

Postdoctoral Fellow Handbook
2020-2021

seesaw

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Postdoctoral Training Program Overview

Applicant Eligibility and Instructions

Seesaw welcomes and is committed to hiring team members from diverse backgrounds, ethnicities, gender, cultures, religions, sexual orientations, and presentations, and we encourage all qualified applicants to apply to our 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 or School 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 for families. We currently have two locations in San Francisco and Burlingame (Peninsula). Our team of psychologists and therapists provide psychological support services across the prevention-intervention continuum to children, adolescents, and their families since 2010, and our postdoctoral training program began in 2014.

We are a boutique clinic. Our space has a cozy feel to it, with natural sunlight, plants, and well-considered design and aesthetic. It is a comfortable and beautiful workspace for staff team members and calming, playful and inviting space for our clients. We curate and select high quality toys, games, and therapy supplies. We work as a close-knit team; collaboration and collegiality is highly valued.

We work closely with children and adolescents, college students and adults. Our clients are from diverse cultural and linguistic backgrounds and present with a broad range of concerns, including anxiety, autism spectrum, ADHD/learning disorders, giftedness/twice exceptional, intellectual disability, and mood dysregulation. The majority of clinical services are provided in English; however, we also hire staff who are bilingual or trilingual and speak Korean, Spanish, Italian, Mandarin, Cantonese, French, German, or Danish.

Our team is comprised of licensed psychologists, early childhood and education specialists, psychotherapists, postdoctoral and predoctoral trainees, and clinic practicum students. We are a training facility and have an APPIC approved postdoctoral fellowship program (and applying for APPIC approved predoctoral

training program). We work with practicum students on our team who assist clinicians, shadow clinical activities, and help with marketing and community outreach.

Our approach to working with therapy clients is strength-based, skills-building, goal-oriented, brief, and collaborative. We work closely with parents, school teams, and providers. We consult with school professionals when conceptualizing and addressing student behavioral health issues. We are committed to providing best practices 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, LGBTQ, 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 fellow clinicians and supervisors.

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

Our office is open 6 days a week (Monday through Saturday) by private appointment only. Our hours reflect our clients' availability and needs, 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 Saturday, and 1-2 hours a month is reserved for group supervision. Trainees are required to work around our clinic needs and schedule:

We take breaks during: Winter Break — 1.5 to 2 weeks; Independence Day - July 4th
Some 3-day weekends (Labor Day, Memorial Day, President's Day); Summer time is a good time to take a holiday and it must be approved by the Clinic Director. More than 2 weeks vacation is very difficult.

Facility and Training Resources

Seesaw has staff at the San Francisco clinic and the Burlingame clinic, which are located approximately 14 miles apart. We would prefer our team members work at both locations for flow and familiarity. Postdoctoral fellows are expected to work at both locations. At each clinic, fellows share work spaces and a staff room that is well-equipped with computers, iPads, telephone, printer, scanner, and laminator. Fellows have access to a refrigerator, hot water tower, and microwave for shared use. We use live webcam for training purposes. We have students or staff to support clinicians and help in the procurement of supplies and with various technology support and administrative tasks.

Didactic Training Schedule

TOPIC	NOTE	DATES / FREQUENCY
GENERAL CLINIC		
Strength-based Approach	Risk and resilience, positive psychology, covitality	Month 1
Documentation	Therapy progress notes, treatment summary, school observation summary; Filemaker record system	Month 1
Technology Tools Training	Drive, Filemaker, Slack, Pages, Google Docs, Mac OS and Ipad applications.	Month 1
Law and Ethics	HIPPA, consent, confidentiality, tarasoff, harm, suicide, minor/sexual, mandated reporting...	Month 2
Collaborating with Schools	How to work with School Professionals/Teams, navigating private schools, preschools (waldorf, reggio, montessori, language-immersion); 504, IEP, SST, inclusion, SEL, wellness.	Month 3
Case Formulation	Neurodevelopmental, DSM-5 Child/Adolescent; Autism Spectrum, LD, ADHD, Anxiety Disorder, Twice Exceptional, Mood/DMDD, OCD, social anxiety	Month 4 - 8
Working with Culturally Diverse Families	Adoptive Families.	Month 4
	LGBTQ - Gender nonbinary, gender identity development.	Month 5

	Single Parent by Choice, Divorced/Separated.	Month 6
EVALUATION		
	Neuropsychological Evaluation, Golden Gate Regional Center Lanterman Assessments (I.D/ ASD): Interview with Examinee/ Parents/Teachers, Administer Tests, Scoring, Analyze, Write Reports, Feedback/Results/ Finalize/Lock Reports.	Month 2
	Intake	Month 3
	GGRC - Intellectual Disability and Autism Assessments	Month 2
	Autism Assessment - ADOS, Vineland, CARS, ADI-R/ Interview	Month 4
	Report Writing	Month 2-8
	School Consult Observations	Month 2-3
TREATMENT		
Psychotherapy	Evidence-based, skills-based, goal oriented, play-based; CBT, DBT, SEL/social skills training, mindfulness/MBSR; individual/ family/dyad/group therapy	Month 1 -11
Consultation	Family, School, Agency, Provider	September Month 2
Parent Coaching	Seesaw Parent Coaching Program, Incredible Years, Triple P	Month 2

Social Emotional Classes	Fidelity, Be Friends/Girl Talk/ Boy Talk/Tween/Teen Space, CBT/DBT/SEL/PEERS, Second Step, Tool Box, CASEL	Month 1 - 4
SUPERVISION		
	Individual	1 x week 60 - 120 minutes
	Group	1 x month 60 -120 minutes
PROGRAM EVALUATION & QUALITY IMPROVEMENT		
	Client survey/efficacy	Month 1-3
	Social Emotional Curricula, Class Prep, Contributing to Manuals	Month 3-11

Goals and Objectives

The goals of the Seesaw postdoctoral program are:

- 1) to train highly skilled and compassionate early career psychologists to be responsive to the needs of families with children and adolescents by providing a broad range of services which include evaluation, treatment, education, and consultation.
- 2) to prepare psychologists to deliver services along the prevention-intervention continuum to multicultural families. 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 competencies and professional development of school and community-focused clinical psychologists.

These goals and objectives are achieved through fluid but 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 / neurodevelopmental / neuropsychological evaluations.

Objective 2: Therapy

Postdoctoral fellows will achieve proficiency in delivering evidence-based, goal-oriented, skills-based therapy for children, adolescents, and families across the prevention-intervention spectrum. Therapists will hone their therapy skills and work with a caseload of therapy clients (children and adolescents, whose presenting issues include anxiety, ASD, giftedness, 2e, emotion regulation difficulties, ADHD, LD, adjustment disorder). Fellows will learn about our Parent Training program.

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 the assessments we provide.

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, WAIS, NEPSY, D-KEFS, ADOS, Beery, TAPS, CVLT. Vineland)

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 CBT, DBT, mindfulness/MBSR, and SEL/social skills training.

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

Competency 4: Skilled facilitation of group therapy (i.e., dyads and triads) to provide CBT, DBT, MBSR, and 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, speech language pathologists, occupational therapists, caregivers, and other pediatric 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 SF bay area schools (preschool through high school). Consulting with independent/private school teams and preschools. Consulting with public school teachers and teams (i.e., SST, 504 and IEP teams).

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

Competency 3: Providing professional development workshops and presentations for teachers and parents.

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, individual supervision one hour or more per week, group supervision one hour per month, and didactic learning up to 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/ neurodevelopmental 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 their evaluation 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 have been developed for Seesaw's parent coaching and social emotional classes. These manuals include session by session outlines of content and processes, and also include fidelity measures to help practitioners have a model and guidance to preparing content for their classes and therapy sessions.

Services

Seesaw provides psychological services for families along the prevention-intervention continuum, including: evaluation, psychotherapy, parent coaching, consultation, and education. Our range of family well-being services are described in detail below.

Evaluation

Our Clinic Team at Seesaw provides comprehensive psychological assessment services for children, adolescents, and college students.

We provide brief and comprehensive evaluation services. We specialize in assessment for: Autism spectrum, ADHD, LD/dyslexia, giftedness, twice exceptional / 2e, anxiety and/or mood disorders, and Intellectual Disability.

Our clients are culturally and linguistically diverse. Our expertise includes working with multicultural/international families, adoptive families, and LGBTQ+. We are committed to providing best-in-class service delivery, appreciate neurodiversity, and strive for cultural humility and best practice. Our team members are from diverse backgrounds and many of us are bilingual or trilingual (e.g, Mandarin, Korean, French, Spanish, Japanese, Italian, German).

Types of Evaluation We Provide:

- Comprehensive Neuropsychological / Psycho-Diagnostic / Neurodevelopmental
- Abbreviated Assessment - Autism / ADHD / Cognitive
- Early Child Developmental Screening
- IQ / Cognitive Testing
- Academic Skills Testing
- GGRC / Lanterman Assessments - Autism / I.D

Psychotherapy

Seesaw offers individual therapy, peer dyad/group therapy, parent coaching, couples and family therapy in our clinics. We work with children, adolescents, and adults in treatment.

We provide evidence-based therapies including: CBT, DBT, mindfulness/MBSR, ACT, play-based therapy, social skills coaching. Our therapy approach is goal-oriented, skills-based and brief.

We specialize in treating: anxiety management, autism spectrum/level 1, social skills challenges, emotion regulation, assertiveness, ADHD/executive functioning or LD, and giftedness/2e. We support families through developmental life challenges and transitions including grief, loss and separation/divorce. We treat mild to moderate issues.

In our work with children and adolescents, we engage in ongoing consultation with parents. Parent involvement is essential. We collaborate with the school often and when appropriate.

When working in treatment with adults or parents, we are providing brief therapy for stress reduction, emotion regulation, anxiety, and/or anger management. The therapy is typically 8 to 12 sessions.

We offer telehealth for therapy services when needed or requested.

Individual Therapy:

Generally, individual therapy is the most common referral and starting point for a therapy client. The majority of individual therapy clients are seen for approximately 3 months to 9 months. However, some return for support at a later time to address developmental discontinuities or stressors.

Group Therapy:

Peer Dyads or Triads are unique group therapy sessions designed for children 3 to 18 years of age. Peers are matched carefully based on age, social emotional strengths and therapy goals. At times, a peer model may participate in a dyad.

Group therapy is a fun and more natural setting to learn and rehearse skills for social interaction, play, conflict, and effective communication. Sessions are also helpful for individuals who are motivated to be in therapy and practice their skills with a same-aged peer(s) vs. 1:1 with a therapist.

Family Therapy and Couples Therapy:

Our therapists provide parent-child, sibling, family therapy and couples therapy at Seesaw.

Parent Coaching

Our parent coaching program is well developed and is informed by evidence-based parenting curricula. We work closely with parents, couples/partners, single parents, 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 well-being and harmony.

Our approach is tailored, collaborative, skills-based, and strength-focused. We tailor our program to the needs of our clients (i.e., educated, highly motivated).

The duration of each parent coaching session is 50 minutes. We 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 their child's behavior over time.

We have not offered any parenting groups but we plan to in the near future.

Consultation

We offer distinguished psychological and educational consultation services to families. Our senior staff have 30 years of experience with SF bay area families and schools. We help navigate schools and community resources / referrals for families. We often consult with extended family members, providers, and caregivers as needed.

Social-Emotional Classes and Playgroups

We offer unique and creative Social Emotional Classes at Seesaw. Our classes are geared toward children and adolescents ages 4 to 18 years. Our curricula has been developed by Sabrina Gabel, Ph.D. and continually refined by our Therapist Teachers at Seesaw. Each class has an emerging curriculum tailored to the participants.

Our classes and playgroups are lively and interactive. We engage in role-play, media learning, discussion, rehearsal, games, and humor. We build skills and teach CBT, DBT, Mindfulness/MBSR, ACT, and SEL in our classes.

Our groups are small, tailored and facilitated by a Therapist Teacher. The group meets weekly throughout the year. Class participants are grouped by age, strengths, and goals. Same-aged peers are carefully matched. The classes are a good fit for individuals with average/above verbal abilities, and who do not have severe behavioral challenges (i.e., hyperactivity, conduct issues).

Social Emotional Class Menu:

Be Friends (ages 4 to 9 years)

Girl Talk or Boy Talk (ages 9 to 12)

Tween/Teen Space (ages 13 to 18)

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.

Please review team bios on our website.

Clinical Supervisors:

Ashley Boyer, Ph.D.

Lian Zhu, Ph.D.

Senior Clinicians:

Melanie Callen, M.Ed

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 is asked to reflect on his/her strengths and opportunities for improvement, and the the evaluation is discussed with his/her supervisor. The subsequent formal evaluations are conducted with input from clinical supervisors, senior staff, and clinic director.

Evaluation Form and Performance Review

Date:

Fellow/Team Member:

Domains	needs improvement	meets expectations	exceeds expectations
Initiative			
- takes opportunities to learn and asks for help			
- takes the next step without being told			
Communication			
- communicates effectively with supervisor (clear, timely, responsive, warm, phone/email/slack/face-to-face)			
- communicates effectively with colleagues and clients (clear, timely, responsive, warm, phone/email/slack/face-to-face)			
Compassion			
- attentive and caring - meets client needs			
- shows empathy and concern for others			
- inquisitive and passionate about this work			
Clinical Work			
- applies collaborative, positive psychology, strengths, risk and resilience			

- demonstrates skills to work with youth and parents (e.g., Assessment, Therapy, CBT, DBT, SEL)			
- documentation/reports/progress notes are completed on time			
- reports / docs accurate, well-written, well-formatted.			
- strong case conceptualization/formulation			
- manages caseload well and organized			
- 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			
- keeps space tidy/clean/uncluttered			
- implements safety/security procedures (lock up, client info, devices)			
Flexibility			
- accepts feedback gracefully			
- corrects swiftly and learns from mistakes			
- can shift tasks with ease (e.g., therapy, assessment, projects, supervision)			
- creative problem solver, openness, stepping out of comfort zone			
Reliability			
- on time and prepared for work; minimal absences and have not affected overall performance			
- adapts to our clinic's schedule and client needs			
Leadership			
- strong problem solver; can distill and synthesize information well			
- calm and pleasant demeanor			

<ul style="list-style-type: none"> - original ideas and suggestions; contributes to seesaw's quality improvement and sharing knowledge with our team 			
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Fellow's Strengths to Foster:

Fellow's Improvement Goals:

Seesaw Fellow Goals and Expectations

1. Evaluation —

- ___ administer tests (i.e., WISC, WPPSI, WAIS, NEPSY, DKEFS, ADOS, BEERY, WIAT, CVLT)
- ___ score tests
- ___ organized - detail oriented - case management - gathering data sources
- ___ report writing / formatting reports
- ___ case formulation / analysis / diagnostic / discusses with supervisor
- ___ interviews - examinee - teacher - parent
- ___ intake process, play observation
- ___ treatment planning, recommendations
- ___ discussing results/reccs with parents/school team
- ___ school behavioral observations and summary report

2. Groups/Classes/Psycho-education

- ___ plan class lessons and curriculum using manual - timely, informative, creative
- ___ teach SE classes — implement fidelity checklist
- ___ behavior management/CBT and mindfulness techniques with children various ages
- ___ involve parents - develop rapport, share information, improve their skills
- ___ correspond with families/schools (phone/email) - follow through, conscientiousness
- ___ takes consultation notes and documents in FM and Drive
- ___ timely parent consultations

3. Therapy/Consult/Parent Coaching

- ___ growth mindset, strength-based/covitality, client-centered, whole person, ecological
- ___ best practices and cultural humility when working with clients
- ___ develop sensible/thoughtful treatment goals
- ___ clear and consistent documentation, progress notes well written
- ___ tailored intervention using CBT, DBT, mindfulness/MBSR, ACT, evidence-based
- ___ make good use of books/tools/resources available at Seesaw
- ___ engages well in consultation and supervision

- ___school-home-seesaw — case management and awareness of contexts/systems
- ___strong case conceptualization
- ___good professional boundaries

4. Program Evaluation/Quality Improvement

- ___Contribute to manuals and team knowledge
- ___Embrace Seesaw philosophy and approach - best practice, evidence-based, strengths, skills-based, brief, goal oriented, collaborative, design.

5. Supervision/Consultation

- ___Assertive, Takes Notes, Asks Questions, Inquisitive
- ___Receives Feedback, Learns from Mistakes, and Applies to work with clients
- ___Works effectively and positively with Supervisor, Seniors, and Team Members

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 80 weeks and complete a total of 1900 hours.
- 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 14 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.