio staff and aids in the procurement of supplies and with various technology support and administrative tasks.

Didactic Training Schedule

TOPIC	NOTE	DATES / FREQUENCY
GENERAL		
Strength-based Approach	Risk and resilience, positive psychology, covitality	August Month 1
Documentation	Therapy progress notes, treatment summary, school observation summary; Filemaker record system	August Month 1
Technology Tools	Pages Word Processing 101, Dropbox, Slack, Trello, Google Docs, Numbers, Keynote, mac OS and Ipad iOS.	August Month 1
Law and Ethics	HIPPA, consent, confidentiality, harm, suicide, mandated reporting,	September Month 2
Collaborating with Schools	How to work with School Professionals/Teams, navigating private schools, preschools (waldorf, reggio, montessori, language-immersion); RTI, 504, IEP, SST, inclusive practices.	October Month 3
Case Formulation	DSM-5 Child/Adolescent; Autism Spectrum, Social Anxiety, LD, ADHD, Twice Exceptional, Gifted Kids, Mood/DMDD.	November Month 4 - 8
Working with Culturally Diverse Families		November Month 4
	LGBTQ - Gender nonbinary, Poly, gender identity development.	December Month 5

	Single Parent by Choice, Divorced/Separated.	January Month 6
	Highly educated, well resourced, motivated families.	February Month 7
EVALUATION		
	Neuropsychological Evaluation: Interview with Youth/Parents/ Teachers, Administering Tests, Scoring, Analyzing, Report Writing, Results Meeting, Feedback with Youth.	August-September Month 1 - 2
	Intake Consult - Play Observation	September Month 2
	Infant Toddler Developmental Screening	January Month 6
	Autism Assessment - ADOS, ADI-R	November Month 4
	Writing Reports	September Month 2
	School Observations	September Month 2
TREATMENT - INTERVENTION - PREVENTION		
Psychotherapy	Evidence-based, skills building, goals, play-based; CBT, behavior therapy, social skills training, mindfulness; therapy dyads, individual, family therapy	August Month 1 through July Month 11 — Weekly
Consultation	Family, School Team, Provider	September Month 2

Parent Coaching	Seesaw Parent Coaching Program, Incredible Years, Triple P	September Month 2 through November Month 4
Social Emotional Groups	Be Friends/Girl Talk/Ponder ASD Program and Fidelity Measures/ Social Skills/CBT/ Mindfulness/DBT	August Month 1 through November Month 4
SUPERVISION		
	Individual	1 x week 60 - 120 minutes
	Group	1 x month 60 -120 minutes
PROGRAM EVALUATION & QUALITY IMPROVEMENT		
	Client survey/efficacy	September Month 2
	Manual study & revisions	October Month 3 through July Month 11
	Running private practice/clinic business	January Month 6 to July Month 11
	Community outreach and partnerships	February Month 7

Goals and Objectives

The goals of the Seesaw postdoctoral program are:

- 1) to train highly skilled and competent early psychologists to be responsive to the needs of families with children and adolescents by providing a range of services which include evaluation, therapy, psycho-education and consultation. We specialize in working with parents who are motivated, educated and seeking high quality services for their family.
- 2) to prepare child psychologists to deliver services along the prevention-intervention continuum. We specialize in treating mild to moderate challenges (e.g., social skills training for individuals with ASD level 1 vs. ABA; parent coaching vs. PCIT).
- 3) to enhance the professional development of school and community-focused clinical psychologists.

These goals and objectives are achieved through structured rotations focused on skill-building to achieve the following three objectives:

Objective 1: Evaluation

Postdoctoral fellows will achieve proficiency in conducting, interpreting, and reporting findings from child and adolescent psycho-diagnostic and neuropsychological evaluation.

Objective 2: Therapy

Postdoctoral fellows will achieve proficiency in delivering effective, goal-oriented skills-based therapy for children, adolescents, and families across the prevention-intervention spectrum. Fellows will learn about our Parent Coaching series.

Objective 3: Multi-disciplinary and Ecological Approach

Postdoctoral fellows will take an ecological and multi-disciplinary approach to child and adolescent social emotional well-being by understanding systems (i.e., school) and learning how to work closely with school professionals, pediatricians, speech language pathologists, occupational therapists and other child/adolescent providers in the community.

Competencies

For each of the three objectives, the following competencies are expected.

Objective 1

Postdoctoral fellows will achieve proficiency in administering, scoring, interpreting, and reporting findings from child/adolescent psycho-diagnostic and neuropsychological evaluation.

Competency 1: Selection and administration of appropriate evaluation batteries, including cognitive, achievement, neuropsychological functioning tests, behavioral emotional and autism assessment measures (e.g., WISC, WPPSI, WIAT, NEPSY, ADOS, ADI-R, BASC)

Competency 2: Scoring of test measures, producing comprehensive integrated well-written and well-formatted reports, and development of specific and practical recommendations.

Competency 3: Conducting school behavioral observations and teacher interviews.

Competency 4: Use of clear and jargon-free communication about the evaluation process and results with parents, family members, school professionals and providers.

Objective 2

Postdoctoral fellows will achieve proficiency in delivering effective, goal-oriented, skills-based therapies for children, adolescents, and families across the prevention-intervention spectrum.

Competency 1: Provision of individual, dyadic, family and group therapy models. The fellow will facilitate social emotional skills groups and learn our program curriculum.

Competency 2: Provision of evidence-based interventions, including cognitive behavioral therapy, behavior therapy (including exposure therapy), mindfulness, and social skills training.

Competency 3: Provision of collaborative parent coaching using evidence-based parent training strategies modified for our clients (i.e., informed by Triple P and Incredible Years).

Competency 4: Facilitation of guided play dates and therapy dyads to provide social emotional skills training with children and adolescents.

Objective 3

Postdoctoral fellows will take an ecological and multidisciplinary approach to providing child and adolescent well-being by working with school professionals, child/adolescentians, nurses, speech language pathologists, occupational therapists, caregivers, and other child/adolescent providers in the community.

Competency 1: Provision of school consultation for students who are having challenges to help teachers with strategies to support these students effectively.

Familiarity with local community schools (preschool through high school). Consulting with independent/private school teams and preschools. Consulting with public school teams (i.e., SST, 504 and IEP teams).

Competency 2: Conducting child behavioral observations of students in their school setting and teacher interviews. Providing well-written, well-formatted behavioral observation summaries with next steps and recommendations.

Competency 3: Providing professional development workshops and presentations for teacher education and parent wellness.

Activities to Support Skill Development

Achievement of the competencies is supported through clinical rotations in each objective program area. Fellows spend 75% of their time (30 hours/week full-time or 15 hours/week part time) providing professional psychological services. They participate in case conferences one hour per week, individual supervision one hour or more per week, group supervision one hour per month, and didactic learning two hours per week. The didactic and experiential activities of each rotation are designed to support the postdoctoral trainee in mastering the content and processes of that rotation's specific skill set, as well as prepare the trainee for a reality-based application of that skill set. Each rotation includes didactic, shadowing, independent service delivery, and teaching components.

For example, during the psychological and neuropsychological evaluation rotation, the trainee is initially introduced to the evidence-base for various evaluation batteries, then

shadows one or more administrations of the battery, write-up, and feedback to the family by an experienced supervising psychologist. The rotation then progresses to the trainee taking the lead in these activities while being shadowed or recorded in order to facilitate specific, supportive, and helpful feedback to the trainee. If the trainee is ready, s/he may conduct some of the evaluation independently, but continues to receive ongoing supervision and consultation. By the end of the rotation, the trainee is sufficiently skilled and comfortable with all phases of a neuropsychological evaluation to teach these skills to a less-experienced clinician. Since families expect and deserve strength-based and jargon-free communication from their treatment providers, Seesaw postdoctoral trainees are also provided frequent opportunities to practice communicating the process and results of psycho-diagnostic and neuropsychological evaluations to family members.

Skill development for each rotation is supported through individual and group supervision with a licensed psychologist who specializes in each program area, as well as presentations and feedback at bi-monthly clinical case conferences. Seesaw's postdoctoral fellowship program fulfills the licensure requirements for postdoctoral supervision in the jurisdiction of the program (California). In addition, clinical manuals for many of Seesaw's services have been developed, including manuals for Seesaw's parent coaching and social emotional groups. These manuals include session by session outlines of content and processes, and also include fidelity measures to help practitioners adhere to the models.

Services

Seesaw offers services on all points along the prevention-intervention continuum, including social emotional learning classes, evaluation and screening services, infant-toddler developmental assessment, individual and family psychotherapy, and parent coaching. Each of these services is described in greater detail below.

Social-Emotional Skills Groups

Boy Talk is a safe space for curious pre-teen boys 10 – 13 years of age. The Boy Talk program is developed by a child psychologist and taught by therapists.

Each week, we engage in fun activities and discussions around growing up and getting the most of this tricky transition. We focus on encouraging healthy habits, body awareness, emotional regulation and tools for building friendships/relationships. Our topics include: crushes, peer pressure, assertiveness, masculinity, sleep, confidence, exercise, managing stress, style, hygiene. Boy Talk is an ongoing group that meets throughout the year. Our groups are small and tailored to participants. Classes meet weekly at Seesaw, Monday through Saturday and throughout the year.

Girl Talk is a safe space for curious pre-teen girls 9 to 12 years of age. The Girl Talk program is developed by a child psychologist and taught by therapists.

Each week, our class participants engage in fun activities and discussions about growing up and getting the most of this tricky transition. We focus on encouraging healthy habits, body awareness, emotional regulation and tools for building friendships/relationships. Our topics include: cliques, crushes, friends, sleep, exercise, peer pressure, popularity, assertiveness, womanhood, body image, consent, finding your own style and more. Girl Talk is an ongoing group that meets throughout the year. Groups are small and tailored to participants. Classes meet weekly at Seesaw, Monday through Saturday and throughout the year.

Be Friends is a friendship skills and social emotional group series developed by a child psychologist and taught by therapists.

Groups are designed for children ages 3 – 12 years (preschoolers to pre-teens). The sessions are structured but playful. Group are small, with 4 – 6 participants to enable tailoring to the individual needs of participants. The Be Friends curriculum addresses the following domains: empathy building, affect management, social problem solving and learner behaviors. Classes meet weekly at Seesaw, Monday through Saturday and throughout the year.

Evaluation and Screening

Evaluation

Our multi-disciplinary team provides comprehensive evaluations for children and adolescents (age 12 months to 16 years of age). Assessments are comprehensive, strength-based and individualized, and are intended to address parent, school, or child/adolescentian referral questions and concerns. Common issues for which examinees are referred for are: learning difficulties, autism spectrum, attention deficit hyperactivity disorder, anxiety disorder, mood dysregulation, obsessive compulsive disorder, attachment, developmental delays, and sensory processing.

Seesaw's evaluation team is dedicated to providing culturally competent services. Our clinicians are from diverse backgrounds and many are bilingual or trilingual (e.g, Mandarin, Korean, French, Spanish, Japanese, Italian).

Seesaw provides comprehensive evaluation services for children 12 months to 16 years:

- neuropsychological evaluation
- psycho-diagnostic assessment
- infant toddler developmental screening
- IQ testing (i.e., for giftedness, school entrance)

Screening

Our clinic team provides brief assessments to help families understand their child's development and discontinuities, autism spectrum, school readiness skills, school placement and planning, and prevention strategies. In addition, screenings are useful to determine if further evaluation is necessary.

Brief Assessments we provide:

- Infant-toddler developmental screening
- cognitive IQ testing
- speech and language and occupational therapy screening
- sensory processing

Infant-Toddler Assessment

In our early childhood assessment clinic, we provide developmental screening assessments for children 12 to 36 months of age. We assess cognitive, speech and language skills, motor development and social-emotional functioning through child play observation and parent or caregiver interview. We also administer standardized measures (e.g., The Ages and Stages, Devereux, Modified Checklist for Autism in Toddlers/M-CHAT) when appropriate. Families with young children may seek our consultation for preventative tools and strategies, diagnostic information, recommendations and resources and to learn more about possible developmental delays, learning, giftedness, social emotional development or speech and language development.

Our team of child psychologists and early childhood specialists provide play observations, developmental screening, evaluation and consultation for infants and toddlers ages 12 to 36 months.

We collaborate with families to assess cognitive, speech/language, motor, adaptive and social-emotional functioning. Common concerns include developmental delays, receptive or expressive speech, social emotional development, learning and autism spectrum.

Therapy

Seesaw offers individual, dyadic, family therapy, group therapy and parent coaching. Our treatment approach is strength-based and collaborative. Our methods include evidence-based cognitive behavioral therapy (CBT), mindfulness, play-based therapy and social skills training.

We provide goal-oriented, skills-based therapies. Through play and interactive exercises and psycho-education, we build resilience, empathy, assertiveness, coping tools, emotional regulation and self-awareness with our clients. We work closely with children, adolescents and their families. Siblings and family members are often involved in therapy.

We specialize in anxiety, social skills, autism spectrum, mood dysregulation, sensory processing, executive functioning challenges, giftedness and exceptional learners. We support families through developmental life challenges and transitions including grief, loss and separation/divorce.

Guided Play Dates or Peer Dyads are therapy sessions designed for children 3 to 18 years of age. Our sessions provide opportunities for children and adolescents to practice their social interaction, play and communication skills with same-aged peers. Therapy dyads are helpful for young people who are motivated to practice their skills with a same-aged peer and therapist. Skills can be learned and rehearsed in a more natural context.

We focus on building flexibility, frustration tolerance, perspective taking, emotional regulation, assertiveness skills, social problem solving, coping tools and healthy self-esteem. Each session includes two peers and one therapist.

Peers are matched based on age, strengths and goals. At times, a peer model may participate in a dyad. Peer models are volunteers who are selected for their social-emotional strengths. During each session, the therapist guides and models prosocial skills in a relaxed social setting. We engage in a variety of developmentally-appropriate activities and enjoy a snack together. Sessions may take place at our studio or off-site (e.g., park, cafe close by).

Parent Coaching

In parent coaching, we work closely with individual parents, couples, and co-parents to help them achieve their parenting goals and deepen their parenting practice. The purpose of Parent Coaching is to support social, emotional, cognitive development and foster family resilience.

Our approach is collaborative, tailored, skills and strength-based. We apply developmental psychology, brain-behavior research and positive psychology to develop a creative and practical treatment plan for each family. We strive to be culturally competent and appreciate neuro-diversity. Our work is informed by evidence-based parenting programs (i.e., Incredible Years and Triple P). We tailor our program to the needs of our clients (i.e., educated, professional parents) and we teach behavioral, cognitive behavioral and mindfulness techniques in our program.

Initially, we conduct a Parent Assessment and discuss the results and develop goals with the client(s). The duration of each parent coaching session is 50 minutes, and we typically meet for 4 to 8 sessions. Parent coaching sessions focus on practicing new skills as well as fitting the skill to a family. Parents practice the skills at home and monitor changes in the child's behavior over time.

Parent Coaching may be provided by one Coach/Therapist or two coaches, depending on the needs.

Consultation

Team Consultation

We provide consultation services to families with children 12 months – 18 years of age. A Team Consultation includes a play observation with the child and a discussion with the family about the child's strengths, concerns and recommendations. We conduct a structured interview and provide clients with an assessment questionnaire. Depending on the concerns, two specialists (i.e., psychologist, clinician or speech language pathologist) may conduct the consultation. To follow up, we provide summary notes including recommendations and referrals.

Treatment Consultation

For our therapy clients, ongoing consultation with the family is an essential part of our work with youth. Our consultation services offer flexibility and convenience to our clients. When face-to-face consultation is not feasible, email, FaceTime, Skype or phone consults are possible. We work closely with school professionals (i.e., directors, learning specialists, teachers, counselors) in the best interest of the child/adolescent. Our specialists help families navigate schools and community resources.

Training Director and Supervisory Staff

Training Director:

Sujin Sabrina Gabel, Ph.D.

Dr. Gabel is the co-founder and clinic director of Seesaw San Francisco and Peninsula. She is a licensed psychologist and the Training Director for the postdoctoral fellowship program. She provides clinical training and supervision, consultation and program oversight. Her areas of expertise include child/adolescent neuropsychological assessment, social emotional skills training, anxiety disorders, autism spectrum disorder, school psychology, giftedness, school climate and safety. She has co-authored research publications and book chapters on strength-based assessment, youth risk and resilience, bullying, and culturally competent counseling. She and her team at Seesaw have developed social emotional group learning programs: Be Friends, Girl Talk, Boy Talk and Mindful Teens.

Dr. Gabel earned her B.A in psychology from the University of California, Irvine and studied clinical neuropsychology at the University of Northern Colorado. Her doctoral studies were in counseling, clinical, and school psychology at the University of California, Santa Barbara. Her pre-doctoral/post-doctoral training has included work in a child development hospital clinic at Oregon Health and Science University, autism assessment clinic, early intervention preschool evaluation team, neuropsychiatric rehabilitation hospital and brain injury transitional living center. She has also worked in urban and suburban schools in Santa Barbara, Portland, OR and the San Francisco Bay Area.

Supervisory Staff:

Joseph A. Turner, Ph.D.

Dr. Turner is a licensed psychologist and consultant on Seesaw's human resource and quality improvement team. He provides didactic training to post-doctoral fellows and trainees and professional development and education for teachers, school teams and parents.

Dr. Turner earned a B.A in psychology at Gannon University, an M.A in psychology at Salisbury University and a Ph.D. in Counseling/Clinical/School psychology at UC Santa Barbara. He has worked for Alternative Family Services, a non-profit agency serving children and families. In addition to his work at Seesaw, Dr. Turner currently works at the San Francisco Department of Public Health providing mental health care administration and quality improvement.

Dr. Turner has specialized post-doctoral training in minority mental health (ethnic minorities, sexual orientation minorities) and social determinants of mental health. His clinical training included inpatient psychiatric facilities and university health centers providing assessment and therapy with adolescents to senior clients.

Stephanie Romney, Ph.D.

Dr. Romney is a licensed psychologist who specializes in working with children and families. For the past seven years, she has been the Director of the Parent Training Institute, which provides evidence-based positive parenting to San Francisco's diverse families. Her approach to working with families is individualized and strength-based. She is trained and certified in several evidence-based parenting programs, including Triple P and the Incredible Years, and has worked with the developers of these programs to improve their outcomes for diverse families. This work has resulted in a SAMHSA award for excellence in implementing an evidence-based program and in Dr. Romney being selected to deliver the keynote address at the annual international Triple P conference in 2011.

Dr. Romney earned her B.A in English from Tufts University and her master's and doctorate in clinical psychology from the University of California, San Diego and San Diego State University. Her pre-doctoral and post-doctoral training included work in outpatient and inpatient clinic settings, on an evaluation team for a private elementary and middle school, and in a child/adolescent oncology and hematology hospital clinic.

Dr. Romney provides parent coaching, therapy, school consultation, and training and supervision with trainees at Seesaw.

Evaluation of Postdoctoral Fellows

Psychology postdoctoral fellows are evaluated twice per year: at the middle and end of the training program. Approximately two weeks prior to each performance review, the fellow completes a self-evaluation intended to aid the fellow in reflecting about his/her strengths and opportunities for improvement, and this self-evaluation is discussed during supervision. The subsequent formal evaluations are conducted with input from rotation supervisors and presented by the Director of Training. The postdoctoral fellow has the opportunity to provide a written addendum to the evaluation if s/he wishes.

Evaluation Form and Performance Review

Domains	needs improvement	meets expectations	exceeds expectations
Initiative			
- takes opportunities to learn and asks for help			
- takes the next step without being told			
Compassion			
- attentive to client needs			
- shows empathy and concern for others			
Clinical Work			
- applies collaborative, positive psychology, strengths, risk and resilience			
- demonstrates skills to work with youth and parents (e.g., child development, CBT, SEL, school)			
- reports or progress notes are completed on time			
- reports and notes are accurate, well-written, well-formatted			
- strong case conceptualization			
- manages caseload well			
- shows drive to help clients achieve goals/ accessible/conscientious			
Organization			

- completes projects and manages time well			
- shows good case management skills			
- uses technology tools effectively			
Flexibility			
- accepts critique gracefully			
- corrects and learns from mistakes			
- can shift tasks with ease (e.g., therapy, assessment, project work, consult, group)			
- creative problem solver			
Reliability			
- on time and prepared for work; absences has not affected overall performance			
- adapts to our clinic's schedule and client needs			
Leadership			
- strong problem solver; can distill and synthesize information well			
- effective communication (written, oral, email/text)			
- calm and pleasant demeanor			
- original ideas and suggestions; contributes to seesaw's continual improvement and team approach			

Fellow's Strengths to Foster:

Fellow's Improvement Goals:

Seesaw Postdoctoral Fellow Goals and Expectations:

1. Evaluation

___ administer tests (WISC, WPPSI, NEPSY, ADOS, ADI-R, BEERY...)

___ score tests

___ organized - detail oriented - case management - data sources

- ___ report writing / formatting reports
- ___ case formulation
- ___ child - teacher - parent interviews
- ___ intake process, play observation
- ___ case formulation - strengths/diagnoses/goals
- ___ treatment planning, recommendations
- ___ discussing assessment with parents/schools
- ___ school behavioral observations and summary report

2. Facilitating Groups/Classes/Psycho-education

- ___ review manual and plan lessons and curriculum creatively
- ___ teach groups/classes — implement fidelity checklist
- ___ behavior management/CBT and mindfulness techniques with children various ages
- ___ debrief with parents - develop rapport
- ___ correspond with families/schools (phone/email) professional and conscientious
- ___ timely monitoring client surveys/program evaluation
- ___ timely consultations with parents
- ___ class blog entries are well written

3. Therapy/Consult

- ___ growth mindset, client-centered
- ___ best practice and cultural humility when working with clients/staff
- ___ develop sensible treatment goals
- ___ clear and consistent documentation, BIRP notes well written
- ___ tailored intervention using CBT, mindfulness, behavior therapy (e.g., exposure)
- ___ make good use of books/tools/resources available at Seesaw
- ___ initiative, consultation and supervision with team members at Seesaw
- ___ school-home-seesaw — case management and awareness of contexts/systems
- ___ strong case conceptualization
- ___ good professional boundaries

4. Program Evaluation/Quality Improvement

- ___ Help refine manuals and procedures and show interest in improving programs
- ___ Embrace Seesaw philosophy and approach - best practice, design, strengths, collaborative, concierge.

5. Supervision

- ___ Assertive and Direct, Takes Notes, Asks Questions
- ___ Receives Feedback, Learns from Mistakes, and Applies to work with clients
- ___ Works well and good fit with Supervisors and Team
- ___ Engaged in Supervision

Postdoctoral Completion Requirements

Successful completion of the Clinical Psychology Postdoctoral Program is determined by the completion of the following requirements.

- Fellows are required to be on site for a minimum of 48 weeks and complete a total of 1900 hours.
- Complete a program development or program evaluation project.
- Engage in a minimum of 900 hours of direct client care, and meet competency thresholds.
- 100% of the competency domains in the final performance review must be rated as meeting or exceeding expectations for successful program completion.

Grievance Policy

Seesaw strives to create a collegial working environment for all team members, including postdoctoral fellows. One component of this effort involves dealing with disagreements and conflict in an open, direct, and timely fashion. We strongly recommend that when conflicts occur, staff members approach each other directly to resolve the conflict. Thus, if a trainee has a conflict with a staff member or intern, or concerns regarding a staff member's behavior, the best course of action is to discuss it directly with that staff member. However, the training staff acknowledges that the power differential between trainees and supervising staff can make this process difficult and anxiety provoking for the trainee. In those situations where the trainee feels that s/he needs consultation and support in order to deal with the conflict, the following steps can be taken to resolve the problem:

If the conflict is with the trainee's primary supervisor, the trainee should report the concern to the Administrative Supervisor or Site Human Resource Manager within 90 days of the concern arising. The initial report can be provided orally, but for formal action to move forward, a written complaint from the trainee will be needed within 30 days of the oral reporting.

If the conflict is with any staff member other than the trainee's primary supervisor, the trainee should consult with his/her supervisor. Ideally, the concern should be raised at the next supervision session but must be reported within 90 days for a formal complaint to move forward. The initial report can be provided orally, with a written complaint from the trainee provided within 30 days of the oral reporting.

In those rare instances where more informal efforts are unsuccessful in rectifying the issue, the respective Administrative Supervisor is the final arbiter unless the Administrative Supervisor is involved in the conflict. In that case, the Associate Director will be the final arbiter. A final decision will be made within 30 days of receiving the written complaint from the trainee. The Administrative Supervisor or Associate Director is the last step of the grievance process. Fellows filing a written complaint will be notified of the final decision in writing no later than 30 days after the written complaint is received by his/her supervisor or the Administrative Supervisor.

Due Process

Seesaw recognizes that problems in a postdoctoral fellow's professional or personal conduct can take many forms. Often these problems can be successfully addressed and remedied through feedback during supervision. If the problems stem from a fellow's disability, appropriate ADA accommodations can be put in place once the supervisor is made aware of the need for them. However, in certain circumstances, formal action is warranted to protect clients and reduce disruption to the work of other staff and fellows caused by the problematic behavior. Some of these circumstances are:

- The Fellow does not acknowledge, understand, or address the problem when it is identified;
- The problem does not merely reflect a skill deficit which can be remediated through typical training procedures;
- The quality of services delivered by the Fellow or the interpersonal and professional relationships with other Fellows or staff are negatively affected by the insufficient competency;
- The insufficient competence results in the Fellow needing a disproportionate amount of attention or additional training by training personnel;
- The problem is not restricted to one area of professional development;
- The Fellow's behavior does not change as a result of feedback, remediation efforts, and/or time.
- The problem behavior(s) and/or attitude(s) involve a violation of ethical and/or professional standards or any other behavior deleterious to client welfare.
- The problem behavior(s) and /or attitude(s) do not change as a result of remediation efforts, feedback and/or time.

The need for a formal remediation plan is decided by the Director of Training (DOT). Formal remediation procedures are as follows:

The Fellow's supervisor verbally informs the Fellow that formal remediation procedures are recommended to address deficiencies in the Fellow's performance that have not improved sufficiently through supervision.

The supervisor documents the deficient areas in a written evaluation.

The supervisor shares the document with the Fellow.

The supervisor gives a copy of the evaluation to the DOT. This copy is placed in the Fellow's permanent electronic file.

The DOT will forward a copy of the document to the Fellow's graduate program.

The DOT will meet with all involved parties, including the Fellow, the supervisor, and other relevant informants.

The DOT, after appropriate investigation and consultation, will make a decision which may take the following four forms:

To dismiss the concern and declare the Fellow performing adequately.

To present the Fellow with specific behavioral conditions for the continuation of the fellowship/practicum.

To suspend the Fellow from some or all of his/her activities until specified steps are taken.

To terminate the fellowship:

If the Fellow is placed on Probation (i.e., #2 or #3 in the options above), a remediation plan will be developed by the DOT and the primary supervisor. The plan will specify the behaviors or re-training required to fulfill the conditions of the plan, the timeline for fulfilling those requirements, and how plan outcomes will be monitored. In addition to weekly supervision, the Fellow will meet jointly with the DOT and supervisor monthly to discuss the progress being made in the plan and any additional supports that may be needed to facilitate satisfactory completion of the remediation plan. The status of the remediation plan will be formally documented by the DOT in each of these monthly meetings, so all parties are clear on both the progress that has been made and the progress still needed for the Fellow to demonstrate competency and exit the remediation plan.

The Fellow's graduate program will be informed of the DOT's decision regarding the need for a remediation plan and will also be notified when there is an update (i.e., successful completion of the remediation plan or dismissal from the program).

When a Fellow successfully completes a remediation plan, the DOT will notify the fellow in writing.

The decision to terminate a fellowship is made by the DOT in consultation with the primary supervisor and is typically only made after efforts to help the Fellow improve his/her performance through supervision and a remediation plan have been exhausted. The exception is a rare instance when a Fellow's conduct is so far outside the bounds of professional standards of conduct that it would be unsafe for patients or other staff if the Fellow remained. Some examples of such behaviors include making credible threats to patients or staff, physical assault, or misrepresenting the Fellow's education or clinical experiences in postdoctoral application materials.

Fellows may appeal decisions made at any step of this process. For example, a Fellow can file an appeal about the initial written evaluation documenting performance deficiencies, about the remediation plan set forth by the DOT, or about one or more of the status reports from the monthly plan monitoring meetings. Appeals must be in writing and made within 30 days of the decision or event of concern to the Postdoctoral Fellow Oversight Committee. For example, an appeal of the written evaluation of performance deficiencies must be filed within 30 days of the Fellow receiving that document. The Oversight Committee makes the final decision regarding the appeal(s), and the Fellow, supervisor, and DOT are informed of the decision in writing within 60 days of receiving the written appeal.