

**Eugene Center for Anxiety and Stress, LLC**  
Postdoctoral Training Manual



**Effective May 2022**

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## **Overview**

The Postdoctoral Residency offered by Eugene Center for Anxiety and Stress focuses on the development of advanced competency in professional psychology. The position is based in Eugene, Oregon. There are two tracks for this residency:

- 1) **Evidence-based treatment for anxiety, OCD, and PTSD**, with an emphasis on learning exposure therapy
- 2) **Psychological assessment**

## **Setting**

Eugene Center for Anxiety and Stress (ECAS), LLC is a Refresh Mental Health company located in Eugene, Oregon. ECAS was developed in 2019 with the dual aim of establishing a group practice that includes therapists and psychologists who are (1) competent in evidence-based treatment and assessment methods and (2) integrate an anti-oppressive, trauma-informed, and multicultural-oriented approach. ECAS takes most insurance types, including Medicaid and Medicare to ensure our services can be provided to those in most need.

## **Aims and Competencies**

The Aim of the Postdoctoral Residency Program is to advance the competency of early-career psychologists in evidence-based treatment and assessment while integrating an anti-oppressive, trauma-informed, and multicultural-oriented approach.

**The Therapy Track Residency** requires that Residents obtain competency within four distinct areas. The training goals of the program are based on the successful attainment of these expected areas of competency, and thus are as follows:

- Goal 1: The resident will develop competency in evidence-based treatment of anxiety, OCD, and PTSD, specifically exposure-based approaches.
- Goal 2. The resident will engage in meaningful self-assessment and growth and develop their multicultural orientation, including cultural humility and use of cultural opportunities
- Goal 3: The resident will transition from student to professional as they develop their professional identity and develop professional-development projects
- Goal 4. The resident will practice the transition from being a supervisee to an independently practicing psychologist through the development of ability to consult within and outside of the clinic

**The Psychological Assessment Residency** requires that residents obtain competency within four distinct areas. The training goals of the program are based on the successful attainment of these expected areas of competency, and thus are as follows:

- Goal 1: The resident will develop competency in evidence-based assessment of ADHD, Autism-Spectrum Disorders, Learning Disorders, and psychological clarification.
- Goal 2. The resident will engage in meaningful self-assessment and growth and develop their multicultural orientation, including cultural humility and use of cultural opportunities
- Goal 3: The resident will transition from student to professional as they develop their professional identity and develop professional-development projects
- Goal 4. The resident will practice the transition from being a supervisee to an independently practicing psychologist through the development of ability to consult within and outside of the clinic

### **Program Structure and the Resident Experience**

The Postdoctoral Residency Program is a 12-month, 2,000-hour residency that begins in September each year. Residents generally work 40 hours per week, Monday through Friday, and spend an average of 20 hours a week engaged in client services. Professional psychological services may include provision of individual and/or group therapy and assessment services. The training program follows a developmental model, in which residents are expected to demonstrate increasing skill and to function more autonomously over time.

**Clinical Expectations:** Postdoctoral residents would be expected to schedule the equivalent of 20 face-to-face sessions with clients in the clinic.

**Hybrid Schedule.** Residents will work two days a week at the clinic in shared office space and 3 days a week from their home with a mix of telehealth and in-person sessions with clients (pandemic allowing).

**Supervision.** Each week, residents will receive one hour of individual supervision by a primary supervisor and one hour of group supervision by the Director of Clinical Training. In addition, residents will join biweekly group didactics that are also attended by first year staff therapists.

**Staff Meetings.** Residents will attend weekly staff meetings that rotate between the following topics:

- General Staff Meeting
- Multicultural Development
- Case Consultation
- Clinical Training

**Professional Development Projects.** Residents will also engage in the development of two professional development projects a year based on their own area of professional interest. Projects will be determined in consultation with their primary supervisor and will need to be approved prior to start.

The logo for the Eugene Center for Anxiety and Stress features three overlapping circles in shades of orange, white, and teal. The text "Eugene Center for Anxiety and Stress" is written in a serif font, with "Eugene Center for" on the top line and "Anxiety and Stress" on the bottom line, centered over the circles.

# Eugene Center for Anxiety and Stress

101 E Broadway Suite 400  
Eugene, OR 97401 541-357-9764  
[www.eugeneanxiety.com](http://www.eugeneanxiety.com)

**Committees.** Residents also have the opportunity to join staff committees. The commitment to joining a committee typically includes a one hour meeting a month plus any time related to completed agreed upon projects for the committee. Current committees include:

- Multicultural Committee
- Gender Support Services (GSS) Committee
- CE Committee
- Social Committee
- Training Committee

## **Core Training Faculty**

### **Ron Miyaguchi, Ph.D.**

Ron received his B.A from the University of Hawaii and his M.A. and Ph.D. in Clinical Psychology from Miami University in Ohio. He has worked at university counseling centers in Ohio, Maryland, and Oregon. The primary models that inform his therapeutic approach are Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Interpersonal Therapy.

People often come to therapy because we do things that we know are not in our best interests, like letting our anxieties talk us out of doing things that are scary but necessary. Yet even when we know this, we still get caught up in our old, frustrating patterns. Ron's therapy approach is to begin by exploring the non-logical beliefs (think of them as assumptions, expectations and perceptions) that we have about ourselves and the world around us. Usually this entails looking at a person's cultural, familial, and personal histories in non-blaming, non-shaming ways. The most important part of the therapy experience, however, is in helping clients take the steps that are necessary to disprove these beliefs and to learn new, more empowering ones. Often this means supporting clients as they gently push themselves into situations that challenge their old, limiting ways of seeing themselves and their world.

Ron works with clients teenaged and older, with a focus on anxiety, obsessive-compulsive disorder, depression, emotional intimacy, and identity issues. He has a strong interest in cultural competence and cultural humility and recognizes the impact of the sociocultural context on a person's functioning and well-being. He also offers workshops that help individuals and organizations become more culturally attentive, aware, and inclusive.

When not working, Ron's self-care includes knitting, baking, and cycling, and running around kicking a ball in a manner that almost resembles soccer.

### **Ida Moadab, Ph.D.**

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Ida has provided mental health services in Eugene for over ten years. She earned her Ph.D. in Clinical Psychology at the University of Oregon, and completed her predoctoral internship at the VA Puget Sound Health Care System at American Lake and her postdoctoral residency at Stanford School of Medicine. She is also a graduate of the Behavior Therapy Training Institute (BTTI) run by the International OCD Foundation, which provides specialized training in OCD by experts in the field. Throughout her training and continuing education, she has emphasized evidence-based approaches, which include Mindfulness-Based Cognitive Therapy, Acceptance and Commitment Therapy, and Exposure/Exposure and Response Prevention. She hopes to help clients develop a kind, self-compassionate way to manage life's difficulties, and learn to identify and fill their own needs. Her goal as a therapist is to help people grow into their authentic selves through development of self-awareness and strategies that help them overcome difficulties to live fuller, more meaningful lives.

She works primarily with adults across the lifespan, and works with clients with anxiety (including Specific Phobia, Social Anxiety, Generalized Anxiety, Panic Disorder), Obsessive Compulsive and Related Disorders (including OCD, Skin-Picking, and Hair Pulling), and trauma-related disorders, including trauma related to chronic experiences of racism and discrimination. As an Iranian-American, she is dedicated to helping people of color, who can have negative experiences in therapy if they feel their therapist is not validating their experiences of explicit discrimination and implicit microaggressions.

In addition, she completes and supervises psychological evaluations, assessing for ADHD, learning disabilities, and differential diagnosis, among other issues.

When she is not working, Ida enjoys spending time with her two young children and partner, listening to music, making elaborate and poorly decorated cakes, and being outdoors.

## **Chance Windle, Ph.D.**

Chance received her Ph.D. in Counseling Psychology from the University of Notre Dame. She spent several years in university counseling centers and in private practice in Eugene before joining the ECAS family. As an interpersonal and culturally-sensitive therapist, Chance uses evidenced-based approaches to help clients replace shame, fear, and low self-esteem with self-acceptance, compassion, and a sense of personal worth and value. Her style is active, meaning that she balances listening and empathic support with gentle challenges, exercises, and ideas for maintaining therapeutic growth outside of therapy sessions.

Chance works with adolescent and adult clients. She specializes in treating Anxiety Disorders (e.g., Specific Phobia, Social Anxiety, Generalized Anxiety, Panic Disorder) and Obsessive - Compulsive and Related Disorders (e.g., OCD, Skin-Picking, and Hair Pulling). In addition to treating anxiety, Chance works with survivors of trauma (esp. sexual abuse and assault) and with clients with disordered eating.

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Chaunce has particular expertise and interest in working with LGBTQI clients. She also provides assessments for people seeking letters of support for hormone therapy or surgical interventions to reduce gender dysphoria.

In her free time, Chaunce enjoys traveling, the arts, and spending time with her friends and family.

### **Colleen Comeau, Psy.D.**

Colleen is a licensed psychologist who earned her doctorate in clinical psychology from Pacific University. She completed her internship in health psychology at Samaritan Health Services in Corvallis and her residency at Strong Integrated Behavioral Health in Eugene. Prior to joining the ECAS team, she worked closely with medical providers as a primary care psychologist. She provides both psychological assessment and therapy services at ECAS.

As a therapist, Colleen is patient-centered and strengths-based in her approach. Central to her work is the therapeutic relationship and she aims to create an environment where clients feel understood, supported, and empowered to work toward their goals. She pulls from her experience and training in multiple modalities when working with clients including: Cognitive Behavior therapy (CBT), Mindfulness Based Cognitive Behavior Therapy (MBCT), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing.

Colleen provides therapy services for adults and assessment services for adults and children ages 8-18. In therapy, she specializes in working with anxiety disorders (e.g.: Generalized Anxiety Disorder, Phobias, Panic Disorder) and has a particular interest in working with Illness Anxiety Disorders and anxiety related to physical health conditions. Colleen also works with survivors of trauma and clients with binge eating and body image concerns. Colleen provides comprehensive psychological evaluations for Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Conditions, Learning Disorders, and diagnostic clarification.

Colleen works from a multicultural framework and recognizes that understanding client's larger socio-cultural context and worldview is essential for building trust in the therapeutic relationship as well as in providing accurate and ethical psychological evaluations. She enjoys working with the LGBTQI community and completes assessments for people seeking letters of support for hormone therapy or gender affirming surgery.

### **Dana Smith, Ph.D.**

Bio to come.

## **Stipend, Benefits, and Resources**

The postdoctoral resident can choose from one of two compensation models for their postdoctoral year:

- 1) An annual stipend of \$50,000 paid monthly, at a rate of \$4,1666 monthly gross income.
- 2) A base salary of \$40,000 yearly compensation paid on a monthly basis and ensuring the resident has \$3,333 monthly gross income for the 12-month term of employment. The Base Salary is the minimum that the resident may earn assuming the resident maintains certain productivity standards. In addition to Base Salary, if and when the monthly billable income received is greater than the monthly base salary of \$3333, the resident is entitled to FORTY Percent (40%) of BILLABLE INCOME RECEIVED from third-party payers and direct-pay patients on a cash receipt basis. The resident's percentage payments, after meeting the base salary, shall be made on a monthly basis and is subject to nonpayment, returns and/or disallowances made retroactively by third-party payers and/or patients.

You will be paid monthly on the 15th of the month via direct deposit.

*Benefits.* You will be eligible to participate in all retirement, welfare, and fringe benefit plans maintained by ECAS for the benefit of similarly situated employees, including the Company's medical, dental, vision, 401(k), health spending account, life insurance, AD&D, short-term disability, and long-term disability plans. The existence and terms of any such benefit plans are subject to change, and your eligibility for and participation in such plans are subject to the restrictions and conditions contained in those plans.

*Paid Time Off.* Paid time off (vacation and sick leave) will be accrued and used in accordance with the applicable Paid Time Off policy. Under the current policy, you will be eligible for two weeks of paid time off (PTO) per year. Residents will also be paid for eight holidays each year.

### **Application Process and Selection Criteria**

Interested students should complete the webform available on our website, and submit a detailed letter of interest, curriculum vitae, and three letters of recommendation to our training director, Chance Windle, Ph.D. at [chance@eugeneanxiety.com](mailto:chance@eugeneanxiety.com).

To be considered for selection, applicants must have completed a doctoral degree from an APA accredited program in Clinical, Counseling, or School psychology, as well as an APA-accredited doctoral internship program. Applications must be received by the deadline listed in the Universal Psychology Postdoctoral Directory to be considered; however, the program encourages interested candidates to apply as early as feasible. All applications will be screened by the program's Training Director and evaluated for potential goodness of fit with the residency program. If applicants are invited to interview, they will be notified by email. Interviews generally occur remotely but may also be in-person. Questions regarding any part of the selection



process or the program's academic preparation requirements may be directed to the Training Director.

### **Program Expectations and Licensure**

ECAS' Postdoctoral Residency program is a one-year-long, full-time postdoctoral training experience. To successfully complete the program, residents are expected to complete 2,000 hours of training, achieve the goals and objectives of the residency program, and abide by the APA Code of Ethics, the requirements of the training program, and the policies and procedures of their employer. Successful completion of the postdoctoral residency program will fulfill the supervised practice requirements for licensure as a psychologist in the state of Oregon.

### **Title**

Residents hired by ECAS are referred to by the title of "Postdoctoral Resident" in accordance with the requirements of the Board of Psychology in Oregon.

### **Evaluation**

As described above, Postdoctoral Residents are expected to attain advanced competence in four broad areas. Residents are evaluated twice annually by their supervisors. Evaluations are conducted using a formal, standard, written evaluation form. Attainment of competency in each broad area is measured via ratings on specific "learning elements" associated with the area of competency. **Ratings are provided on a Likert scale of 1-5 (1= Significant Development Needed; 2= Developing Skill Level; 3= Intermediate Skill Level; 4= Advanced Skill Level; 5= Seasoned Professional Skill Level.)** It is expected that residents will attain a rating of at least 4 on all areas of competence to successfully complete the Residency program. Ratings of less than a 3 at the mid-year evaluation will trigger the Due Process procedures to remediate skill deficits and provide the resident with support in attaining the expected advanced level of competence prior to the end of the training year.

### **Contact Information**

For more information about the postdoctoral training program at Eugene Center for Anxiety and Stress, please contact:

**Training Director**  
Chaunce Windle, Ph.D.  
[chaunce@eugeneanxiety.com](mailto:chaunce@eugeneanxiety.com)

### **Due Process and Grievance Policy**

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

**Rights and Responsibilities.** These procedures are a protection of the rights of both the resident and the training program and carries responsibilities for both.

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

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

**Definition of a Problem.** For purposes of this document, a *problem* is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
2. an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency;
3. an inability and/or unwillingness to manage personal stress, psychological dysfunctions, and/or emotional reactions that interferes with professional functioning.

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

1. the resident does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit that can be rectified by the scheduled sequence of training;
3. the quality of services delivered by the resident 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 resident'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 resident's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a client;
11. the problematic behavior violates appropriate interpersonal communication with agency staff.

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

**Formal Review.** If a resident's problem behavior persists following an attempt to resolve the issue informally, if the issue is serious enough to warrant bypassing the informal review, or if a resident receives a rating below a "3" on any competency on the mid-year evaluation, the following process is initiated:

1. The resident will be NOTIFIED in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
2. The supervisor or faculty/staff member will **hold a meeting** with the Training Director (TD) and resident 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 supervisor who is raising the issue, an additional faculty member who works directly with the resident will be included at the meeting. The resident will have the opportunity to present their perspective at the meeting and/or provide a written statement related to their response to the problem.

3. The result of the meeting will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the resident in writing within 5 working days of the Hearing:
  - a. Issue an "**Acknowledgement Notice**" which formally acknowledges:
    - i. that the faculty is aware of and concerned with the problem
    - ii. that the problem has been brought to the attention of the resident;
    - iii. that the faculty will work with the resident to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
    - iv. that the problem is not significant enough to warrant further remedial action at this time.
  - b. Place the resident on a "**Remediation Plan**" 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 resident addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the resident. The length of the probation period will depend upon the nature of the problem and will be determined by the resident's supervisor and the TD. A written Remediation Plan will be shared with the resident in writing and will include:
    - i. the actual behaviors or skills associated with the problem;
    - ii. the specific actions to be taken for rectifying the problem;
    - iii. the time frame during which the problem is expected to be ameliorated;
    - iv. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period, the TD will provide a written statement indicating whether the problem has been remediated. This statement will become part of the resident's permanent file.

- c. Place the resident on a **Suspension Plan**, which would include removing the resident from all professional service provision for a specified period, during which the program may support the resident in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the resident's supervisor and the TD. A written Suspension Plan will be shared with the resident in writing and will include:
  - i. the actual behaviors or skills associated with the problem;
  - ii. the specific actions to be taken to rectify the problem;

- iii. the time frame during which the problem is expected to be ameliorated;
- iv. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period, the TD will provide a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of professional activities can be lifted. The statement may include a recommendation to place the resident on a probationary status with a Remediation Plan. In this case, the process in (b) above would be followed. This statement will become part of the resident's permanent file.

4. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the resident's placement within the residency program may be terminated. The decision to terminate a resident's position would be made by the Training Director and would represent a discontinuation of participation by the resident within every aspect of the training program. The Training Director would make this determination within 10 working days of the previous step completed in this process. The TD may decide to suspend a resident's professional activities during this period prior to a final decision being made, if warranted.

**Appeal Process.** If the resident wishes to challenge a decision made at any step in the Due Process procedures, he or she may request an Appeals Hearing. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the resident is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the training director and at least two other members of the training faculty who work directly with the resident. The resident may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the resident's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. If the resident is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to ECAS' Leadership Committee. This appeal must be submitted in writing within 5 working days of the decision being appealed. ECAS' Leadership Committee has final discretion regarding outcome.

## **Grievance Procedures**

**Grievance Procedures** are implemented in situations in which a psychology resident raises a concern about a supervisor or other faculty member, trainee, or any aspect of the residency training program. Residents who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a resident raises a grievance about a supervisor, staff member, trainee, or the residency program, there are options for the type of response and review described below:

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

**Formal Review.** If the matter cannot be satisfactorily resolved using informal means, the resident may submit a **Formal Grievance** in writing to the TD. If the TD is the object of the grievance, the grievance may be submitted to any member of the Training faculty. The individual being grieved will be asked to submit a response in writing. The TD (or other member of the Training faculty, if appropriate) will meet with the resident and the individual being grieved within 10 working days. In some cases, the TD or faculty Member may wish to meet with the resident and the individual being grieved separately first. In cases where the resident is submitting a grievance related to some aspect of the training program rather than an individual (e.g., issues with policies, curriculum, etc.) the TD may invite other members of the Training faculty to the meeting. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

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

The TD or Training faculty member will document the process and outcome of the meeting. The resident and the individual being grieved, if applicable, will be asked to report back to the TD or other Training faculty 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 staff member will convene a review panel consisting of the TD and at least two other members of the training faculty within 10 working days. The resident may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

**ECAS Training Therapist Performance Evaluation**

Postdoctoral Resident/Associate-Level Therapist

Trainee Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_ Start Date:

Evaluation Period:

Primary Supervisor: \_\_\_\_\_ Position:

Methods used in evaluating competency (check all that apply):

Direct Observation     Review of Audio/Video     Case Presentation  
 Documentation Review     Supervision     Comments from other staff/faculty

**Rating Criteria:**

<p><b>1 – Significant Development Needed:</b> Significant improvement in developmental functioning and skills acquisition is needed to meet expectations; remediation required.</p>
<p><b>2 – Developing Skill Level:</b> Demonstrates entry level competence for a trainee; close supervision required on most cases.</p>
<p><b>3 – Intermediate Skill Level:</b> Expected level of competency for the trainee by mid-point of training program; routine or minimal supervision required on most cases.</p>
<p><b>4 – Advanced Skill Level:</b> Expected level of competency for trainee at completion of the training program; trainee is able to practice autonomously.</p>
<p><b>5 – Seasoned Professional Skill Level:</b> Functions autonomously with a level of skill representative of seasoned experience; rare rating for traineeship.</p>
<p><b>N/A – Not Applicable/Not Observed/Cannot Say</b></p>

The goal of the training program at ECAS is to prepare trainees for entry level to practice as a healthcare professional. While a trainee may have multiple supervisors, a single evaluation form addressing each of profession-wide competencies is used to provide formal feedback to trainees at multiple timepoints: 90 day, 6-months, one-year, and each year after for associate-level therapists. The evaluation is completed by the primary supervisor after consultation with all of the trainee’s supervisors and the Training Director. The trainee is rated on a scale of 1-5 for each competency (see below). Although average scores are computed for each competency area, trainees must meet competency benchmarks for each competency element.

At the end of the traineeship, trainees are expected to demonstrate competency to perform at the level of an independent practitioner in the field on all competency elements. If a trainee does

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not meet the minimum level of achievement (MLA) required on all competency elements at either of the first two evaluation periods (Developing Skill Level – 2 by 90-day, Intermediate Skill Level – 3 by six-months), the program's due process procedures will be initiated. To successfully complete the traineeship, trainees must meet the Advanced Level – 4 on all elements at the end of the training program.



<b>Goal 1. Trainee will achieve competence in the area of: Interest in Professional Development</b>	
1. Demonstrates ability to seek out research and resources to support the implementation of evidence in guiding clinical decision making, test selection, therapeutic tools and strategies, and case conceptualization.	
2. Understands how to adapt and apply research principles with a diverse community of populations.	
3. Demonstrates independence in evaluating research and modalities described as "evidence-based" for the empirical basis before integrating into therapy approach.	
4. Incorporates new ideas and critical feedback.	
5. Motivated to learn through information and help-seeking.	
6. Demonstrates improvement in skills over time.	
7. Demonstrates increasing competency in the use of exposure-based principles.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Goal 2. Trainee will achieve competence in the area of: Ethical and Legal Standards</b>	
1. Demonstrates advanced knowledge of, and independently apply Ethical Principles and Code of Conduct for relevant licensing board and other relevant ethical, legal, and professional standards and guidelines.	
2. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.	
3. Independently acts to safeguard the welfare of others and implement knowledge of specific and appropriate procedures for assessing harm or danger to self or others, including successfully implementing knowledge of appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons.	
4. Conducts self in an ethical manner in all professional activities.	

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 3. Trainee will achieve competence in the area of: Individual and Cultural Diversity	
1. Demonstrate awareness of the impact of culture and worldview on patients' perspectives and attitudes toward clinical services including assessments and therapy.	
2. Demonstrate self-awareness of one's own culture, personal history, attitudes, and biases and their potential impacts on clinical work with patients and families.	
3. Display sensitivity to, and respect for, diversity by working flexibly and effectively with patients and addressing differences in a constructive manner.	
4. Demonstrate the ability to integrate awareness/knowledge of individual and cultural differences while providing clinical services or serving in a professional role.	
5. Demonstrate an ability to work effectively with diverse individuals or groups encountered during the training year, including those whose identities, demographic characteristics, or worldviews may conflict with one's own.	
6. Independently consider diversity (race, ethnicity, gender, education, economic status, language, immigration status, disability status, etc.) when selecting, administering, and interpreting psychological instrumentation, conceptualizing cases, generating diagnostic formulations, and making treatment recommendations and referrals.	
7. Demonstrate current theoretical and empirical knowledge as it relates to diversity across professional activities including research, training, supervision/consultation, and service; this includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.	
8. Endeavors to increase cultural humility and utilize cultural opportunities	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	

Comments:

<b>Goal 4. Trainee will achieve competence in the area of: Assessment</b>	
1. Independently elicit clinical information via diagnostic interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status exams to gather necessary information to understand the presenting problem, referral questions, and differential diagnoses.	
2. Select and apply appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics.	
3. Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant characteristics of the patient.	
4. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases.	
5. Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural).	
6. Demonstrate current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of patients' strengths and needs.	
7. 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.	
8. Produce well-integrated reports that demonstrate the ability to synthesize the patient's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations.	
9. Demonstrate proficiency in using best practice measures in the assessment and diagnosis, and independently administer these tools with fidelity.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	

Comments:

<b>Goal 5. Trainee will achieve competence in the area of: Intervention</b>	
1. Establish and maintain an effective relationship with the recipients of psychological services including establishing rapport, eliciting participation and engagement with the therapeutic process, and maintaining therapeutic boundaries.	
2. Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals.	
3. Implement interventions informed by the current scientific literature, assessment findings, patient characteristics and contextual variables.	
4. Demonstrate intervention skills in the use of exposure and exposure and response prevention with a variety of presenting problems	
5. Conveys warmth, genuineness, and empathy	
6. Shows willingness to try new techniques and share successes and challenges	
7. Evaluate intervention effectiveness of the treatment and adapt intervention methods and goals in line with the evaluation results.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
Comments:	

<b>Goal 6. Trainee will achieve competence in the area of: Professional Values, Attitudes, and Behaviors</b>	
1. Behave in ways that reflect the values and attitudes of the institution and the field, including concern for the welfare of others, respect, integrity, accountability, and excellence.	

2. Seek out opportunities to engage in self-reflection leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision).	
3. Demonstrate awareness of their own competencies, skills, strengths, and needs and act to address them by seeking guidance, coaching, and/or feedback from their supervisor to maintain professional behavior.	
4. Respond professionally in increasingly complex situations with a greater degree of independence.	
5. Keep timely, clear, relevant documentation in compliance with institutional timelines, standards, and procedures.	
6. Arrives on time and is prepared for in-person and remote meetings and demonstrates attention and participation.	
7. Demonstrate ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties.	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	
<b>Comments:</b>	

<b>Goal 7. Trainee will achieve competence in the area of: Contributes to Clinical Team</b>	
1. Establish and maintain productive working relationships with members of the interdisciplinary team including clinicians, physicians, psychiatrists, consultants, trainees, educational staff, interpreter services, and other community partners.	
2. Describe how different professions can make positive contributions to clinical care of shared patients, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).	
3. Is accepting and cooperative with staff and all levels and forms positive relationships overall	
4. Indicates good judgment when seeking help and when acting independently	

5. Actively contributes and participates in staff meetings with adherence to group rules and awareness of own helpful and unhelpful group behaviors	
6. Consults with other therapists around client and administrative issues	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 8. Trainee will achieve competence in the area of: Supervision	
1. Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.	
2. Understand and appropriately verbalize the primary model(s) that guide provision of supervision.	
3. Demonstrate the ability to assess, guide, and provide constructive feedback when working with others under supervision, or in simulated practice.	
4. Actively seek and demonstrate openness and responsiveness to feedback and supervision to improve clinical practice.	
5. Seek out timely supervision in response to clinical risks and challenging cases.	
6. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).	
7. Demonstrate self-reflection within supervision, using feedback to manage personal stress and/or emotional responses to reduce any potential impact on patients or clinical responsibilities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

<b>OVERALL RATING (average of broad competence scores)</b>	
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# Eugene Center for Anxiety and Stress

101 E Broadway Suite 400  
Eugene, OR 97401 541-357-9764  
[www.eugeneanxiety.com](http://www.eugeneanxiety.com)

Comments on trainee's overall performance:

Trainee comments:

I acknowledge that my supervisor(s) reviewed this evaluation with me.

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training Director Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Supervision Agreement**

### **Introduction**

The training staff at ECAS views supervision as central to the professional development of a psychologist-in-training. As you enter into your supervisory relationship, ECAS requests that you work with your supervisor to develop and commit to a supervision agreement. This process is founded on the profession's expectations regarding quality training and supervision and the importance of providing informed consent to the supervisee about the supervision experience.

The purpose of this supervision agreement includes:

1. Communication of ECAS' commitment to the practice of psychology that conforms to ethical guidelines and relevant state laws on the part of all therapists
2. Specifying ECAS' expectations of supervisors and supervisees in regard to their responsibilities
3. Identifying mutually agreed upon training goals for each supervisee

This supervision agreement between supervisor and supervisee is for the purpose of defining their respective duties, responsibilities and expectations for the duration of their supervision relationship.

The purpose of this supervision relationship is:

1. To promote the development of supervisee's professional identity and competence as a mental health professional and psychologist in-training
2. To monitor professional services offered by supervisee and to promote the welfare of clients seen by the trainee.

### **Context**

One hour of supervision per week will be scheduled. When sessions are missed, a good faith effort will be made to reschedule in a timely manner.

### **Duties And Responsibilities Of The Supervisor**

1. The supervisor will present information about theoretical orientation and supervision philosophy. The supervisor certifies that they have the credentials, training, and experience to provide supervisee with supervision as described herein. The supervisor agrees to maintain such credentials for supervision during the term of this agreement.
2. The supervisor will maintain professional competence to supervise the practice of supervisee. If at anytime, the supervisor feels that there isn't sufficient knowledge to



assist with client treatment or that supervisee needs additional or different supervision, referrals will be made for consultation with another professional on staff.

3. The supervisor will meet face-to-face with supervisee for one hour weekly. If the supervisor will be absent from ECAS for an extended period of time, arrangements will be made for supervision to be provided by another licensed clinical staff member.
4. The supervisor will review and sign supervisee's case notes.
5. The supervisor will engage the supervisee in ongoing discussions about learning goals and will assist in identifying experiences and opportunities that seem likely to promote professional growth. The supervisor may at times refer the supervisee to professional readings and other resources related to clinical work and professional goals.
6. The supervisor will provide ongoing and thorough feedback regarding the supervisee's progress by offering comments and observations about professional behavior in the agency, and by paying attention to personal and other issues that may be affecting supervisee's clinical work.
7. The supervisor will provide two evaluations of supervisee's therapeutic skills and development, and comportment within the agency. These evaluations will be presented in writing and orally, and will include any relevant themes noted by the training staff.
8. The supervisor will attend to the supervisee's well-being and the overall externship experience. At times, the supervisor may serve as an advocate within the agency in order to improve the quality of the supervisee's experience.
9. The supervisor will make every effort to handle the sharing of personal information by the supervisee with sensitivity and, where appropriate, with confidentiality. Specific exceptions to confidentiality are
  - a. Communication with the Training Director regarding evaluations and other pertinent information regarding the trainee's growth and development.
  - b. Communication with the agency training staff to ensure complimentary supervision and welfare of clients.
  - c. Communications the supervisor may have to make on rare occasions in order to comply with the reporting rules of the licensing board.
  - d. Communication with the Training Director as appropriate to ensure that agency administrative and clinical standards are being met.
10. The supervisor will discuss with supervisee current reporting laws governing psychologists, therapists, and trainees in the State of Oregon. The supervisor will uphold ethical guidelines in the role as supervisor as defined by the pertinent board and the APA Code of Ethics.

### **Duties And Responsibilities Of The Supervisee**

1. Supervisee will think through professional growth goals and seek input and experiences likely to promote progress toward these goals.

2. Supervisee will prepare for supervision sessions by deciding which cases and issues would be most helpful to discuss in supervision and by bringing relevant tapes and/or written information to supervision sessions.
3. Supervisee will provide an updated list of ongoing clients weekly and inform the supervisor when therapy begins or ends with a client.
4. Supervisee will present relevant background information for each client, and discuss the assessment and formulation, treatment plans and interventions in an ongoing fashion. Supervisee will provide sufficient information so that the supervisor may adequately review the client's psychological status and therapy. The supervisee will discuss ongoing implementation of any constructive feedback given by the supervisor.
5. Early in the supervision, the supervisee will share case notes for review of quality and content. Supervisee will consult with the current supervisor when there are questions about the appropriateness of including specific sensitive information in formal client notes.
6. The supervisee will be involved in the evaluation process by assessing their own strengths and weaknesses, professional growth goals and needs, and areas requiring focused attention. The supervisee will also work to understand limitations as a therapist and to know when to make appropriate referrals. In addition, the supervisee will be expected to give feedback to their supervisor regarding supervision, especially when feeling that needs are not being met and/or perceive that a change would enhance the intern experience.
7. The supervisee will abide by the APA's Ethical Principles and Code of Conduct. Further, the supervisee will review the salient state statutes that apply to the practice of psychology and therapy in the State of Oregon. In order to adhere to and deepen the understanding of the ethical guidelines, the supervisee is expected to:
  - a. Inform clients about supervisee's training status and the name and credentials of the supervisor.
  - b. Discuss with the supervisor any informed consent, confidentiality concerns, or risk concerns which arise with clients.
  - c. Inform the supervisor of requests for release of information from other agencies or professionals and discuss with the supervisor the appropriate release of information, as well as appropriate boundaries regarding contacts with client's family, health care professionals or other third parties.
  - d. Present all clinically related correspondence written by the supervisee to the supervisor to be countersigned. If the supervisor is not available prior to the need for the letter, the Director may countersign the letter.
  - e. Be cognizant of professional boundaries with clients. As part of the learning process, the supervisee will discuss with the current supervisor any out of session contact with clients. and gift giving. Recognizing that feelings of sexual

attraction and sexual dilemmas can arise in the therapeutic relationship, and the supervisee and the supervisor will raise and discuss these feelings and dilemmas as they occur.

- f. Provide appropriate avenues to resolve client concerns about therapy. If a client has a concern about the therapy which cannot be resolved between them as a matter of course, the supervisee will inform the client about the steps that can be taken to contact the supervisor and to seek alternative counseling. In handling such concerns or complaints, the supervisee will pay utmost attention to the client's welfare and autonomy, while understanding that the therapist-client "fit" is colored by salient subjective elements.
8. Recognizing that personal issues and countertransference issues may affect many areas of the trainee's experience (e.g., therapy process, supervision process), the supervisee will address relevant personal issues and countertransference reactions with the supervisor and will inform the supervisor if and when personal needs or issues arise which seem to interfere with the ability to work with certain clients or perform other duties of the training program. In such instances, the supervisee will work with the supervisor and Training Director to make any necessary adjustments in the assigned work. The supervisor will handle the supervisee's self-disclosure with care and sensitivity and will only share personal information as it relates to coordination of supervision and to help the supervisee meet their specific goals and needs.
9. The supervisee will balance the appropriate and evolving need for autonomy with the forethought to inform the supervisor about the cases that present significant risk, including clients who exhibit potential harm to themselves or to others.

### **Responsibilities Of Both The Supervisor And Supervisee**

This agreement is subject to revision at any time, upon the request of either the supervisee or supervisor and by mutual agreement. Both the supervisor and supervisee agree to bring up a perceived failure by one or the other to fulfill the expectations and responsibilities as outlined in this agreement.

Should the supervisor and/or supervisee experience difficulty within the supervisory relationship, they agree to make a concerted effort to work out that difficulty together, consulting with the Training Director as needed. On rare occasions, if need be, and after consultation with the Training Director, the supervision relationship can be terminated.

Both the supervisor and supervisee have read and discussed this agreement and have agreed on the responsibilities and expectations stated herein.



# Eugene Center for Anxiety and Stress

101 E Broadway Suite 400  
Eugene, OR 97401 541-357-9764  
[www.eugeneanxiety.com](http://www.eugeneanxiety.com)

\_\_\_\_\_  
Supervisee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **TRAINEE'S TRAINING GOALS**

Supervisee has established the following training goals. The supervisor and supervisee agree to review Supervisee's progress toward meeting these goals periodically throughout the year.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Supervisee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date