DALLAS THERAPY ALLIANCE POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY TRAINING HANDBOOK

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OVERVIEW

The aim of the Dallas Therapy Alliance (DTA) Postdoctoral Fellowship in Clinical Psychology is to provide a one-year advanced training program in psychoanalytic psychotherapy and assessment in a private practice setting. The fellowship is uniquely positioned in a group practice of three licensed clinical psychologists. This setting provides the fellow with the opportunity for specialized training in psychoanalytic psychotherapy, as well as for integrating a variety of treatment modalities, such as attachment therapy, cognitive behavioral therapy, dialectical behavior therapy and parent counseling. Additionally, the fellow obtains assessment training (four assessments minimum) which may include psychological, neuropsychological, psychoeducational and attachment protocols. DTA provides the opportunity to work with adults, adolescents, children, families, couples, and groups. The fellow is expected to reach a total of 30 contact hours per week, with at least three child and/or adolescent cases.

The fellow has the opportunity to voice their preferences about patient populations, modalities and assessments in regard to their training needs, in consultation with the training directors. The training director ensures that the fellow receives training that is balanced between being comprehensive and intensive.

The training program is an integral part of the larger organization of Dallas Therapy Alliance. All DTA clinicians meet weekly with the fellow for a group case consultation. Given the psychoanalytic orientation of this fellowship, the fellow attends the meetings and workshops sponsored by the Dallas Society for Psychoanalytic Psychology. DTA pays for the fellow's membership in the Dallas Society for Psychoanalytic Psychology and its parent organization, the Society for Psychoanalysis and Psychoanalytic Psychology, Division 39 of APA. In addition, DTA

provides $1000 in funding for the fellow to receive didactic experiences (e.g., conferences, webinars) based on the fellow's interests and DTA's assessment of the fellow's training needs.

TRAINING DIRECTORS

William Archuleta, Ph.D. became Director of Training in 2026. Dr. Archuleta has provided evidence-based psychotherapy and assessment services across a variety of clinical settings, including community mental health centers, university counseling centers, private practice, and academic medical centers. Most recently, he completed his APA-accredited internship at the University of Texas Health Science Center at San Antonio (UT Health) and Clarity Child Guidance Center (CGCC) working primarily with children, adolescents, and their families. He has advanced training in comprehensive psychological evaluations and psychotherapy with children and adolescents. He has experience offering individual therapy, group therapy, and psychological testing in both inpatient and outpatient settings. Dr. Archuleta also provided therapy at the University of North Texas Counseling and Testing Services working with university students, as well at the Cohen Military Family Clinic at Metrocare serving veterans, service members, and their families.

The duties of the training directors include:

1) Directing and organizing the training program and its resources;
2) Responsibility for the selection of the fellow in consultation with other supervising colleagues;
3) Monitoring and evaluating the training program's goals, objectives, and activities;
4) Documenting and maintaining the fellow's training record;
5) Staying in close contact with the fellow to ensure the quality of their experience and the quality of their work;
6) Documenting and maintaining the fellow's training records.

FACULTY

DTA's faculty currently consists of three clinical psychologists. All are licensed and officially designated as postdoctoral supervisors. Together they bring a wealth of experience to the fellowship. The training director determine the rotation for which supervisors serve in any given year. Each faculty member is significantly involved in developing and refining the fellowship. Each has expertise in various fields and is able to provide supervision specific to their areas of expertise. All begin from a psychoanalytic orientation, in keeping with the specific focus of the fellowship and at the same time are able to provide expertise in other therapies that complement or enhance a psychoanalytic approach.

<u>DTA's faculty includes:</u>

William Archuleta, Ph.D., Kenneth Trevino, Ph.D., and Travis Whitfill, Ph.D.

FELLOWS

The trainee in Clinical Psychology will be referred to as the "Fellow."

NON-DESCRIMINATION POLICY

Dallas Therapy Alliance is committed to providing a welcoming and inclusive environment for all individuals seeking psychotherapy and assessment services. We do not discriminate on the basis of race, color, ethnicity, religion, national origin, sex, gender identity or expression, sexual orientation, age, marital status, disability, or any other characteristic protected by applicable law.

All clients, employees, and visitors are treated with respect, dignity, and fairness, regardless of their background or identity. We strive to create a safe and supportive space where everyone feels valued and accepted.

Any form of discrimination, harassment, or prejudice is strictly prohibited within our practice. We are dedicated to promoting equality and diversity in all aspects of our operations.

COMPETENCIES AND LEARNING ELEMENTS OF THE FELLOWSHIP

<u>The fellowship consists of eight competencies:</u>

1) Integration of science and practice;
2) Ethical and legal standards;
3) Individual and cultural diversity;
4) Evidence-based practices;
5) Psychoanalytic intervention;
6) Comprehensive assessment;
7) Professionalism and professional standards;
8) Independent private practice.

Learning elements towards competency in integration of science and practice:

1) Demonstrate knowledge in psychoanalytic and psychodynamic theory, including an appreciation of their strengths and limitations;
2) Demonstrate the ability to integrate psychoanalytic clinical research and/or theory when providing psychoanalytic psychotherapy;
3) Demonstrate the ability to appropriately evaluate the effectiveness of their therapeutic interventions, and integration of other modalities when necessary.

Learning elements towards competency in ethical and legal standards:

1) Conduct self in an ethical manner in all professional activities, recognizing ethical dilemmas as they arise, and applying ethical decision-making processes towards resolution;
2) Knowledgeable of, and acts in accordance with, the APA Ethical Principles of Psychologists and Code of Conduct;
3) Knowledgeable of, and acts in accordance with, all other relevant laws, regulations, rules, and policies governing health service psychologist at the organizational, local, state, regional, and federal levels.

Learning elements towards individual and cultural diversity:

1) Demonstrate awareness, appreciation, and responsiveness to individual and cultural diversity when engaged in professional work and practice;
2) Demonstrate awareness of how one's own diversity characteristics, attitudes, and biases may affect how they understand and interact with people different from themselves;
3) Demonstrate appreciation of the ways in which cultural and internal factors contribute to personality structure and functioning.

Learning elements towards competency in evidence-based practices:

1) Provide clinical interventions and engage in clinical activities that are evidence-based and have demonstrated efficacy;
2) Demonstrate ability to articulate an evidence-based rationale for clinical strategies used;
3) Demonstrate ability to integrate psychoanalytic and psychodynamic research to understand why an evidence-based intervention used should attain desired outcomes.

Learning elements toward the competency in psychoanalytic intervention:

1) Demonstrate the ability to formulate useful case conceptualizations of patients, within a contemporary psychoanalytic framework;
2) Implement therapeutic interventions within a contemporary psychoanalytic framework, and in an effective and flexible manner;
3) Evaluate therapeutic interventions effectiveness and integrate different treatment modalities when necessary.

Learning elements toward the competency in comprehensive assessment:

1) Conduct intake evaluations and create appropriate test batteries that incorporate relevant background information and addresses patient questions and concerns;
2) Demonstrate an ability to administer, score and interpret assessment results to inform case conceptualization, classification, and appropriate recommendations;
3) Write assessment reports that incorporate relevant data and conduct assessment feedback sessions wherein assessment results, diagnoses, recommendations, and resources are shared with patients.

Learning elements toward the competency in professionalism and professional standards:

1) Demonstrate professionalism and awareness of professional standards in their attitude, behavior, communication, and interactions with clients, supervisors, and staff;
2) Readily perform assigned tasks and use supervision effectively, being receptive to feedback;
3) Actively seek consultation and supervision when needed, including obtaining ongoing training and opportunities to improve their knowledge base.

Learning elements toward the competency in independent private practice:

1) Demonstrate the ability to build and maintain a full therapy caseload with intermittent assessment work, while managing the finances and administrative necessities of their caseload;
2) Demonstrate progress towards the completion of the Jurisprudence Examination and the Examination of the Professional Practice of Psychology (EPPP);
3) Demonstrate progress towards submission of application materials to the Texas Behavioral Health Executive Council/Texas State Board of Examiners of Psychologists for required exams and licensure.

SUPERVISION GUIDELINES AND TIME ALLOTMENT

Definition of Supervision

Supervision is an ongoing process, involving at least two individuals, the supervisor and supervisee, interacting with each other on a regularly scheduled basis regarding clinical psychological issues. The supervisor is responsible for overseeing the supervisee's work and helping the fellow grow as a clinician. In most cases, the supervisor and the supervisee work closely together to formulate appropriate clinical plans of treatment.
However, since the supervisor has the ultimate legal and ethical responsibility for the welfare of the client, it may be necessary for the supervisor to independently determine some specific course of action. It is only in unusual circumstances that supervisors find it necessary to exercise their authority over a fellow's work, in order to ensure the quality of clinical services being provided.

Purpose of Supervision

There are multiple goals for supervision. First, supervision is a process of interaction designed to enhance the learning experience of fellows. Clinical experience is essential to the education and advanced clinical training of a professional psychologist; supervision should be aimed at facilitating maximum learning out of that experience. As such, supervision is aimed at furthering the professional development of psychologists. Second, the supervisory process serves as a mechanism to protect the welfare of the client who will be the recipient of the fellow's clinical services. As such, supervision aims to ensure that supervisees learn to deliver safe, high quality, and relevant clinical services. Third, supervision should be directed toward supporting the aims and learning elements of the postdoctoral training program by designing supervision that enhances the skills that are used in practice and are relevant to the development of a responsible and effective professional psychologist.

Activities Requiring Supervision

Fellows receive supervision for all professional activities related to their postdoctoral training at DTA. These activities include: (a) therapeutic intervention, (b) psychological assessment, (c) consultation, and (d) any other clinical, research, or administrative activities in which the fellow participates in the role of a fellow at Dallas Therapy Alliance.

Structure of Supervision

The fellow receives four hours of supervision and other related learning activities a week.

At a minimum, the fellow receives three hours per week of regularly scheduled face-to-face supervision. The fellow will be assigned three clinical supervisors, including the Director of Training, at the beginning of the training program and before providing psychological services or engaging in the practice of psychology. The Director of Training and one additional supervisor will be primarily responsible for supervising adult and couples therapy cases, while the third supervisor will manage child therapy cases and assessments.

The fellow also receives one hour of group supervision a week, wherein they are expected to present case material and discuss cases presented by DTA professionals. Thus, the fellow receives a minimum of four hours of direct supervision a week in total.

Didactic training takes place throughout the year, usually through workshops, webinars, and conferences. DTA provides membership in the Society for Psychoanalysis and Psychoanalytic Psychology (Division39 of APA) and its local chapter, the Dallas Society for Psychoanalytic Psychology. The fellow will attend the meetings and workshops of the latter. In addition to the above the fellow receives $1000 in further didactic training, with the fellow and training directors working together to determine what kinds of training will optimize the fellow's training experience.

All supervisors are members of Dallas Therapy Alliance, and DTA designates each supervisor as professionally responsible for the cases they supervise. All supervisors are licensed psychologists in the State of Texas by the Texas Behavioral Health Executive Council and the Texas State Board of Examiners of Psychologists.

Fellows are expected to meet with each of their three assigned supervisors once a week for supervision regardless of patient cancellation or no-shows.

Specifically, of the fellow's 40 hours of work per week, three hours are spent in individual supervision with three different supervisors, and one hour is spent in group supervision. The fellow will build their caseload to thirty contact hours per week, which may include individual, couples, group, family and/or play therapy and psychological assessment. The fellow is required to carry at least three child and/or adolescent cases based on referrals and training needs, and complete one assessment per quarter for a total of four assessments by the end of the year.

<u>Assessment Supervision</u>

Fellows are taught an integrative, collaborative, and attachment/trauma informed approach to testing at DTA. Fellows will have the unique opportunity to train in a variety of testing domains (e.g., neuropsychological, academic, mood, personality) and models including traditional, therapeutic, and hybrid. Traditional assessment focuses on diagnosis whereas therapeutic and hybrid models approach testing from a therapeutic lens. Testing instruments are administered over the course of several sessions to answer specific testing questions offered by the patient and/or referring provider. Typical testing questions include: Why is my patient resistant to treatment? What is the best course of treatment for my patient? Why am I anxious or depressed? How does my childhood impact my current relationship struggles?

Fellows at DTA will receive training in administration, scoring, and interpretation of popular cognitive, academic, attention, language, and visual-motor assessment instruments, such as the WISC-V, WAIS-IV, WIAT-4, TEA-Ch-2, CPT-3, CATA, CTOPP-2, OWLS-II, WRAML-2, WRAVMA, and Beery VMI. There will also be ample training in projective assessments like the Rorschach, Children's Apperception Test, Projective Drawings, Sentence Completion, Early Memories Procedure, and Adult Attachment Projective, the latter of which is an attachment and trauma informed measure.

Fellows will be trained in the assessment process from start to finish, including scheduling intake appointments, building test batteries, billing insurance (if applicable), and administering, scoring, and interpreting assessments. Even though fellows will practice test administration and scoring throughout the year, they are expected to be at least familiar with all testing instruments used at DTA prior to the training year. Fellows are responsible for contacting the director of assessment training prior to the training year should they lack training in assessment protocols and/or specific testing domains (e.g., personality) and require assistance. They can request the DTA test log, which lists all available assessment protocols, and assessment manuals before the training year begins and prepare questions in advance of supervision meetings. All testing protocols and manuals at DTA are available for review by the fellow prior to the training year if needed.

DOCTORAL DEGREE REQUIREMENTS

DTA requires the fellow to possess a doctoral degree from an APA-or CPA-accredited program in clinical or counseling psychology. Fellows must have completed an APA or CPA-accredited internship OR an internship that meets APPIC standards; the doctoral internship must meet licensing requirements for the Texas Behavioral Health Executive Council and the Texas State Board of Examiners of Psychologists https://www.bhec.texas.gov. During the course of their graduate school program, fellows must complete 2000 hours of supervised internship training. All degree and internship requirements must be met prior to the start of any postdoctoral training, supervision, or rendering of services. On the first day of the fellowship the fellow will have in hand either their diploma or a letter from the director of graduate studies verifying the completion of all degree requirements pending institution graduation ceremony.

APA guidelines on specialty change are followed. Fellows having completed doctoral studies in fields other than clinical and counseling psychology must have received a certificate of equivalency from an APA/CPA accredited university program attesting to their having met APA/CPA standards, including internship.

The Dallas Therapy Alliance Postdoctoral Fellowship meets the licensure requirements for postdoctoral supervised practice. Completion of the program meets the postdoctoral supervised practice requirements for licensure set forth by the Texas Behavioral Health Executive Council and the Texas State Board of Examiners of Psychologists.

TEXAS BEHAVIORAL HEALTH COUNCIL DESIGNATION
The Dallas Therapy Alliance Postdoctoral Fellowship in Clinical Psychology has been reviewed by the Texas Behavioral Health Council and determined to be substantially equivalent to an APA accredited or APPIC member post-doctoral program. *See 22 TAC 882.26, Authorized Practice of Psychology Without a License.*

DURATION AND INTENSITY OF THE FELLOWSHIP
Dallas Therapy Alliance maintains one 12-month full-time postdoctoral fellow per year. The fellow completes a minimum of 1750 hours in that 12-month period. The fellow spends the entire duration of their time onsite at the DTA offices. DTA will follow APA guidelines on virtual practice and supervision in response to a pandemic or other disaster which precludes working in the office setting. Fellows will be expected to maintain a caseload of at least 30 client hours per week.

CERTIFICATE OF COMPLETION
Upon successful completion of the DTA's Postdoctoral Fellowship, the fellow will be granted a certificate of completion that will certify completion of a postdoctoral fellowship in Clinical Psychology. The certification will also indicate the beginning and ending dates of the fellow's training and will be signed by the Director of Training.

ETHICAL GUIDELINES AND REGULATIONS
Fellows are responsible for knowing and abiding by the guidelines of Dallas Therapy Alliance's Postdoctoral Fellowship outlined in this document and the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct. To successfully complete the DTA Postdoctoral Fellowship, fellows are required to fulfill the program requirements outlined in this document.

EVALUATION PROCESS
Although informal feedback is offered frequently so that the supervisee can be accurately aware of their progress, official evaluation occurs twice a year. Each of the fellow's supervisors is expected to evaluate the fellow's clinical performance. Supervisors will document their assessment of the fellow at the end of each six months by filling out an evaluation form provided by the Director of Training. The fellow is required to attain the Minimum Level of Achievement in each measured competency. A copy of the evaluation form is available at the end of this handbook.

Supervisors will review their evaluation form with their supervisees. The results will be discussed openly to provide direct feedback. Disagreement concerning the evaluation needs to be discussed carefully, tactfully, and thoroughly until all problems are resolved or, at least, until the conflict is clearly understood by both the supervisor and supervisee. The student's written acknowledgment that they have seen the evaluation is required, and their comments are invited on the evaluation form.

While twice per year is the required time frame of the evaluation process, if the supervisor or a training director feels that the completion of an additional evaluation form would be helpful to the fellow this can be arranged at any time during the fellowship. This written

evaluation is the primary means of giving the training directors feedback on the progress of the fellow.

If the fellow disagrees with some aspect of their evaluation or the evaluation as a whole, the fellow has the option to file a concern via the Due Process Procedures outlined in this document.

DUE PROCESS PROCEDURES

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a fellow. The fellowship's Due Process Procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

Rights and Responsibilities

These procedures are a protection of the rights of both the fellow and the training program; and they carry responsibilities for both.

Fellows: The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program: DTA has the right to implement these Due Process Procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension, and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this document, a problem 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) An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1) The 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 the scheduled sequence of clinical or didactic training;
3) The quality of services delivered by the 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;
6) The trainee's behavior does not change as a function of feedback, and/or time;
7) The problematic behavior has potential for ethical or legal ramifications if not addressed;
8) The fellow's behavior negatively impacts the public view of the agency;
9) The problematic behavior potentially causes harm to a patient or another person.

Informal Review

When a supervisor or other faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

Formal Review

If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a fellow receives a rating below the minimum level of achievement on any learning element on a supervisory evaluation, the following process is initiated:

1) Notice: The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

2) Hearing: The supervisor or faculty/staff member will hold a Hearing with the training director and fellow within ten working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the training director is the supervisor who is raising the issue, an additional faculty member who works directly with the fellow will be included at the Hearing. The fellow will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.

3) Outcome and Next Steps: The result of the Hearing will be any of the following options, to be determined by the training director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within five working days of the Hearing:

   A. Issue an "Acknowledgement Notice" which formally acknowledges:
      i. That the faculty is aware of and concerned with the problem;
      ii. That the problem has been brought to the attention of the fellow;
      iii. That the faculty will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating;
      iv. That the problem is not significant enough to warrant further remedial action at this time.

   B. Place the fellow on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and training director, actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the training director. A written Remediation Plan will be shared with the fellow in writing and will include:
      i. The actual behaviors or skills associated with the problem;
      ii. The specific actions to be taken for rectifying the problem;
      iii. The time frame during which the problem is expected to be ameliorated;
      iv. The procedures designed to ascertain whether the problem has been appropriately remediated.

   At the end of this remediation period as specified in 'iii' above, the training director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the fellow's permanent file. If the problem has not been remediated, the training director may choose to move to Step 4 below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

   C. Place the fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the Training Director. A written Suspension Plan will be shared with the fellow in writing and will

include:

i. The actual behaviors or skills associated with the problem;
ii. The specific actions to be taken for rectifying the problem;
iii. The time frame during which the problem is expected to be ameliorated;
iv. The procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'iii' above, the training director will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation place the fellow on a probationary status with a Remediation Plan. In this case, the process in Step B above would be followed. This statement will become part of the fellow's permanent file.

4) If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the fellow's placement within the fellowship program may be terminated. The decision to terminate a fellow's position would be made by the program and would represent a discontinuation of participation by the fellow within every aspect of the training program. DTA would make this determination during a meeting convened within ten working days of the previous step completed in this process. The training director may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

<u>Appeal Process</u>

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an Appeals Hearing before the training director and supervisors. This request must be made in writing to the training director within five working days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the training director and consisting of the training director and the other two supervisors who work directly with the fellow. The fellow may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within ten working days of the fellow's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them.

If the fellow is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the other two partners who do not directly supervise the fellow. The appeal must be submitted in writing within five working days of the decision being

appealed. The training director has final discretion regarding outcome.

GRIEVANCE PROCEDURES

Grievance Procedures are implemented in situations in which a fellow raises a concern about a supervisor or other faculty member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the fellowship program.

Informal Review

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the training director in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the training director. If the training director is the object of the grievance, the grievance should be submitted to another supervisor. The individual being grieved will be asked to submit a response in writing. The training director (or other supervisor, if appropriate) will meet with the fellow and the individual being grieved within ten working days. In some cases, the training director or other supervisor may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g., issues with policies, curriculum, etc.) the training director and other supervisor will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

1) The behavior/issue associated with the grievance;
2) The specific steps to rectify the problem;
3) Procedures designed to ascertain whether the problem has been appropriately rectified.

The Director of Training or supervisor will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the training director or other supervisor in writing within ten working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the training director or supervisor will convene a review panel consisting of themselves and at least two other members of the training faculty within ten working days. The fellow may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

COMPENSATION & RESOURCES

Compensation is a percentage of the revenue that is collected by Dallas Therapy Alliance

for clinical services provided by the fellow. The fellow's compensation is adjusted upward throughout the year to account for the fellow's advancement in the training program.

Fellow Compensation as a Percentage of Revenue by Fiscal Quarter

Quarter	Compensation
Q1	50%
Q2	60%
Q3	70%
Q4	80%

Compensation is competitive and on par with stipends provided by APPIC member training programs in the Dallas-Fort Worth, Texas geographic region. For instance, over each of the past five years DTA's fellowship compensation was over $79,000.

GUIDANCE AND SUPPORT TOWARDS TRANSITION INTO PRIVATE PRACTICE

In addition to the clinical training opportunities afforded by participation in the postdoctoral fellowship program, fellows will receive training that allows for a transition into private practice.

1) Establishing a Professional Identity: Although developing a professional identity occurs over the entire course of training, guidance is provided during this critical transition on matters including clinical and business considerations specific to private practice. This encompasses the formal (e.g., personal write-up for DTA and marketing websites) and informal ways in which you communicate your practice to current and potential clients.
2) Practical Skills: One of the requirements of private practice is navigating the practical demands of operating a business. The fellowship provides support as you determine your approach to matters including marketing, schedule management, navigating the insurance/billing process, and establishing policies for payment and late cancellations.
3) Future Planning: Fellows in good standing at the conclusion of the fellowship will be helped in navigating the Texas licensure process, as well as the search for office space. They will also be provided discounted supervision for six months after the end of their training, along with potential referrals as they transition into private practice.

EXPENSES

The fellow's office is furnished with a desk, office chair, therapist chair, table, cabinet, and couch. Rent starts at zero (1st quarter) and is adjusted upward throughout the year to account for the fellow's increased revenue gains. While percentages remain the same each year, cost of rent does not. These figures are only estimates based on 2023/2024:

Rent Expenses as a Percentage of Office Overhead by Fiscal Quarter

Quarter	DTA Funding	Paid by DTA	Paid by Fellow
Q1	100%	$3384.00	$0.00
Q2	50%	$1692.00	$1692.00
Q3	25%	$863.00	$2589.00
Q4	0%	$0.00	$3582.00
TOTAL		**$5939.00**	**$7863.00**

Additionally, the fellow is responsible for acquiring their own professional liability insurance.

DALLAS THERAPY ALLIANCE POSTDOCTORAL FELLOWSHIP FINAL EVALUATION FORM

Name of Postdoctoral Fellow: _____

Name of Supervisor: _____

Name of DTA Director of Training: William Archuleta, PhD

Dates of Supervision (Month/Year)	**From:**	**To:**

Directions for Supervisors:
For each individual competency indicate the fellow's level of competence using the 1-6 scale below each competence. Supervisors must elaborate on competencies rated below the minimal level of achievement, including specific things to improve.

Note the following minimal levels of achievement.
In order to maintain good standing in the program, for the Mid-Year Evaluation, the fellow needs to be rated at least "3" in each competency area. In order for successful completion of the program, for the Final Evaluation, the fellow needs to be rated at least "5" in each competency area.

Description of Competence Ratings:

6	**Expert Competence:** Demonstrates a level of competence commensurate with that of an experienced practicing clinician. Most fellows will not achieve this level in all competency domains during fellowship. Almost all of the routine communication in supervision is from the fellow to the supervisor. Supervision is collaborative and collegial and may resemble peer supervision between independent practitioners. There are no significant gaps in knowledge or skills.
5	**Advanced Competence:** Fellows demonstrate advanced competence consistent with early independent practice at a high level. This is the expected level of competency at the end of fellowship. Fellows are able to handle all facets of the competency area such that no supervision is needed, although it is still required. Supervision is fully collaborative and collegial. There are no concerning gaps in knowledge or skills.
4	**Intermediate to Advanced Competence:** Fellows continue on trajectory toward advanced competency. Fellows demonstrate competency in nearly all cases with exception of the most non-routine or unusual situations. Supervision is similar to interactions between independent providers with very little direction. Supervision focuses mostly on nuances of clinical practice, professionalism, teaching/supervision, and scholarship.
3	**Intermediate Competence:** Fellows are clearly on a trajectory toward advanced competency. Competency is demonstrated in all but non-routine cases. This is the level expected at the mid-point of the fellowship. Supervision is less directive and time intensive. Supervision is more collaborative. Gaps in skills and/or knowledge may be a focus of supervision. There are no concerns about critical thinking skills.
2	**Early Competence:** Competence is consistent with expectations for the beginning of fellowship. Supervision is often directive and frequently addresses skill and knowledge acquisition. Fellows may have uneven areas of ability with relative strength in routine and familiar clinical situations but lack of skills and/or knowledge in non-routine cases or unfamiliar clinical situations. Supervision may be time-intensive, particularly in areas of growth or limited familiarity. Good critical thinking skills are evident in clinical activities. Remediation is typically unnecessary.
1	**Basic Competence:** Competence is below expectations for beginning fellowship. Supervision is mostly directive, focused on skill and knowledge acquisition, and basics of critical thinking. Supervision is more time-intensive than typical for entry-level fellows. Multiple large gaps in skills and/or knowledge are present. Remedial work may be required in this competency.
N/A	**Not Applicable**: Insufficient data to provide rating.

Competencies & Learning Elements

Basic Competence	Early Competence	Intermediate Competence	Intermediate to Advanced Competence	Advanced Competence	Expert Competence
Below expectations, may need remediation	Many growth areas, supervision needed, start of fellowship	Progress, with some gaps in skill, mid-fellowship	Some independence, benefits from supervision	Ready for independent practice, end of fellowship	Similar to experienced clinician, exceptional
1	**2**	**3**	**4**	**5**	**6**

I. Integration of Science and Practice:	***Score***
Demonstrate knowledge in psychoanalytic and psychodynamic theory, including an appreciation of their strengths and limitations	
Demonstrate the ability to integrate psychoanalytic clinical research and/or theory when providing psychoanalytic psychotherapy	
Demonstrate the ability to appropriately evaluate the effectiveness of their therapeutic interventions, and integration of other modalities when necessary	
II. Ethical and Legal Standards	***Score***
Conduct self in an ethical manner in all professional activities, recognizing ethical dilemmas as they arise, and applying ethical decision-making processes towards resolution	
Knowledgeable of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct	
Knowledgeable of and acts in accordance with all other relevant laws, regulations, rules, and policies governing health service psychologist at the organizational, local, state, regional, and federal levels	
III. Individual and Cultural Diversity	***Score***
Demonstrate awareness, appreciation, and responsiveness to individual and cultural diversity when engaged in professional work and practice	
Demonstrate awareness of how one's own diversity characteristics, attitudes, and biases may affect how they understand and interact with people different from themselves	
Demonstrate appreciation of the ways in which cultural and internal factors contribute to personality structure and functioning	

Competencies & Learning Elements

Basic Competence	Early Competence	Intermediate Competence	Intermediate to Advanced Competence	Advanced Competence	Expert Competence
Below expectations, may need remediation	Many growth areas, supervision needed, start of fellowship	Progress, with some gaps in skill, mid-fellowship	Some independence, benefits from supervision	Ready for independent practice, end of fellowship	Similar to experienced clinician, exceptional
1	**2**	**3**	**4**	**5**	**6**

IV. Evidence-Based Practices	***Score***
Provide clinical interventions and engage in clinical activities that are evidence-based and have demonstrated efficacy	
Demonstrate ability to articulate an evidence-based rationale for clinical strategies used	
Demonstrate ability to integrate psychoanalytic and psychodynamic research to understand why an evidence-based intervention used should attain desired outcomes	
V. Psychoanalytic Intervention	***Score***
Demonstrate the ability to formulate useful case conceptualizations of patients, within a contemporary psychoanalytic framework	
Implement therapeutic interventions within a contemporary psychoanalytic framework, and in an effective and flexible manner	
Evaluate therapeutic interventions effectiveness and integrate different treatment modalities when necessary	
VI. Comprehensive Assessment	***Score***
Conduct intake evaluations and create appropriate test batteries that incorporate relevant background information and addresses patient questions and concerns	
Demonstrate an ability to administer, score and interpret assessment results to inform case conceptualization, classification, and appropriate recommendations	
Write assessment reports that incorporate relevant data and conduct assessment feedback sessions wherein assessment results, diagnoses, recommendations, and resources are shared with patients	

Competencies & Learning Elements

Basic Competence	Early Competence	Intermediate Competence	Intermediate to Advanced Competence	Advanced Competence	Expert Competence
Below expectations, may need remediation	Many growth areas, supervision needed, start of fellowship	Progress, with some gaps in skill, mid-fellowship	Some independence, benefits from supervision	Ready for independent practice, end of fellowship	Similar to experienced clinician, exceptional
1	**2**	**3**	**4**	**5**	**6**

VII. Professionalism and Professional Standards	***Score***
Demonstrate professionalism and awareness of professional standards in their attitude, behavior, communication, and interactions with clients, supervisors, and staff, including demonstrating sensitivity to the perceptions of others towards their behavior	
Readily perform assigned tasks and use supervision effectively, being receptive to feedback	
Actively seek consultation and supervision when needed, including obtaining ongoing training and opportunities to improve their knowledge base	
VIII. Independent Private Practice	***Score***
Demonstrate the ability to build and maintain a full therapy caseload with intermittent assessment work, while managing the finances and administrative necessities of their caseload	
Demonstrate progress towards the completion of the Jurisprudence Examination and the Examination of the Professional Practice of Psychology (EPPP)	
Demonstrate progress towards the submission of application materials to the Texas Behavioral Health Executive Council/Texas State Board of Examiners of Psychologists for required exams and licensure	

LISTING OF FELLOW'S CURRENT STRENGTHS:
Comments:
LISTING OF FELLOW'S OPPORTUNITIES FOR IMPROVEMENT:
Comments:
OPTIONAL – FELLOW'S RESPONSE, ELUCIDATION, OR COMMENTS:
Comments:

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Trainee's Signature **Date**

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Supervisor's Signature **Date**

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Director of Training's Signature **Date**