



The Children's Assessment Center

Protect Children. Heal Families. Prevent Abuse.

The Harris County Children's Assessment Center
Postdoctoral Fellowship Handbook
2026-2027

The aim of the HCCAC psychology postdoctoral fellowship program is to assist doctoral-level clinicians in gaining advanced competency in the provision of a broad range of clinical and scholarly psychology functions in a manner consistent with APA Ethical Standards. Our ultimate goal is to assist fellows in practicing competently, respectfully, ethically, and empathetically in the delivery of mental health and psychological services, while remaining ever cognizant of the individual and social determinants of health of the clients being served.

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The mission of The CAC is to provide a professional, compassionate, and coordinated approach to the treatment of sexually abused children and their families and to serve as an advocate for all children in our community.

Our organization exists to protect children, heal families, and prevent abuse. There are over 900 child advocacy centers nationwide, including over 70 in Texas, that are dedicated to helping children and families who have been affected by child sexual abuse. The Children’s Assessment Center (The CAC) was established in 1991 in Houston, Texas. The CAC is the only children’s advocacy center serving Harris County and one of the largest in the nation. In 2000 The CAC was accredited by the National Children’s Alliance, becoming one of the very first accredited advocacy centers in the nation.

Sadly, before the implementation of children’s advocacy centers, there was not a streamlined process for children. Children were often interviewed multiple times by various law enforcement agencies, medical professionals, and mental health professionals. Here at The CAC, we know that having to recount abuse several times can be retraumatizing and sought to find a solution to make this process as trauma-informed as possible.

The goal of The CAC is to provide all of the services children need in one place. We provide space in our building for dozens of other agencies that we collaborate with to meet the needs of children. We provide trainings in the community to children, families, schools, medical professionals, and other organizations who strive to protect children from abuse. We train the partners within our building on how to work together for the most effective, collaborate multidisciplinary approach to child abuse cases. Within our building, we provide forensic interviewing, therapy and psychological services, and medical services free of charge to our clients. Our hope is that our process will provide children and families the tools necessary to help them on their journey to heal from abuse. We exist to help our community become a better, safer place for each child of Harris County.

This handbook serves as a guide to the format and purpose of the psychology fellowship program and provides a formal description of its fundamental policies. It outlines the various elements of the training program for the benefit of the training committee, supervising staff, and fellows. This handbook

incorporates policy and program documents, which guide the fellowship year and help facilitate the fellow's acclimation to this working environment.

Life as an HCCAC Fellow

The Children's Assessment Center is located near Rice University in Houston's Rice Village District. There are over 100 restaurants and retailers within walking distance from The HCCAC, which provides a convenient opportunity for both staff and interns to take brief breaks throughout the workday. Given the sensitive nature of our clinical work, self-care is encouraged and emphasized as an integral part of our program. Likewise, fellows are urged to take advantage of their accrued flex hours, vacation time, and yearly floating holiday to promote well-being and reduce the effects of vicarious trauma.

Houston is the fourth most populous city in the United States and is consistently ranked as the nation's most diverse city. Such diversity offers interns opportunities to be exposed to different cultures, languages, and (especially) foods. In fact, *The Washington Post* named Houston one of "America's Best Food Cities." In addition, the Museum District, Theater District, large city parks, and Downtown area contribute to Houston's vibrant culture by hosting events that showcase the art and music scene. Houston's signature event, the Livestock Show and Rodeo, features some of the world's biggest recording artists and hosts a championship Bar-B-Que contest. Finally, if you're a sports fan, Houston is home to the Texans football team, the Rockets basketball team, the Astros and Space Cowboys baseball teams, and the Dynamo and Dash soccer teams.

The Department

The HCCAC is a multidisciplinary institution with a mission to promote the complete healing of child victims of sexual abuse, as well as their families. Once sexual abuse has been disclosed, children needing therapeutic treatment or psychological testing are referred to The HCCAC's Therapy and Psychological (T&P) Services Department. The T&P team consists of six licensed psychologists, two doctoral psychology interns, two post-doctoral fellows, advanced psychology trainees, over 20 master's level mental health clinicians, and interns with backgrounds in Counseling. In addition, psychiatric services for evaluation, consultation, and ongoing medication management are available when necessary. We also have Licensed Sex Offender Treatment Providers and Affiliate-Sex Offender Treatment Providers (A-SOTP) who offer services to juveniles with sexually acting out behaviors through the BASE Program.

Common treatment modalities include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Child and Family Traumatic Stress Intervention (CFTSI), family systems, psychodynamic, and play therapy. Other approaches may incorporate experiential and expressive components, such as art

and sand tray therapies. Due to the diverse needs of our clientele, Spanish/English-bilingual clinicians are available for psychological evaluations and all types of therapy. Supervision specifically related to each treatment modality and diverse populations, including bilingual intervention and psychological evaluation, is provided. In order to meet current standards issued by the National Children's Advocacy Center (NCAC), our program may request that you receive training in the evidence-based modalities approved by NCAC. Through the use of traditional and expressive therapies, clinicians are better able to provide services individually tailored to meet the needs of clients and their families within a framework that considers individual differences.

Collaborating Organizations and Their Roles

The HCCAC collaborates with professionals from 60 Partner Agencies, which include law enforcement, medical and mental health clinicians, and governmental investigative entities, all with the common goal of protecting children. Listed below are some of the agencies with which The HCCAC collaborates:

- Baylor College of Medicine/Texas Children's Hospital – Provides specialized medical evaluations, medical treatment, and follow-up services.
- Child Advocates, Inc. /Court-Appointed Special Advocates – Provides court-appointed volunteers that regularly visit children in protective custody and advocate on their behalf in criminal and family court cases.
- Communities in Schools, Houston, Inc. – Provides on-campus student assistance services for at-risk students to empower them to remain in school.
- Crime Stoppers of Houston, Inc. – Provides a toll-free hotline where callers can report information leading to the arrest and conviction of child sexual abuse perpetrators.
- Federal Bureau of Investigation – Performs investigative interviews with children relating to Internet Child Pornography and Child Sexual Exploitation cases. Evidence collected is used in the prosecution of both local and traveler pedophiles in state and federal cases.
- Harris County Attorney's Office – Represents the State of Texas in all matters concerning the care, custody, and welfare of the children and provides legal consultation regarding the management of The HCCAC program.
- Harris County District Attorney's Office – Evaluates cases for prosecution and provides legal consultation for law enforcement personnel.
- Harris County Institute of Forensic Sciences – Provides medical examination and forensic laboratory services. These include forensic pathology and investigations from which clinical, historical, and circumstantial information crucial to each case is gathered.
- Harris County Protective Services for Children and Adults – Provides investigating and ongoing substitute care caseworkers and refers clients to The HCCAC.

- ❑ Harris County Public Health and Environmental Services – Provides information on both historical and current statistical trends in child fatalities occurring in Houston/Harris County.
- ❑ Houston Area Women’s Center/Children’s Court Services – Provides professional accompaniment to children on criminal court cases and assists families with Crime Victims Compensation Fund applications.
- ❑ Houston-Metro Internet Crimes Against Children (ICAC) – Provides assistance to state and local enforcement agencies to enhance their investigative response to offenders who use the internet, online communications systems, or other computer technology to sexually exploit children.
- ❑ Memorial Hermann Healthcare System – Contributes to the program through ongoing consultation and support.
- ❑ Texas Center for the Missing – Provides services to families with missing children.
- ❑ Texas Department of Family and Protective Services (TDFPS) – Exercises their statutory responsibilities of protecting children and investigating complaints of child abuse and neglect.
- ❑ U.S. Attorney’s Office – Provides assistance with cases involving internet crimes against children and human trafficking of children, as well as other violations against children which occur on federal property.

In some cases, extensive collaboration among agencies is warranted to clarify roles and facilitate the development of treatment goals for each agency involved. Interns can participate in this particular collaboration by attending the Child Sexual Abuse Review Team (CSART) meeting each month. This monthly meeting has proven to be exceptional in the socialization of interns with professionals in the community and in familiarizing them with the multidisciplinary process.

Accreditation

The HCCAC’s fellowship program is not accredited by the American Psychological Association (APA). .

The HCCAC is an accredited member of the National Children’s Alliance since 2000 and a member of the Children’s Advocacy Centers of Texas, Inc., a statewide association that promotes the efforts of local children’s advocacy centers.

Chapter 2 – The HCCAC Psychology Fellowship Program

Since its re-inception in 2022, the HCCAC doctoral psychology fellowship program provides clinicians with an opportunity to enhance core competencies and work with a diverse population. Despite the fact that the primary reason for referral is that clients and families have experienced sexual abuse, clients present with a complex array of behavioral issues and mental health needs as a sequelae of sexual abuse and other types of trauma. Approximately 75 percent of children and caregivers are diagnosed with Post Traumatic Stress Disorder and 100 percent exhibit one or more symptoms of trauma. Clients also present with comorbid disorders of substance abuse/dependence, eating disorders, bipolar and depressive mood impairments, elimination and sleep dysfunctions, dissociation, and disruptive, impulse control, and conduct disorders.

In 2023, we served 6,123 children and families at The HCCAC. In the same year within the Therapy & Psychological Services Department, 10,215 clinical services (e.g. therapy, psychological evaluations, and psychiatric services) were provided to children who are victims of sexual abuse and their siblings and caregivers. The majority of the services were provided to child survivors, and 1,818 clinical services were provided to adults.

According to 2021 data, the HCCAC's client demographics indicate that approximately 20% live below poverty and include the following breakdown of racial/ethnic categories: 12% Caucasian, 24% African-American, 56% Latino, 2% Asian, Native American or Alaskan descent and 2% Multi-racial. Of the children who received services at The HCCAC in 2023, 28% fell within the 0-6 age group, 37% fell within the 7-12 age group, and 36% fell within the 13-18 age group. Approximately 75% of the child client population were female and 24% were male.

Our health psychology program aims to train competent trauma psychologists in the profession-wide competencies (PWCs) outlined by the APA, including the areas of research, ethical and legal standards, individual and social determinants of health, professional values and attitudes, communication and interpersonal skills, assessment, intervention, leadership, supervision, and consultation and interpersonal/interdisciplinary skills.

The overarching goal of the psychology fellowship program is to prepare professionals to successfully meet the unique challenges of a community mental health setting and advocacy center and to ensure clinical competency in working with clients from diverse backgrounds. The HCCAC psychology fellowship program has identified nine profession-wide competencies, with specific objectives expected to be met at the end of the fellowship year, and these are outlined in this manual. Each year, the psychology

fellowship training program accepts two fellows on a yearly basis who participate in varied training experiences.

The HCCAC site openings are listed through APPIC. To apply for consideration, applicants must apply directly through the Harris County website.

<https://www.governmentjobs.com/careers/harriscountytx/jobs/4691070/postdoctoral-fellow?keywords=postdoctoral%20fellow&pagetype=jobOpportunitiesJobs>

Chapter 3 – Training Philosophy, Amis, and Expected Competencies

Training Experiences

Psychological Services

Fellows conduct services on-site and have the opportunity to provide teletherapy services for appropriate clients. Fellows also collaborate with a multidisciplinary team including Department of Family and Protective Services (DFPS), the District Attorney's (DA) Office, law enforcement, forensic interviewers, physicians, and court-appointed volunteers. Fellows provide psychotherapy to clients (child, adolescent, and adult) with a variety of disorders, particularly posttraumatic symptomatology due to child sexual abuse. In addition, fellows complete an average of four to six trauma-informed psychological evaluations per year. During their 40-hour workweek schedule, fellows maintain a weekly caseload of 12-15 individual and family therapy clients and 1-2 groups. The fellows will co-facilitate these groups with full-time staff members and psychology trainees and have an opportunity to lead a victim's group covering TF-CBT PRAC skills. Fellows also conduct psychological assessments throughout the training year. They maintain one testing case at a time and are allotted approximately 2 hours each week for assessment administration and scoring. Doctoral fellows gain a breadth of experience that helps further develop their clinical knowledge and skills. In addition, fellows are part of a multidisciplinary team that is comprised of clinicians from diverse educational backgrounds and are afforded opportunities to staff and consult on cases with many different agencies, including Child Protective Services, law enforcement, forensic services, physicians, and statewide district attorneys. Fellows gain multifaceted experiences by sharing office space with other fellows from multiple disciplines. All fellows have access to their own computer or work laptop and phone extension to complete their daily tasks. Fellows work 40 hours per week on average. When hours exceed this amount, doctoral fellows are compensated with additional time off.

Psychological evaluations are conducted by both English- and Spanish-speaking clinicians in the client's dominant language. Evaluations of children and adolescents assess intellectual ability, social/emotional functioning, posttraumatic symptomatology, and achievement using both objective and projective measures (e.g., Trauma Symptom checklists, Rorschach, drawings, Wechsler scales, etc.). In addition, for caregivers, personality and quality of parent-child relationship are also assessed. Fellows are encouraged to enhance their knowledge and experience with the many instruments that are available to them and are expected to become proficient in diagnostic skills, writing evaluations, and generating pertinent recommendations. A licensed psychologist provides weekly supervision that is directly related to assessment.

Structured Learning Opportunities

Supervision: Fellows participate in 2 hours of individual supervision with a direct supervisor, who is a licensed psychologist, 1 hour of group assessment supervision with a licensed psychologist, and facilitate 1 hour of group intern supervision focusing on individual and social determinants of health. The fellows also engage in group supervision, focusing on their experience with the provision of supervision.

Didactics: At least two hours per week are devoted specifically to didactics or case presentations. Didactics cover a variety of domains relevant to child sexual abuse, sexual exploitation, and other related topics. Examples of didactic topics include human trafficking, court testimony, internet crimes against children, and multicultural competence. Case presentations give fellows the opportunity to consult with other clinicians on challenging cases and to provide constructive feedback during peer review.

Mutual Case Staffing: One hour per week is set aside for fellows to collaborate with other T&P team members regarding shared cases.

Journal Hour: Fellows participate in bi-weekly journal hour meetings to present and discuss research relevant to child sexual abuse. Example topics include evidence-based treatment, human trafficking, court testimony, delayed disclosure, recantation, youth with problematic sexual behaviors, vicarious trauma, and compassion fatigue. In addition, during the last journal hour every other month, clinicians present on an article relevant to issues of individual social determinants of health.

Treatment Consultation Groups: Fellows can also choose to participate in one or more of the monthly treatment consultation groups where clinicians participate in case presentations and provide/receive feedback from other clinicians on the implementation of TF-CBT, EMDR, Play therapy, and Problematic Sexual Behavior (PSB) in the treatment of survivors of child sexual abuse.

Orientation: The first few weeks of the fellowship involve orientation activities for the new fellows, including at least one formal day of "New Employee Orientation" through Harris

County. Fellows spend a significant amount of time learning about the various HCCAC departments, visiting civil and criminal court hearings, observing forensic interviews, touring the medical clinic where sexual assault exams are conducted, and meeting with investigators and other agencies involved in crimes against children. In addition, new fellows meet with the managers in the Therapy & Psychological Services Department and their primary supervisors in the first couple of weeks to learn policies and procedures at the agency and department level, as well as specific ones related to the fellowship training program. The fellowship policies and procedures are included in this handbook to serve as a resource throughout the fellowship year, and the fellow binder includes the T&P New Employee Orientation Manual.

Profession-Wide Competencies

In accordance with the Commission on Accreditation (CoA), which requires that trainees develop certain competencies as part of their preparation for practice in psychology, the HCCAC doctoral fellowship training program adheres to the following training requirements:

- **Consistency in the professional value of individual and social determinants of health.** Individual and Social determinants of health is a site competency area and appropriate training and attention to these issues will be incorporated into each of the other profession-wide competencies.
- **Consistency with existing and evolving bodies of general knowledge and methods in the science and practice of psychology.** The CoA expects that profession-wide competencies will be grounded, to the extent possible, in empirical literature and in a scientific orientation toward the most current psychological knowledge and methods.
- **Level-appropriate training.** Training in profession-wide competencies at the doctoral and fellowship levels provides broad and general preparation for advanced independent practice and licensure.
- **Level-appropriate expectations.** According to CoA, programs require fellows to demonstrate profession-wide competencies that differ according to the level of training provided. As such, fellows are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as the fellowship year progresses.

- **Evaluation of trainee competence.** Evaluation of fellows' competence in each profession-wide competence is an integral part of the training program, with evaluation methods and minimum levels of performance identified in each area.

The training curriculum emphasizes nine profession-wide competencies with specific objectives that are expected to be met by the end of the fellowship. Progress toward these goals is informally assessed throughout the year, and any concerns noted are discussed with the fellow by his or her supervisor. Fellows are formally assessed twice a year, using mid- and end-of-year evaluations. The primary supervisor, provided with feedback from other supervisors and clinicians who work with the fellow, evaluates the fellow twice yearly on his or her progress in each of the following areas:

Goal 1. Research Postdoctoral residents are expected to:

Objective A. Engage in Clinical Health Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry

Objective B. Apply scientific methods in Clinical Health Psychology activities

Goal 2. Professional Values, Attitudes, and Behaviors Postdoctoral residents are expected to:

Objective A. Behave in ways that reflect the values and attitudes of psychology and Clinical Health Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Objective B. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

Objective C. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

Objective D. Respond professionally in increasingly complex situations with a greater degree of independence.

Objective E. Apply scientific knowledge and skills in Clinical Health Psychology to advocate for equity and access to quality care.

Objective F. Demonstrate an emerging professional identity consistent with the Clinical Health Psychology specialty.

Goal 3. Communication and Interpersonal Skills Postdoctoral residents are expected to:

Objective A. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Objective B. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

Objective C. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Goal 4. Assessment Postdoctoral residents are expected to:

Objective A. Select and apply evidence-based biopsychosocial assessment methods appropriate for the patient's physical illness, injury, or chronic health condition/disability and collects relevant data using multiple sources and methods appropriate for identified presenting problems and assessment question.

Objective B. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Objective C. Assess factors that facilitate or inhibit knowledge, values, attitudes, or behaviors affecting health functioning, treatment and treatment adherence and health care utilization of patients, and when applicable, populations.

Objective D. Assesses the biopsychosocial impact of undergoing medical procedures (e.g., screening, diagnostic, and intervention/prevention procedures).

Goal 5. Intervention Postdoctoral residents are expected to:

Objective A. Implement evidence-based biopsychosocial interventions to treat or prevent health and behavioral health-related issues of patients and, when applicable, populations.

Objective B. Evaluate, select, and administer appropriate biopsychosocial assessments to monitor and evaluate the process and outcomes of treatment for patients and, when applicable, populations.

Objective C. Monitor adherence to medical treatment and psychological interventions and demonstrate skill in addressing health behaviors to improve adherence.

Goal 6. Teaching/Supervision Postdoctoral residents are expected to:

Objective A. Demonstrate knowledge of supervision models and practices related to Clinical Health Psychology.

Objective B. Teach and supervise others by accurately, effectively, and appropriately presenting information related to Clinical Health Psychology.

Goal 7. Consultation and Interprofessional/Interdisciplinary Skills Postdoctoral residents are expected to:

Objective A. Demonstrate knowledge and respect for the roles and perspectives of other professions.

Objective B. Conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.

Objective C. Apply knowledge of consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Objective D. Engage interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical health psychologists.

Objective E. Provide education about health psychology concepts and practices or methods and procedures to other professionals and/or trainees.

Goal 8. Leadership Postdoctoral residents are expected to:

Objective A. Demonstrate leadership within an interprofessional team or organization related to the practice of Clinical Health Psychology.

Objective B. Demonstrate the ability to develop or enhance a Clinical Health Psychology practice, educational program, or program of research.

Goal 9. Develop a trauma-focused specialty. Postdoctoral residents are expected to:

Objective A. Demonstrate effectiveness in treating a trauma-based population, specifically as it relates to clients with a history of childhood sexual abuse.

Objective B. Demonstrate effectiveness in conducting psychological evaluations with clients with complex trauma histories.

Objective C. If not already completed an evidence-based treatment (EBT) certification prior to starting the fellowship, fellows are expected to complete an EBT training within the fellowship year, either in TF-CBT or EMDR, whichever is offered during the timeframe of the training year.

Chapter 4 – Roles and Responsibilities of the Training Program

The Training Director

The Training Director, Rosa Macklin-Hinkle, Psy.D., holds primary responsibility for the day-to-day functioning of the fellowship training program, which includes planning, monitoring, and routine decision-making often in consultation with other training committee members. The Training Director reports to Dr. Jaffer, the Clinical Director of Therapy & Psychological Services. Fellows will meet with the Training Director periodically, with a focus on meeting goals identified in the training plan, professional development goals, and feedback related to the program and their current supervisor. Fellows will also

receive supervision from the following faculty members, who are part of the Training Committee.

The Training Committee Members

- **Anita Ali Jaffer, Psy.D. -Clinical Director of Therapy & Psychological Services.** Dr. Jaffer oversees the day-to-day functioning of the Therapy & Psychological Services Department, serves as a support to the training program, and ensures overall quality of provision of mental health services with adherence to accreditation standards. Dr. Jaffer received her Bachelor of Science degree in Psychology, Spanish, and Biology at University of Denver and completed her Doctoral degree in Clinical Psychology in 2013. Dr. Jaffer is a Licensed Psychologist in the state of Texas and has completed psychological assessments to English-speaking and Spanish-speaking children and adults at The HCCAC. Dr. Jaffer has previously provided individual, family, and group therapy to victims of trauma and their families in English and Spanish. She has also received training in various evidence-based modalities, including Trauma-Focused Cognitive Behavioral Therapy, Problematic Sexual Behaviors – Cognitive Behavioral Therapy, Adolescence (PSB-CBT-A), Child and Family Traumatic Stress Intervention (CFTSI), and basic training in Play Therapy. Her area of expertise is in the provision of bilingual psychological assessment and therapy and training mental health professionals in assessing and treating Muslim clients. Dr. Jaffer serves as a consultant and liaison in the larger Muslim community and provides psychoeducation and informs on a variety of mental health topics. Dr. Jaffer has served as an expert and fact witness in civil and criminal cases related to child sexual abuse. Dr. Jaffer is available for consultation and staffing, serving as a supplemental support to trainees during the training year.
- **Rosa Macklin-Hinkle, Psy.D. (Manager of Psychological Services & Internship Training Director)** is a Licensed Clinical Psychologist in the state of Texas. She earned her Doctorate in Clinical Psychology from Adler University in Chicago. She also obtained her Master's degree in Counseling with a specialization in Forensic Psychology from Adler. Dr. Hinkle has worked in inpatient psychiatric hospitals and community mental health settings with children, adolescents, adults, and families. She has extensive psychological testing experience with individuals from age two to 80 years. Dr. Hinkle's wide range of experiences also includes working with adults and juveniles in the justice system, as well as working with medical rehabilitation populations at area hospitals. Dr. Hinkle has worked to obtain a wide range of experiences across varying settings in order to better serve those in need. Her work at The Children's Assessment Center combines her passion for serving those at-risk and providing needed support to help families on their path to healing. As a staff psychologist at The Children's Assessment Center, Dr. Hinkle is certified in TF-CBT, EMDR trained, and provides individual and group psychotherapy to child sexual abuse survivors and their family members. She also conducts psychological evaluations and

provides consultation to partner agencies and community members. Dr. Hinkle serves as a supplemental supervisor for psychology interns and fellows. She conducts regular Clinical Training Committee meetings with primary supervisors to evaluate progress and support the growth of doctoral interns in the training program. Dr. Hinkle reviews mid-year and final evaluations, and requests program and supervisor feedback informally and formally throughout the internship year.

- **Jenna Turner, Psy.D. (Staff Psychologist)** received a Bachelor of Science degree in Psychology and Criminal Justice and a Master of Arts degree in Clinical Psychology both from Sam Houston State University. She received a doctoral degree in Health Service Psychology, combined Clinical and School Psychology, from the University of Houston – Clear Lake. Dr. Turner is a Licensed Psychologist and Affiliate Sex Offender Treatment Provider in the state of Texas. She provides psychological assessments, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Problematic Sexual Behavior Cognitive Behavioral Therapy for Adolescents (PSB-CBT-A) to children and families at the HCCAC. Dr. Turner also provides Expert Testimony in the areas of trauma and child sexual abuse for the Harris County District Attorney’s Office. She has extensive clinical and forensic assessment experience with adolescents and adults in community, hospital, and corrections settings. Dr. Turner serves as a primary supervisor for psychology interns during the internship training year and provides group assessment supervision. Dr. Turner is passionate about serving children who are at risk for, or have been impacted by trauma, and who experience subsequent emotional and/or behavioral difficulties.
- **Dr. Cynthia Maldonado, Psy.D., is a Staff Psychologist** who earned her Bachelor of Arts in Criminal Justice with a minor in Psychology from St. Cloud State University, her Master of Arts in Clinical Psychology from St. Mary's University, and her doctoral degree in Counseling Psychology from the University of St. Thomas. She completed her postdoctoral training at The Children’s Assessment Center. Dr. Maldonado is certified in EMDR and trained in TF-CBT. She provides individual and group psychotherapy for child sexual abuse survivors and their families and serves as a primary supervisor. Her clinical experience includes working with adults, adolescents, and young children from diverse backgrounds and experiences. Fluent in English and Spanish, Dr. Maldonado takes a systemic and relational approach to care and supervision. She is especially passionate about caregiver support groups and creating an inclusive, affirming environment for individuals and families from diverse backgrounds.
- **Dr. Stephanie Rodriguez-Morales (Staff Psychologist)** is a bilingual Licensed Clinical Psychologist specializing in trauma-informed care for children, adolescents, and families. She currently serves as a Staff Psychologist at The Children’s Assessment Center in Houston, Texas, where she provides evidence-based treatment for survivors of child sexual abuse, as well as individuals impacted by complex traumatic experiences, including problematic sexual behavior, maltreatment, and human trafficking. In addition, she also has experience teaching graduate-level counseling courses, developing curricula, and

mentoring emerging clinicians in trauma-focused approaches. She holds a Doctorate in Clinical Psychology from Carlos Albizu University and has received advanced training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Problematic Sexual Behavior–Cognitive Behavioral Therapy for Adolescents (PSB-CBT-A), Internal Family Systems (IFS) Level 1, Sensorimotor Psychotherapy (SP) for Trauma Themes, and Eye Movement Desensitization and Reprocessing (EMDR), among other evidence-based approaches. Dr. Rodríguez-Morales is recognized for her compassionate, culturally sensitive, and integrative approach, as well as her commitment to empowering survivors and their families through trauma recovery, resilience, and connection.

Each fellow works with their respective primary supervisor to establish an individualized training plan at the outset of the fellowship training year. As the year progresses, open communication and ongoing feedback is encouraged and emphasized between supervisors and fellows. Fellows provide feedback on the quality of their training experiences and supervision in a formalized way at the midpoint of the year as well as the conclusion of the fellowship. However, informal feedback about the program can be provided to supervisors and the Training Director at any time.

Site information

The fellowship site is located at 2500 Bolsover Street in Houston, Texas. Services are offered in-person at the facility, with virtual services also being offered for appropriate clients. There is no off-site service delivery, apart from if virtual services are offered and the clinician is engaging in work-from-home. A work-from-home schedule is offered to fellows in which they can choose one day per week, a Monday or Friday, to conduct their work duties from home on the designated day.

Supervision

Supervision is a major emphasis of the fellowship program at The HCCAC, as it is a primary form of training and evaluation for the development of fellow competencies. Supervision is intended to provide both depth and breadth in clinical application, research, assessment, and social competence. A minimum of two hours of individual supervision is provided each week by a licensed psychologist. In addition, fellows receive one hour of group supervision each week: One hour per week specifically related to psychological assessment (i.e., administration, scoring, interpretation, and report writing) is supervised by a licensed psychologist. In addition, the fellows facilitate group intern supervision that focuses on meeting the unique needs of our client population with special consideration for individual and social determinants of health.

Telesupervision

The health and safety of staff and fellows at The HCCAC at the onset and duration of the pandemic has necessitated the use of telesupervision to support the training of fellows effectively. New telework policies and work schedules have been implemented by The CAC to meet clinical needs of clients and families while promoting health and safety in the workplace and flexibility in work and life balance, which may make in person supervision for all supervisory activities more difficult due to conflicts in work schedule rotations. In an attempt to promote interaction and socialization among fellows and faculty with different approved work schedules, fellows and supervisors may hold individual or group supervision using high-quality real-time transmission of simultaneous video and audio. Individual telesupervision with their primary supervisor may not exceed more than 1 hour each week at a regularly scheduled time. Group telesupervision for assessment and diversity also may not exceed more than 1 hour each week at a regularly scheduled time.

Notably, since the decline in threat levels posed by COVID-19, telesupervision is only offered supplementally as needed to facilitate safety and the ongoing support needs of trainees. In-person supervision remains the primary mode of clinical supervision.

The Rights of Fellows

The training program provides a structured, enriching, and safe environment for fellows to refine their skills and enhance their professional development. Fellows can expect that the training program will ensure the following rights are met:

- The right to be informed of the goals and expectations of the training program along with general rights and responsibilities at the start of the training year.
- The right to clear statements of standards upon which the fellow will be evaluated during the training year.
- The right to be trained by professionals who behave in accordance with the APA Ethics Code and other APA practice guidelines.
- The right and privilege to be treated with respect.
- The right to ongoing evaluation that is specific, relevant, and constructive.
- The right to take part in ongoing evaluation of the training experience.
- The right to initiate an informal resolution of problems that might arise in the training experience as well as the right to due process to deal with problems after informal resolution has failed.
- The right to privacy and respect of personal life.

- The right to experience training in an environment that is free of exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, and inappropriate or inadequate supervision.
- The right to expect that supervisors will attempt to make accommodations to meet any special training needs.

Evaluation and Feedback

Throughout the fellowship year, the training program is responsible for assessing and providing both formal and informal feedback to fellows. The aim of evaluations and feedback is to assist each fellow in the development and demonstration of all expected competencies by addressing any areas of concern and supporting interns in refining skills. Fellows are formally evaluated at two points during the training year, with the first evaluation being at the mid-point and the last evaluation at the end of the fellowship year. Fellow evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the fellows' performance and progress. The evaluation form includes information about fellows' performance regarding all of the HCCAC's expected training competencies and the related learning elements. Supervisors review these evaluations with the interns and provide an opportunity for discussion if the fellow has questions or concerns about the feedback. Fellows must receive a rating of 3 or above on all individual learning elements and profession-wide competencies to successfully complete the program. If a fellow receives a score less than 3 on any learning element, or if supervisors have reason to be concerned about the fellow's performance or progress, the program's Due Process procedures will be initiated. The Due Process Guidelines can be found in The Harris County Children's Assessment Center Fellowship Training Program Manual. The fellows must also meet, in the judgment of the Training Committee and the Training Director, the requirements and expectations outlined in *Professional Behavior and Functioning*, which are taken into consideration in related sections of the evaluation.

Fellows also have the opportunity to evaluate their supervisor at mid-year and at the conclusion of their fellowship. In addition, fellows are asked to evaluate the program at the same evaluation points and provide feedback regarding the program's strengths and areas for improvement. Fellows also meet with the Clinical Director to review their progress toward training goals and provide verbal feedback related to the training program and their experiences in supervision at mid-year and at the end of the training year.

Chapter 5 – Expectations of Fellows at The HCCAC

In addition to the skills and competencies identified in *Training Philosophy, Aims and Expected Competencies*, psychology fellows are expected to engage in professional behavior and

functioning required of all staff and employees at The Harris County Children’s Assessment Center.

Professional Behavior and Functioning

Fellows form an important part of the MDT and need to meet general expectations of professional behavior at The HCCAC:

- Adhere to Harris County policies and procedures for all staff and employees.
- Practice within the bounds of federal and state laws and regulations including those of The Texas Board of Examiners of Psychologists, standards of The National Children’s Advocacy Center, and guidelines and procedures of The Harris County Children’s Assessment Center.
- Follow APA Ethical Principles of Psychologists and Code of Conduct.

Fellows are also expected to function in a professional manner including but not limited to the following:

- Acting in an appropriate, professional manner that is consistent with the standards and expectations of the internship program and includes The HCCAC Dress Code.
- Meeting deadlines and accomplishing documentation and procedural tasks efficiently.
- Balancing department needs with personal needs.
- Managing personal stress adequately, recognizing the possible need for professional help, accepting feedback related to this, and seeking that help if necessary.
- Being aware of emotional responses that may interfere with professional functioning.
- Maintaining appropriate interactions with peers, colleagues, staff, and other trainees.
- Demonstrating appropriate use of supervision, seminars and other opportunities for learning by arriving on time, avoiding scheduling personal appointments, being prepared (i.e., having agenda/plan for supervision), and being open to learning and utilizing feedback.
- Actively participating in the training activities and providing a wide range of clinical services.
- Providing professionally appropriate feedback to peers, staff, and training committee regarding their training experiences.

These expectations for fellows align with the standards of conduct mandated for all individuals who work at The HCCAC and within the department.

Chapter 6 – Stipend and Resources

Compensation for the one-year, full-time fellowship (beginning around August 1st) is \$61,360 plus benefits. As Harris County employees, fellows and their dependents are eligible to receive health

insurance after 75 days of continuous employment. A basic level health insurance plan is provided at no-cost to the fellow at this time. All county employees, including fellows, participate in contributing to a retirement plan and have the option to enroll in additional retirement plans. Fellows accrue three hours of vacation time and four hours of sick time during each two-week pay period and are provided nine holidays and one floating holiday (to be used at the fellow's discretion throughout the year). Any hours worked beyond 40 hours per week are converted to compensatory time and can be used in the future. Additional benefits information can be found at <https://hrrm.harriscountytexas.gov/Pages/Medical.aspx> or by calling the Harris County Benefits Staff (713-274-5500). Please see more about requesting anticipated leave in *The Stipend, Benefits and Resources Policy*.

The HCCAC fellows have access to numerous resources. All fellows are provided with desk space, work computer, office phone, voicemail, printers, software, business cards, ID badges, and basic office supplies. Assessment materials, other training materials and resources, and access to the DSM are available in the HCCAC library and may be checked out as needed. Some trainings are provided free of cost throughout the year to support and encourage trauma-informed clinical interventions. Additional materials that may be needed may be purchased using funding with the approval of the Training Director and/or Director of Therapy & Psychological Services. Each fellow has access to administrative and IT support, including a referral specialist, an administrative coordinator, and a records clerk.

Chapter 7– Policies and Procedures for Fellowship

The HCCAC Fellow Evaluation, Retention and Termination Policy

For successful completion of the fellowship program, all HCCAC fellows are expected to complete 2000 hours of training during the training year. In addition to meeting the hours requirement, doctoral fellows must obtain sufficient ratings on all evaluations in order to demonstrate that the fellow has progressed satisfactorily through the program. Satisfactory completion of the HCCAC fellowship program occurs when fellows demonstrate minimum levels of achievement across all training competencies. A minimum level of achievement on each evaluation is defined as a rating of “3” for each learning element. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1 = Significant Development Needed, 2 = Development Needed, 3 = Intermediate (functions adequately for level of training), 4 = Exceeds Expectations, 5 = Significantly Exceeds Expectations.

Fellows are formally evaluated at two points during the training year, with the first evaluation being at the mid-point and the last evaluation at the end of the training year. Fellow evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the fellows' performance and progress. The evaluation form includes information about the fellows' performance regarding all of the HCCAC's expected

training competencies and the related learning elements. Supervisors review these evaluations with the fellows and provide an opportunity for discussion if the fellow has questions or concerns about the feedback. Fellows must receive a rating of 3 or above on all individual learning elements and profession-wide competencies to successfully complete the program. If a fellow receives a score less than 3 on any learning element, or if supervisors have reason to be concerned about the fellow's performance or progress, the program's Due Process procedures will be initiated. The Due Process Guidelines can be found in the Harris County Children's Assessment Center Doctoral Fellowship Training Program Manual.

Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the fellow has progressed satisfactorily through and completed the fellowship program. Fellow evaluations and certificates of completion are maintained indefinitely by the Training Director in a secure digital file.

In addition to the evaluations described above, fellows must complete an evaluation of their supervisor and a program evaluation at the mid-point and end of the training year, in order to provide feedback that will inform any changes or improvements in the training program. Blank copies of all evaluation forms are provided at the beginning of the year along with the HCCAC Doctoral Fellowship Training Manual and T&P New Employee Manual and is located on the share drive in the Training File folder.

The policies and procedures for Harris County employees are applicable to The HCCAC fellows. Please see <http://www.co.harris.tx.us/hrrm/> for additional information. Fellows are provided with a detailed training binder at orientation with policies and procedures specific to the department and agency. This includes, but is not limited to, information regarding documentation. Fellowship policies and procedures are included in this manual.

The HCCAC Diversity and Non-Discrimination Policy

The Harris County Children's Assessment Center (HCCAC) values and embraces diversity at the agency as a whole and within the internship training program. The HCCAC Doctoral Psychology Training Program strives to increase awareness, provide education and information, create opportunities for reflection, and celebrate differences. The HCCAC training program strongly believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. The depth and overall quality of the training program is enhanced by having diverse faculty, staff and trainees collaborate and coordinate services for clients and families. Diversity in the workplace enriches the training experience, promotes personal growth, and strengthens the workplace and community. The HCCAC is committed to creating a positive and supportive workplace environment for its staff and trainees alike, one in which all feel safe, respected, included, valued and treated with equality. The HCCAC therefore welcomes applicants from diverse backgrounds. It provides equal opportunity to all intern applicants and does not discriminate based on a person's age, disability status, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status, political affiliation or any other factor that is irrelevant to success as a psychology fellow. Applicants are evaluated individually in terms of the quality of their previous training, practicum experiences, and whether their prior experiences equip them with the necessary skills and

knowledge to ensure their success in the fellowship program. Prospective applicants are encouraged to contact the training director to request accommodations.

Due Process and Grievance

The HCCAC Due Process and Grievance Procedures

In accordance with the Harris County Grievance Procedures, employees should pursue an informal resolution of their complaints and “utilize all possible avenues within their department” before filing a formal, written grievance to the Grievance Resolution Committee with Harris County. As such, the below due process and grievance procedures, *both informal and formal departmental procedures*, are to be implemented first prior to the initiation of a grievance through the Harris County Grievance Procedures. Both departmental procedures and agency procedures are outlined below for ease of reference.

Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor or other faculty member raises a concern about the functioning of a psychology Fellow. These procedures are a protection of Fellow rights and are implemented in order to afford the Fellow with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive.

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 and ethics 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, and/or
- 4) a health condition (or verified disability) which interferes with the delivery of clinical service, or leads to an extended work leave that jeopardizes the fulfillment of the minimum time requirements as stated in the Fellowship contract. Usage of sick leave in excess to what is earned per Harris County Benefits (3 hours per 2-week pay period) is considered interfering with clinical service delivery and may jeopardize completion of Fellowship. In the case of a verified disability, such interference must manifest after reasonable accommodations have been made by the training site to accommodate the disability.

It is a professional judgment as to when an issue becomes problematic rather than of concern. Fellow trainees may exhibit behaviors, attitudes or characteristics that, while of concern and

requiring attention, are not unexpected or excessive for professionals in training. 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 negatively impacts the Fellow cohort;
- 10) the problematic behavior potentially causes harm to a client; and/or,
- 11) the problematic behavior violates appropriate interpersonal communication with agency staff.

Administrative Hierarchy and Definitions

The HCCAC's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Faculty roles included herein are defined as follows:

Supervisor: Any faculty member who provides direct supervision or teaching to an Fellow.

Training Director (TD): The supervisor who functions as the director of training. S/he leads the Fellowship Training Committee and serves as a voting member.

Informal Review

When a supervisor believes that an Fellow's behavior is becoming problematic, 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. This process should be documented in writing in supervision notes and discussed with the Training Director and Training Committee, but will not become part of the Fellow's professional file.

Formal Review

If an Fellow's problem behavior persists following an attempt to resolve the issue informally, or if an Fellow receives a rating below a "3" on any learning element on a supervisory evaluation, the following process is initiated:

- A. The supervisor will meet with the Training Director (TD) and Fellow within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If

the TD is the Fellow's direct supervisor, an additional supervisor and member of the Training Committee will be included in the meeting.

- B. The Fellow will have the opportunity to provide a written statement related to his/her response to the problem. This response must be provided within 5 working days of the formal review meeting.
- C. After discussing the problem and the Fellow's response, the supervisor and TD may:
 - 1) Issue an "Acknowledgement Notice" which formally acknowledges:
 - a) the faculty is aware of and concerned with the problem;
 - b) the problem has been brought to the attention of the Fellow;
 - c) 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; and,
 - d) the problem is not significant enough to warrant further remedial action at this time.

This notice will be issued within 5 working days of receiving the Fellow's written response.

- 2) Place the Fellow on "Probation" which defines a relationship such that the faculty, through the supervisors and TD, 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 length of the probation period will depend upon the nature of the problem and will be determined by the Fellow's supervisor and the TD. A written statement is shared with the Fellow and the Director of Clinical Training at the Fellow's home graduate institution and includes:
 - a) the actual behaviors or skills associated with the problem;
 - b) the specific recommendations for rectifying the problem;
 - c) the time frame for the probation during which the problem is expected to be ameliorated; and,
 - d) the procedures designed to ascertain whether the problem has been appropriately rectified.

This statement will be issued within 10 working days of the decision. At the end of this probation period, the TD 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.

- 3) In special cases, the Fellow may be allowed to switch supervisors within The HCCAC. This option would be applicable in situations in which it is believed that

the Fellow's difficulties are the result of a poor "fit" between the Fellow and supervisor and that the Fellow could be successful in a different supervisory relationship. This option would require a meeting of a review panel convened by the Training Director and consisting of him/herself, the Fellow's primary supervisor, and at least two other members of the Training Committee. Additional parties who are knowledgeable about the Fellow's abilities may be involved in order to inform decision making. This meeting, if deemed necessary by the Training Director, will be convened within 10 working days of the original meeting discussed in step A.

- D. 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 HCCAC may be terminated. The decision to terminate an Fellow's placement would be made by the entire Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the Fellow within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 30 working days of the original meeting discussed in step A, or during the regularly-scheduled bi-monthly Training Committee meetings. The TD may decide to temporarily suspend an Fellow's clinical activities during this period prior to a final decision being made, if warranted. In the event of dismissal, APPIC and the Fellow's Director of Training at the Fellow's home graduate institution would be contacted within 5 working days.

Appeals Process

If the Fellow wishes to challenge the decisions made, he or she may request an Appeals Hearing before the Training Committee. This request must be made in writing- an email will suffice- to the TD within 5 working days of notification regarding the decision made in step C or D above. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of him/herself (or another supervisor, if appropriate), the Fellow's primary supervisor, and at least two other members of the Training Committee. The Fellow may request a specific member of the Training Committee to serve on the review panel. The Appeals Hearing will be held within 10 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. The review panel has final discretion regarding outcome, and will inform the Fellow of this outcome in writing within 5 working days of the Appeals Hearing.

Grievance Procedures

Grievance Procedures are implemented in situations in which a psychology Fellow raises a concern about a supervisor or other faculty member, trainee, or the Fellowship training program. These guidelines are intended to provide the psychology Fellow with a means to resolve perceived conflicts. Fellows who pursue grievances will not experience any adverse professional

consequences. For situations in which an Fellow raises a grievance about a supervisor, staff member, trainee, or the Fellowship program, the following procedures should be used.

Informal Review

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

1. Make an attempt to work through the issue or conflict with the other party.
2. If the attempt is unsuccessful, bring the matter to your supervisor who will intervene as appropriate, unless the supervisor is the person with whom there is a conflict. In that case, the matter is brought to the Training Director who will intervene as appropriate.
3. If the supervisor is unable to intervene effectively, the Fellow and supervisor bring the matter to the Training Director.
4. If the Training Director is unable to intervene effectively, the matter will be brought to the Director of Therapy & Psychological Services.
5. If the conflict is with the Director, consultation with another Fellowship director may be sought to help resolve the conflict.
6. If all of the above have failed, the Fellow has the right to follow the grievance procedures of the Harris County.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the Fellow may submit a formal grievance in writing- an email will suffice- to the TD. If the TD is the object of the grievance, the grievance should be submitted to the Director of Therapy & Psychological Services. The TD (or Training Committee member, if appropriate) will meet with the Fellow and the individual being grieved within 10 working days. In some cases, the TD or other Training Committee member may wish to meet with the Fellow and the individual being grieved separately first. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- A. the behavior associated with the grievance;
- B. the specific steps to rectify the problem; and,
- C. procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or other Training Committee member will document the process and outcome of the meeting. The Fellow and the individual being grieved will be asked to report back to the TD or other Training Committee member in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or other Training Committee member will convene a review panel consisting of him/herself and at least two other members of the Training Committee within 10 working days. The Fellow may request a specific member of the Training Committee 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.

If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the TD or other Training Committee member. The Fellow and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the Program Director and Human Resources Coordinator in order to initiate the due process procedures outlined in the employment contract. At any step in the formal review process, if the TD or review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

Visual of Formal Grievance Process

1st Tier of Grievance – immediate supervisor – Supervisor

2nd Tier of Grievance – next level supervisor – Training Director

3rd Tier of Grievance –next level supervisor –Director of Therapy & Psychological Services

4th Tier of Grievance –next level supervisor –Human Resources Coordinator/Program Director

5th Tier of Grievance –employer agency –Grievance Resolutions Committee

Harris County Formal Grievance Procedures

When all attempts to address a grievance has failed using the informal and formal procedures outlined above at the departmental level, the Fellow has the right to submit a formal grievance with the employer agency, Harris County. For updated information on agency level grievance definitions, policies, procedure and appeals, please reference Human Resources website at (<https://hrrm.harriscountytexas.gov/Pages/GrievanceProcedures.aspx>) or refer to the Grievance Procedure Packet provided at orientation.

General Provisions for Formal Grievances

Fellows are identified as employees of Harris County and must use the Grievance Forms provided by the County.

- Form 100 – Employee Grievance
- Form 200 – Supervisor Response (Director of T&P or Fellowship Training Director)
- Form 300 – Appeal to Grievance Coordinator (Human Resources Coordinator)
- Form 400 – Appeal to Department Head (Program Director)
- Form 500 –Appeal to Grievance Resolution Committee)

Employees must follow the steps in the Grievance Procedure Packet in the order given. If a supervisor, Grievance Coordinator, Department Head, or Appropriate Authority fails to respond within the time limits set forth herein, the employee may take the next step in the procedure. Time limits begin on the first working day after the applicable occurrence, filing, appeal, response or recommendation. Working days do not include weekends or County Holidays. Employees may get the forms from their Grievance Coordinator (Human Resources Coordinator), from the Office of Human Resources & Risk Management or via the Human Resources and Risk Management (HRRM) website: (<https://hrrm.harriscountytexas.gov>).

Procedure for Filing Employee Grievances

The employee retains a copy of the grievance, and the supervisor places a copy in the employee's personnel file. All copies should note the date that the grievance was filed and the date and time that the supervisor received the grievance. The Grievance Procedure Packet, which is provided at orientation and can also be located at the HRRM website (<https://hrrm.harriscountytexas.gov>), identifies six steps.

Licensure Requirements in the jurisdiction of practice

The post-doctoral program completed provides the following in accordance with licensure requirements in the state of Texas.

- An organized experience with a planned and programmed sequence of supervised training experiences, which includes documented goals, content, and organization for the program.
- A designated psychologist responsible for the program who possesses expertise or competence in the program's area.
- Two or more licensed psychologists on staff, at least one designated as supervisor with expertise in area of practice
- A minimum of 2 hours per week of face-to-face supervision.
- A minimum of 2 additional hours per week of learning activities.
- A minimum of 25% of the fellow's time is spent providing professional psychological services.
- Mechanisms for a minimum of 2 evaluations per year.
- An informal due process procedure regarding deficiencies and grievances.
- Admission requirements that require the applicant to complete all professional degree requirements and a pre-doc internship, which at a minimum meets Council's rule requirements (See 22 TAC §463.11(d)), and a statement that the program meets Texas' licensure requirements.
- A written requirement for at least 1500 hours of supervised practice to be completed in not less than 9 months and not more than 24 months.
- All services provided were supervised by a licensed psychologist and were part of the formal program.
- All program participants were required to and only used appropriate titles indicating their supervisory status, such as fellow, intern, resident, or trainee.

Supervision Contract

Your clinical supervisor is an experienced person with advanced training who oversees your clinical work and who is responsible, with you, for the quality of your clinical work. Clinical supervision focuses on the services you provide to clients and includes such areas as client welfare, the therapeutic relationship, assessment, diagnosis, therapeutic interventions, prognosis, appropriate referral techniques, and advocating for your client with other agencies. This is accomplished through a set of supervisory activities including consultation, training and instruction, and evaluation.

I. Purpose, Goals, and Objectives of Clinical Supervision

- a. To monitor and ensure the welfare of your clients.
- b. To ensure that you function within your level of competence.
- c. To facilitate your personal and professional development.
- d. To promote accountability.
- e. To fulfill the doctoral internship requirement, as outlined by the American Psychological Association (APA).

II. Context of Services

- a. Supervision will revolve around clients seen at The Harris County Children's Assessment Center (HCCAC), Therapy and Psychological Services Department.
- b. Two hours of individual supervision, one hour of group assessment supervision, and one hour of provision of intern group supervision will occur weekly. Your supervisor will also maintain an "open door policy" to allow you to stop by on an as-needed basis, when the supervisor is available, for additional supervisory support.
- c. If your primary supervisor is out of the office and/or unavailable, your alternative supervision will be provided by_____. If they are unavailable, your primary supervisor will arrange your supervision with another licensed psychologist.
- d. In the case of client emergency and/or unexpected leave, you will contact your primary supervisor at _____during business hours.
- e. If your client requires crisis intervention and your primary supervisor is unavailable, you must contact _____. If they are also unavailable, then approach the administrative staff (i.e., Meli or Raquel) to help in identifying another licensed clinician who can assist.
- f. After working with the clinician identified and implementing a crisis plan, it is your responsibility to inform your supervisor of the circumstances and plan implemented for your client within the next 24 hours.

- g. All supervision will be conducted at The HCCAC on mutually determined dates and times.

III. Duties and Responsibilities of Supervisor and Supervisee

Your clinical supervisor is legally and ethically responsible, with you, for the services you provide and the manner in which you conduct yourself. Professional boundaries are to be maintained with colleagues and supervising staff alike at all times. There is to be no fraternizing between fellows and supervising psychologists. It is your responsibility to keep your supervisor well informed as to your activities. Openness with and trust in your supervisor will enhance your experience of supervision and your professional growth. A supervisor has full responsibility for the supervised work of the supervisee, including assessment, diagnosis, and educational/treatment planning.

It is your **supervisor's role** to do the following:

1. Provide a location and atmosphere for supervision that is safe enough for you to lay out clinical issues in your own way.
2. Provide formative and summative evaluation/assessment of progress. The supervisor will conduct live observations of your sessions and provide feedback. The supervisor will provide oral feedback on all aspects of your clinical work. This will culminate in the final written evaluation for The HCCAC professional psychology doctoral fellowship. If you desire additional feedback, it is your responsibility to request it from your supervisor. You are referred to the Fellow Handbook regarding due process rights and procedures for objecting to the content and recommendations of a summative evaluation.
3. Help you explore and clarify your thoughts and feelings, which underlie your practice.
4. Assist in anchoring assessment planning, diagnosis and interventions in a theoretical approach.
5. Identify and strengthen your personal and/or professional blind spots.
6. Bring to your attention those personal difficulties that directly affect your clinical work and recommend a course of action to address these difficulties.
7. Protect the confidentiality of the supervisory relationship. The nature of clinical competencies will be shared with other program faculty, including but not limited to, during the supervisor's supervision with the training director. However, the specific content of supervisory sessions will remain confidential, unless there is evidence of ethical breeches or personal problems that interfere with the supervisee's ability to work effectively with clients. Furthermore, if your supervisor requires additional training or guidance in providing supervision to you (e.g., due to case material which is outside the scope of supervisor's competence), the supervisor may discuss this case and elicit feedback from other clinicians or the multidisciplinary team to assure that you receive ethically sound supervision.
8. Present and model appropriate professional boundaries both during and after work hours.
9. Intervene if client welfare is at risk.

10. Ensure that ethical guidelines of APA are upheld.
11. Conduct activities in accordance with The HCCAC Policies and Procedures Manual/Handbook.
12. Sign off on all client documentation.
13. Maintain weekly supervision notes.
14. Provide any additional information about credentials and specialized training upon request.

The supervisor will discuss any concerns regarding your performance in a timely fashion and will develop, in collaboration with you, a remediation plan if deficits/problems are identified.

Always remember: your clinical supervisor is legally and ethically responsible, with you, for the services you provide and the manner in which you conduct yourself. It is therefore your responsibility to keep your supervisor well informed as to your activities. Openness with and trust in your supervisor will enhance your experience of supervision and your professional growth.

It is your **role as supervisee** to do the following:

1. Be punctual, both at sessions with clients as well as at supervision. In the event that you are delayed for or unable to attend a supervision session, it is your responsibility to notify your supervisor and make alternate arrangements. If the individual appointment cannot be kept due to scheduling conflicts, an effort will be made to reschedule an alternate date/time within the same week and will only be cancelled upon the mutual agreement of both the supervisee and supervisor. Another licensed psychologist will provide supervision if the supervisor is out of the office and/or is unable to reschedule supervision during the same week.
2. Share with the supervisor your learning goals for the fellowship experience. This will require self-reflection and self-evaluation regarding your current level of clinical skill.
3. Be prepared, both for sessions with clients as well as for supervision. You are expected to briefly outline presenting concerns, therapeutic progress, discharge plans (when applicable) and identify any issues that you need to have addressed.
4. If you believe that client issues/concerns have not been adequately addressed during the regularly scheduled supervisory session, you will bring this to your supervisor's attention and another session will be scheduled.
5. Be receptive to guidance and instruction from your supervisor, that is, be attentive to feedback and suggestions from your supervisor and follow through on such instruction promptly. It may be necessary to take notes during supervision in order to execute all instructions identified by your supervisor.
6. Inform your supervisor of any difficulties you are having in the areas of delivering services to clients, completing paperwork, or coordinating with other agencies or providers such as schools or independent practitioners.
7. As you establish a working relationship with your supervisor, it is hoped that you will become increasingly able to share issues and concerns you may have that impact

your clinical work, be open to feedback from others, and monitor any resistance to this process.

8. Select theoretical model(s) from which you will work. Formulate client case conceptualizations from this approach. Be ready to discuss the theoretical reasons for your assessment approaches, interventions and techniques.
9. You will not engage in dual relationships with clients, that is, you will not socialize with clients or their families, nor will you provide services to individuals you know from other contexts, such as friends or acquaintances. In the event that someone you know is being seen at The HCCAC, you are expected to remove yourself from situations where that client's assessment, treatment and progress are being reviewed. It is your responsibility to alert your supervisor to such situations.
10. You are responsible for ensuring that the parents/guardians of all clients are informed of the supervised nature of your work as a supervisee, and of the ultimate professional responsibility of the supervisor. This will be established in each initial intake evaluation. Supervisor's contact information will be provided to all clients at this time.
11. You are responsible for ensuring that all evaluative letters and reports concerning clients are co-signed by your clinical supervisor *before* they are sent out from The HCCAC. It is also your responsibility to determine that an active Authorization for Release of Confidential Information form is present in the client's file before presenting the letter/report to the supervisor for signature.
12. You must advise your clinical supervisor of all important changes related to a case (e.g., client starting a new school, suspensions and other disciplinary actions, school progress, and/or client becoming involved in a legal case). The results of intake parent interviews must be reviewed with your supervisor to determine an assessment plan. Any changes to the assessment plan must be reviewed with and approved by your supervisor *before* they are presented to the client.
13. Keep your supervisor informed about clients who are suicidal, homicidal, or threatening to harm others. Notify your supervisor about clients who are involved in child custody disputes, Disability Determination assessments, or any other matter that affects the client's legal status. Notify your supervisor *immediately* if you receive any summons to testify or you are told that you will be subpoenaed to testify. Do not under any circumstances release client information to an attorney or court or anyone else without a proper Authorization for Release of Confidential Information signed by the client and with your supervisor's signature on the document being released.
14. Seek supervision whenever you are uncertain about a situation. Make every attempt to reach your clinical supervisor before taking action with that client. If your supervisor cannot be reached, contact your alternative supervisor. You may also consult informally with more experienced clinicians in The HCCAC, but your clinical supervisor *must* be kept abreast of any and all emergencies. In the event of emergency, the supervisee is to contact the Training Director at her office at 713.986.3460. Follow the guidelines in The HCCAC Policy and Procedure Manual for emergency situations.
15. Uphold ethical APA principles in all client-related activities.

16. Be familiar with and follow The HCCAC Policy and Procedure Manual/Handbook. You agree to complete all required HCCAC forms in a timely fashion for all cases. The final written psychological report will also be completed in a timely fashion according to the agreed upon date.
17. Complete professional tasks (clinical documentation, reports, and contacting clients) within time frames specified by The HCCAC Policy and Procedure Manual.
18. Note: In Texas, [Section 261.101 of the Texas Family Code](#) requires any person suspecting child abuse or neglect must immediately report it to authorities. Healthcare professionals are legally mandated reporters who must report **within 24 hours** of suspected abuse. A professional cannot delegate the responsibility of making this report. You must notify your supervisor of any report being made to law enforcement or DFPS. If you have any questions about reporting, please follow up immediately with a supervisor and do not allow a child to leave without consultation if you have any concerns for child welfare.
19. Share with your supervisor any questions related to ethical AI usage. No Protected Health Information (PHI) can ever be input into an AI system.
20. In accordance with best clinical practice, continuity of care, and documentation needs, supervisees will not be allowed to take vacation or other non-necessary leave time during the final two weeks of the fellowship contracted year.

V. Supervisee Training Goals

1. _____

2. _____

3.

4.

VI. Terms of the Contract

This contract serves as verification and a description of the clinical supervision provided by licensed psychologists to _____ (supervisee), enrolled in the Doctoral Psychology Fellowship Program at The HCCAC for the _____ – _____ training year. Your signature indicates your understanding of the content within this document and that you agree to uphold the standards outlined in this contract.

Supervisee: _____

Date: _____

Supervisor: _____

Date: _____

XXXX
Primary Supervisor

Supervisor: _____ Date: _____

Rosa Macklin-Hinkle, Psy.D.
Manager of Psychological Services &
Training Director

This contract is effective from _____ to _____.

Postdoctoral Fellow Evaluation Form

Fellow's Name: _____ Evaluation Period: _____

Supervisor's Name: _____ Date of Evaluation: _____

Instructions:

Please rate the postdoctoral fellow's performance in each competency area using the following scale:

- 1 - Needs Improvement
- 2 - Developing
- 3 - Proficient
- 4 - Advanced
- 5 - Exemplary
- N/A - Not Applicable

Provide comments to support ratings and highlight strengths and areas for growth. Please provide dates for direct observation, what skill was observed, and who provided the observation and feedback.

1. Research

- Ability to design, conduct, and interpret psychological research. **Rating:** _____
- Application of research findings to clinical practice. **Rating:** _____
- Engagement in scholarly activities (e.g., presentations, publications). **Rating:** _____
- **Example:** Conducts literature reviews to inform clinical practice and contributes to research projects.

Overall Rating: _____ Comments: _____

2. Professional Values, Attitudes, and Behaviors

- Demonstrates integrity, accountability, and professional identity. **Rating:** _____
- Engages in self-reflection and responds well to feedback. **Rating:** _____
- Maintains appropriate professional demeanor and boundaries. **Rating:** _____
- **Example:** Accepts constructive criticism from supervisors and implements suggested changes.

Overall Rating: _____ Comments: _____

3. Communication and Interpersonal Skills

- Effectiveness in verbal and written communication. **Rating:** _____
- Ability to build rapport with clients, colleagues, and supervisors. **Rating:** _____
- Conflict resolution and teamwork skills. **Rating:** _____
- **Example:** Maintains clear and respectful communication with interdisciplinary team members.

Overall Rating: _____ **Comments:** _____

4. Assessment

- Competency in psychological assessment tools and techniques. **Rating:** _____
- Ability to interpret and integrate assessment results. **Rating:** _____
- Preparation of clear and useful psychological reports. **Rating:** _____
- **Example:** Administers and scores psychological tests accurately, providing well-integrated reports.

Overall Rating: _____ **Comments:** _____

5. Intervention

- Competency in evidence-based interventions. **Rating:** _____
- Ability to develop treatment plans tailored to client needs. **Rating:** _____
- Evaluation of intervention effectiveness and modification as needed. **Rating:** _____
- **Example:** Adjusts treatment strategies when a client does not respond to an initial intervention.

Overall Rating: _____ **Comments:** _____

6. Teaching/Supervision

- Engagement in supervision process (e.g., openness to feedback, preparation). **Rating:** _____
- Development of supervisory skills (if applicable). **Rating:** _____
- Awareness of ethical and professional responsibilities in supervision. **Rating:** _____
- **Example:** Actively participates in supervision sessions by discussing cases and seeking guidance.

Overall Rating: _____ **Comments:** _____

7. Consultation and Collaboration

- Ability to collaborate with professionals across disciplines. **Rating:** _____

- Providing and receiving consultation effectively. **Rating:** _____
- Demonstrating respect and professionalism in team settings. **Rating:** _____
- **Example:** Consults with medical staff regarding a patient’s mental health needs and provides appropriate recommendations.

Overall Rating: _____ **Comments:** _____

Goal 8. Leadership

Demonstrates leadership within an interprofessional team or organization related to the practice of Clinical Health Psychology **Rating:** _____

Demonstrates the ability to develop or enhance a Clinical Health Psychology practice, educational program, or program of research. **Rating:** _____

Goal 9. Develop a trauma-focused specialty.

Demonstrates effectiveness in treating a trauma-based population, specifically as it relates to clients with a history of childhood sexual abuse **Rating:** _____

Demonstrates effectiveness in conducting psychological evaluations with clients with complex trauma histories **Rating:** _____

Overall Strengths: _____

Areas for Growth/Improvement: _____

Fellows Comments: _____

Supervisor’s Signature: _____ **Date:** _____

Fellow’s Signature: _____ **Date:** _____

(Signature does not indicate agreement, only that the evaluation has been reviewed.)

Interacts respectfully with supervisee

Maintains clear and reasonable expectations for supervisee

Supports intern completion of the program

Provides a level of case-based supervision appropriate to supervisee's training needs

Comments:

Development of Clinical Skills

Assists in coherent conceptualization of clinical work

Assists in translation of conceptualization into techniques and procedures

Is effective in providing training in behavioral health intervention

Is effective in providing training in assessment and diagnosis

Is effective in providing training in systems collaboration and consultation

Is effective in helping to develop short-term and long-range goals for patients

Promotes the acquisition of knowledge, skills, and competencies

Promotes clinical practices in accordance with ethical and legal standards

Comments:

Summary

Overall rating of supervision with this supervisor

Describe how the supervisor contributed to your learning:

Describe how supervision or the training experience could be enhanced:

Any other suggestions/feedback for your supervisor?

Supervisor's Signature

Date

The Harris County Children's Assessment Center (HCCAC) Postdoctoral Fellowship
Program Evaluation: To be completed by intern

Fellow: _____ Supervisor: _____

Date: _____

Evaluation Interval (Please Circle): February August

This Program Evaluation is utilized by HCCAC to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

Please answer the following questions regarding your experience at HCCAC:

Overall quality of training	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Breadth of clinical intervention experience	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Satisfaction with number of client contacts	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Clarity of expectations and responsibilities for fellow	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Role of fellow at site	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Case load at HCCAC was appropriate to meet educational needs		Yes	No	

Please provide additional comments/feedback about your experience at HCCAC:

Please rank your HCCAC weekly group training activities

Weekly Didactic Seminar	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Journal Hour	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Assessment Group Supervision	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Processing Groups	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

Please provide additional comments/feedback about the group training activities:

Overall Quality of Training in Major Areas of Professional Functioning

For the following questions, please consider training you have received through didactic seminars and professional development opportunities, as well as experiential training.

Evidence-Based Practice in Assessment	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
--	-------------	-------------	-------------	------------------

Comments:
Evidence-Based Practice in Intervention
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Ethical and Legal Standards
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Individual and Cultural Diversity
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Research
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Supervision
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Professional Values and Attitudes
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Interprofessional and Interdisciplinary Consultation
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Communication and Interpersonal Skills
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Comments:
Please provide additional comments/feedback about HCCAC's overall training in the major areas of professional functioning:
Please provide any other feedback and recommendations that you believe might be helpful or might improve the fellowship:
Please provide any feedback that you think would help improve this program evaluation survey:

Supervisor's Signature
Fellow's Signature

