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Postdoctoral Fellowship in Psychological Assessment and Intervention Services

2021-2022 Training Handbook

TRAINING SITE: CLINICAL ASSOCIATES, P.A. - LENEXA. KANSAS.

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Introduction to Clinical Associates (PA)

Clinical Associates, P.A. (CA) was founded in 1992 by Dr. Bruce Cappel as a multidisciplinary private practice which has its main office located in Lenexa, Kansas. Additional offices are in Florissant and Kansas City in Missouri as well as Hays, Wichita and Dodge City in Kansas. The group provides a full range of psychological assessment, evaluation, medication management and other clinical services to all ages from young children to older adults. We also work closely with and provide services to municipal, and state agencies in Kansas, Oklahoma, Illinois and Missouri. We provide Services to federal agencies nationwide as well.

CA clinicians provide services on both a local and national level. We work with many municipal, state and federal court systems and provide services to municipal, state and federal agencies. The group has provided the State of Kansas sex offender evaluations and treatment services both for incarcerated offenders and for offenders in the community on supervision throughout the state since 2010. These services are given to both adults and juveniles We have provided sex offender related services to other areas since 1992. CA provides similar services to Federal Probation and Parole as well as the Federal Bureau of Prisons.

Additionally, CA has provided program design, consultation, evaluation and treatment services to the sexual predator transition program for the State of Kansas since 2000. CA provided the Choice Point program to Johnson County, Kansas serving juveniles in an intensive 24-week treatment program encompassing both detention/residential and outpatient services (outpatient only since 2015). CA also offers both juvenile and adult substance abuse evaluations for persons involved with Johnson County Courts.

CA provides forensic, diagnostic and selection/risk related evaluations. Consultations in these areas are also offered by competent clinicians with in-depth experience and expertise in this area. Psychological evaluations are offered on both an outpatient basis currently although we have offered services to in-patient facilities in the past. CA provides drug and alcohol evaluations as well as mental health and sex offender evaluations to individuals who are under the jurisdiction of the United States Court Drug and Alcohol Treatment Services Program as well as to the U.S. Bureau of Prisons. Additionally, CA has provided sex offender and general psychological evaluations to detainees associated with Immigration and Customs Enforcement, as well as services in the field of public safety including applicant and promotional assessment, fitness for duty related issues, consultation and training to various federal, state and local agencies as well as private entities. CA provides services to more than 85 law enforcement and public safety entities across multiple states.

Structure of the Postdoctoral Fellowship

The Clinical Associates Postdoctoral Fellowship Training Program in Clinical Psychology offers two tracks within the clinical and research programs existing in the institution. Most of the fellows' time will be spent at the training site in CA's Lenexa, Kansas offices. Each fellow is expected to spend an average of 12 hours per week in joint training activities with other fellows in the program as well as other licensed professionals providing various services including psychological and forensic assessments evaluations, attention deficit hyperactivity disorder (ADHD) assessments, police and public safety evaluations and psychotherapy. These

joint training activities are interlinked and include weekly didactic case presentations/ seminars, ethics training, research seminars and weekly supervision.

All the joint training activities are scheduled to take place within the two main training tracks. However, each training track includes a minimum of two (2) hours of individual weekly supervision provided by a licensed psychologist as well as a minimum of two (2) hours weekly of learning activities. The latter is composed of a combination of clinical and research activities, and opportunities to specialize in a specific area.

The following training tracks are available for the 2021-2022 training year:

1. Psychological Assessment
2. Evidence Based Psychotherapies.

Both of the above training tracks will be provided at the Lenexa training site.

Training Philosophy

CA's postdoctoral training program seeks to equip fellows with skills that will transform them from trainees to licensed professionals. The training team acknowledges this important progressive evolution and therefore affords an opportunity for fellows to acquire in-depth training which provides the impetus as well as challenges fellows to make solid contributions through their direct clinical service, research activities, and consultations with other professionals. While fellows' function within a training capacity, they are viewed and approached as valuable members of the CA's professional teams; and therefore great emphasis is placed on assisting fellows in continuing to cultivate their knowledge, skill, and overall professional identity. Fellows are also required to serve as professional role models for other trainees at CA.

Postdoctoral Fellow Selection Criteria

The fellowship training program is advertised by October 31 of the fellowship year and the deadline for applications is December 31st. Fellows are selected on a competitive basis, and the decision for selection is based on previous clinical and research experience, research record, academic accomplishments, and recommendations from supervising professionals. The selection process also aligns the applicants' experience and interests with the focus of the specific training track that they have applied for.

Before joining the program, all fellows must have completed a clinical psychology doctoral degree from a regionally accredited institution of higher learning, including an internship that meets APPIC standards (APA/CPA accreditation is not required for the internship). Prior to being officially accepted, candidates will be required to submit their academic certificates indicating that they have received a doctoral degree in clinical psychology. Further, the candidate should submit a letter from their institution of higher learning stating that the doctoral internship that they completed meets APPIC standards. A review will take place by Dr. Cappo or his designee to make sure that any non-APA or non-APPIC program meets or exceeds APPIC standards. See <https://www.appic.org/Postdocs>.

Before final selection of trainees, candidates are subject to background checks after which selection decisions are made.

Training Objectives

The Postdoctoral fellowship is designed to prepare postdoctoral psychology fellows to become competent, versatile, and culturally aware practitioners who are well equipped to respond to psychological and mental health needs of diverse populations, in multicultural communities. The objectives of the fellowship program are aligned with the competencies specified by APA as a professional psychologist. In this regard, therefore, the training program aims to develop Postdoctoral fellows' competence in the following areas:

Professionalism: Reflected in the demeanour and behaviour that that reflects the values and attitudes of psychology.

Ethical Legal Standards and Policy: Upholding and applying legal and ethical standards related to professional psychological services with individuals, groups, and organizations.

Scientific Research and Methods: In-depth awareness of contemporary research techniques in collecting data and analysing data collection cognitive, affective, and biological bases of behaviour across the lifespan in human development.

Advocacy: Educational and research activities to increase awareness of and access to mental/psychological health services.

Individual and Cultural Diversity: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics.

Research/Evaluation: Generate evidence through research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

Self-Assessment and Self-Care: Exercise personal and professional self-awareness, reflection, and adequate self-care in psychological practice

Direct Service Delivery: Management and administration of direct delivery of services and/or the administration of organizations, programs, or agencies.

Evidence-Based Practice: Integration of research and clinical expertise in diagnosis and treatment of psychological and mental health issues.

Assessment: Assessment and diagnosis of mental health issues and proficiencies related with individuals, groups, and institutions.

Intervention: Multi-dimensional interventions in cognitive, behavioral, filial and play therapy to promote mental/psychological health and well-being of individuals, groups, and institutions.

Interdisciplinary Practices: Identify and interact with professionals in multiple disciplines to enhance integration of knowledge of key issues and concepts in related disciplines.

Consultation: Provision of specialist advice or professional assistance in response to a patient's needs or goals.

Instruction: Disseminating knowledge, teaching, and evaluating acquisition of knowledge and skills in professional psychology.

Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Monitoring & Evaluation of Trainee Progress

All fellows will be monitored and evaluated using a competency-based framework that aligns with the stated training objectives and emphasizes acquisition of explicit skills and abilities specific to each fellow's training goals. A criterion outlining clear objectives for the evaluation will be developed for each fellow to assess progress (during mid-year evaluation) and achievements (during end year evaluation) accomplished by the fellow. Broad categories of this evaluation will include but are not limited to the following: the number of patients seen, number of psychological reports written, number of personal development seminars attended, number of supervision sessions, documented reflections of personal self-care, and manuscript submissions. The quality of the work will also be assessed. This criterion will be aligned and specific to the track needs of the fellowship.

A needs identification/assessment and results-based plan will be completed by each fellow together with their primary supervisor, within the first two weeks of training year. Depending on the training track, the plan will include an assessment of strengths and weaknesses across different areas, along with a plan for meeting training needs. Progress toward achieving these goals will be reviewed throughout the year. The primary supervisor and Training Director will regularly monitor the plan to ensure that each trainee is on track towards accomplishment of their fellowship objectives and requirements. If any trainee lags in meeting their development plan objectives, the primary supervisor and Training Director will identify barriers to success and adjust the mentorship plan accordingly. This will be done through both periodic and regular meetings with the three primary supervisors and their trainees. During these evaluation meetings, recommendations for additional development activities for the fellow will be made. Details on the evaluation process are outlined below.

Evaluation Process

The fellows are formally evaluated bi-annually during the fellowship, in January and July. The evaluations are conducted between the fellow and each supervisor evaluating progress toward goals. The outcome of this evaluation will be sent to the Training Director. Further, each fellow will also complete an evaluation of his/her supervisors and training site and send it to the Training Director during the time of the evaluation. It is the responsibility of the training team to identify any serious performance issues or shortcomings as early as possible and subsequently provide feedback in a timely manner. If the problem is of such severity as to call into question the fellow's successful completion of the program, the Training Director will be informed, and a written plan will be developed and implemented, in collaboration with the trainee, to remedy the problems. In the event that fellows are not satisfied with the decision that the fellowship program has taken on their performance, they can appeal using the due process and grievance procedure.

Fellow Feedback on The Training Program Experience

CA requests fellows to provide formal feedback to supervisors during their mid and end-of-year evaluation procedures. Additionally, fellows are encouraged to provide informal feedback to supervisors throughout the training year in supervision, seminars, and/or in one-on-one meetings. This feedback must be documented in a brief report, a copy is given to the Training Director. It provides supervisory staff and the training team with a platform to address issues of concern raised by fellows throughout the year. At the completion of the fellowship year, the Training Director meets with each fellow for an exit interview, where

they review each fellow's fellowship experience and assess for areas of strength and growth for the training program. In July, the Training Committee meets to discuss the completion of the cohort-training year and to review the proximal and distal feedback received so that changes can be made as needed.

Training Team

The following individuals are actively involved in the training of postdoctoral fellows as supervisors, mentors, and administrators. In addition to those listed here, other professionals including both psychologists, psychiatrists and other professionals will contribute to the training program through avenues such as didactic presentations, group mentorship, and case conference facilitation.

Training Director

Bruce M. Cappel, Ph. D, ABPP.

Dr. Cappel founded Clinical Associates, P.A. in 1992. He practices as a board-certified licensed psychologist in this multidisciplinary private practice setting which includes offices throughout Kansas and Missouri. Dr. Cappel specializes in the following areas:

Forensic evaluations and consultation: Psychological evaluations are offered on an outpatient, inpatient and incarcerated basis. He provides drug and alcohol evaluations as well as mental health evaluations and sex offender evaluations to individuals who are under the jurisdiction of the United States Court Drug and Alcohol Treatment Services Program as well as to the U.S. Bureau of Prisons. Dr. Cappel also performs evaluations for both the defense and prosecution in federal, state, county, and municipal courts. General psychological evaluations as well as mental status at the time of offense, juvenile waive to adult, competency and other specific evaluations are provided as well as review of relevant documents and consultation regarding trial issues or strategy.

Public Safety: Dr. Cappel provides services in the field of public safety including applicant and promotional assessment, fitness for duty related issues, consultation, and training to various Federal, State and local agencies as well as private entities. He is currently a consultant for the Overland Park Police Department as well as working with several other local and nearby police departments. He also provides evaluations for DEA, ICE, TSA, and other federal agencies. He is a board-certified specialist through the American Board of Professional Psychology (ABPP) in Police and Public Safety Psychology.

Diagnosis and Treatment Planning: Dr. Cappel receives referrals from other practitioners to clarify diagnostic and treatment planning issues through psychological assessment.

Supervisory Team

Kathy Pearce, Ph.D.

Kathy Pearce, Ph.D. is a licensed psychologist with a doctoral degree in clinical psychology from the University of Kansas. She is licensed in the state of Kansas, where she has practiced for over 25 years. Dr. Pearce has extensive training and experience in psychological assessment, including psychological and neuropsychological testing. She also has experience in Police and Public Safety evaluations, fitness for duty and risk assessment. Her interests include mood disorders, anxiety disorders, trauma-related disorders, and older adult issues. She is particularly interested in the integration of physical and mental health. In addition to assessment and psychological testing, Dr. Pearce provides individual and conjoint psychotherapy for adolescents and adults.

Mitchell R. Flesher, Ph.D., J.D.

Dr. Flesher has a broad clinical practice that specializes in assessment. At Clinical Associates, Dr. Flesher provides diagnostic assessments of children, adolescents, adults, and geriatric patients for concerns that include anxiety disorders, depression, bipolar disorder and other mood conditions, ADHD, schizophrenia-spectrum disorders, intellectual functioning, and dementia or other forms of cognitive impairment. He also conducts pre-employment and fitness for duty evaluations of police, fire, and public safety personnel. He is trained and experienced in forensic evaluation, and he has established a reputation for objectivity in forensic practice. He is trained and licensed as an attorney in Kansas, and he performs forensic evaluations that are referred by defense, prosecution, the Court, and mental health facilities seeking second opinion. Dr. Flesher has testified as an expert in the field of clinical psychology in federal and state courts in Kansas, Missouri, Colorado, and Oklahoma. In addition to general clinical assessment and forensic services, his practice includes Veterans' disability examinations as a fee basis employee at a VA Medical Center.

Marc Schlosberg, Ph. D

Dr. Schlosberg is a licensed psychologist with a doctoral degree in Clinical Psychology. He has training and experience in a number of areas including individual, family and group therapies for children, adolescents and adults. He has had extensive training in personality and forensic assessment. He has a great deal of experience working with addictive behaviors and substance abuse. He is certified by the Board of Governors of the APA College of Professional Psychology in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders.

Dr. Schlosberg also has experience working with individuals and families who experience psychological concerns related to physical illness and health issues. He frequently performs presurgical psychological evaluations for patients considering bariatric surgery and other medical issues. He works with patients both pre- and post-operatively to help incorporate lifestyle changes as well as maximize mental and behavioral patterns to optimize the overall weight loss experience. Additional areas of emphasis include evaluation and treatment of Attention-Deficit Hyperactivity Disorder and behavior difficulties. Dr. Schlosberg also has an active interest in performance enhancement for both athletes and musicians. He is a past president of the Kansas Psychological Association.

Orientation

During the first two weeks of the fellowship, trainees will be provided with the following:

- A copy of the due process and grievance procedures <https://www.clinical-assoc.com/s/PD-Due-process-Procedure-3-10-21.pdf>
- Administration forms [Administration forms](#)
- A copy of the pd training handbook
- A copy of CA's welcome book <https://www.clinical-assoc.com/s/WB1621.pdf>
- A performance-based plan developed and signed jointly with supervisor [performance-based plan](#)

Due Process Procedure & Policies

At the beginning of the training year, each fellow is provided with the following:

1. A copy of our Due Process policy (see below), which provides a definition of competency standards, a listing of possible measures, and an explicit discussion of the due process procedures; and
2. A copy of our grievance procedures policy (see below), which provides guidelines to assist fellow(s) who wish to file complaints against staff members and explains the process if a supervisor has a concern regarding a trainee that does not fall under the competence standards/adequate performance (see due Process).

General Due Process Guidelines

Due process ensures that decisions made about trainees by the Clinical Associates (CA) Postdoctoral Fellowship Training Program are not arbitrary or personally based. It requires that CA Postdoctoral Fellowship Training Program identify specific evaluative procedures which are applied to all trainees; and have appropriate appeal procedures available to the trainee so that they may challenge an action taken by CA Postdoctoral Fellowship Training Program, which they do not agree with (see Appeals).

General due process guidelines include the following:

- Communicating trainees in writing with the CA Postdoctoral Fellowship Training Program's expectations related to professional functioning.
- Enunciating the various procedures and actions involved in making decisions regarding problems.
- Establishing a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- Ensuring that trainees have enough time to respond to any action taken by CA Postdoctoral Fellowship Training Program.
- Using input from multiple professional sources when possible for making decisions or recommendations regarding the trainee's performance.
- Documenting to all relevant parties the action taken by the CA Postdoctoral Fellowship Training Program and its rationale.

Definition of inability to perform to competency standards:

Trainee inability to perform to competency standards is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; An inability to acquire professional skills to reach an acceptable level of competency or;
- An inability to control reactions which interfere with professional functioning.

Problem behaviors are noted when supervisors perceive a trainee's behaviors, attitudes or characteristics as disruptive to the quality of his/her clinical services; ability to comply with appropriate standards of professional behavior; or his/her relationships with supervisors, or other staff. It is a professional judgment as to when a trainee's behavior becomes serious enough and are compromised to necessitate remediation efforts rather than just behaviors to be not unexpected or excessive for professionals in training. Problems typically become identified as inability to perform to competency standards when they include one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by supervision or didactic training measures.
- The quality or quantity of services delivered by the trainee is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning
- A disproportionate amount of attention by training personnel is required
- The trainee's behavior does not change as a function of feedback, remediation, and/or time.

When areas of weakness are observed, the trainee and supervisor will collaboratively address possible avenues of remediation and progress will be monitored and documented periodically and re. However, should this collaborative effort fail in improving the trainee's performance rating, the procedures listed in the Due Process Procedure/Grievance Policy will be followed and the same consequences will be included as noted in policy.

Due Process Procedure

If a trainee's behavior is deemed problematic and/or the trainee receives a rating of "Unsatisfactory" or "Needs Improvement" from any of the evaluation sources, the following procedures may be initiated. These follow a basic Notice, Hearing and Appeal structure.

1. Notice. The trainee will be notified in writing by the training director of the specific concerns. The trainee's supervisor will meet with the Training Director no later than 3 weeks after the trainee has been notified of a deficiency and/or problematic behavior to discuss the problematic behavior or inadequate rating and determine what action needs to be taken to address the issues reflected by the problematic behavior or rating;

2. Hearing. The trainee will be notified in writing at least one week in advance that a hearing is scheduled, and the trainee will have the opportunity to provide a statement related to his/her response to the problematic behavior or rating.

In discussing the problematic behavior or rating and the trainee's response (if available), the Director of Training may adopt any one or more of the following methods:

i) The first step to address a problematic behavior or rating would be an attempt at informal resolution. The Director of Training may recommend remedial training for the trainee that may include completing additional reading, taking a course pertinent to the problematic area, or preparing a presentation that would require the trainee to consolidate his or her knowledge of the subject matter in question. Other informal remedial actions may also be suggested to address the unique circumstances of the trainee at the discretion of the Director of Training.

ii) If an informal resolution to problematic behavior or rating cannot be achieved, the trainee's direct supervisor, with the approval of the Training Director, will issue an "Acknowledgement Notice" formally acknowledging the following:

- a. That supervisors are aware of and concerned with the problematic behavior or rating
- b. That the problematic behavior or rating has been brought to the attention of the trainee

- c. That supervisors will work with the trainee to specify the steps necessary to rectify the problem or skill deficits addressed by the problematic behavior or rating, and:
- d. That the problematic behaviors or rating are not significant enough to warrant serious action.

iii) The third course of action is to place the trainee on "Probation" which defines a relationship such that supervisors and the Director of Training actively and systematically monitor, for a specific length of time (up to 6 months), the degree to which the trainee addresses, changes and/or otherwise improves the problematic behavior or conduct associated with the rating. The probation is a written statement to the trainee and includes: The actual problematic behaviors or rating, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be remedied, and the procedures designed to ascertain whether the problem has been appropriately rectified. The Probation document will be prepared by the trainee's direct supervisor in collaboration with the Training Committee and will be approved by trainee's direct supervisor and the Training Director.

iv) The Director of Training may also determine that the disposition is to "Take no further action." The Director of Training will then meet with the trainee to review the action taken. If "Probation," is determined, the trainee may choose to accept the conditions or may choose to challenge the action (see Appeals section below).

Once the Acknowledgment Notice or Probation is issued by the Director of Training, it is expected that the status of the problematic behavior or rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement (up to 6 months). If the problematic behavior or rating has been remedied to the satisfaction of supervisors and the Director of Training, the trainee and other appropriate individuals will be informed, and no further action will be taken. If the trainee is placed on probation and the issue is not satisfactorily resolved during the probationary period, but progress has been achieved, the probationary period may be extended up to an additional three months at the discretion of the trainee's direct supervisor with the approval of the Training Director.

3. Appeal. If no progress has been realized during the probationary period, the Training Director may notify the trainee of an intent to terminate the fellowship after consulting with the Training Committee. The trainee would then have 10 days in which to seek an appeal. If an appeal is not sought, the trainee will be notified of termination from the program.

Appeal Process

Attempts to resolve disagreements will be undertaken immediately as outlined below. If the trainee disagrees with the decision to initiate (or extend) a formal remediation plan approved by the Training Committee, the trainee may appeal in writing to the Training Director within one (1) week following the decision to initiate (or extend) the remediation plan. The Director may attempt to mediate the dispute in collaboration with the trainee and their direct supervisor. If the disagreement remains unresolved after mediation, the postdoctoral fellow has the right to appear before the Training Committee at the next scheduled training committee meeting to appeal a decision. The postdoctoral fellow may also solicit additional professionals to present on their behalf during this appeal if desired. After hearing the trainee's appeal in person, the Training Committee will decide if the remediation plan should be altered.

The Training Committee will have one week to inform the trainee of their decision. If a disagreement remains, and cannot be resolved through informal mediation, the trainee may submit a second appeal in writing within two weeks of being notified on the Training Committee's decision. The Training Director will appoint a three-person advisory committee consisting of training faculty not directly involved in

supervising the trainee to review the appeal. The Appeals Committee will provide a written report delineating the committee's findings and recommendations to the Training Director within 30 days.

Grievance Procedures

1. It is the program's intent to be receptive to all trainees' expression of problems encountered during fellowship training and to make reasonable and timely efforts to resolve any causes of trainee dissatisfaction.
2. The training team are expected to be candid and to act in good faith in dealing with problems and dissatisfaction expressed by fellows. No faculty member will interfere with a trainee's right to express or file a grievance. Fellows are assured freedom from restraint, discrimination, or reprisal in exercising that right.
3. Unless a fellow has grave reservations about expressing dissatisfaction to his/her immediate supervisors, any problem or dissatisfaction should initially be addressed on the first relevant level, to the supervisors.
4. If a satisfactory resolution cannot be achieved on that level the issues should be taken to the Training Director (assuming that was not done as part of step #3).
5. Upon receipt of the written grievance, the Training Director, or their designee, will convene a Grievance Committee consisting of the Training Director or designee and two other training faculty members.
6. The Grievance Committee will have 30 days to resolve the grievance if possible. If not, the Committee may take any or a combination of the following actions:
 - a. Refer the grievance to the next scheduled Training Committee meeting
 - b. Call a special Training Committee meeting to consider the grievance
 - c. Consult with legal counsel
 - d. Consult with other professional organizations (e.g., APA, APPIC)
 - e. Advise the Training Committee on areas of concern in the management of the grievance.
7. The Grievance Committee will maintain minutes of all meetings. The Committee will also retain records of all documentation, such as written summaries.
8. The full Training Committee, upon request of the Grievance Committee, will review and evaluate grievances not resolved at any lower level within 60 days. The decision of the full Training Committee will be determined by majority vote excluding the member(s) involved in the grievance.
9. If the fellow is not satisfied with the decision of the Training Committee, they may consult with the American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or consult legal counsel. At any stage of the process fellows may consult formally or informally with the Training Director, American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or legal counsel about their problems, dissatisfactions, or grievances.

Completion of the Program

Upon successful completion of the program, fellows will be awarded a certificate of completion. This certificate will validate that the trainee has successfully completed all the program requirements and has acquired expertise in the field of professional psychology. This certificate will be awarded after final evaluation by the Training Committee. See <https://www.clinical-assoc.com/s/CRT-dasr.pdf>

Licensure

In addition to completing a qualifying internship, the requirements for licensure as a Psychologist with the Kansas Behavioral Sciences Regulatory Board (KSBSRB) include completion of one (1) year of postdoctoral supervised experience, under the direct supervision of a Licensed Psychologist and include at least one (2) hours per week of individual supervision. The Rules Governing Licensure requirements for psychologists could be found on the KSBSRB website

<https://ksbsrb.ks.gov/professions/psychologists2/statutes-and-regulations>.

Fellows will also receive a signed document to verify that they have completed and met the criteria for the hours required for professional psychology licensure by Kansas law through the postdoctoral fellowship. See <https://www.clinical-assoc.com/s/EXP.pdf>

Descriptions of the Specific Training Tracks

The following section of this handbook contains descriptions and guidelines specific to each of the separate tracks offered within the CA Postdoctoral Fellowship Program. However, it is important to note that these two tracks are interlinked through the program's didactic approach on learning experiences. The training team work jointly to ensure learning experiences from fellows in both tracks seamlessly feed into each other during the two-hour weekly seminars, where evidence-based practices from the two tracks are documented, shared, and applied for future interventions.

1. Track 1: Postdoctoral Fellowship in Psychological Assessment

Introduction

The Postdoctoral Fellowship in Psychological Assessment provides experiential training in psychological assessment of children, adolescents, and adults. The fellowship adheres to the scientist-practitioner training model and is designed to prepare individuals for careers as forensic psychologist, clinical psychologist or police and public safety psychologist. This is a 1-year fellowship, which is also linked with track 2 on psychotherapy interventions.

The fellowship is well-suited for individuals that:

- Have pre-doctoral clinical training in assessment of individuals within the criminal justice system, outpatient or inpatient mental health, or children and individuals with possible neuropsychological disorders.
- Have an interest in research experience.

Setting

Training is conducted at the Clinical Associates, P.A (CA) located at 8629 Bluejacket Street, Lenexa Kansas.

Training Objectives

- Provide training in assessment utilizing measures of cognitive, intellectual, mood, personality and ADHD.
- Enable the fellow to accumulate postdoctoral hours towards licensure as a psychologist in Kansas through clinical and potentially research activities.

Training Experiences/Structure

The psychological assessment track is designed to promote expertise in assessment, including report writing and testimony while allowing for research experience with specific measures. The following types of evaluations are among those that will be conducted:

- General diagnostic and treatment planning
- ADHD
- Mental status at the time of the offense
- Juvenile way to adult status
- Competency to stand trial
- Mitigation of responsibility
- Sex offender re-offense risk
- Police and public safety applicant
- Fitness for duty
- Cognitive functioning
- Ability to manage one's own funds
- Guardianship and conservatorship
- Neuropsychological screening
- Parenting ability
- Violence and Threat Risk

Communication of results will be emphasized through verbal feedback, written reports and provision of sworn testimony. Mock depositions and other in vivo experiential training are utilized.

Intervention is also a part of this track and trainees will be expected to have an ongoing caseload of three to five therapy cases.

We currently have ongoing research projects involving the MMPI-3 and MMPI-A-RF. Other research projects and normative group data collection may be available from time to time.

Supervision Plan and Didactics

The fellow will receive at least two hours of individual supervision per week with a licensed psychologist. The fellow will receive an additional two hours of group supervision in clinical and research related activities via participation in weekly meetings and de-briefing meetings. In addition to participating in weekly meetings, the fellow will have the opportunity to attend lectures, case conferences, seminars, and workshops available to the fellow. See didactic calendar <https://www.clinical-assoc.com/s/Revised-didactic-gkm-3-10-21-1423.pdf>

Training Experiences/Structure

The Psychological Assessment track is designed to promote expertise in assessment and report writing. A research component is also offered. Therapy as an intervention is also a part of this experience, which is linked to Track 2, through the didactic learning experiences.

Expected Competencies

By the end of the fellowship, the postdoctoral fellow will achieve the following specific competencies:

Assessment of individuals as demonstrated by:

- The ability to independently select, implement, and interpret diagnostic measures commonly used to diagnose and assess individuals.
- Effective communication of assessment findings in written and oral reports, and recommendations to various stakeholders, including patients/clients/participants, family members, the Court, referring agencies and multidisciplinary members of the treatment team.
- Understanding of and ability to implement core competencies of assessment including psychometric theory, the basis of psychological assessment, assessment techniques, outcomes assessment, functional assessment, collaborative professional relationships in assessment, associations between assessment and intervention, and technical skills.
- Understand and implement evidence based therapeutic interventions within the therapy/treatment environment.

If you have any questions please contact Bruce Cappo, Ph. D, ABPP; at cappo@clinical-assoc.com. To apply, send a CV, letter of interest, and letters of recommendation through APPIC's Centralized Postdoctoral Application System (APPA CAS).

2. Track 2: Postdoctoral Fellowship in the Provision of Evidence-Based Psychotherapies

Introduction

The Postdoctoral Fellowship in the Provision of Evidence-Based Psychotherapies provides experiential training in provision of cognitive and behavioral psychotherapy clinical services to adults and adolescents. The fellowship adheres to the scientist-practitioner training model and is designed to provide advanced training to fellows who wish to build a career that emphasizes clinical service. The fellowship provides training opportunities in the implementation of evidenced-based cognitive and behavioral psychotherapy interventions to treat psychological disorders including but not limited to anxiety and depression. Fellows will receive training in Psychotherapy interventions and become proficient in the implementation of evidence-based cognitive interventions including cognitive behavior therapy (CBT), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT) and Mindfulness Based Cognitive Therapy. Fellows will be trained in the implementation of evidence-based cognitive interventions in the following clinical treatment modalities: individual, group and couples therapy modalities.

This is a 1-year fellowship that is linked to track 1 through didactic seminars and learning experiences. It is expected that by the end of the fellowship, the fellow will have the expertise and training to practice independently as a psychologist and be ready to begin a career as a licensed psychologist. The fellowship is well-suited for individuals that:

- Have extensive pre-doctoral clinical training and experience in the provision of evidence-based psychotherapy interventions to adults and adolescents in an out-patient setting.

Training Philosophy

The postdoctoral year is one in which the fellow is transitioning from the status of "student in training" to that of licensed professional. The training team recognizes this important developmental transition and works to provide an extensive training experience that both supports and challenges fellows to make meaningful contributions through their direct clinical service, as well as through consultation, didactic

teaching/learning, clinical supervision and case conference discussions. While fellows' function within a training capacity, they are viewed and approached as valuable members of the clinical staff.

From this perspective, fellows are early in their career but at an advanced level in terms of training. Thus, while great emphasis is placed on assisting fellows in continuing to cultivate their knowledge, skill, and overall professional identity, they are also expected to serve as colleagues to the clinical and administrative staff, as well as models of professionalism for the practicum students and pre-doctoral interns.

Responsibilities and Learning Objectives

Intervention: The focus of clinical services is on the provision of individual and group cognitive interventions to adults and adolescents in an outpatient setting. Fellows are encouraged to develop and implement targeted evidence-based strategies.

Teaching: The fellow is actively involved in didactic teaching of psychotherapy to our interns, pre-doctoral students, and nursing preceptor students. The fellow is also actively involved in the provision of clinical supervision to interns, practicum, pre-doctoral students and nursing preceptor students

Fellow goals/responsibilities

This clinical psychology postdoctoral fellowship position requires a full-time commitment inclusive of one and half days of clinical work and up to 1 day a month of teaching/supervision/ didactic learning. The fellow will attend weekly debrief meetings and receive weekly individual and group supervision from licensed psychologists, with further opportunities to work with individuals across mental health disciplines. There is also an abundance of case conferences, and workshops available to the fellow.

Expected Competencies gained from the postdoctoral fellowship position are:

- Diagnostic assessment and clinical consultation for psychotherapy across the diagnostic spectrum.
- The provision of evidence-based therapies supervision to individuals from varying mental health professions.
- The provision of evidence-based therapies across the diagnostic spectrum in an outpatient setting.
- Scholarship and/or program development in areas that is relevant to the screening, assessment, intervention, and dissemination of evidence-based therapies.
- Understanding and knowledge of current empirical literature of evidence-based therapies and an ability to share this across disciplines.
- Professional consulting with interdisciplinary providers regarding treatment approaches and interventions and monitoring patient progress.
- Awareness of and proficiency with cultural diversity
- Inter-disciplinary communication and consultation
- Reflective Clinical and Teaching Practice.

Training Setting

Training is conducted at the Clinical Associates, P.A (CA) offices located at 8629 Bluejacket Street, Lenexa Kansas.

Further Information and to Apply

For further information please contact Bruce Cappo, PhD, ABPP at cappo@clinical-assoc.com. To apply for the position, please apply, including a CV, letter of interest, and letters of recommendation through APPIC's Centralized Postdoctoral Application System (APPA CAS).

List of Appendices

[Administration forms](#)

[CA's welcome book](#)

[Certificate of completion](#)

Due process and Grievance procedures <https://www.clinical-assoc.com/s/PD-Due-process-Procedure-3-10-21.pdf>

Supervision forms [Signed document](#)

[Performance based plan](#)