

LARNED STATE HOSPITAL  
PSYCHOLOGY POSTDOCTORAL  
FELLOWSHIP PROGRAM

Handbook

2024-2025



TABLE OF CONTENTS

LSH Information..... 3

Program Descriptions..... 4

Mission Statement..... 5

Training Overview..... 5

Resources..... 6

Self-disclosure Policy..... 7

Fellow Selection ..... 7

COVID-19.....8

Application Process.....8

Fellowship Credit.....9

Liability Insurance..... 9

Employment..... 9

Evaluation..... 10

HIPAA..... 10

Grievance Procedure..... 10

Due Process.....12

Policy on Social Media..... 17

Training Goals..... 19

Postdoctoral Time Log..... 23

Postdoctoral Fellowship Evaluation..... 24

Supervision Agreement Form..... 29

Postdoctoral Evaluation Form..... 31

Appendix A Training Schedule..... 35

Appendix B Evaluation of Didactic Presentation..... 45

Appendix C Supervision Letter..... 46

Appendix D Staff Directory..... 47

## **LARNED STATE HOSPITAL (LSH)**

We are currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

LSH is a psychiatric hospital administered by the State of Kansas Department for Aging and Disability Services ([www.kdads.ks.gov](http://www.kdads.ks.gov)). LSH is one of three state psychiatric hospitals operated by the state. Located in rural Kansas on a 78-acre campus, LSH has three distinct programs. Postdoctoral Fellows are assigned a primary rotation at one of two programs: the Psychiatric Services Program (PSP) and the State Security Program (SSP).

The Psychiatric Services Program is comprised of three, 30-bed units which provide care and treatment for adults from a 61 county catchment area. Most patients are admitted on an involuntary status after being found to be a mentally ill person who is a danger to self and/or others, or unable to adequately care for themselves. All patients must be screened through their local mental health centers before admission. One of the units is on the State Security Program for patients that were civilly committed after having been adjudicated not competent to stand trial and not restorable in the foreseeable future or experiencing other legal issues.

The State Security Program is comprised of three units which serve patients who are criminally committed by the court system for treatment and/or evaluation. SSP provides court-ordered pre and post-trial assessments (e.g., competency to stand trial assessments, pre-sentence evaluations), sexual predator evaluations, competency restoration treatment, treatment for patients found not guilty by reason of mental defect, and treatment in lieu of confinement. Also housed on SSP is the Security Behavior Unit (SBU) for civilly committed male patients who have severe behavioral disturbances, including extreme aggressiveness. The Security Behavior Unit accepts patients from PSP and our sister hospital (Osawatomie State Hospital). SSP is the only “forensic” hospital in the State of Kansas and therefore, accepts patients from all counties within the state.

There are two additional facilities located on the LSH campus:

- 1) The Larned Correctional Facility is operated by the Kansas Department of Corrections (KDOC) for younger male inmates.
- 2) The KDOC also operates a minimum-security male prison on campus.

Patients at LSH are provided a full range of psychiatric services, including social detoxification, psychosocial rehabilitation, individual and group therapy, co-occurring disorders treatment, activity therapy, medication management, case management, vocational training, behavior support plans, discharge planning, and other services. All programs/units provide treatment using an interdisciplinary treatment team.

Clinical departments who have core members in the treatment teams are: psychiatry, psychology (who serve as treatment team facilitators on SSP), social services, and nursing. Other clinical departments involved in patient care at LSH include: activity therapy, dietary staff, chaplaincy, clinic/laboratory services, physical therapy, and pharmacy.

The Department of Psychology at LSH is comprised of caring and competent practitioners. Every program has a Supervising Psychologist/Director of Psychology, a licensed psychologist who is responsible for the oversight and clinical and administrative supervision of the provision of all psychological services in the program. In addition to the Supervising Psychologists, a training faculty consisting of appropriately licensed psychology staff who provide clinical supervision for psychology clerks (those who are completing a Bachelor's degree), practicum students (those who are completing a Master's or Doctoral degree), doctoral interns (those who are completing a Doctoral degree), and Postdoctoral Fellows (those obtaining the needed training and supervision hours post-graduation for licensure). Furthermore, the department has licensed psychologists, licensed master's level psychologists, Postdoctoral Fellows, clinical therapists, and program consultants.

To learn information about living in the City of Larned including information about housing, please visit <http://www.cityoflarned.org/253/Moving-to-Larned>

For further information about LSH, a Facebook page is also available: <https://www.facebook.com/pages/Larned-State-Hospital/384780974931399>

[Many of our intern and post-doc classes have enjoyed exploring Kansas and the surrounding states. To learn more about travel and opportunities to visit unique sites in the state of Kansas, please visit: Kansas Hotels, Events, Things to Do, Restaurants & Travel Tools \(travelks.com\)](#)

## **PROGRAMS**

On PSP, all Postdoctoral Fellows will work with patients who are either voluntarily or involuntarily civilly committed by the court for inpatient treatment due to psychiatric issues causing them to be a danger to themselves/others or unable to adequately care for themselves without further intervention. On PSP, there are also forensic patients (those who were found not competent to stand trial or were moved to a less restrictive environment as a result of a lack of mental state decision by the court). Competency evaluations also are ordered to PSP. Postdoctoral Fellows will have the opportunity to work with patient populations that range from young adults to older adult patients in various units designed to meet the specific needs of patients based on the patients' age, current psychiatric functioning, and estimated length of stay. Postdoctoral Fellows will participate in initial diagnostic assessments, competency restoration, psychological testing, crisis intervention, behavior support plans, suicide risk assessments, comprehensive test battery administrations, report writing, and completing various reports for the court, ranging from civil commitment reports, guardianship reports, and forensic reports. Both report categories lead to the provision of expert testimony in various courts. Additionally, the PSP Fellow will serve treatment teams and conduct treatment planning meetings, in addition to assisting in the development and completion of individual treatment plans. Postdoctoral Fellows on PSP will also attend psychology specific meetings and meet with pre-doctoral interns on a weekly basis. Lastly, a Postdoctoral Fellow will conduct individual and group therapy.

On SSP, all Postdoctoral Fellows will be exposed to working with criminally committed patients. Postdoctoral Fellows will complete various forensic evaluations (e.g., competency to stand trial assessments, mental state at the time of the offense determinations, and pre-sentence evaluations).

Additionally, the SSP Fellow will serve as a treatment team facilitator and assist with treatment planning meetings and completion of individual treatment plans. It is likely a SSP Postdoctoral Fellow will testify in various court cases as requested. Postdoctoral Fellows on SSP will also attend required psychology meetings and meet with pre-doctoral interns on a weekly basis. Lastly, a Postdoctoral Fellow will conduct individual and group therapy, including a competency restoration group.

### **MISSION STATEMENT:**

The mission statement of Larned State Hospital (LSH) is: *To foster an environment that promotes security, dignity and independence for all Kansans.*

The mission statement of the LSH Psychology Postdoctoral Fellowship Program is: *To provide an integrated educational and supervisory approach in the on-going growth and maintenance of competent, proficient, scholar-practitioner modeled psychologists in service to Kansans in needs of mental health services*

### **TRAINING OVERVIEW**

#### **TRAINING PROGRAM**

Fellows receive a one year, 2000 hour training experience, generally from September through August. A temporary license is required (PSP)/preferred (SSP) at the start of the Postdoctoral Fellowship training year. This can be at the Masters level until one's degree is posted and license as a Temporary-Licensed Psychologist license (T-LP) is available. Furthermore, a Postdoctoral Fellow receives a salary of \$48,000/year with benefits (medical, dental, vision, etc.).

#### **INDIVIDUAL SUPERVISION**

Supervision for all Postdoctoral Fellows will be conducted in accordance with State of Kansas Statutes and Regulations for psychology licensure and Association of Psychology Postdoctoral and Internship Centers (APPIC) Guidelines for Postdoctoral Fellowships. Each Postdoctoral Fellow typically has one primary supervisor and a secondary supervisor who provides coverage in the absence of the primary supervisor. The assignment of primary supervisor for each Postdoctoral Fellow is a senior staff psychologist, who is licensed in the State of Kansas, and maintains clinical responsibility for the Fellow's caseload. Each Fellow receives two hours per week of individual supervision from the primary supervisor. Supervision focuses on brief and longer-term psychotherapy cases, intake evaluations, focused assessments, crisis intervention, group therapy, administration issues, supervision approaches, forensic report writing, forensic assessment, and case management. Supervisors and Postdoctoral Fellows agree to abide by a supervisory agreement.

#### **PEER CONSULTATION**

All Fellows will spend one hour a week in peer consultation with pre-doctoral interns and other students if available (clerks/practicum students). This aspect of the Postdoctoral experience focuses mainly on recognizing the realities of life as a new psychology professional, developing supervisory skills, and effectively managing job responsibilities in a large institution.

### GROUP SUPERVISION

All Fellows will spend one hour a week in group supervision.

### CASE CONFERENCES

Postdoctoral Fellows complete a minimum of two case conferences during the training program. Fellows will present their clinical work, such as a challenging therapy case or a complex evaluation. Treatment/assessment issues and client dynamics are discussed with other Fellows, psychology interns, and the senior staff member leading the training session.

### SEMINARS

Postdoctoral Fellows participate in a number of didactic training experiences while at Larned State Hospital. The training seminars are designed to enhance and supplement the learning that occurs through supervision and clinical experiences. They will also be expected to present at least one didactic training during their Fellowship year.

### DIRECT SERVICE

Each Postdoctoral Fellow is involved in a number of types of direct service during training including (but not limited to): diagnostic assessments, brief and long term psychotherapy with individuals, group therapy, crisis intervention, treatment planning meetings, psychological testing, clinical interview, court testimony, writing court reports, development and implementation of behavior support plans (when needed), forensic evaluations, and case management.

### ELECTIVE TRAINING EXPERIENCES

In addition to the training opportunities described above, Postdoctoral Fellows may choose to obtain training experiences through opportunities offered through the LSH department of Staff Development or attending off-site workshops. Elective trainings are typically matched to an individual trainee's area of interest.

NOTE: Each Postdoctoral Fellow's supervisor can approve additional authorized leave for attending scientific meetings/workshops/etc. with the expectation the Fellow shares information obtained with other staff (be it in a meeting, developing a training, etc.).

## **RESOURCES AVAILABLE TO FELLOWS**

LSH has an Information Technology (IT) department for computer and networking needs. Each Fellow has office space which includes a computer with Microsoft Word software, Internet and e-mail capabilities. Fellow's have the ability to reserve conference rooms/computer rooms for collaboration on projects and for consultation purposes that are located throughout the LSH campus. Additionally, Fellow's have access to fax machines, copiers, scanners, printers, telephones, tele-video conferencing (oftentimes used for court) and computerized scoring protocols for various psychological measures. Furthermore, the psychology department has an administrative assistant who provides hundreds of hours of service to the Postdoctoral Fellow program (assisting in setting up interviews, providing housing information, filing, providing mailing services, assisting with applications, addressing key assignments, etc.).

The psychology department has a resource library that Fellows can access. Furthermore, the psychology department has an administrative assistant who provides hundreds of hours of services to the Fellowship

### **SIGNING OFF ON HOURS**

Each Fellow is strongly encouraged to complete the entirety of the training experience for training faculty members to sign off on postdoctoral hours noting successful completion of the entire training experience, including the total number of required hours completed. The current program is set up to meet the licensure requirements not only in Kansas but in most states throughout the country as a Fellow is required to complete 2,000 hours over a 12-month period.

### **LARNED STATE HOSPITAL TRAINEE SELF-DISCLOSURE POLICY**

Training staff at Larned State Hospital values the power and complexity of the therapeutic relationship. Consequently, intervention, supervision, and training activities focus on the “person of the therapist” and how this may impact the quality and effectiveness of work with clients and consultants. Trainees may be asked to reflect upon and share the ways that their own personal qualities, reactions and experiences influence and are impacted by their clinical work in supervision and other training settings. Such exploration and disclosure is not intended to serve as psychotherapy for the trainee, and is focused on enhancing self-awareness and professional development as related to the trainee’s clinical practice during the training program. Supervisors and other training staff are expected to explore relevant information in a respectful, non-coercive manner, within the context of a safe and supportive professional relationship.

### **POSTDOCTORAL FELLOWSHIP SELECTION**

The Director of Training is responsible for coordinating the application and selection process. Applications are sent directly to the Director of Training’s Administrative Assistant, who holds the file until all materials have been received. LSH participates in the submission/review process of applications similar to the intern process (and sponsored by APPIC) while continuing to accept applications received directly from applicants’ email. We will continue to do so for subsequent training years. Phone, or Zoom interviews may be utilized to assist in the interview process. Applicants are notified of their interview status by phone and/or email. Final approval of all candidates is made by the Postdoctoral Fellowship selection committee (i.e., the Director of Training and the training faculty). Larned State Hospital adheres to the procedures established by APPIC for offering psychology Postdoctoral Fellowship positions. All offers are contingent upon completion of dissertation prior to the start date of the Fellowship year. If the dissertation is not completed, the offer may be withdrawn and that slot will be advertised and filled with a different applicant. The applications of individuals not accepted into the program are kept on file for a period of two years for administrative purposes.

Admission requirements include the completion of all professional doctoral degree requirements from a regionally accredited institution of higher education and completion of a predoctoral internship which meets, at minimum, the standards suggested by APPIC. This is defined as having, on the first day of the Fellowship, either the diploma in hand or a letter from the Director of Graduate Studies verifying the completion of all degree requirements for the doctorate, including coursework, dissertation, and the predoctoral internship. Furthermore, a Postdoctoral Fellow must

have a temporary license issued from the Kansas Behavioral Sciences Regulatory Board by the fourth week of the Fellowship (unless reasons from the Board dictate otherwise). License applications are processed by the Kansas Behavioral Sciences Regulatory Board (<https://ksbsrb.ks.gov/>) or (785) 296-3240.

A number of sources of information are used to assess candidates for the Postdoctoral Fellowship, including the letter of interest (which should include a statement of professional goals), Curriculum Vita, work sample, and letters of recommendation. Additionally, all applicants will participate in an interview with the training faculty. Selections are made without discrimination based on race, ethnicity, national origin, religion, gender, age, disability, gender identity, sexual orientation, or veteran's status.

Prior to beginning employment for the Fellowship, Postdoctoral Fellows who are hired ("contingent offer") by Larned State Hospital must successfully complete a pre-employment drug screening, have a recent physical completed, and pass a criminal background check, in accordance with Larned State Hospital policy at no cost to you. If selected for a position, the background check, which includes finger-printing, will be completed. Failure to successfully pass any of the pre-employment screens (criminal background check and drug screening) will result in retraction of the offer of employment at LSH. Certain felonies including those that have been expunged may show up on a background check and are considered not passing a background check. A positive drug screen will result in termination from the Postdoctoral Fellowship. If there are any questions regarding how previous convictions and current prescription use of medication may impact your ability to pass a KBI background check and/or a drug test, please contact LSH Human Resources at 620-285-4380.

## **COVID-19**

LSH will not require proof of vaccination status, but will rely upon self-attestation. Religious and medical exemptions are available.

## **APPLICATION PROCESS**

Prior to selection, the following material needs to be submitted via the on-line website sponsored by APPIC:

- Statement of interest
- Current Curriculum Vita
- Copy of graduate transcript
- Three letters of reference
- One redacted report

## **APPLICATION DEADLINE**

Application materials are due the first week of January with interviews typically occurring in late January early February. Applications will continue to be accepted until all positions are filled.



## **POSTDOCTORAL FELLOWSHIP CREDIT**

The 2024-2025 LSH Postdoctoral Fellowship is a full time (minimum 40 hours a week), 12-month program resulting in 2,000 training hours. Postdoctoral Fellows earn 3.7 hours of sick and 3.7 hours of vacation each pay period (every two weeks). Individuals who satisfactorily complete the program receive a certificate reflecting their accomplishment.

**Note: You cannot complete more than one Postdoctoral training experience at LSH.**

Credit toward fulfilling the requirements of state certification or licensure is a decision made by the Board of Examiners wherein application is being made. If, for whatever reason, a Fellow's participation in the LSH Postdoctoral Fellowship is terminated prior to completing the full 12-month program, it is our policy to provide the Postdoctoral Fellow and any subsequent legitimate inquirers (such as a State Board of Examiners) a statement which:

1. Documents the amount of time the Postdoctoral Fellow was in the program
2. Indicates the Postdoctoral Fellow's status within the program at the time of termination
3. Reflects the reasons for the termination
4. Summarizes the evaluations of the Postdoctoral Fellow's supervisors

## **PROFESSIONAL LIABILITY INSURANCE**

Postdoctoral Fellows will be provided professional liability coverage through LSH.

## **EMPLOYMENT OF POSTDOCTORAL FELLOWS**

The practice of psychology by a LSH psychology Postdoctoral Fellow is governed by the following documents:

1. APA code of ethics
2. Kansas State Laws
3. Kansas Department for Aging and Disability Services Policies and Procedures
4. Kansas Behavioral Sciences Regulatory Board ([www.ksbsrb.org](http://www.ksbsrb.org))
5. Larned State Hospital Policies and Procedures
6. Larned State Hospital Postdoctoral Handbook

In accordance with the rules, regulations and policies contained in the above documents, a psychology Postdoctoral Fellow may not practice psychology at any level within the State of Kansas without direct supervision by a licensed psychologist who is employed at Larned State Hospital. The Postdoctoral Fellow must be in receipt of a temporary Kansas psychologist license within four weeks of start date of the Fellowship, though extensions may be permitted on a case-by-case basis past the four week period. Application for temporary licensure must be made to the Kansas Behavioral Sciences Regulatory Board (<https://ksbsrb.ks.gov/>) or (785) 296-3240.

Supervision will include a co-signature for all entries into the medical record as well as any psychological/court reports written. Postdoctoral Fellows will be provided with a spreadsheet, if

desired, to track hours spent at the hospital. The Postdoctoral Fellow is responsible for reviewing these hours with their direct supervisor.

## **HIPAA/PATIENT RIGHTS**

LSH has an extensive set of policies in place to protect patient rights, including informed consent, confidentiality, and privacy of patient records. A Health Insurance Portability and Accountability Act (HIPAA) privacy officer and a KDADS attorney are both on-site to consult on such matters. Our Central Information Management department maintains a Documentation Systems Manual that outlines documentation requirements. Additionally, LSH maintains an Intranet where all policies and procedures can be found. All Postdoctoral Fellows will attend the hospital orientation where she/he will receive an overview of these policies. In addition, there is a departmental orientation that will also provide the Postdoctoral Fellow information about LSH policies/procedures. Postdoctoral Fellows are expected to follow all LSH, program, and departmental policies. We encourage Postdoctoral Fellows to read all hospital and departmental policies as well as the policies for their assigned programs.

## **ROUTINE FELLOW EVALUATIONS**

Postdoctoral Fellows receive 2 written (Postdoctoral Fellow Evaluation form, included in this manual) per year, the first at 6 months and the second at the end of the Fellowship. Each Fellow's evaluation is completed by the primary supervisor and is discussed in a supervision session when the written evaluation is delivered to the Fellow. In the event of a significant, unresolved disagreement regarding the results of a Fellow Evaluation, please review the grievance procedures to seek resolution.

## **GRIEVANCES**

In the event a Postdoctoral Fellow encounters any difficulties or problems (e.g. inadequate supervision, unavailability of supervisor, evaluations perceived to be unfair, workload issues, personality clashes, conflict with other staff) during the Postdoctoral Fellowship, the Postdoctoral Fellow should:

### **A. Process**

1. Discuss the issue with the staff member(s) involved.
2. If the issue cannot be resolved informally, the Postdoctoral Fellow should discuss the concern with the Training Director or a training supervisor.
3. If the Training Director or training supervisor cannot resolve the issue, the Postdoctoral Fellow can formally challenge any action or decision taken by the Training Director, the supervisor, or any member of the training faculty by following this procedure:
  - a. The Postdoctoral Fellow will file a formal complaint, in writing, including all supporting documents, with the Training Director. If the Postdoctoral Fellow is challenging a formal evaluation, the Postdoctoral Fellow must do so within five (5) days of receipt of the evaluation.

- b. Within three (3) days of a formal complaint, the Training Director must consult with the Clinical Director and/or Superintendent and implement the Review Panel procedures as described below.

**B. Review Panel**

1. When needed, a review panel will be convened by the Training Director (or program Clinical Director if the grievance pertains to the Training Director). The panel will consist of three staff members selected by the Training Director (or program Clinical Director if the grievance pertains to the Training Director) with recommendations from the Clinical Director and/or Superintendent and the Postdoctoral Fellow involved in the dispute. The Postdoctoral Fellow has the right to hear all facts with the opportunity to dispute or explain the behavior of concern during the review panel hearing.
2. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. All individual involved in the dispute will be informed of the hearing date, time, and location via email/letter. Within three (3) working days of the completion of the review, the Review Panel submits a written report to the Training Director (or program Clinical Director if the grievance pertains to the Training Director), including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within three (3) working days of receipt of the recommendation, the Training Director (or Clinical Director) will either accept or reject the Review Panel's recommendations. If the Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director (or Clinical Director) may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the Training Director (or Clinical Director) within five (5) working days of the receipt of the Training Director's (or Clinical Director's) request of further deliberation. The Training Director (or Clinical Director) then makes a final decision regarding what action is to be taken.
5. The Training Director (or Clinical Director) informs the Postdoctoral Fellow, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken, verbally and in writing.
6. If the Postdoctoral Fellow disputes the Training Director's (or Clinical Director's) final decision, the Postdoctoral Fellow has the right to consider an appeal to the program Clinical Director/Superintendent.
7. If the Postdoctoral Fellow elects to file an appeal to the program Clinical Director/Superintendent, the Postdoctoral Fellow will submit the appeal in writing, including any supporting documentation, to the program Clinical Director/Superintendent.
8. Within 5 working days, the program Clinical Director/Superintendent will set a review session with the Postdoctoral Fellow, during which the facts of the case, any rebuttal or additional information, and the program Clinical Director/Superintendent's recommendation for resolution is discussed. The results of this session are documented in writing, signed by both parties, and forwarded to the Training Director for implementation.

## **DUE PROCESS PROCEDURES**

This section provides Postdoctoral Fellows and staff an overview of the identification and management of Postdoctoral Fellows problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. Due Process is utilized when a Postdoctoral Fellows behavior is deemed to be problematic by clinical training faculty. During the first two weeks of Postdoctoral Fellowship, Postdoctoral Fellows are informed of the program's expectations related to professional behavior, both in conversation with their supervisors and in writing. Additionally, professionalism is addressed on an ongoing basis, in both group and individual supervision.

### **I. Definition of Problematic Behavior**

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; 3) lack of preparedness due to academic experience and/or 4) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when a Postdoctoral Fellow's behavior becomes problematic rather than of concern. Postdoctoral Fellows may exhibit behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

Problems typically become identified when they include one or more of the following characteristics:

1. The Postdoctoral Fellow does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the Postdoctoral Fellow is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The Postdoctoral Fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

### **II. Remediation and Sanction Alternatives**

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the Postdoctoral Fellow, the clients involved, members of the Postdoctoral training group, the training faculty, and other agency personnel. A progressive remediation/sanction process will be used when necessary during the Postdoctoral Fellowship experience.

The following steps will be employed:

1. Verbal Warning to the Postdoctoral Fellowship emphasizes the need to discontinue the inappropriate behavior under discussion. The Fellow is informed of the inappropriate behavior during the first individual supervision following the supervisor's awareness of the problematic behavior (within 7 days). No record of this action is kept. If the inappropriate behavior continues, within one week (7 days) of the next incident, the Postdoctoral Fellow will receive a written acknowledgement.

2. Written Acknowledgment to the Postdoctoral Fellow formally acknowledges:

- a) That the Training Director is aware of and concerned with the performance rating,
- b) That the concern has been brought to the attention of the Postdoctoral Fellow,
- c) That the Training Director will work with the Postdoctoral Fellow to rectify the problem or skill deficits, and
- d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the Postdoctoral Fellow's file when the Postdoctoral Fellow responds to the concerns and successfully completes the Fellowship. If there is a third incident of the inappropriate behavior, within one week (7 days) of the third incident, Step 3, Written Warning/Letter will be initiated.

3. Written Warning and Remediation Plan will be presented to the Postdoctoral Fellow verbally and in writing, which indicates the need to discontinue the inappropriate action or behavior and provides the means by which the Postdoctoral Fellow may be assisted in doing so. This letter will contain:

- a) A description of the Postdoctoral Fellows' unsatisfactory performance,
- b) Actions needed to be completed by the Postdoctoral Fellow to correct the unsatisfactory behavior as determined by the primary supervisor,
- c) The time line for correcting the problem,
- d) What action(s) will be taken if the problem is not corrected, and
- e) Notification that the Postdoctoral Fellow has the right to request a review of this action.

A copy of this letter will be kept in the Fellow's file. Consideration may be given to removing this letter at the end of the Postdoctoral Fellowship by the Training Director in consultation with the Fellow's primary supervisor. If the letter is to remain in the file, documentation will contain the position statements of the parties involved in the dispute.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the Postdoctoral Fellow to a more fully functioning state. Modifying a Postdoctoral Fellow schedule is an accommodation made to assist the Fellow in responding to personal reactions to environmental stress, with the full expectation that the Postdoctoral Fellow will complete the Postdoctoral Fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director.

Several possible and perhaps concurrent courses of action may be included in modifying a schedule such as:

- a) Increasing the amount of supervision, either with the same or other supervisors,
- b) Change in the format, emphasis, and/or focus of supervision,
- c) Recommending personal therapy,
- d) Reducing the Postdoctoral Fellows' clinical or other workload,
- e) Requiring specific academic coursework.

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

5. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the Postdoctoral Fellow to complete the Fellowship and to return the Postdoctoral Fellow to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors for a specific length of time the degree to which the Postdoctoral Fellow addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The postdoc is informed of the probation in a written statement which includes:

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

If the Training Director determines that there has not been sufficient improvement in the Postdoctoral Fellows' behavior to remove the Remediation Plan, Probation, or modified schedule, then the Training Director will discuss with the primary supervisor the possible courses of action to be taken. The Training Director will communicate in writing to the Postdoctoral Fellow that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative.

6. Suspension of Direct Service Activities requires a determination that the welfare of the Postdoctoral Fellow's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the training supervisor. At the end of the suspension period, the Postdoctoral Fellow's supervisor, in consultation with the Training Director, will assess the Postdoctoral Fellow's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Suspension of Direct Service Activities or Administrative Leave interferes with the successful completion of the training hours needed for completion of the Postdoctoral

Fellowship, this will be noted in the Postdoctoral Fellow's file. The Training Director will inform the Postdoctoral Fellow of the effects the administrative leave will have on the Postdoctoral Fellow's stipend and accrual of benefits.

8. Dismissal from the Postdoctoral Fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the post doc seems unable or unwilling to alter the problematic behavior, the Training Director will discuss with the training faculty, Director of Human Resources, the hospital Superintendent, and the program Clinical Director the possibility of termination from the Postdoctoral Fellowship program. Either administrative leave or dismissal would be invoked immediately in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a patient is a major factor.

### **III. Procedures for Responding to Inadequate Performance by a Postdoctoral Fellow**

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

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Training Director is not the Postdoctoral Fellow's primary supervisor, the Training Director will discuss the concern with the Postdoctoral Fellow's primary supervisor.
3. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
  - a. The Training Director will meet with the training faculty to discuss the performance rating or the concern.
  - b. The Training Director will meet with the program Clinical Director to discuss the concerns and possible courses of action to be taken to address the issues.
4. Whenever a decision has been made by the Training Director about a Postdoctoral Fellow's training program or status in the agency, the Training Director will inform the Postdoctoral Fellow in writing and will meet with the Postdoctoral Fellow to review the decision. This meeting may include the Postdoctoral Fellow's primary supervisor. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
5. The Postdoctoral Fellow may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

### **IV. Due Process**

Due process ensures that decisions about a Postdoctoral Fellow are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are

applied to all Postdoctoral Fellow, and provide appropriate appeal procedures available to the Postdoctoral Fellow. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the Postdoctoral Fellow, verbally and in writing, the program's expectations related to professional functioning—discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations will occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the Postdoctoral Fellow which describes how the Postdoctoral Fellow may appeal the program's action. Such procedures are included in the Postdoctoral Fellowship Handbook. The Postdoctoral Fellowship Handbook is provided to Postdoctoral Fellow and reviewed during orientation.
6. Ensuring that Postdoctoral Fellow have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the Postdoctoral Fellow's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

**A. Procedures:** The basic meaning of due process is to inform and provide a framework to formally challenge any disciplinary action or decision taken by the primary supervisor and Training Director when a Postdoctoral Fellow is in disagreement with the determination.

1. The Postdoctoral Fellow will file a formal complaint, in writing and with all supporting documents, with the Training Director. If the Postdoctoral Fellow is challenging a formal evaluation, the Postdoctoral Fellow must do so within five (5) days of receipt of the evaluation.
2. Within three (3) days of receiving a formal complaint, the Training Director must consult with the program Clinical Director and/or Superintendent and implement the Review Panel procedures, as described below.

**B. Review Panel and Process**

1. When needed, a review panel will be convened by the Training Director. The panel will consist of three staff members selected by the Training Director with recommendations from the Clinical Director and/or Superintendent and the Postdoctoral Fellow involved in the dispute. The Postdoctoral Fellow has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) working days of the completion of the review, the Review Panel submits a written report to the Training Director, including any



- recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within three (3) working days of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
  4. If referred back to the panel, they will report back to the Training Director within five (5) working days of the receipt of the Training Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken.
  5. The Training Director informs the Postdoctoral Fellow, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.
  6. If the Postdoctoral Fellow disputes the Training Director's final decision, the post doc has the right to consider an appeal to the program Clinical Director/Superintendent.
  7. If the Postdoctoral Fellow elects to file an appeal to the program Clinical Director/Superintendent, the Postdoctoral Fellow will submit the appeal in writing, including any supporting documentation, to the program Clinical Director/Superintendent.
  8. Within 5 working days, the program Clinical Director/Superintendent will set a review session with the Postdoctoral Fellow, during which the facts of the case, any rebuttal or additional information, and the program Clinical Director/Superintendent's recommendation for resolution is discussed. The results of this session are documented in writing, signed by both parties, and forwarded to the Training Director for implementation.

### **POLICY ON SOCIAL MEDIA**

LSH is a teaching facility that provides psychology students/Interns/Postdoctorate Fellows with required experience to fulfill educational and licensure obligations. This guideline is intended to notify such persons, both applying to the training program and those currently in the program, that they are personally responsible for all content they publish in blogs, wikis, social networks, forum boards, and other forms of user-generated media. This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google, including search results for social media sites like Facebook, MySpace, X (formerly known as Twitter), Instagram, TikTok, LinkedIn, etc. LSH does not have permission to perform an in-depth investigation or require students/Interns/Postdoctorate Fellows to disclose Internet passwords. Additionally, an applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws.

Public information posted on social networking sites may be considered and evaluated as to how it reflects professionalism by LSH Training Faculty. It's important to remember that all content contributed to online platforms becomes immediately searchable and is immediately shared. This content may leave the contributing individual's control forever and may be traced back to the individual even after long periods of time have passed. Let this serve to notify those both considering applying to this training program as well as to those currently enrolled that information posted on social networking sites may be considered and evaluated as to how it reflects your professionalism. Professionalism is considered a core competency of psychology. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.

LSH has the responsibility to protect future patients from harm by ensuring that all applicants and psychology students/Interns/Postdoctorate Fellows are fit to practice interpersonal psychotherapy. Therefore, public information obtained via the Internet may be used by appropriate LSH staff to evaluate applicants and their behaviors which may be indicative of competence problems, poor professionalism, or poor interpersonal judgment. Such practice is consistent with the role played by training programs as gatekeepers to the profession and the evaluation may result in adverse actions. Examples of troubling behavior include acts of discrimination, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of psychology.

Principle E of the Ethical Code for Psychologists (2002) states in part that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty is respectful of individuals' reasonable right to privacy, even on a medium as inherently public as the Internet. However, it is the responsibility of applicants and current students to decide what information about themselves they want shared with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to "dig" for information that individuals are making a reasonable attempt to keep private.

When problematic behavior or information is identified, it shall be reviewed and discussed by the LSH Training Faculty for any implications it has for the professional practice of psychology and potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist. The following criteria will be used: What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the LSH training program? How and in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior? Alleged offenders will be contacted so as to provide an explanation for the obtained information and to permit the individual to contextualize and explain the information uncovered. From this determination, options will be developed; these options include, but are not limited to, denial of an interview or entry to the program, remedial training, or other interventions to address professionalism.

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand or address the problematic behavior when it is identified. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by training. The behavior has the potential for ethical or legal ramifications, if not addressed. The individual's behavior negatively affects the public image of the agency, university, or the training site.

LSH adheres to a social media policy set forth by the Department of Administration. Postdoctoral Fellows who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, Postdoctoral Fellows should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Postdoctoral Fellows should consider limiting the amount of personal information posted on these sites, and should never include patients as part of their social network, or include any information that might lead to the identification of a patient, or compromise patient confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. As a preventive measure, the program advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: <https://www.apa.org/about/social-media-policy> and [https://www.apaservices.org/practice/business/podcasts/social-media?\\_ga=2.166793214.1969493254.1600185198-1120025928.1598552574](https://www.apaservices.org/practice/business/podcasts/social-media?_ga=2.166793214.1969493254.1600185198-1120025928.1598552574)

### **TRAINING GOALS**

The Postdoctoral Fellowship at Larned State Hospital provides supervised training for recent graduates of clinical psychology doctoral programs. The primary training objective of the program is to allow Postdoctoral Fellows to develop advanced skills in the multiple roles and functions of a competent clinical psychologist.

The general goals for the overall program are:

- To provide each Postdoctoral Fellow with an opportunity to enhance and expand psychotherapy, assessment, clinical supervision, consultation and outreach, teaching, and crisis management skills, in preparation for autonomous functioning as a licensed psychologist.
- To promote each Postdoctoral Fellow’s awareness of the ethical and cultural factors impacting his/her work with clients and organizations.
- To prepare each Postdoctoral Fellow to assume the role and identity of a psychologist in a variety of professional settings, with particular emphasis on civil and forensic populations.

In addition to these general goals, each Postdoctoral Fellow, in conjunction with the primary supervisor, develops individual goals for the training year.

In order to complete the Fellowship successfully, it is expected that each Postdoctoral Fellow will achieve advanced clinical skills in psychotherapy (which may include individual and group modalities), crisis intervention, assessment/diagnosis, treatment planning, outreach and consultation, and provision of clinical supervision. Specific goals and competencies for the Fellowship are listed in the section below. In addition to these goals, program specific goals can be developed and implemented by each postdoctoral Fellow with their supervisor.

Goal #1: Fellows will develop advanced levels of competence in clinical and consultative work. Specific competencies to be achieved include:

#### Assessment/Evaluation:

- Can develop hypotheses concerning client behavior and dynamics
- Verbal and written conceptualizations convey essential elements of client dynamics
- Knows when to seek further information to conceptualize the client
- Incorporates nonverbal/process components of behavior in formulating client assessments
- Knows when to seek further information to conceptualize the client
- Incorporates nonverbal/process components of behavior in formulating client assessments
- Demonstrates competence using diagnostic criteria (DSM -5 and modifications)
- Bases conceptualization and diagnosis on sound psychological theory

#### Psychotherapy/Case Management:

- Can employ basic interviewing skills, including initiating/terminating the interview
- Can explore client feelings
- Deals with client behavior in a nonjudgmental manner
- Selects interventions based on client needs
- Develops effective relationships with clients
- Develops goals appropriate for client issues
- Treatment planning incorporates realistic goals for short vs. longer term therapy
- Uses silence effectively
- Can provide both positive and negative feedback
- Can explore therapeutic process issues effectively with clients
- Awareness of group process and dynamics
- Able to intervene effectively in group therapy.

#### Consultation and Outreach

- Establishes and maintains positive consultative relationships
- Provides effective outreach programming to diverse constituents
- Demonstrates understanding of the consultative role
- Assists those consulted in managing crises or potential crises

#### Crisis Intervention:

- Can appropriately assess crisis situations
- Can appropriately intervene during crisis situations
- Seeks consultation or supervision when encountering crisis situations as needed
- Provides appropriate follow-up
- Effectively makes referrals to campus and community resources

#### Ethical/Legal Principles:

- Understands abuse reporting mandates
- Seeks consultation/supervision regarding legal mandates
- Knowledge of ethical standards
- Ability to apply ethical guidelines (demonstrates ethical behavior)
- Provides up to date case notes and/or assessment forms
- Demonstrates awareness of the hospital's limitations and assets.
- Duty to warn

Self-awareness:

- Monitors and recognizes one's own limitations as a counselor/psychotherapist
- Recognizes own personal strengths, weaknesses, biases, needs and beliefs
- Is aware of own feelings toward the client
- Understand client's impact on self
- Understand supervisor's impact on self
- Understands personal impact on client

Goal #2: Fellow will develop advanced cultural competence and demonstrate this competence in clinical and consultative work. Specific competencies to be achieved include:

Cultural Diversity and Cultural Competence:

- Demonstrates ability to incorporate ethnic, cultural, gender, socioeconomic, sexual orientation or other diversity when conceptualizing and diagnosing client dynamics
- Is competent using differential therapy techniques with client from varying ethnic, cultural and lifestyle backgrounds
- Takes into account individual differences in treatment planning
- Demonstrates awareness of how own cultural identity might affect treatment
- Comfortable and competent working with clients from diverse/dissimilar cultural group(s)

Goal #3: Postdoctoral Fellow will demonstrate advanced development of professional identity as a psychologist and the roles related to functioning as a psychologist. Specific competencies to be achieved include:

Providing Supervision and Teaching (**when applicable**):

- Uses theory appropriately to guide supervisee's (practicum/clerk students only) treatment planning, conceptualization and intervention
- Understands process issues related to providing supervision
- Maintains appropriate boundaries with supervisee
- Able to provide positive and negative feedback to supervisee in a supportive manner
- Aware of how own process and issues impact the supervisory relationship
- Assists supervisee in meeting ethical guidelines and standards of care
- Provides appropriate instruction to practicum students on clinical and professional development topics.

Research:

- Maintains awareness of research which is relevant to clinical and consultative work

Use of Supervision/Staff Relations:

- Open to evaluation and feedback
- Willing to take risks and acknowledge troublesome areas and make mistakes
- Exhibits effective use of supervisory time
- Takes the initiative, actively participates in supervision
- Communicates self to the supervisor when appropriate (transparency)

- Displays a willingness to be assertive and does not inappropriately defer to supervisor
- Has an understanding of feelings toward authority figures
- Applies what is discussed in supervision to interactions with clients
- Relates effectively with other trainees and staff

Each postdoctoral Fellow is involved in a number of activities during the training year with the goal of developing competence and meeting the objectives of the Postdoctoral Fellowship.

In general, these include:

- Conducting assessments
- Providing brief psychotherapy with individuals
- Group therapy
- Providing longer-term psychotherapy
- Crisis Intervention
- Treatment planning
- Report writing
- Providing consultation to individuals and organizations
- Court reports and testimony
- Instruction and supervision of students (**when applicable**)

Specific Programs will have additional activities which are pertinent to the practice of that specialty of Psychology. Namely, State Security Program and Psychiatric Services Program will provide the postdoctoral Fellow with an additional specific skill set in addition to the basic global activities.

Postdoctoral Fellowship Log of Hours (Sent in an Excel spreadsheet)  
Turn in at the end of every month beginning in September

Larned State Hospital: <b>Weekly Hours</b>						Date:
Postdoctoral Fellow:						
Supervised Hours for the Week of _____	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Direct Service:						
Individual						
Group						
Staffing (patient present)						
Testing & Assessment						
Psych-Education Presentations						
Other: (e.g., Managing Token Store)						
Subtotals						
Other Activities:						
Training Received						
Case Management						
Assessment Interpretation & Report Writing						
Staff Meetings						
Professional Development						
Charting						
Miscellaneous Paper Work						
Record Review						
Other:						
Subtotals						
Supervision Received						
Face to Face, Individual with Primary Supervisor						
Group Supervision						
Face to Face, Individual with Secondary Supervisor						
Subtotals						
Totals						

## LSH PSYCHOLOGY POSTDOCTORAL FELLOWSHIP EVALUATION

This form has two parts. Part I requests general information about the postdoctoral Fellowship setting. Part II requests information about your supervisor. This form is to be returned to the Psychology Department Administrative Assistant. This form must be completed in order to receive credit for completion of your Postdoctoral Fellowship year (Due the last day of the Fellowship).

### Part I

#### 1. Identification

a) Primary supervisor: \_\_\_\_\_

#### 2. Description of Activities

What percent (%) of your working time did you spend within the following activities?

a) *Assessment:*

Interviewing \_\_\_\_\_

Testing \_\_\_\_\_

Other \_\_\_\_\_

Subtotal for assessment \_\_\_\_\_

b) *Treatment:*

Individual psychotherapy \_\_\_\_\_

Group psychotherapy \_\_\_\_\_

Consultation to clients \_\_\_\_\_

Other (specify): \_\_\_\_\_

Subtotal for treatment \_\_\_\_\_

c) *Administration* (e.g., administrative meetings, policy sessions, memo writing, compiling statistics) \_\_\_\_\_

d) *Study and research* (article review and research) \_\_\_\_\_

e) *Supervision and Consultation* (e.g., individual/group supervision, case conference) \_\_\_\_\_

f) Time at the **Postdoctoral Fellowship** in which you found little to do \_\_\_\_\_

GRAND TOTAL (should equal) 100%

#### 3. Description of Patients

a) What percent (%) of your **Postdoctoral Fellowship** time was spent with the following age groups?

Adults (19-65) \_\_\_\_\_

Older adults (>65) \_\_\_\_\_

TOTAL 100%

b) During what percent of your time did you work with the following diagnoses:

Schizophrenia & other psychotic disorders \_\_\_\_\_

Mood disorders \_\_\_\_\_

Anxiety disorders \_\_\_\_\_

Substance use disorders \_\_\_\_\_

Personality disorders \_\_\_\_\_

Neurocognitive Disorders \_\_\_\_\_

Mental retardation \_\_\_\_\_



Other: \_\_\_\_\_

4. Congruence of experience with expectations

a) Compared to your expectations when you agreed to take on this **Postdoctoral Fellowship** experience, did you put in:

More hours than anticipated \_\_\_\_\_

About the number of hours anticipated \_\_\_\_\_

Fewer hours than anticipated \_\_\_\_\_

Comments:

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b) Were the activities of the **Postdoctoral Fellowship**:

As you expected \_\_\_\_\_

Different from what you expected \_\_\_\_\_

Comments:

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c) Did you feel able to negotiate with representatives of the site when your expectations or needs were different from the experiences you were having?

Yes \_\_\_\_\_

No \_\_\_\_\_

Sometimes \_\_\_\_\_

Not relevant \_\_\_\_\_

Comments:

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5. Exposure to other professionals

Did you have contact with professionals from other disciplines?

A lot \_\_\_\_\_

Occasionally \_\_\_\_\_

Very little \_\_\_\_\_

None at all \_\_\_\_\_

Would you have liked the opportunity for more contact with other disciplines?

What I had was sufficient \_\_\_\_\_

I would have wanted more contact \_\_\_\_\_

Comments:

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**Part II**

The items below ask for ratings and comments about your experience with your primary supervisor (please make copies as needed).

1. Supervisory Responsibilities: (e.g., punctuality, keeping appointments, providing the supervisory time you had been scheduled to receive).

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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2. Interests: (e.g., in supervision, involvement in student's progress as therapist).

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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3. Openness and Supportiveness: (e.g., warmth, empathy, absence of interfering biases or "defenses").

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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4. Adequacy of Teaching Methods: (this may, but does not necessarily have to include such things as providing demonstrations, role playing, direct suggestions or information, feedback on session tapes and readings).

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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5. Provision of Feedback during the course of the year: (e.g., providing feedback on day-to-day handling of cases, therapist presentation, general progress of therapist).

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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6. Helpfulness of ongoing feedback:

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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7. Supervisor's Level of Knowledge: (e.g., knowledge of relevant research, resourcefulness, adequacy as a role model, clinical skills).

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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8. At the end of the postdoctoral Fellowship, how did the supervisor provide you with an overall evaluation of your work?

\_\_\_\_\_ Verbal Feedback \_\_\_\_\_ both  
\_\_\_\_\_ Written Feedback \_\_\_\_\_ Neither

9. How much do you feel you have learned from this supervisor?

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1	2	3	4	5
Nothing	A little bit	Satisfactory	Above average	Tons

Comments:

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10. How would you rate the overall quality of this supervisor?

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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11. Exposure to other supervisors

a) How much contact did you have with other supervisors?

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1	2	3	4	5
None	Very little	Satisfactory	Frequently	All the time

Comments:

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12. How would you rate the availability of physical resources (e.g., books, tests, materials, computers, etc).

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1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

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13. Do you have any additional comments on quality of supervision, your experience within the setting, etc.? Do you have any suggestions regarding how the **Postdoctoral Fellowship** experience in this setting might be improved in the future?

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Larned State Hospital  
Psychology Postdoctoral Fellowship Supervision Agreement

This is an agreement between \_\_\_\_\_ (Postdoctoral Fellow) and \_\_\_\_\_ (Supervisor) and Larned State Hospital. Both parties agree to the following:

This supervisory arrangement is established for the following purpose(s): to establish new competencies and provide an opportunity in **developing** professional development in the field of psychology. To the degree to which each party exercises control, it is the responsibility of both the supervisor and supervisee to ensure that the terms and conditions of the proposed supervision meet all requirements consistent with the above stated purpose of the supervised experience.

The term of supervision will be from \_\_\_\_\_ **to** \_\_\_\_\_.

Supervisee is expected to work 40 hours/week in professional activities being supervised, with **2 hours of 1:1 supervision/week from the primary supervisor and 1 hour of group supervision**. The primary supervisor shall retain responsibility for oversight of the delegated work. (Delegated supervision may entail assigning a portion of the supervisee's work to the oversight of someone with specialty competency in an area of supervisee interest such as assessment or a treatment modality or an ethnic population, as examples. Group supervision may involve additional supervisees of the same discipline or a treatment team, as examples.)

No agent, associate, or employee furnished by either party shall be construed to be an agent, associate, or employee of the other party. This Agreement shall not be construed as a partnership, a partnership agreement, a contract of employment, a joint venture or a profit sharing agreement. Neither party has the authority to obligate the other to any additional undertaking or commitment whatsoever.

\_\_\_\_\_ (Postdoctoral Fellow) is receiving a salary of **\$48,006.40 with benefits**.

Both parties have reviewed and consent to written policies and practices concerning client record keeping and access to records, documenting of supervised activities, documenting of supervision, confidentiality of client information and exceptions to confidentiality, handling of client emergencies and terminations, reporting of identity and supervised status of service provider, the indication of supervised status on all documents and reports, informing clients of provider's supervised status, and obtaining appropriate client informed consent.

Both parties agree to keep one another informed of all the facts about any alleged injury from the care or treatment of any patient and, subject to the terms of the malpractice policies, cooperate with each other in the conduct of the defense of any such claim.

Both parties agree to keep one another informed of changes, which may affect any of the terms of this Contract. Modifications to this Contract may be made with agreement of both parties. This Contract may be terminated by either party with 2 weeks' notice (except where earlier termination is reasonably necessary due to emergency circumstances). Any dispute arising between the parties regarding the enforcement or application of this Agreement must follow the due process procedure.

The Supervisor agrees to the following:

The supervisor will strive toward avoid any problematic dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. If a dual or multiple relationship does exist, the supervisor is responsible for explaining how the said relationship does not hamper objectivity or exploit the supervisee and the means developed to prevent/resolve any problems, which may arise from the said relationship.

The supervisor is responsible for the professional services provided by individuals under his/her supervision. The supervisor will assign to the supervisee only such tasks as the parties agree that the supervisee is competent to deliver by reason of the supervisee's training and experience. The supervisor will assign activities and delegate supervision in a manner consistent with the purpose(s) of this supervision contract, applicable state and federal law and the requirements of any applicable third-party payer program. Proposed supervisee activities are as follows: co-facilitating psychoeducational groups, shadowing various psychologists while conducting assessments and treatment, completing summaries for evaluation purposes, and collecting research articles in a field of interest. The back-up supervisor in case of emergency or absence of primary supervisor is your secondary supervisor. The supervisor will document supervision in the following manner: Contact log.

The supervisor will continually evaluate the appropriateness of the services rendered and the professional development of the supervisee. Formal evaluation of the supervisee will occur on an on-going basis according to the procedures outlined in this handbook. The supervisor proposes the following nature/style/manner of providing supervision to the supervisee: face-to-face, direct observation.

Appropriate space, equipment, and support services will be provided to the supervisee. The supervisor will maintain the following credentials in good standing: PhD or PsyD and LP. In accordance with APPIC standards the designated supervisor(s) will have a valid had a valid LP license for a minimum of two years. It is understood that the supervisory relationship must be terminated during any time the supervisor's license or other required credential(s) are suspended or subject to other disciplinary sanctions. The supervisor will ensure the supervisee uses a title indicating the appropriate training status (Postdoctoral Fellow). Supervision will normally take place at the same site the supervisee's services are delivered.

The Supervisee agrees to the following:

The supervisee will document supervised activities in the following manner: Contact Log.

The supervisee will follow all ethical codes, legal requirements, and office policies.

The supervisee will inform all patients of the supervised status of the treatment provider and obtain patient consent prior to the commencement of services. The supervisee will ensure the supervised status is documented on all written reports.

The supervisee will consider the supervised experience as a learning opportunity and seek the benefit of the supervisor's instruction and oversight.

I have read the above, had an opportunity to discuss related questions, and agree to the provisions set forth.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Date

LARNED STATE HOSPITAL  
POSTDOCTORAL FELLOW EVALUATION FORM

Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Evaluation (please check correct evaluation period):

- 1<sup>st</sup> (6 months)
- 2<sup>nd</sup> (12 months)
- Other (Specify: \_\_\_\_\_)

Please check the methods of intern assessment during this rating period:

- |  |                                 |
|--|---------------------------------|
| _____ Direct Observation                 | _____ Review of Written Work    |
| _____ Videotape                          | _____ Review of Raw Test Data   |
| _____ Discussion of Clinical Interaction | _____ Comments from Other Staff |
| _____ Case Presentation                  | _____ Other (Specify: _____)    |

Rate your supervisee using the following scale:

U = Unsatisfactory    NI = Needs Improvement    S = Satisfactory    EE = Exceeds Expectations    E = Exceptional

Goal #1: Fellows will develop advanced levels of competence in clinical and consultative work.  
Specific competencies to be achieved include:

1. Assessment/Evaluation:

- \_\_\_ Can develop hypotheses concerning client behavior and dynamics
- \_\_\_ Verbal and written conceptualizations convey essential elements of client dynamics
- \_\_\_ Knows when to seek further information to conceptualize the client
- \_\_\_ Incorporates nonverbal/process components of behavior in formulating client assessments
- \_\_\_ Knows when to incorporate psychological testing into the therapy process
- \_\_\_ Uses and interprets personality tests with proficiency
- \_\_\_ Can appropriately communicate test findings in verbal and written manner
- \_\_\_ Demonstrates competence using diagnostic criteria (DSM 5)
- \_\_\_ Can make differential diagnosis
- \_\_\_ Bases conceptualization and diagnosis on sound psychological theory

Comments:

## 2. Psychotherapy/Case Management

- Can employ basic interviewing skills, including initiating/terminating the interview
- Can explore client feelings
- Deals with client behavior in a nonjudgmental manner
- Selects interventions based on client needs
- Develops effective relationships with clients
- Develops goals appropriate for client issues
- Treatment planning incorporates realistic goals for short vs. longer term therapy
- Uses silence effectively
- Can provide both positive and negative feedback
- Can explore therapeutic process issues effectively with clients
- Awareness of group process and dynamics
- Able to intervene effectively in group therapy.

Comments:

## 3. Consultation and Outreach

- Establishes and maintains positive consultative relationships
- Provides effective outreach programming to diverse constituents
- Demonstrates understanding of the consultative role
- Assists consultees in managing crises or potential crises

Comments:

## 4. Crisis Intervention:

- Can appropriately assess crisis situations
- Can appropriately intervene during crisis situations
- Seeks consultation or supervision when encountering crisis situations as appropriate
- Provides appropriate follow-up
- Effectively makes referrals to campus and community resources

Comments:

## 5. Ethical/Legal Principles:

- Understands abuse reporting mandates
- Awareness of relevant legal issues and recent court rulings
- Understands possible clinical consequences of mandatory reporting
- Seeks consultation/supervision regarding legal mandates
- Knowledge of ethical standards
- Ability to apply ethical guidelines (demonstrates ethical behavior)
- Provides up to date case notes and/or assessment forms
- Demonstrates awareness of the hospital's limitations and assets.

Comments:



6. Self-awareness:

- Monitors and recognizes one's own limitations as a counselor/psychotherapist
- Recognizes own personal strengths, weaknesses, biases, needs and beliefs
- Is aware of own feelings toward the client
- Understand client's impact on self
- Understand supervisor's impact on self
- Can manage personal stress
- Aware of impact on others
- Understands personal impact on client

Comments:

Goal #2: Fellow will develop advanced cultural competence, and demonstrate this competence in clinical and consultative work. Specific competencies to be achieved include:

7. Cultural Diversity and Cultural Competence:

- Demonstrates ability to incorporate ethnic, cultural, gender, socioeconomic, sexuality or other diversity when conceptualizing and diagnosing client dynamics
- Is competent using differential therapy techniques with client from varying ethnic, cultural and lifestyle backgrounds
- Takes into account individual differences in treatment planning
- Demonstrates awareness of how own cultural identity might affect treatment
- Comfortable and competent working with clients from diverse/dissimilar cultural group(s)

Comments:

Goal #3: Postdoctoral Fellow will demonstrate advanced development of professional identity as a psychologist and the roles related to functioning as a psychologist. Specific competencies to be achieved include:

8. Providing Supervision and Teaching

- Uses theory appropriately to guide supervisee's (practicum/extern students only) treatment planning, conceptualization and intervention
- Understands process issues related to providing supervision
- Maintains appropriate boundaries with supervisee
- Able to provide positive and negative feedback to supervisee in a supportive manner
- Aware of how own process and issues impact the supervisory relationship
- Assists supervisee in meeting ethical guidelines and standards of care
- Provides appropriate instruction to practicum students on clinical and professional development topics.

Comments:

9. Research

- Maintains awareness of research which is relevant to clinical and consultative work

Comments:

10. Use of Supervision/Staff Relations:

- Open to evaluation and feedback
- Willing to take risks, acknowledge troublesome areas, and make mistakes
- Exhibits effective use of supervisory time
- Takes the initiative, actively participates in supervision
- Communicates self to the supervisor when appropriate (transparency)
- Displays a willingness to be assertive and does not inappropriately defer to supervisor
- Has an understanding of feelings toward authority figures
- Applies what is discussed in supervision to interactions with clients
- Relates effectively with other trainees
- Relates effectively with other professional staff
- Relates effectively with support staff
- Relates effectively with professionals from other disciplines

Comments:

11. Describe the Postdoctoral Fellow's strengths:

12. Describe areas for further development:

**Overall comments:**

---

Supervisor/Date

**Fellow Comments:**

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

---

Fellow Signature/Date

## Appendix A

### Didactic Training Schedule Fridays: 1:00 – 3:00 PM Group and Case Presentation from 3:00 – 5:00 PM

Chapel Conference Room

\*Topics/Conference Room Assignments and Times Subject to Change

- August 23            **New Employee Training (NEO)**
- August 30            **Review of Internship Handbook**  
Learning objectives: Reviewing the internship handbook including the evaluation forms for the internship, time management expectations, expectations of the intern, the grievance process, and the training schedule.  
Reference List: LSH Internship Program Handbook
- September 6        **Competency Restoration Treatment (Dr. Farr)**  
Learning Objectives: Outline core elements of CRT  
Reference list: LSH CRT Handbook  
ACLU of Washington. (2016, February 18). *Judge gives DSHS strict timeline to resolve problems that force mentally ill people to languish in jail*. Retrieved July 2, 2021 from <https://www.aclu-wa.org/blog/judge-gives-dshs-strict-timeline-resolve-problems-force-mentally-ill-people-languish-jail>  
Anumba, N. M., & Appelbaum, K. L. (2012). Limitations on the use of evidence from evaluations of competence to stand trial in the penalty phase. *The Journal of the American Academy of Psychiatry and the Law*, 40(3), 426 – 429.
- September 13      **Evaluation of Adjudicative Competency & (Dr. Farr)**  
**Ethical Considerations**  
Learning objectives: The history of competency evaluations, competency evaluations in Kansas, special populations, assessment tools, and the evaluation process.  
Reference list: Moran, R. (2015, October 22). *ACLU sues Pa. over delays in treating defendants deemed incompetent*. The Inquirer. [https://www.inquirer.com/philly/news/20151023\\_ACLU\\_sues\\_Pa\\_over\\_delays\\_in\\_treating\\_defendants\\_deemed\\_incompetent.html](https://www.inquirer.com/philly/news/20151023_ACLU_sues_Pa_over_delays_in_treating_defendants_deemed_incompetent.html)  
Morris, D., & DeYoung, N. J. (2014). Long-term competence restoration. *The Journal of the American Academy of Psychiatry and the Law*, 42(1), 81 – 90.  
Murrie, D. C., Boccaccini, M. T., Zapf, P. A., Warren, J. I., & Henderson, C. E. (2008). Clinician variation in findings of competence to stand trial. *Psychology, Public Policy, and Law*, 14(3), 177 – 193. <https://doi.org/10.1037/a0013578>

- September 20      **Parallel Assessment for Competency to Stand Trial** (Dr. Farr)  
 Learning objectives: Ruling out mental impairment and methods of collecting data and reporting to the court when the reportee is uncooperative.  
 Reference list includes: Pirelli, G., Gottdiener, W. H., & Zapf, P. A. (2011). A meta-analytic review of competency to stand trial research. *Psychology, Public Policy, and Law*, 17(1), 1 – 53. <https://doi.org/10.1037/a0021713>  
 Southern Poverty Law Center. (n.d.). Sovereign citizens movement. Southern Poverty Law Center. <https://www.splcenter.org/fighting-hate/extremist-files/ideology/sovereign-citizens-movement>  
 Wall, B. W., & Christopher, P. P. (2012). A training program for defendants with intellectual disabilities who are found incompetent to stand trial. *The Journal of American Academy of Psychiatry and the Law*, 40(3), 366-373.
- September 27      **Mental Health/Forensic Law** (KDADS Legal)  
 Learning objectives: Understanding important statutes and legal considerations with patients at LSH  
 Reference List: Kansas statutes and case law
- October 4          **Initial Evaluation and CSSRS-Lifetime Recent** (David)  
 Learning Objectives: How to complete an initial evaluation and complete the CSSRS-Lifetime Recent.  
 Reference List: LSH policy and procedure
- October 11        **Lack of Mental State Assessment** (Dr. Farr)  
 Learning objectives: How to assess, write, and provide expert testimony on lack of mental state evaluations  
 Reference List: Feix, J. & Wolber, G. (2007). Intoxication and settled insanity: A finding of not guilty by reason of insanity. *The Journal of the American Academy of Psychiatry and the Law*, 35(2), 172-182.  
 Frederick, R. I. (2003). *Validity Indicator Profile. Manual*. Pearson.  
 Justia. (2022a). 2021 Kansas Statutes. Chapter 21 - Crimes And Punishments. Article 52 - Principles Of Criminal Liability. 21-5202 Culpable mental state; definition of intentionally, knowingly, recklessly. Justia.  
<https://law.justia.com/codes/kansas/2021/chapter-21/article-52/section-21-5202/>
- October 18        **Comprehensive Integrated Treatment Plan (CITP)** (Dr. Barnum)  
 Learning Objectives: Outline an individualized interactive treatment planning process, including documentation policies at LSH; Actively generate the links from presenting problem to long and short term goals then intervention and discharge.

Reference List: LSH CITP policies

- October 25      **Ethics/Duty to Warn/Risk Management** (Dr. Vondracek)  
Learning objectives include: Reviewing the hospital's policies on ethical and professional behavior, the APA Ethics code, the Forensic Specialty Guidelines, and the hospital's Duty to Warn Policy.  
Reference list: LSH policies, APA Ethics Code (2010), and the Forensic Specialty Guidelines
- November 1      **Effective Multidisciplinary Team Membership** (David)  
Learning objectives: Identify context of culture in conflictual situations, learn communication and conflict resolution skills.  
Reference List: *Managing Conflicts and Improving Relationships in the Workplace*
- November 8      **Positive Psychology** (Dr. Barnum)  
Learning objectives: Learn Positive Psychology interventions
- November 15      **Trauma Informed Care** (Dr. Karp)  
Learning objectives: Incorporating trauma assessment and crisis management into current practices.  
Reference list: *Complex Trauma, Complex Reactions: Assessment and Treatment* by C A Courtois; National Center for Injury Prevention and Control; SAMSHA
- November 22      **Complex Trauma** (Dr. Karp)  
Learning objectives: differences between PTSD and complex trauma, tools for assessment, empirically based treatment, and problems often associated with treatment  
Reference list: *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life* by Cloitre, Cohen, and Koenen; *Complex trauma, complex reactions: Assessment and treatment* by Courtois; *Treating Complex Traumatic Stress Disorders. An Evidenced-based Guide* by Courtois and Ford; *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors* by Pearlman and Saakvitne
- November 29<sup>th</sup>      **Holiday**
- December 6      **Remote Forensic Evaluations** (Vivian)  
Learning objective: Learn how to conduct forensic evaluation over televideo
- December 13      **Institutional Cultures & Professionalism** (Dr. Barnum)

Learning objective: To identify and manage conflicts in a professional manner.

December 20

**Activity Therapy (Beth)**

Learning objective: Learn how activity therapy in an inpatient facility contributes to healthy development of social skills.

References: PSP Patient and Family Handbook  
PSP Activity Therapy Handbook

December 27

**Group Therapy (Dr. Karp)**

Learning objectives: Common group modalities for inpatient settings, recognizing and managing problems encountered with conducting inpatient group therapy, ethical issues associated with group therapy conducted in an inpatient setting

Reference List: American Group Psychotherapy Association Science to Service Task Force; *Introduction to Group Therapy*, by V Brabender; Center for Substance Abuse Treatment; *Locks, Keys, and Security of Mind: Psychodynamic Approaches to Forensic Psychiatry* by J Yakeley and J Adshead; *The Theory and Practice of Group Psychotherapy (5th ed.)* by I D Yalom and Leszcz

January 3

**Civil Commitment Testimony (David)**

Learning Objective: To learn professional court room behavior.

January 10

**Expert Testimony (Dr. Farr)**

Learning objectives: Role of testimony at LSH, experience with court cases at LSH, and tenants of good testimony

Reference list: *Coping With Cross-Examination and Other Pathways to Effective Testimony* by Stanley L. Brodsky; *The Expert Witness: More Maxims and Guidelines for Testifying in Court* by Stanley L. Brodsky

January 17

**Treatment with an Older Adult Population (Dr. Vondracek)**

Learning objectives: Identifying effective therapy strategies for a geriatric population, ruling out medical causes of mental health symptoms, how to involve family in treatment, and ethical issues.

Reference List: Zarit and Zarit, *Mental disorders in older adults: Fundamentals of assessments and treatments*, Geriatric neuropsychology: Assessment and intervention (Attix, D. and Welsh-Bohmer, K.); APA Guidelines

January 24

**Integrated Behavioral Health (Dr. Vondracek)**

Learning objectives: Roles of a psychologist in a medical setting, how medical and psychological issues can impact each other, and brief treatment in a medical setting

Reference list: Gerrity, Evolving models of

behavioral health integration; evidence update 2010-2015. *Milbank memorial fund; Screening*, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months by Madras, Compton, Avula, Stegbauer, Stein, and Clark, W. (2009). *Drug and Alcohol Dependence*.

January 31

**TBA (Post Docs)**

February 7

**Grief, Death & Dying** (Dr. Vondracek)

Learning objectives: Understand the emotional and physical process of dying, understanding interventions that are applied to the patient, and family member support; understanding of the grief process and cultural difference related to expression of grief, and rituals related to dying.

Reference list: Cai, J., Guerriere, D, N., Zhao, H, & Coyte, P. C. (2017). Socioeconomic differences in predictors of home-based palliative care health service use in ontario, canada. *International Journal of Environmental Research and Public Health*, 14(7), 802. Retrieved from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551240/>;

Gordon, J. R., Gallagher-Thompson, D., Stillton, J., Canetto, S. S., Rando, T. Werth, J. L. (2000). *The apa workgroup on assisted suicide and end-of-life decisions*. Retrieved from <https://www.apa.org/pubs/info/reports/aseol.aspx>

February 14

**Hypnotherapy and Therapeutic Communication** (Dr. Barnum)

Learning Objectives: Be able to discuss therapeutic framework of hypnotherapy and when hypnotherapy may be beneficial.

February 20

**SPTP and Good Lives Model/SRM-R** (Keri Applequist)

Learning objectives: The history of SVP laws, SVP law in Kansas, and overview and history of the LSH SPTP program

Reference list: various Supreme Court Cases (US v. Hendricks; Crane v. US and data from the SPTP program evaluation process

Learning Objectives: Understanding a Positive Psychology model, linking motivation and values within a GLM framework, and understanding the use of offense-chains and Good Life Plans

Reference list: *Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment* by Yates, Prescott and Ward; *Building a Better Life: A Good Lives and Self-Regulation Workbook* by Yates and Prescott

February 28	<p><b>Spirituality in a State Hospital</b> (Chaplin Jeff Brown)  Learning objectives: Be able to state how spirituality support is provided in an inpatient environment and how spiritual needs are assessed.</p>
March 7	<p><b>TBA</b> (Interns)</p>
March 14	<p><b>Suicidology and Suicide Prevention</b> (Dr. Barnum)  Learning objectives: Identify static and dynamic risk factors for suicide; Explain protective factors that reduce overall suicide risk; outline a phenomenological understanding of suicidal thinking; use an evidence based instrument to systematically assess risk for suicide and develop treatment plan elements to reduce risk.  References: Man Against Himself (Menninger); CSSR-T; LSH Policies</p>
March 21	<p><b>Neurocognitive Disorders I</b> (Dr. Girrens)  Learning objective: Introduction to common neuropsychiatric conditions. Secondary goals include preparing for licensing exam(s) and to stimulate the desire to learn about more neuropsychiatric conditions. Specific objectives include:</p> <ol style="list-style-type: none"> <li>1.) To identify and understand common neuropsychiatric conditions</li> <li>2.) To increase familiarity with terminology used in neurology-psychiatry</li> <li>3.) To identify non-pharmacological options to treat symptoms of neuropsychiatric diagnoses</li> </ol> <p>Reference List: American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition-Text Revision, Washington, DC, American Psychiatric Association (2022). Arciniegas, D.B., Yudofsky, S.C., and Hales, R.E. The American Psychiatric Publishing Textbook of Neuropsychiatry and Clinical Neurosciences. Washington, DC, American Psychiatric Association (2018).</p>
March 28	<p><b>Basics of Projective Testing</b> (Dr. Barnum)  Learning Objectives: Interns are exposed to the basic procedures and history of projective testing including its utility in forensic practice.</p>
April 4	<p><b>Self Care</b> (Dr. Lindsey)  Learning objective: Identify when self-care is needed and discuss advantages to self-care and ethical standards.</p>



April 11

**Doing Supervision** (Dr. Barnum)

Learning objectives: theories/models of supervision, pitfalls and ethical considerations with supervision

Reference list: *Casebook For Clinical Supervision: A Competency-based Approach* by Carol A. Falender and Edward P. Shafranske

April 18

**Brain Imaging** (Dr. Eugene)

Learning objective: Learn how brain imaging connects to mental health treatment

Reference List: Schoretsanitis, G., Kane, J. M., Correll, C. U., Marder, S. R., Citrome, L., Newcomer, J. W., ... & Gründer, G. (2020). Blood levels to optimize antipsychotic treatment in clinical practice: a joint consensus statement of the American Society of Clinical Psychopharmacology and the Therapeutic Drug Monitoring Task Force of the Arbeitsgemeinschaft für Neuropsychopharmakologie und Pharmakopsychiatrie. *The Journal of Clinical Psychiatry*, 81(3), 3649.

Murray, G. K., Lin, T., Austin, J., McGrath, J. J., Hickie, I. B., & Wray, N. R. (2021). Could polygenic risk scores be useful in psychiatry?: A review. *JAMA psychiatry*, 78(2), 210-219.

First, M. B., Drevets, W. C., Carter, C., Dickstein, D. P., Kasoff, L., Kim, K. L., ... & Zubieta, J. K. (2018). Clinical applications of neuroimaging in psychiatric disorders. *American Journal of Psychiatry*, 175(9), 915-916.

Ching, C. R., Hibar, D. P., Gurholt, T. P., Nunes, A., Thomopoulos, S. I., Abé, C., ... & ENIGMA Bipolar Disorder Working Group. (2022). What we learn about bipolar disorder from large-scale neuroimaging: findings and future directions from the ENIGMA Bipolar Disorder Working Group. *Human brain mapping*, 43(1), 56-82.

April 24

**Risk Assessment** (Travis Hamrick)

Learning objectives: defining risk assessment, process of completing a risk assessment, assessment tools (COVR, PCL-R, HCR-20)

Reference list: *Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence* by John Monahan, Henry J. Steadman, Eric Silver, and Paul S. Appelbaum; COVR and PCL-R manual

May 2

**Psychopathy** (Dr. Okey)

Learning objectives: conceptual and theoretical issues related to psychopathy, research on psychopathy as a risk factor or recidivism and violence, including sexual offending

Reference list: *The Mask of Sanity, 5<sup>th</sup> Ed.* by H Cleckley, and PCL-R Manual

May 9

**Working in the Private Practice Sector** (Dr. Barnum)

Learning objectives: pros and cons of working in a private practice, how to begin private practice work, ethical considerations in private practice

Reference list: *The Paper Office, Fourth Edition: Forms, Guidelines, and Resources to Make Your Practice Work Ethically, Legally, and Profitably (The Clinician's Toolbox)*, by Edward L. Zuckerman PhD; *Getting Started in Private Practice: The Complete Guide to Building Your Mental Health Practice* by Chris E. Stout

May 16

**Capacity Evaluations** (Dr. Garcia)

Learning objective: Process for capacity evaluations and ethical considerations

May 23

**Nigerian Culture** (Dr. Okey)

Learning Objective: Status of mental health in Nigeria and cultural factors that may present in therapeutic situations.

May 30

**Brief Therapy** (Dr. Vondracek)

Learning objectives: Theories and practice of brief therapy, including when its use is appropriate.

Reference list: J. Cooper, Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Essential Crisis Intervention Skills*; Daughhetee, C. & Bartlett, M. (2010). Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Reacting in Crisis Situations*

June 6

**Mentoring** (Dr. Vondracek)

Learning objectives: Discuss two ways of establishing a mentoring relationship

June 13

**Neurocognitive Disorder 2** (Dr. Girrens)

Objectives: Introduction to common neuropsychiatric conditions. Secondary goals include preparing for licensing exam(s) and to stimulate the desire to learn about more neuropsychiatric conditions. Specific objectives include:

- 1.) To identify and understand common neuropsychiatric conditions
- 2.) To increase familiarity with terminology used in neurology-psychiatry
- 3.) To identify non-pharmacological options to treat symptoms of neuropsychiatric diagnoses

Reference List: American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition-Text

Revision, Washington, DC, American Psychiatric Association (2022).

Arciniegas, D.B., Yudofsky, S.C., and Hales, R.E. The American Psychiatric Publishing Textbook of Neuropsychiatry and Clinical Neurosciences. Washington, DC, American Psychiatric Association (2018).

Kaufman, D.M., Geyer, H.L., and Milstein, M.J. Kaufman's Clinical Neurology for Psychiatrists, 8th Edition, Elsevier (2017).

June 20

**Mock trial** (Training Staff)

Learning Objective: All interns serve as an expert witness with local attorneys and judge using a redacted forensic evaluation/civil commitment report to receive feedback regarding court testimony and court room protocol.

June 27

**Sexual Predator Evaluation (SPE)** (Dr. Farr)

Learning objectives include: history of Sexual Predator Evaluations, the evaluation process, assessments used, issues with testimony and how to handle oneself in the courtroom

Reference list includes: K.S.A. 59-29a01 et seq.; Witt, P.H., & Conroy, M.A. (2009). *Evaluations of Sexually Violent Predators*; Phenix, A., Helmus, L.M., & Hanson, R.K. (2015). *Static-99R and Static-2002R Evaluators' Workbook*; Doren, D.M. (2002).

*Evaluating Sex Offenders: A Manual for Civil Commitments and Beyond*; Hanson, R.K., & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Schopp, R.F., Scalora, M.J., & Pearce, M. (1999). Expert testimony and professional judgement:

Psychological expertise and commitment as a sexual predator after Hendricks

July 4

**HOLIDAY**

July 11

**Ongoing Professional Development** (Training Staff)

Learning Objectives: Be able to discuss the importance of continued professional development, discuss strategies to determine own level of competence.

Reference List: Taylor, J & Neimeyer G. (2015). *The assessment of lifelong learning in psychologists*. Professional Psychology: Research and Practice.

July 18

**Psychopharmacology** (Dr. Burke)

Learning objectives: Basic principles of pharmacokinetics and pharmacological psychodynamics and commonly prescribed psychotropic medications, their uses, and possible side effects

Reference list: American Psychological Association, Practice guidelines regarding psychologists' involvement in pharmacological

issues; *Merck Manual of Diagnosis and Therapy (18th ed.)*;  
*Synopsis of psychiatry (10th ed.)* by Sadock and Sadock

- July 25                    **State of Psychology Today** (Dr. Barnum)  
Learning objectives: Thinking critically about how  
budgets/politics/etc. can impact the delivery of mental health  
services.  
Reference list: NAMI website, KHI website
- August 1                **Present Dissertation/CRP** (Interns)  
Learning objectives: Ability to critically discuss research and  
practice. Develop professional presentation skills.
- August 8                **Report Out on Intern Project** (Interns)
- August 15              **Graduation**

**Training Faculty**

**Robin Karp, Psy. D. LP – Director of Psychology for SSP**

**David Barnum, Ph.D., LP – Training Faculty SSP**

**Rebecca Farr, Psy.D. LP-Training Faculty SSP/Post Doc Director**

**Debra Vondracek, Psy.D. LP –Clinical Director of PSP/Internship Director**

## APPENDIX B

### EVALUATION OF DIDACTIC PRESENTATION LARNED STATE HOSPITAL PSYCHOLOGY FELLOWSHIP PROGRAM

Date of presentation: \_\_\_\_\_

Topic: \_\_\_\_\_

Presenter: \_\_\_\_\_

1. On the bases of my overall impression of this presentation, I would evaluate it as:

Excellent\_\_\_\_\_ Good\_\_\_\_\_ Satisfactory\_\_\_\_\_ Below Average\_\_\_\_\_ Poor\_\_\_\_\_

2. The presenter was well prepared:

Strongly agree\_\_\_\_\_ Agree\_\_\_\_\_ Neutral \_\_\_\_\_ Disagree\_\_\_\_\_ Strongly disagree\_\_\_\_\_

3. The material was interesting and informative:

Strongly agree\_\_\_\_\_ Agree\_\_\_\_\_ Neutral \_\_\_\_\_ Disagree\_\_\_\_\_ Strongly disagree\_\_\_\_\_

4. The presenter held my attention:

Strongly agree\_\_\_\_\_ Agree\_\_\_\_\_ Neutral \_\_\_\_\_ Disagree\_\_\_\_\_ Strongly disagree\_\_\_\_\_

5. The topic of the presentation was covered sufficiently:

Strongly agree\_\_\_\_\_ Agree\_\_\_\_\_ Neutral \_\_\_\_\_ Disagree\_\_\_\_\_ Strongly disagree\_\_\_\_\_

6. What aspect of the presentation did you like the most and why?

7. What aspect did you like the least and why?

8. Suggestions for improvement.

9. Topics of interest for future training sessions:

## **APPENDIX C**

### **Fellow Disclosure Letter (to be put on current LSH Letterhead)**

Dear Larned State Hospital Patient:

The purpose of this letter is to inform you that Larned State Hospital (add name of program: Psychiatric Services Program (PSP) and State Security Program (SSP) utilizes the services of Psychology Postdoctoral Fellows.

(Postdoc X), Ph.D./Psy.D. is supervised by (add name of supervisor: Debra Vondracek, Psy.D., or Robin Karp, Psy.D.).

If you would like to contact a supervisor about the services you receive from (Postdoc X), please fill out a request form and turn it in to your treatment team.

Please keep a copy of this notice for your records.

**APPENDIX D**  
**STAFF DIRECTORY**

**PSYCHOLOGY DEPARTMENT STAFF DIRECTORY**

Last Name	First Name	Office Phone	Cell Phone	Office	Position
<b>PSP</b>					
VONDRACEK	Debra	4506	804-1020	ATCN	PSP - Clinical Program Director Internship Director
BELL	Lakisha	4847		ATC-E-Staff Corridor	Psychologist
BRUNY	Mareesa	4932		ATC-E-Staff Corridor	Psychologist
CHAMBERS	Katherine	4833		CSU	Program Consultant I
NWACHUKWU-UDAKU	Okey	4589		CSU	Psych II
PHILLIPS	Darnell	4677		PSP/IR E2	Psychologist
STROBEL	Bonnie	4870		CSU – Staff Corridor	Sr. Adm. Assistant
TIMS	David	4836	285-9058	PSP/IR E2	Psych III
VANDAM	Janice	4653		PSP/IR E2	Psycho Ed. AT
<b>SSP</b>					
DINKEL	Lindsey	4282	804-0364	Administration Bldg.	(Interim)Clinical Program Director - SSP
KARP	Robin	4040	804-2077	IR N2	Supervising Psychologist- SSP
BARNUM	David	4674	804-2165	IR East 1	Supervising Psychologist - SSP
DAUM	Roy	4063		IR East Community	Psych II
FARR	Rebecca	4069	804-0161	IR East 3	Psych III
GRALOW	Dorothy	4254		IR North 1	Psych II
HAMRICK	Travis	4721		IR North Community	Psych II
MANGROO	Tara	4729		IR N1, 2	TPC - Sr. Adm. Asst.
REVERS	Mel	4031		IR East 1, 2, 3	TPC - Sr. Adm. Asst.
<b>2024-2025 Interns</b>					
JOHNSON	Tatianna	4011		ATC-E	PSP Intern
FORBES	Billy	4209		IR	SSP Intern
SKULTETY	Madeline	4074		IR	SSP Intern
<b>2024-2025 Practicum Students</b>					
VACANT		4214		IR North Community	Practicum Student
VACANT		4835		ATC-E	Practicum Student
<b>2024-2025 Post-Doctoral Fellows</b>					
DARTEZ	Ashley			IR	Postdoctoral Fellow
VACANT		4721		IR E1	Postdoctoral Fellow
VACANT		4589		ATC	Postdoctoral Fellow

Revised: 5/6/2024

I have received a copy of the LSH Postdoctoral Fellow Handbook and have been given the opportunity to review and ask questions regarding its content with the internship faculty at LSH. I have received a full explanation of this handbook. I understand that my signature does not necessarily indicate my agreement.

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Postdoctoral Fellow Signature/Date

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LSH Training Faculty Signature/Date