



THE WARREN ALPERT
Medical School

BROWN UNIVERSITY

Postdoctoral Fellowship Training Program (PFTP)

Training Manual

(This document is updated annually. Subject to change in future training years.)

2026-2027

[NOTE TO TRAINEES AND FACULTY: We have been experiencing difficulties with some hyperlinks contained within this document – if the link does not bring you directly to the document, try copying the link directly into your browser.]

SEPTEMBER 1, 2026

**The Brown Clinical Psychology Training Consortium
Box G-BH, Providence, RI 02912**

Postdoctoral Fellowship Training Program

Overview

The Postdoctoral Fellowship Training Program (PFTP), within the Brown Clinical Psychology Training Consortium, offers advanced training at the postdoctoral level for qualified individuals.

The primary purpose of the PFTP is to provide training that assures the development of advanced competency in a specific area of clinical psychology (with emphasis on clinical research and clinical service), provide advanced research experiences, and promote the development of independent investigators. It is the philosophy of the PFTP that all postdoctoral fellows in clinical psychology should have both clinical and research exposure during their training. Postdoctoral fellows with non-clinical degrees may focus entirely on developing research skills.

The PFTP has four Divisions:

- 1) The APA-accredited [Clinical Psychology Program \(CPP\)](#)
- 2) The APA-accredited [Clinical Child Psychology Specialty Program \(CCPSP\)](#)
- 3) The APA-accredited [Clinical Neuropsychology Specialty Program \(CNSP\)](#)
- 4) The [Research Fellowship Program \(RFP\)](#) an unaccredited research program

Questions related to the accreditation status of the Clinical Psychology Program (CPP), Clinical Child Psychology Specialty Program (CCPSP), and the Clinical Neuropsychology Specialty Program (CNSP) should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202-336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Completion Requirements

In order to successfully complete fellowship and graduate and receive a certificate of completion from the PFTP, the following requirements must be met:

- **Clinical Psychology Program (CPP), Clinical Child Psychology Specialty Program (CCPSP), and Research Fellowship Program (RFP) positions**, 1 full calendar year (2,000 hrs. after deducting 80 hrs. of vacation/PTO) must be completed in order to successfully complete fellowship and be considered alumnae of the PFTP (*i.e.* 7/1/26-6/30/27). The 365-day requirement is mandatory and non-negotiable. This requirement should be taken into consideration when negotiating future job position(s).
- **Clinical Neuropsychology Specialty Program (CNSP) positions**, 2 full calendar years (4,000 hrs. after deducting 160 hrs. of vacation/PTO) must be completed in order to successfully complete fellowship and be considered alumnae of the PFTP (*i.e.* 7/1/25-6/30/27). The 730-day requirement is mandatory and non-negotiable. This requirement should be taken into consideration when negotiating future job position(s). **[CNSP Exception for Formal Leave:** Because the CNSP is a 2-year program, if leave is taken during the fellowship, fellows may not be required to make-up any leave consistent with the Family and Medical Leave Act (FMLA). For this exception to be considered, the fellow must meet end of year fellowship competencies at the conclusion of their second postdoctoral year. Progress toward competencies will be assessed within three months prior to taking extended leave and again no earlier than three months following their return to evaluate progress toward competencies. If a fellow is at risk for not meeting end of fellowship competencies, the fellow may be required to extend their fellowship at the discretion of the primary supervisors.]

If a postdoctoral fellow does not meet the fellowship completion requirements, they cannot list on their CV as completing a postdoctoral fellowship within the PFTP at Brown. The Training Program will not be able to verify training and/or clinical hours towards licensure.

If an individual requires verification of clinical hours during this timeframe, their clinical supervisor may be willing to attest to supervised clinical hours that were completed in a hospital setting, but not as a postdoctoral fellow within the Brown PFTP. Please contact the Director to discuss.

Important Dates

Prior to start, CPP, CCPSP, & CNSP fellows (*only*) should have submitted the Fellowship Competencies Self-Assessment Form to the Training Office.

July	➤ Individualized Training Activities Form and Fellow/Supervisor Agreement Form due 3rd week of training (based on individual start date) ➤ Select Advisor due 3rd week of training (based on individual start date) (postdoctoral fellows starting in July)
August	➤ Individualized Training Activities Form and Fellow/Supervisor Agreement Form due 3rd week of training (based on individual start date) ➤ Select Advisor due 3rd week of training (based on individual start date) (postdoctoral fellows starting in August)
September	➤ Mandatory In-Person Postdoc Orientation ➤ Individualized Training Activities Form and Fellow/Supervisor Agreement Form due 3rd week of training (based on individual start date) ➤ Select Advisor due 3rd week of training (based on individual start date) (postdoctoral fellows starting in September) ➤ DPHB 50th Celebration and Reunion (<i>September 25-26, The Warren Alpert Medical School 222 Richmond St., Providence, RI</i>) ➤ Community Walking Tour for 1st year Fellows (<i>September 30</i>)
December	➤ Progress evaluations begin. Fellows and Supervisors are evaluated on a 6-month cycle. ➤ For those with a 2-year option, supervisor must inform postdoctoral fellow regarding a 2nd year of fellowship.
January 1	➤ Postdoctoral fellow must inform supervisor regarding a 2nd year of fellowship (<i>if applicable</i>)
March	➤ Mind Brain Research Day (<i>TBD by the Chair's office</i>)
May	➤ Program sponsored Academic Grand Rounds ➤ Teaching Award Selection Committee ➤ <u>Mandatory</u> Postdoc Annual Retreat (<i>May 14, 2027, 12-4pm, Butler Hospital, Ray Hall</i>)
June	➤ Progress evaluations begin for those continuing for a 2nd yr. Fellows are evaluated on a 6-month cycle (based on individual start date); End of fellowship evaluations due for graduates ➤ Graduate Exit meeting with Program Director ➤ Graduating Postdoctoral Fellows -all evaluations must be completed before receiving certificate. (<i>Based on start date - Must complete 1 full calendar year of training to be eligible to graduate</i>) ➤ Graduation (<i>TBD by the Chair's office, typically held on the 2nd Friday in June</i>)

Program Director Meetings

Postdoctoral fellows will have periodic meetings with their Program Director or Associate Director, if applicable, (*CPP, CCPSP, CNSP, or RFP*) throughout the fellowship experience (see below timeline). The postdoctoral fellow may request a meeting with the Program Director or the Director of the Postdoctoral Fellowship Training Program (PFTP) at any time.

Clinical Psychology Program (CPP)

- October (or 3-4 weeks following start date) – Initial Meeting
- July Year 1 (or 3-4 weeks before end date) – CPP Exit Meeting
- July Year 2 *if applicable* (or 3-4 weeks before end date) – PFTP Exit Meeting

Clinical Child Psychology Specialty Program (CCPSP)

- October (or 3-4 weeks following start date) – Initial Meeting
- March Year 1 (mid-year) – CCPSP Director/Group Meeting
- July Year 1 (or 3-4 weeks before end of year 1 date) – CCPSP Exit Meeting
- July Year 2 *if applicable* (or 3-4 weeks before end date) – PFTP Exit Meeting

Clinical Neuropsychology Specialty Program (CNSP)

- October (or 3-4 weeks following start date) – Initial Meeting
- January Year 1 – Progress Meeting
- July Year 1 – Progress Meeting
- January Year 2 – Progress Meeting
- July Year 2 (or 3-4 weeks before end date) – Exit Meeting

Research Fellowship Program (RFP)

- October (or 3-4 weeks following start date) – Initial Meeting
- July – August Year 1 – Progress Meeting for 2-year fellowships
- June Final Year (or 3-4 weeks before end date) – Exit Meeting

In addition to the individual meetings noted above, the **Research Fellowship Program** will host periodic **virtual office hours** with the Director/Associate Director of the RFP four times a year to review questions related to licensure.

Supervision

Consistent with APA Guidelines for Clinical Supervision in Health Service Psychology, the Postdoctoral Fellowship Training Program (PFTP) views supervision as a collaborative relationship between a fellow and a supervisor that extends over time and that has both facilitative and evaluative components. The overarching goal of supervision is to guide the fellow toward achieving independent competence in research and/or the provision of psychological health services.

All PFTP fellows are expected to provide feedback to their supervisors during each 6-month evaluation time point. However, supervision feedback should occur as part of the ongoing collaborative relationship between the fellow and his or her supervisor(s).

[Please see detailed information regarding telesupervision in the section on Telework and Telesupervision.]

Clinical Programs

The Clinical Psychology Program (CPP), Clinical Child Psychology Specialty Program (CCPSP), and Clinical Neuropsychology Specialty Program (CNSP) adopt the definitional goals of supervision set forth in the Guidelines on Supervision: to enhance the professional competence and science-informed practice of the supervisee, to monitor the quality of services provided, to protect the public, and to provide a gatekeeping function for entry into the profession. Supervision in the CPP, CCPSP, and CNSP focuses on guiding fellows toward achieving independent competency in the domains identified in our program.

Each CPP, CCPSP, and CNSP postdoctoral fellow is provided with a minimum of 2 hours per week of regularly scheduled individual, face-to-face clinical supervision with a minimum of two licensed DPHB faculty supervisors (the primary supervisor is always a licensed psychologist). This supervision is considered part of 4 hours of structured learning activities that each fellow participates in weekly. Fellows in the CPP and CCPSP may also receive group clinical supervision. CPP, CCPSP, and CNSP fellows also receive weekly supervision in their research placement. The majority of CPP fellows have the opportunity to provide supervision to other trainees and CNSP fellows may have opportunities to provide supervision to other trainees, as circumstances permit. In addition, CPP, CCPSP, and CNSP fellows participate in didactic sessions about “Becoming a Supervisor”.

Research Program

All first-year Research Fellowship Program (RFP) postdoctoral fellows receive approximately four hours of structured learning activities weekly. This includes a minimum of 1 hour per week of regularly scheduled individual, face-to-face research supervision and an average of 2-3 hours per week of structured learning activities in the form of didactics/educational experiences. Second-year RFP postdoctoral fellows receive a minimum of 1 hour per week of regularly scheduled individual research supervision and participate in selected didactic activities based on interest and program requirements.

Research fellows conducting clinical work must receive a minimum of one hour per week of individual clinical supervision from a licensed psychologist. For research fellows wishing to be licensed in psychology, please see [Licensure](#) section of the Training Manual.

Non-evaluative Faculty Advisor

All postdoctoral fellows have a designated faculty advisor. This is a non-evaluative faculty member who fulfills the responsibilities outlined below. Within the first month of training, fellows in the Clinical Psychology Program (CPP), Clinical Child Psychology Specialty Program (CCPSP), and Research Fellowship Program (RFP) are asked to identify a faculty member and request that they be the faculty advisor for the year. Fellows in the Clinical Neuropsychology Specialty Program (CNSP) are assigned an advisor prior to start.

It is recommended that each postdoctoral fellow secure an advisor who is within their area of specialization and who is a member of the full-time or hospital-based faculty. It is possible for a fellow to select a community-based clinical faculty member as an advisor, provided that they can ensure that all of the responsibilities of the advisory process (see below) will be

fully met. Your postdoc program director is available to provide guidance related to selecting and communicating with a potential advisor. **Submit the name of your advisor to the Training Office by the 3rd week of training at: <https://forms.gle/aWWhfminu91hQ7dm9>.**

If at any point there is a concern with the selected advisor, the postdoctoral fellow should discuss this with their program director and determine whether a new advisor should be identified. If a new advisor is selected, the Training Office should be notified of this change.

Faculty Advisor Responsibilities:

1. Assists the postdoctoral fellow in any, and all, matters related to their fellowship experience, and provide not only information, but also guidance and support.
2. Serves as liaison to the Training Committee in the event that such a need arises during the course of the training experience.
3. Provides the postdoctoral fellow advice about career development (e.g., job interviews, negotiation).

Representatives

Each year, one fellow is chosen to represent the postdoctoral fellows in each of the four postdoctoral programs: Clinical Psychology Program (CPP), Clinical Child Psychology Specialty Program (CCPSP), Clinical Neuropsychology Specialty Program (CNSP), and Research Fellowship Program (RFP). Each program is asked to nominate a candidate to represent them.

The Postdoctoral Fellow Representative is someone who can be counted upon to serve as an advocate for the postdoctoral fellows and an effective liaison with the training faculty. This involves maintaining communication with postdoctoral fellows as well as with training faculty and leadership. The representatives communicate any issues of concern to their respective Program Director, the Training Committee, or the PFTP Director.

Other specific duties of the Fellows are listed below:

1. Attend the monthly Clinical Psychology Training Committee meeting, held on the first Wednesday of the month from 9:00 am – 10:00 am.
2. Assist in the selection process of the Training Program sponsored Grand Rounds speaker.
3. In collaboration with the Social Media Coordinator, Fellow Reps will develop original content and post to the department Instagram and other social media platforms numerous times each month. They will provide "coverage" of the accounts regularly (e.g., 1 week per month). They will solicit and post content from department members that depict trainee, faculty, or staff life, clinical and research placements, and training program events. There may be opportunities to coordinate virtual events for accepted or prospective trainees.
4. Schedule social activities, such as happy hours, hikes, group outings, etc., as a way to facilitate interaction among the fellows.

5. Provide feedback to the PFTP Director and Training Committee regarding any ways they feel the overall structure of the postdoctoral program can be improved.
6. Coordinate specific activities including the following:
 - Update licensing exam information
 - Update local teaching opportunities
 - Coordinate the scheduling of the postdoc retreat at the end of the year
 - Coordinate nominations for the DPHB Annual Teaching Awards
 - Coordinate meetings with current Fellows and applicants to the Fellowship program
 - Share key updates from the Community and Belonging Council and its subcommittees with postdoctoral fellows

Compensation of \$1,000 is provided to each representative to be used for professional travel expenses or educational supplies. The term of appointment is 10/1 – 8/31. All expenses need to be submitted to the Training Office by **June 15**.

Invited Speaker Program

Each year the clinical psychology residents and postdoctoral fellows have the opportunity to invite a distinguished psychologist of their choice to Brown to present Academic Grand Rounds in the Department of Psychiatry and Human Behavior.

The faculty coordinator of this activity is Dr. Tracy O'Leary Tevyaw. The clinical psychology residents and postdoctoral fellows are requested to meet as soon as possible to elect a delegate to work with Dr. O'Leary Tevyaw in coordinating this activity. The representatives will serve as liaison between the clinical psychology residents, postdoctoral fellows and Dr. O'Leary Tevyaw; and assist in making arrangements for the invited speaker of their choice. The clinical psychology residents and postdoctoral fellows are requested to nominate their choices for invited speakers no later than September 15.

Please contact Tracy O'Leary Tevyaw at Tracy.O'Leary-Tevyaw@va.gov with specific questions.

Didactics

Nicole McLaughlin, PhD, Didactics Coordinator

Overview

Postdoctoral fellows participate in a variety of required didactics designed to develop knowledge-based competencies in professional issues, ethics, clinical practice, and research. Didactics are conducted either virtually or in-person. Some required didactics series involve joint participation of trainees in both the Clinical Psychology Internship Training Program and Postdoctoral Fellowship Training Program (PFTP). Other required didactics are specific to certain programs. A minimum of 10% time per week is allocated for didactics across training programs. Time spent participating in a recognized DPHB Committee may be included as part of this time.

The Postdoctoral Fellowship Training Program is responsible for providing didactic training to all trainees. To meet these criteria, the Training Programs, as a whole, have set a standard for the maximum number of seminars a trainee can miss without requiring make-up. Trainees are able to miss up to 10% of seminars within each seminar series without need for making up the content. If more than 10% of seminars are missed, trainees should discuss options for making them up with the seminar coordinator.

Postdoctoral fellows are encouraged to become familiar with other ongoing seminars and courses at Brown University and within the Department of Psychiatry and Human Behavior (DPHB). Please keep an eye out for emails announcing relevant didactic opportunities. There are also numerous other educational opportunities at various teaching hospitals and on campus.

A link to each of the Postdoc seminars associated with the PFTP has (links on next page) is accessible to anyone with a Brown email address:

- Google Calendar
- Seminar Series Schedule
- Handouts (*if applicable*)
- Attendance & Evaluation Forms (***must be completed at end of each seminar***). *This is critical to ensuring documentation of attendance, without which the seminar is marked as missed.*

View Didactics section for:

[Clinical Psychology Program \(CPP\)](#)

[Clinical Child Psychology Specialty Program \(CCPSP\)](#)

[Clinical Neuropsychology Program \(CNSP\)](#)

[Research Fellowship Program \(RFP\)](#)

Check with your supervisor to see if your fellowship has any requirements outside of what is listed for your specific program!

Postdoctoral Fellowship Seminars

Seminar	Schedule	Calendar	Materials	Attendance/ Feedback
PFTP Core Seminar	https://docs.google.com/document/d/174P5Ma4ehAinqdp8H1muii8WhfjV2JckhPez3-rBul/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1XzFvcXNrNTM1Y3A1MHRmMmpkaDIwaDZkMWhvQGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1Ahf5nTaHiSliHJzYyKr51Qgydun5Cumh?usp=drive_link	https://forms.gle/Gqm7nWwERpvv1dncA
Clinical Ethics	https://docs.google.com/document/d/1op3NL4DDPVsDx9DoyuPvFG96CKdQW_sXR0GbrypE2OA/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1X3JmczMwMmczdmZndW5vM2N0ZGswMW40djFjQGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1t64bYHdoyl7dNOx0cyFFx5IY5zfADMH?usp=drive_link	https://forms.gle/Tg5GRXyVzZPJ16Lg7
CPP Seminar	https://docs.google.com/document/d/1wNSf9v4g0u50JVktjG1FHA3DdSnew2Y0RWTNncE5Qc/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1XzgzaGc1MmlyajgxNjRzMjJ0NzBydHZjdmZvQGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1gkBKyCAv2VoiRf4fAZCpS7F-Ei8wnRKk?usp=drive_link	https://forms.gle/PSfzPRC5bPN6vjJB6
CPP Becoming a Supervisor Seminar	https://docs.google.com/document/d/1_oyOiy9HTdB yZMctMgTJyYyOrluWTj4Z7JBRSE041pE/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1XzgzaGc1MmlyajgxNjRzMjJ0NzBydHZjdmZvQGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1kdw22IjzGll8jXktxwOsUMBgc1Ot5Eg?usp=drive_link	https://forms.gle/UtJGSUwxTut8MLhx9
CCPSP Seminar	https://docs.google.com/spreadsheets/d/1kTD8FiAgG75SpycxjpnSfTjfSCO0AXD_0hu0doN2_QM/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=Y19pMW5ncmU2dGk4MmNpa2tkM2VncWFrMXAzZ0Bncm91cC5jYWxlbnRhci5nb29nbGUuY29t	https://drive.google.com/drive/folders/10fpH71UN9n1XVrWgNXd_41Ranep1bnJ4?usp=drive_link	https://forms.gle/gkVCZUFBge4a1kKNA
CNSP Seminar	https://docs.google.com/document/d/1ge9iMhn-wVQl-cko5NIXki6YTBWdvCkFnIHtkvCZd	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1X2oyc2p0bmtvYmxpY2xxN3RqaTF2anNiNGFnQGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1V0GIwRAVWTk1O33pGkT2usMg6PRUHRp?usp=drive_link	https://forms.gle/wCUK5MaxowoUhgC67

	0A/edit?usp=drive_link			
RFP Seminar	https://docs.google.com/document/d/1PiL7KT0wuE8BB-xe9kcBBS8FsSMqA7RZBh3JsPxrzMq/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=aThjM3ZhNzFsMTJsbmo0bnV1NTU0MG9xczBAZ3JvdXAuY2FsZW5kYXluZ29vZ2xlLmNvbQ	https://drive.google.com/drive/folders/1v7pQqZ1YeEocltl3lzq3pOIGgo-41B9I?usp=drive_link	https://forms.gle/rZysJkigQuLNxnjc8
Cardio Beh Med T32 Seminar	https://docs.google.com/document/d/1eQJBzgmwC5owMNPe-GgMunYBuK43k-HEtZRPN-77nQQ/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1X25pOTZzdW5ydGFvbmo0amRlbWdnZjV1dTAA0QGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1fN63iaamKbMKUef3sE9o7SCpjzloLEfB?usp=drive_link	https://forms.gle/NajpUVi8UWyPMGeA6
Suicide Research T32 Journal Club	https://docs.google.com/document/d/1tw6l1WZh5wJK62Sq1s_rFWxGs4ZexkKrM1OUJtu-v4l/edit?usp=drive_link	https://calendar.google.com/calendar/u/0?cid=Y184bG5tMmZiNm02anFpczdiMmk5MTI0Y2w1c0Bncm91cC5jYWxlbmRhci5nb29nbGUuY29t	https://drive.google.com/drive/folders/1BnCWLjWl5o_bs2DRUPZqVVFx4uBPtApN?usp=drive_link	https://forms.gle/EprwJ4hsYdnYdF9U9
Adult/Beh Med Grant Writing Seminar	https://docs.google.com/document/d/1qBfT3GI468iZ0ic8fnZfVeQ9ypBZW-2/edit?usp=drive_link&ouid=101983638845467349659&rtpof=true&sd=true	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1XzBzcG52dnZrcmVsMXY1bXBhN3QyMzFhZ3JrQGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1YrmdYULwyu-sEeON6Wdj2Qe_04FJEuIN?usp=drive_link	n/a
Child Grant Writing Seminar	https://docs.google.com/document/d/1e1uhm88T7hCmpp42x_1yt41oBvke4Fw/edit?usp=drive_link&ouid=101983638845467349659&rtpof=true&sd=true	https://calendar.google.com/calendar/u/0?cid=YnJvd24uZWR1X3J0anR2M2FrOHBIbmMxrNmg0dT V1cWxtbXVrQGdyb3VwLmNhbGVuZGFyLmdvb2dsZS5jb20	https://drive.google.com/drive/folders/1FFnx4PrWzONTASpQxwCnA3JWGZwx80A-?usp=drive_link	n/a

Evaluation

Melanie Dubard, PhD, Coordinator

Overview

At the start of each training year, postdoctoral fellows collaborate with their fellowship supervisor(s) to establish Individualized Training Activities. These may be informed by trainee self-evaluation (see below). Each fellow's Individualized Training Activities are reviewed by the Director or Associate Director in their respective program: i.e., Clinical Psychology Program (CPP); Clinical Child Psychology Specialty Program (CCPSP); Clinical Neuropsychology Specialty Program (CNSP); or the Research Fellowship Program (RFP), and primary supervisor.

Evaluations are in a competency-based format, which emphasizes acquisition of special clinical skills and/or research abilities. Individualized Training Activities are achieved through an apprenticeship model where the fellow works closely with their supervisor(s) in the provision of clinical services and/or in conducting research.

Evaluations are an integral part of the supervisor/fellow relationship. The evaluation process should involve an ongoing dialogue between postdoctoral fellows and their supervisors. Formal evaluations of trainees and of supervisors occur every six months. Evaluations should occur in face-to-face meetings between the postdoctoral fellow and their primary supervisor (or appropriate designee) and possibly other supervisors.

Minimal Expected Levels of Achievement

At each evaluation time point, fellows are expected, at minimum, to demonstrate satisfactory progress toward achieving independent competence on each specific-level competency item required by their specific PFTP program (listed below). The CPP, CCPSP, and CNSP fellows should have training activities listed in all Objective areas I-XI. RFP fellows should have training activities listed in Objectives areas I-III and VII-XI, but may not have training activities listed in Objective areas IV-VI unless sitting for licensure:

- I. *Integration of Science and Practice*
- II. *Ethical and Legal Standards*
- III. *Individual and Cultural Diversity*
- IV. *Assessment*
- V. *Intervention*
- VI. *Consultation and Interprofessional/Interdisciplinary Skills*
- VII. *Teaching/Supervision/Mentoring*
- VIII. *Leadership*
- IX. *Communication and Interpersonal Skills*
- X. *Professional Values, Attitudes, and Behaviors*
- XI. *Research*

Two sets of competencies with accompanying rating scales:

1) Individual Competency Evaluation Rating Scale

- 0 = no opportunity to evaluate,
- 1 = needs improvement, and
- 2 = satisfactory progress

2) Overall Competency Evaluation Rating Scale

- 1 = Basic Competence,
- 2 = Early Competence,
- 3 = Intermediate Competence,
- 4 = Intermediate to Advanced Competence,
- 5 = Advanced Competence, and
- 6= Expert Competence

Criteria at 6-months:

Fellows must achieve a modal score of “2” for all of the items within individual competencies (e.g., integration of science and practice, assessment), with the allowance of **no more than one** item being scored a “1”. Fellows must also achieve a score of “3” (intermediate competence) for an overall rating of competence in each area.

Criteria at End-of-Fellowship:

Fellows **must achieve a score of “2”** for all of the items within individual competencies and **must achieve a score of “5”** (demonstrates an advanced level of competence) for an overall rating of competence in each area.

Typically, fellows making satisfactory progress need additional, ongoing practice and supervision with these competency domains to achieve independence. At the end of APA-accredited training year/fellowship and for RFP fellows end of fellowship, fellows are expected to demonstrate competence to perform independently. That is, they should have demonstrated the ability to perform each specific competency skill at the level expected of an independent practitioner in the field.

Postdoctoral fellows should be engaged in an open, ongoing dialogue with their supervisor(s) regarding their progress. Fellows have the right to appeal any formal evaluation (see [Remediation Policy](#) and [Grievance Policy](#)). Supervisors and fellows take mutual responsibility for ensuring that these evaluations are completed in a timely fashion.

Evaluation - Instructions

Getting Started....

MyEvaluations

Evaluations (e.g., *Evaluations of Postdoctoral Fellows and of Supervisor/Mentor*) are completed online through MyEvaluations.com. You will receive your username and password via e-mail directly from MyEvaluations.com. If you have not received this e-mail, please inform Brett_Reguintina@Brown.edu in the Training Office.

To login, follow the steps below:

1) Web address: www.MyEvaluations.com

2) Login:

- Type in your **username** and **password**.
- Select the **login** button in order to securely log into MyEvaluations.com. *(If you do not remember your username/password, then click "Forgotten Your Username/Password" and enter your registered e-mail address. Click "OK" - your information will be immediately e-mailed to you.)*

Download [General Evaluation Instructions!](#)

Evaluations are assigned based on the information entered in your Supervision/Evaluations Google spreadsheet. Please keep this information up to date. When a change is made, the Training Office will receive an alert and will edit your evaluations accordingly.

View Evaluation section for specific instructions & forms:

- [Clinical Psychology Program \(CPP\)](#)
- [Clinical Child Psychology Specialty Program \(CCPSP\)](#)
- [Clinical Neuropsychology Specialty Training Program \(CNSP\)](#)
- [Research Fellowship Program \(RFP\)](#)

A graduation certificate will only be distributed upon completion of all evaluations.

Clinical Psychology Program (CPP)

Karen Oliver, PhD, Director

The APA-accredited **Clinical Psychology Program (CPP)** provides general training in clinical psychology (Traditional Practice Program) within hospital-based settings. This program offers emphasis areas in Adult and Health Psychology/Behavioral Medicine. Postdoctoral fellows in clinically-focused fellowships spend approximately 50-70% time conducting clinical work.

The three aims of the CPP are:

- (1) To produce psychologists who exhibit an advanced competency level with regard to professional skills/conduct and ethical standards (consistent with APA principles and local regulations) to function effectively as independent practitioners within health service settings;
- (2) To produce psychologists who exhibit an advanced competency level with regard to knowledge and skills related to research in order to function effectively as scientist-practitioners within health service settings; and
- (3) To produce psychologists who demonstrate an advanced competency level with regard to evidence-based practice and the provision of effective psychological services within health service settings.

Clinical training supports postdoctoral fellows in establishing clinical proficiency, while integrating a professional role that is well grounded in ethics and the integration of science and practice. By the end of the fellowship, the postdoctoral fellow should attain advanced competence in the knowledge-base and clinical skills to function independently in a similar clinical program in a new location.

CPP fellowship positions are one year in duration. In some cases, a second year of fellowship may be available when there are opportunities to continue clinical and research training in more depth. **[Note:** This second year is not an “APA-accredited” fellowship year, but is designated as a Brown postdoctoral fellowship year.] Agreement to continue for a second year of training, when available, is decided upon by the postdoctoral fellow and the primary supervisor midway through the first year. The supervisor informs the postdoctoral fellow that he/she would like him/her to stay a second year by mid-December. Postdoctoral fellows must make a decision by January 1 in order to allow sufficient time to recruit a replacement.

Although postdoctoral fellows are paid for a 40-hour week, some find it necessary to work additional hours a week to best achieve their personal research and clinical career goals during their fellowship training year.

Definition of 20% Research Component

All approved postdoctoral fellowships in the PFTP will contain a minimum of 20% effort devoted to research supervised by a faculty mentor from the Brown DPHB faculty. The research supervisor is typically selected by the fellow at the beginning of the training year if the research is not already built into the fellow’s training position. Clinical supervisors and the Program Director are available to assist in identifying suitable research supervisors that are a good match with the fellows’ background and interests. A compilation of possible research placements is also distributed to fellows and faculty at the beginning of each training year. A day may be set aside specifically for research or the time may be spread out across two half days, depending upon the clinical schedule.

The 20% research experience should be active work that is conducted by the postdoctoral fellow (not completely delegated to others), and it should be geared toward producing a traditional scientific product (*e.g. manuscript, presentation at a national professional meeting, grant application, instrument development*). The Postdoctoral fellow should have regularly scheduled supervisory meetings with the research mentor as part of the research placement. Postdoctoral fellows decide on the appropriate research activity in conjunction with the faculty supervisor. Ultimately, it is the postdoctoral fellow's choice to determine the specific project. Examples of appropriate activities include generating a project from the supervisor's existing database; designing and implementing a new study; publishing work on projects begun prior to the fellowship including the dissertation. All individualized training activities for postdoctoral fellows must include explicit goals and activities for this research component.

While not required, we encourage the research mentor to be different from the primary supervisor. It is the responsibility of the primary supervisor to monitor that the fellow's research goals are being met, and that research opportunities reasonably allow for these goals to be achieved. The primary supervisor should coordinate with the research supervisor to work out a mechanism to ensure that this is accomplished. A meeting between both supervisors and the fellow should occur at the start of the training year to outline research responsibilities and coordinate integration of these activities into the fellow's schedule. In the event that the primary supervisor and research supervisor are the same, the Program Director should be consulted with at the beginning of the year to ensure research activities may be reasonably accomplished given the required clinical responsibilities.

It is the supervisor's and home institution's obligation to provide at least minimal resources for the postdoctoral fellow to achieve their research goals (*e.g., computing, access to statistical software, research administration/IRB services, assessment space*).

The 20% effort (8 hours per week) may include the research didactic component of the PFTP (*RFP Core Seminars*). Research activities may vary by individual fellowship. Clinical seminars are not included in the research time.

Any one of the following would represent an appropriate product from a research activity:

- Peer reviewed publications e.g. journal article
- Book chapter
- Invited articles in professional journals
- Academic presentations outside of Brown Medical School
- Poster presentation, or paper presentation at a regional or national professional meeting, preferably with a published abstract
- Poster presentation at Mind/Brain Research Day
- Grant award from postdoctoral fellow initiated activity
- Program development or evaluation project presented to relevant training faculty as part of a staff meeting, in-service, or other forum

CPP Didactics

CPP Didactics are listed below:

Trainees are able to miss up to 10% of seminars within each seminar series without need for making up the content. If more than 10% of seminars are missed, trainees should discuss options for making them up with the seminar coordinator.

Department Required

Title	Coordinator	Description	Time & Location	Attendance Required
DPHB Academic Grand Rounds	Chair's Office	Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	1st Wednesday of each month (September-June) 11-12:15pm (virtual)	Mandatory all trainees

Postdoctoral Fellowship Training Program Seminars

Title	Coordinator	Description	Time & Location	Attendance Required
Postdoc Core Seminar	Carla Correia, PsyD & KayLoni Olson, PhD	Monthly seminar series is offered to all fellows. Recognizing that most of the Fellows will likely spend some reasonable percentage of their career in clinical practice, many of the topics in this seminar series focus on practice issues such as: the licensure process, career development, supervising and mentoring, and developing an office-based practice.	2nd Tuesday of each month (Sept-June) 5:00-6:30pm Butler Hospital, Duncan 159	Mandatory for all first-year fellows with a clinical psychology degree and optional for others
Clinical Ethics Seminars	Heather Hunter, PhD	Monthly seminar on Clinical Ethics is offered to all fellows	1st Wednesday of each month (Oct-May) 10-11am (virtual)	Mandatory for all first-year fellows intending to be licensed

CPP Specific Didactics

Title	Coordinator	Description	Time & Location	Attendance Required
CPP Seminar	Zoe Trout, PsyD	Monthly seminar is required for all CPP fellows	1 st Tuesday of Month (Oct-July) 4:30-6:00pm, VAMC Classroom 2	Mandatory for all first-year, CPP fellows
CPP Becoming a Supervisor Seminar	Natalia Villa Hernandez, Ph.D.	Monthly seminar is required for all CPP fellows	3 rd Tuesday of Month (Nov-July) 4:00-5:30pm, Butler Hospital, Ray Hall Room 2 (upstairs)	Mandatory for all first-year, CPP fellows

CPP Evaluations

Evaluation Time Frame & Forms

Fellows receive a Certificate of Completion from the Postdoctoral Fellowship Training Program only after they have completed 1 full calendar year of training and all evaluations have been completed and submitted.

- [Self-Assessment](#)
- [Postdoctoral Fellowship Supervision/Evaluations](#)
- [Individualized Training Activities Form](#)
- [Fellow/Supervisor Agreement Form](#)
- [Progress Evaluation](#)
- [End Evaluation](#)
- [Supervisor Evaluation](#)

Self-Assessment

Prior to start of fellowship, you should have submitted your [CPP Fellowship Competencies Self-Assessment Form](#) to the Training Office. This form is a self-assessment of your level of competence in each major training area of your fellowship, and is used to assist you in writing your Individualized Training Activities. The Self-Assessment is reviewed by the Director of the CPP and put in your trainee file.

Postdoctoral Fellowship Supervision/Evaluations

By your 3rd week of training, and at the beginning of each new training year, all fellows are required to fill out the Postdoctoral Fellowship [Supervision/Evaluations](#) Google spreadsheet. This is a listing of faculty supervisor(s), which will be used to accurately assign your evaluations within the MyEvaluations system.

Individualized Training Activities

By your 3rd week of training you will have submitted a signed hard copy your Individualized Training Activities to the Training Office. All fellows and their supervisors/mentors should establish, and mutually agree upon the fellowship Individualized Training Activities for the year. Fellows' Self Evaluation helps guide development of their Individualized Training Activities.

Using the [Individualized Training Activities Form](#), insert your activities for each of our program's competency domains of training (*i.e. I. Integration of Science and Practice; II. Ethical*

and Legal Standards; III. Individual and Cultural Diversity; IV. Assessment; V. Intervention; VI. Consultation and Interprofessional/Interdisciplinary Skills; VII. Teaching/Supervision/Mentoring; VIII. Leadership; IX. Communication and Interpersonal Skills; X. Professional Values, Attitudes, and Behaviors; and XI. Research). CPP fellows' Individualized Training Activities form should list training activities in **all competency domains**. Click here for a [Sample of Individualized Training Activities](#).

Fellows and supervisors/mentors should review all training activities and discuss the training experiences that will enable the fellow to achieve and demonstrate competency in all domains.

Fellows submit the signed copy of their Individualized Training Activities form to the Training Office where it will be added to the fellow's training file. The Individualized Training Activities are reviewed and approved by the fellows' supervisor(s) and CPP Director.

Although supervisors/mentors should provide ongoing feedback regarding your performance throughout the year, formal evaluations will be completed every six months of training. E-mails are sent automatically from MyEvaluations.com letting you know what evaluations need to be completed and the due date.

Fellow/Supervisor Agreement: [Fellow/Supervisor Agreement Form](#) *(completed annually and/or if significant changes)*

The Clinical Fellowship Fellow/Supervisor Agreement is completed within MyEvaluations.com. The Fellow/Supervisor Agreement is devised to ensure that the fellow and supervisor/mentor fully understand the fellow's Individual Training Activities, have discussed what is expected of the fellow to successfully complete the fellowship, and the frequency of supervision and expectation of the supervisor.

Fellows will be assigned by MyEvaluations.com to complete a new Fellow/Supervisor Agreement at the beginning of each training year or at any other time significant changes are made to Individualized Training Activities and/or supervision plan (*e.g., there is a change in your primary supervisor or there are significant changes in your primary clinical or research responsibilities from what was agreed upon previously*). You must inform the Training Office of any changes to your Fellow/Supervisor Agreement.

If, at the beginning of the training year, there are no changes to the fellow's Individualized Training Activities, he/she will still complete the Fellow/Supervisor Agreement and indicate "No" when asked if the plan reflects a change from the previous one.

If the Fellow/Supervisor Agreement does include changes, clicking "Yes" will prompt your Program Director to review your new training activities. New version signed Individualized Training Activities Form should be submitted to the Training Office. [Note: The Fellowship/Supervisor Agreement is not an evaluation form. Ratings are only done on the Progress Evaluations that are completed every six months of training and the End Evaluations that are completed at the end of the fellowship.]

Progress Evaluations: [CPP Clinical Fellowship - Progress](#) *(completed every six months)*

Fellows will receive formal evaluations of their progress every six months of training. The evaluation process involves a face-to-face evaluation meeting between the fellow and supervisor/mentor. The supervisor/mentor then enters form evaluation ratings on MyEvaluations.com. E-mails are sent automatically at the time evaluations are assigned from MyEvaluations.com, letting supervisors know what evaluations need to be completed and the due date.

After the Progress Evaluation is completed, you and your supervisor/mentor can create new Individualized Training Activities or modify existing activities for the remainder of the year if you have already accomplished your annual activities or the activities are determined to be no longer appropriate for another reason. *(As noted above, any changes to your Individualized Training Activities should be mutually agreed upon by you and your supervisor/mentor, and any significant changes to your training activities and/or supervision plan should be documented with a new Fellow/Supervisor Agreement.)*

End Evaluations: [CPP Clinical Fellowship - End](#) *(completed at the end of APA-accredited fellowship year and at the end of unaccredited fellowship year, if a second year of training is available)*

This form must be completed in MyEvaluations.com by your supervisor/mentor at the end of your fellowship training. Please inform the Training Office as soon as you are aware of the end date of your fellowship training, and the final evaluation forms will be assigned.

Minimal Expected Levels of Achievement

At each evaluation time point, fellows are expected, at minimum, to demonstrate satisfactory progress toward achieving independent competence on each item within each competency domain.

Two sets of competencies with accompanying rating scales:

1) Individual Competency Evaluation Rating Scale

- 0 = no opportunity to evaluate,
- 1 = needs improvement, and
- 2 = satisfactory progress

2) Overall Competency Evaluation Rating Scale

- 1 = Basic Competence,
- 2 = Early Competence,
- 3 = Intermediate Competence,
- 4 = Intermediate to Advanced Competence,
- 5 = Advanced Competence, and
- 6 = Expert Competence

Criteria at 6-months:

Fellows must achieve a modal score of “2” for all of the items within individual competencies (e.g., integration of science and practice, assessment), with the allowance of **no more than one** item being scored a “1”. Fellows must also achieve a score of “3” (intermediate competence) for an overall rating of competence in each area.

Criteria at End-of-Fellowship:

Fellows **must achieve a score of “2”** for all of the items within individual competencies and **must achieve a score of “5”** (demonstrates an advanced level of competence) for an overall rating of competence in each area.

Typically, fellows making satisfactory progress need additional, ongoing practice and supervision with these competency domains to achieve independence. At the end of fellowship, fellows are expected to demonstrate competence to perform at the level of an independent practitioner in the field within all domains.

Postdoctoral fellows should be engaged in an open, ongoing dialogue with their supervisor(s) regarding their progress. Fellows have the right to appeal any formal evaluation (please see the [Remediation Policy](#) and [Grievance Policy](#)).

Supervisor Evaluations: [Supervisor Evaluation](#) (completed every six months)

Fellows will be prompted by MyEvaluations.com to complete an Evaluation of Supervisor/Mentor every six months of training. The timing of this evaluation coincides with the fellow's Progress and End Evaluations. At each six-month evaluation time point, the fellow enters his/her evaluation ratings and comments via MyEvaluations.com, then prints a hard copy of the evaluation form to give to the supervisor/mentor during the face-to-face evaluation meeting to discuss this feedback. After this meeting is held, the final evaluation should be submitted by clicking on the "Finish / Final Submission" button at the bottom of the evaluation form.

Confidential Feedback of Supervisor/Mentor/Training (optional).

Although trainees are encouraged to share feedback with their supervisors directly, it is understood that there are some circumstances in which it can be difficult to deliver feedback. If you find yourself in such a situation, you are encouraged to seek out guidance from your Non-evaluative Advisor and/or Program Director regarding how you might be able to approach your supervisor in a professional manner to discuss your feedback constructively. You may also provide confidential feedback directly to the PFTP Director using the [Confidential Feedback Google Form](#). The PFTP Director will follow-up with you to discuss your concerns. The information you share will not be shared with others unless you provide permission for doing so. The exception to this is a circumstance in which the supervisor is exhibiting professionally inappropriate behavior.

Depending on the severity of the situation, *(i.e., if a faculty member has a serious deficit in knowledge or skill(s); physical or emotional difficulties that impair or compromise expected standards of performance; or professionally inappropriate behavior, including insufficient attention to the training needs of the trainee)*, a fellow may initiate a grievance (see Due Process: Grievance Policy located within the Postdoctoral Fellowship Training Manual).

Clinical Child Psychology Specialty Program (CCPSP)

Christopher Houck, PhD, Director

The APA-accredited **Clinical Child Psychology Specialty Program (CCPSP)**, provides specialty training in clinical child psychology within hospital-based settings. Postdoctoral fellows in clinically-focused fellowships spend approximately 50-70% time conducting clinical work.

The three aims of the CCPSP are:

- (1) To produce child psychologists who exhibit an advanced competency level with regard to professional skills/conduct and ethical standards (consistent with APA principles and local regulations) to function effectively as independent practitioners within health service settings;
- (2) To produce child psychologists who exhibit an advanced competency level with regard to knowledge and skills related to research in order to function effectively as scientist-practitioners within health service settings.
- (3) To produce child psychologists who exhibit an advanced competency level with regard to the knowledge and skills specific to the specialty of clinical child psychology (consistent with the APA Standards of Accreditation for Health Service Psychology) to function effectively as independent scientist-practitioners in health service settings.

Clinical training supports postdoctoral fellows in establishing clinical proficiency, while integrating a professional role that is well grounded in ethics and the integration of science and practice. By the end of the fellowship, the postdoctoral fellow should attain advanced competence in the knowledge-base and clinical skills of clinical child psychology to function independently in a similar clinical program in a new location.

CCPSP fellowship positions are one year in duration. In some cases, a second year of fellowship may be available when there are opportunities to continue clinical and research training in more depth. **[Note:** This second year is not an “APA-accredited” fellowship year, but is designated as a Brown postdoctoral fellowship year.] Agreement to continue for a second year of training, when available, is decided upon by the postdoctoral fellow and the primary supervisor midway through the first year. The supervisor informs the postdoctoral fellow that he/she would like him/her to stay a second year by mid-December. Postdoctoral fellows must make a decision by January 1 in order to allow sufficient time to recruit a replacement. Although postdoctoral fellows are paid for a 40-hour week, some find it necessary to work additional hours a week to best achieve their personal research and clinical career goals during their fellowship training year.

Definition of 20% Research Component

All approved postdoctoral fellowships in the PFTP will contain a minimum of 20% effort devoted to research supervised by a faculty mentor from the Brown DPHB faculty. The research supervisor is typically selected by the fellow at the beginning of the training year if the research is not already built into the fellow’s training position. Clinical supervisors and the Program Director are available to assist in identifying suitable research supervisors that are a good match with the fellows’ background and interests. A compilation of possible research placements is also distributed to fellows and faculty at the beginning of each training year. A day may be set

aside specifically for research or the time may be spread out across two half days, depending upon the clinical schedule.

The 20% research experience should be active work that is conducted by the postdoctoral fellow (not completely delegated to others), and it should be geared toward producing a traditional scientific product (*e.g. manuscript, presentation at a national professional meeting, grant application, instrument development*). The Postdoctoral fellow should have regularly scheduled supervisory meetings with the research mentor as part of the research placement. Postdoctoral fellows decide on the appropriate research activity in conjunction with the faculty supervisor. Ultimately, it is the postdoctoral fellow's choice to determine the specific project. Examples of appropriate activities include generating a project from the supervisor's existing database; designing and implementing a new study; publishing work on projects begun prior to the fellowship including the dissertation. All individualized training activities for postdoctoral fellows must include explicit goals and activities for this research component.

While not required, we encourage the research mentor to be different from the primary supervisor. It is the responsibility of the primary supervisor to monitor that the fellow's research goals are being met, and that research opportunities reasonably allow for these goals to be achieved. The primary supervisor should coordinate with the research supervisor to work out a mechanism to ensure that this is accomplished. A meeting between both supervisors and the fellow should occur at the start of the training year to outline research responsibilities and coordinate integration of these activities into the fellow's schedule. In the event that the primary supervisor and research supervisor are the same, the Program Director should be consulted with at the beginning of the year to ensure research activities may be reasonably accomplished given the required clinical responsibilities.

It is the supervisor's and home institution's obligation to provide at least minimal resources for the postdoctoral fellow to achieve their research goals (*e.g., computing, access to statistical software, research administration/IRB services, assessment space*).

The 20% effort (8 hours per week) may include the research didactic component of the PFTP (*RFP Core Seminars*). Research activities may vary by individual fellowship. Clinical seminars are not included in the research time.

Any one of the following would represent an appropriate product from a research activity:

- Peer reviewed publications e.g. journal article
- Book chapter
- Invited articles in professional journals
- Academic presentations outside of Brown Medical School
- Poster presentation, or paper presentation at a regional or national professional meeting, preferably with a published abstract
- Poster presentation at Mind/Brain Research Day
- Grant award from postdoctoral fellow initiated activity
- Program development or evaluation project presented to relevant training faculty as part of a staff meeting, in-service, or other forum

CCPSP Didactics

CCPSP Didactics are listed below:

Trainees are able to miss up to 10% of seminars within each seminar series without need for making up the content. If more than 10% of seminars are missed, trainees should discuss options for making them up with the seminar coordinator.

Department Required

Title	Coordinator	Description	Time & Location	Attendance Required
DPHB Academic Grand Rounds	Chair's Office	Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	1st Wednesday of each month (September-June) 11-12:15pm (virtual)	Mandatory all trainees
Child & Adolescent Grand Rounds *Noted on the DPHB Grand Rounds announcement	Child Psychiatry	Child Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	2nd Wednesday of each month (Sept-June) 11-12:00pm Bradley Hospital Pine Room; remote sessions available at RIH campus	If in a Child - focused fellowship, you may be required to attend. Speak with your supervisor

Postdoctoral Fellowship Training Program Seminars

Title	Coordinator	Description	Time & Location	Attendance Required
Postdoc Core Seminar	Carla Correia, PsyD & KayLoni Olson, PhD	Monthly seminar series is offered to all fellows. Recognizing that most of the Fellows will likely spend some reasonable percentage of their career in clinical practice, many of the topics in this seminar series focus on practice issues such as: the licensure process, career development, supervising and mentoring, and developing an office-based practice.	2nd Tuesday of each month (Sept-June) 5:00-6:30pm Butler Hospital, Duncan 159	Mandatory for all first-year fellows with a clinical psychology degree and optional for others
Clinical Ethics Seminars	Heather Hunter, PhD	Monthly seminar on Clinical Ethics is offered to all fellows	1st Wednesday of each month (Oct-May) 10-11am (virtual)	Mandatory for all first-year fellows intending to be licensed

CCPSP Specific Didactics

Title	Coordinator	Description	Time & Location	Attendance Required
Clinical Child Psychology Specialty Program (CCPSP) Seminar	Alexandrea Craft, PhD	Rotating topics for clinical child psychologists, including: Case Conference, Professional Presentations, Becoming a Supervisor, Professional Development, and Social Justice	Wednesdays 8-9:30am Coro Building	Mandatory for CCPSP fellows

CCPSP Evaluations

Evaluation Time Frame & Forms

Fellows receive a Certificate of Completion from the Postdoctoral Fellowship Training Program only after they have completed 1 full calendar year of training and all evaluations have been completed and submitted.

- [Self-Assessment](#)
- [Postdoctoral Fellowship Supervision/Evaluations](#)
- [Individualized Training Activities Form](#)
- [Fellow/Supervisor Agreement Form](#)
- [Progress Evaluation](#)
- [End Evaluation](#)
- [Supervisor Evaluation](#)

Self-Assessment

Prior to start of fellowship, you should have submitted your [CCPSP Fellowship Competencies Self-Assessment Form](#) to the Training Office. This form is a self-assessment of your level of competence in each major training area of your fellowship, and is used to assist you in writing your Individualized Training Activities. The Self-Assessment is reviewed by the Director of the CCPSP and put in your trainee file.

Postdoctoral Fellowship Supervision/Evaluations

By your 3rd week of training, and at the beginning of each new training year, all fellows are required to fill out the **Postdoctoral Fellowship [Supervision/Evaluations](#)** Google spreadsheet. This is a listing of faculty supervisor(s), which will be used to accurately assign your evaluations within the MyEvaluations system.

Individualized Training Activities

By your 3rd week of training you will have submitted a signed hard copy your Individualized Training Activities to the Training Office. All fellows and their supervisors/mentors should establish, and mutually agree upon the fellowship Individualized Training Activities for the year. Fellows' Self Evaluation helps guide development of their Individualized Training Activities.

Using the [Individualized Training Activities Form](#), insert your activities for each of our program's competency domains of training (*i.e. I. Integration of Science and Practice; II. Ethical and Legal Standards; III. Individual and Cultural Diversity; IV. Assessment; V. Intervention; VI. Consultation and Interprofessional/Interdisciplinary Skills; VII. Teaching/Supervision/Mentoring; VIII. Leadership; IX. Communication and Interpersonal Skills; X. Professional Values, Attitudes, and Behaviors; and XI. Research*). CCPSP fellows' Individualized Training Activities form should list training activities in all competency domains. Click here for a [Sample of Individualized Training Activities](#).

Fellows and supervisors/mentors should review all training activities and discuss the training experiences that will enable the fellow to achieve and demonstrate competency in all domains.

Fellows submit the signed copy of their Individualized Training Activities form to the Training Office where it will be added to the fellow's training file. The Individualized Training Activities are reviewed and approved by the fellows' supervisor(s) and CCPSP Director.

Although supervisors/mentors should provide ongoing feedback regarding your performance throughout the year, formal evaluations will be completed every six months of training. E-mails are sent automatically from MyEvaluations.com letting you know what evaluations need to be completed and the due date.

Fellow/Supervisor Agreement: [Fellow/Supervisor Agreement Form](#) (*completed annually and/or if significant changes*)

The Clinical Fellowship Fellow/Supervisor Agreement is completed within MyEvaluations.com. The Fellow/Supervisor Agreement is devised to ensure that the fellow and supervisor/mentor fully understand the fellow's Individual Training Activities, have discussed what is expected of the fellow to successfully complete the fellowship, and the frequency of supervision and expectation of the supervisor.

Fellows will be assigned by MyEvaluations.com to complete a new Fellow/Supervisor Agreement at the beginning of each training year or at any other time significant changes are made to Individualized Training Activities and/or supervision plan (*e.g., there is a change in your primary supervisor or there are significant changes in your primary clinical or research responsibilities from what was agreed upon previously*). You must inform the Training Office of any changes to your Fellow/Supervisor Agreement.

If, at the beginning of the training year, there are no changes to the fellow's Individualized Training Activities, he/she will still complete the Fellow/Supervisor Agreement and indicate "No" when asked if the plan reflects a change from the previous one. If the Fellow/Supervisor Agreement does include changes, clicking "Yes" will prompt your Program Director to review your new training activities. New version signed Individualized Training Activities Form should be submitted to the Training Office. [Note: The Fellowship/Supervisor Agreement is not an evaluation form. Ratings are only done on the Progress Evaluations that are completed every six months of training and the End Evaluations that are completed at the end of the fellowship.]

Progress Evaluations: [CCPSP Clinical Fellowship - Progress](#) (*completed every six months*)

Fellows will receive formal evaluations of their progress every six months of training. The evaluation process involves a face-to-face evaluation meeting between the fellow and supervisor/mentor. The supervisor/mentor then enters form evaluation ratings on MyEvaluations.com. E-mails are sent automatically at the time evaluations are assigned from

MyEvaluations.com, letting supervisors know what evaluations need to be completed and the due date.

After the Progress Evaluation is completed, you and your supervisor/mentor can create new Individualized Training Activities or modify existing activities for the remainder of the year if you have already accomplished your annual activities or the activities are determined to be no longer appropriate for another reason. *(As noted above, any changes to your Individualized Training Activities should be mutually agreed upon by you and your supervisor/mentor, and any significant changes to your training activities and/or supervision plan should be documented with a new Fellow/Supervisor Agreement.)*

End Evaluations: [CCPSP Clinical Fellowship - End](#) *(completed at the end of APA-accredited fellowship year and at the end of unaccredited fellowship year, if a second year of training is available)* This form must be completed in MyEvaluations.com by your supervisor/mentor at the end of your fellowship training. Please inform the Training Office as soon as you are aware of the end date of your fellowship training, and the final evaluation forms will be assigned.

Minimal Expected Levels of Achievement

At each evaluation time point, fellows are expected, at minimum, to demonstrate satisfactory progress toward achieving independent competence on each item within each competency domain.

Two sets of competencies with accompanying rating scales:

1) Individual Competency Evaluation Rating Scale

- 0 = no opportunity to evaluate,
- 1 = needs improvement, and
- 2 = satisfactory progress

2) Overall Competency Evaluation Rating Scale

- 1 = Basic Competence,
- 2 = Early Competence,
- 3 = Intermediate Competence,
- 4 = Intermediate to Advanced Competence,
- 5 = Advanced Competence, and
- 6 = Expert Competence

Criteria at 6-months:

Fellows must achieve a modal score of “2” for all of the items within individual competencies (e.g., integration of science and practice, assessment), with the allowance of **no more than one** item being scored a “1”. Fellows must also achieve a score of “3” (intermediate competence) for an overall rating of competence in each area.

Criteria at End-of-Fellowship:

Fellows **must achieve a score of “2”** for all of the items within individual competencies and **must achieve a score of “5”** (demonstrates an advanced level of competence) for an overall rating of competence in each area.

Typically, fellows making satisfactory progress need additional, ongoing practice and supervision with these competency domains to achieve independence. At the end of fellowship,

fellows are expected to demonstrate competence to perform at the level of an independent practitioner in the field within all domains.

Postdoctoral fellows should be engaged in an open, ongoing dialogue with their supervisor(s) regarding their progress. Fellows have the right to appeal any formal evaluation (please see the [Remediation Policy](#) and [Grievance Policy](#)).

Supervisor Evaluations: [Supervisor Evaluation](#) (completed every six months)

Fellows will be prompted by MyEvaluations.com to complete an Evaluation of Supervisor/Mentor every six months of training. The timing of this evaluation coincides with the fellow's Progress and End Evaluations. At each six-month evaluation time point, the fellow enters his/her evaluation ratings and comments via MyEvaluations.com, then prints a hard copy of the evaluation form to give to the supervisor/mentor during the face-to-face evaluation meeting to discuss this feedback. After this meeting is held, the final evaluation should be submitted by clicking on the "Finish / Final Submission" button at the bottom of the evaluation form.

[Confidential Feedback of Supervisor/Mentor/Training \(optional\)](#)

Although trainees are encouraged to share feedback with their supervisors directly, it is understood that there are some circumstances in which it can be difficult to deliver feedback. If you find yourself in such a situation, you are encouraged to seek out guidance from your Non-evaluative Advisor and/or Program Director regarding how you might be able to approach your supervisor in a professional manner to discuss your feedback constructively. You may also provide confidential feedback directly to the PFTP Director using the [Confidential Feedback Google Form](#). The PFTP Director will follow-up with you to discuss your concerns. The information you share will not be shared with others unless you provide permission for doing so. The exception to this is a circumstance in which the supervisor is exhibiting professionally inappropriate behavior.

Depending on the severity of the situation, *(i.e., if a faculty member has a serious deficit in knowledge or skill(s); physical or emotional difficulties that impair or compromise expected standards of performance; or professionally inappropriate behavior, including insufficient attention to the training needs of the trainee)*, a fellow may initiate a grievance (see Due Process: Grievance Policy located within the Postdoctoral Fellowship Training Manual).

Clinical Neuropsychology Specialty Program (CNSP)

Jennifer Davis, PhD, ABPP-CN, Director

Anjali Palav, PhD, Associate Director

The APA-accredited **Clinical Neuropsychology Specialty Program (CNSP)** provides specialty training in clinical neuropsychology within a hospital-based setting that is consistent with Houston Conference Guidelines.

The Clinical Neuropsychology Specialty Program (CNSP) offers postdoctoral specialty training in both adult and pediatric clinical neuropsychology. CNSP fellows are expected to complete two full calendar years of CNSP fellowship training which is consistent with the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology and requirements for ABPP Board Certification. Training experiences vary across settings depending on patient populations. CNSP fellows devote a minimum of 50% time to clinical activities, a minimum 20% time to research, and 10% to formal required didactic experiences.

The philosophy of the Postdoctoral Fellowship Training Programs (PFTP) is that all postdoctoral fellows in clinical psychology should have clinical and research exposure during their training. The exact nature of training is decided on an individual basis in collaboration with each of the faculty mentors.

The three aims of the Clinical Neuropsychology Specialty Program (CNSP) are:

- (1) To produce neuropsychologists who exhibit an advanced competency level with regard to professional skills/conduct and ethical standards (consistent with APA principles and local regulations) to function effectively as independent practitioners within health service settings;
- (2) To produce neuropsychologists who exhibit an advanced competency level with regard to knowledge and skills related to research in order to function effectively as scientist-practitioners within health service settings; and
- (3) To produce neuropsychologists who exhibit an advanced competency level with regard to the knowledge and skills specific to the specialty of clinical neuropsychology (consistent with the Houston Conference Guidelines) to function effectively as independent scientist-practitioners in health service settings.

Clinical training supports postdoctoral fellows in establishing clinical proficiency, while integrating a professional role that is well grounded in ethics and mental health practice. By the end of the fellowship, the postdoctoral fellow should attain advanced competence in the knowledge-base and clinical skills required for their area of emphasis and should be able to function independently in a similar clinical program in a new location.

Although fellows are paid for a 40-hour week, some find it necessary to work additional hours to best achieve their personal research and clinical career goals during their fellowship training year.

Definition of Research Component

All approved postdoctoral fellowships in the PFTP will contain a minimum of 20% effort devoted to research supervised by a faculty mentor from the Brown DPHB faculty. The research supervisor is typically selected by the fellow at the beginning of the training year if the research is not already built into the fellow's training position. Clinical supervisors and the Program

Directors are available to assist in identifying suitable research supervisors that are a good match with the fellows' background and interests. A compilation of possible research placements is also distributed to fellows and faculty at the beginning of each training year. A day may be set aside specifically for research or the time may be spread out across two half days, depending upon the clinical schedule.

The minimum 20% research experience should be active work that is conducted by the postdoctoral fellow (not completely delegated to others), and it should be geared toward producing a traditional scientific product (e.g. manuscript, presentation at a national professional meeting, grant application, instrument development). The Postdoctoral fellow should have regularly scheduled supervisory meetings with the research mentor as part of the research placement. Postdoctoral fellows decide on the appropriate research activity in conjunction with the faculty supervisor. Ultimately, it is the postdoctoral fellow's choice to determine the specific project. Examples of appropriate activities include generating a project from the supervisor's existing database; designing and implementing a new study; publishing work on projects begun prior to the fellowship including the dissertation. All individualized training activities for postdoctoral fellows must include explicit goals and activities for this research component.

While not required, we encourage the research mentor to be different from the primary supervisor. It is the responsibility of the primary supervisor to monitor that the fellow's research goals are being met, and that research opportunities reasonably allow for these goals to be achieved. The primary supervisor should coordinate with the research supervisor to work out a mechanism to ensure that this is accomplished. A meeting between both supervisors and the fellow should occur at the start of the training year to outline research responsibilities and coordinate integration of these activities into the fellow's schedule. In the event that the primary supervisor and research supervisor are the same, the Program Director should be consulted with at the beginning of the year to ensure research activities may be reasonably accomplished given the required clinical responsibilities.

It is the supervisor's and home institution's obligation to provide at least minimal resources for the postdoctoral fellow to achieve their research goals (e.g., computing, access to statistical software, research administration/IRB services, assessment space).

The minimum 20% effort (8 hours per week) may include the research didactic component of the PFTP (DPHB Core Seminars). Research activities may vary by individual fellowship. Clinical seminars are not included in the research time.

Any one of the following would represent an appropriate product from a research activity:

- Peer reviewed publications e.g. journal article
- Book chapter
- Invited articles in professional journals
- Academic presentations outside of Brown Medical School
- Poster presentation, or paper presentation at a regional or national professional meeting, preferably with a published abstract
- Poster presentation at Mind/Brain Research Day
- Grant award from postdoctoral fellow initiated activity
- Program development or evaluation project presented to relevant training faculty as part of a staff meeting, in-service, or other forum

CNSP Didactics

CNSP Didactics are listed below:

Trainees are able to miss up to 10% of seminars within each seminar series without need for making up the content. If more than 10% of seminars are missed, trainees should discuss options for making them up with the seminar coordinator.

Department Required

Title	Coordinator	Description	Time & Location	Attendance Required
DPHB Academic Grand Rounds	Chair's Office	Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	1st Wednesday of each month (September-June) (virtual)	Mandatory all trainees
Child & Adolescent Grand Rounds *Noted on the DPHB Grand Rounds announcement	Child Psychiatry	Child Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	2nd Wednesday of each month (Sept-June) 11-12:00pm Bradley Hospital Pine Room; remote sessions available at RIH campus	If in a Child - focused fellowship, you may be required to attend. Speak with your supervisor

Postdoctoral Fellowship Training Program Seminars

Title	Coordinator	Description	Time & Location	Attendance Required
Postdoc Core Seminar	Carla Correia, PsyD & KayLoni Olson, PhD	Monthly seminar series is offered to all fellows. Recognizing that most of the Fellows will likely spend some reasonable percentage of their career in clinical practice, many of the topics in this seminar series focus on practice issues such as: the licensure process, career development, supervising and mentoring, and developing an office-based practice.	2nd Tuesday of each month (Sept-June) 5:00-6:30pm Butler Hospital, Duncan 159	Mandatory for all first-year fellows with a clinical psychology degree and optional for others

Clinical Ethics Seminars	Heather Hunter, PhD	Monthly seminar on Clinical Ethics is offered to all fellows	1st Wednesday of each month (Oct-May) 10-11am (virtual)	Mandatory for all first-year fellows intending to be licensed
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CNSP Specific Didactics

Title	Coordinator	Description	Time & Location	Attendance Required
Clinical Neuropsychology Specialty Program Seminar	Emily Hallowell, PhD	CNSP seminar series focuses on topics of relevance to the practice of clinical neuropsychology as well as issues of professional development and preparation for board certification. This is a two-year series of seminars	Weekly Thursdays, 4-5:30pm Coro East, John Murphy Conference Room	Mandatory for first-year and second-year CNSP fellows
Tiered Supervision Seminar	Marcia Liss, PhD	CNSP seminar series focuses on developing supervision skills	Monthly Tuesdays, 3-4:00pm (virtual)	Mandatory for any CNSP fellow engaging in tiered supervision

CNSP Evaluations

Evaluation Time Frame & Forms

Fellows receive a Certificate of Completion from the Postdoctoral Fellowship Training Program only after they have completed 2 full calendar years of training and all evaluations have been completed and submitted.

- [Self-Assessment](#)
- [Postdoctoral Fellowship Supervision/Evaluations](#)
- [Individualized Training Activities Form](#)
- [Fellow/Supervisor Agreement Form](#)
- [Progress Evaluation](#)
- [End Evaluation](#)
- [Supervisor Evaluation](#)

Self-Assessment

Prior to start of fellowship, you should have submitted your [CNSP Fellowship Competencies Self-Evaluation Form](#) to the Training Office. This form is a self-assessment of your level of competence in each major training area of your fellowship, and is used to assist you in writing your Individualized Training Activities. The Self-Assessment is reviewed by the Director of the CNSP and put in your trainee file.

Postdoctoral Fellowship Supervision/Evaluations

By your 3rd week of training, and at the beginning of each new training year, all fellows are

required to fill out the Postdoctoral Fellowship [Supervision/Evaluations](#) Google spreadsheet. This is a listing of faculty supervisor(s), which will be used to accurately assign your evaluations within the MyEvaluations system.

Individualized Training Activities

By your 3rd week of training you will have submitted a signed hard copy your Individualized Training Activities to the Training Office. All fellows and their supervisors/mentors should establish, and mutually agree upon the fellowship Individualized Training Activities for the year.

Fellows' Self Evaluation helps guide development of their Individualized Training Activities. Using the [Individualized Training Activities Form](#), insert your activities for each of our program's competency domains of training (*i.e. I. Integration of Science and Practice; II. Ethical and Legal Standards; III. Individual and Cultural Diversity; IV. Assessment; V. Intervention; VI. Consultation and Interprofessional/Interdisciplinary Skills; VII. Teaching/Supervision/Mentoring; VIII. Leadership; IX. Communication and Interpersonal Skills; X. Professional Values, Attitudes, and Behaviors; and XI. Research*). CNSP fellows' Individualized Training Activities form should list training activities in all competency domains. Click here for a [Sample of Individualized Training Activities](#).

Fellows and supervisors/mentors should review all training activities and discuss the training experiences that will enable the fellow to achieve and demonstrate competency in all domains.

Fellows submit the signed copy of their Individualized Training Activities form to the Training Office where it will be added to the fellow's training file. The Individualized Training Activities are reviewed and approved by the fellows' supervisor(s), CNSP Associate Director, and CNSP Director.

Although supervisors/mentors should provide ongoing feedback regarding your performance throughout the year, formal evaluations will be completed every six months of training. E-mails are sent automatically from MyEvaluations.com letting you know what evaluations need to be completed and the due date.

Fellow/Supervisor Agreement: [Fellow/Supervisor Agreement Form](#) (*completed annually and/or if significant changes*)

The Fellow/Supervisor Agreement is completed within MyEvaluations.com. The Fellow/Supervisor Agreement is devised to ensure that the fellow and supervisor/mentor fully understand the fellow's Individual Training Activities, have discussed what is expected of the fellow to successfully complete the fellowship, and the frequency of supervision and expectation of the supervisor.

Fellows will be assigned by MyEvaluations.com to complete a new Fellow/Supervisor Agreement at the beginning of each training year or at any other time significant changes are made to your Individualized Training Activities and/or supervision plan (*e.g., there is a change in your primary supervisor or there are significant changes in your primary clinical or research responsibilities from what was agreed upon previously*). You must inform the Training Office of any changes to your Fellow/Supervisor Agreement.

If there are no changes to your individualized training activities, you will still complete the Fellow/Supervisor Agreement and indicate "No" when asked if the Fellow/Supervisor Agreement reflects a change.

If the Fellow/Supervisor Agreement does include changes, clicking “Yes” will prompt your Program Director to review your new training activities. New version signed Individualized Training Activities Form should be submitted to the Training Office.

[Note: The Fellow/Supervisor Agreement is not an evaluation form; therefore, supervisors are not asked to rate any goals. Ratings are only done on the Progress Evaluations that are completed every six months of training and the End Evaluations that are completed at the end of the fellowship.]

Progress Evaluations: [CNSP Clinical Fellowship - Progress](#) *(completed every six months)*
Fellows will receive formal evaluations of their progress every six months of training. The evaluation process involves a face-to-face evaluation meeting between the fellow and supervisor/mentor. The supervisor/mentor then enters form evaluation ratings on MyEvaluations.com. E-mails are sent automatically at the time evaluations are assigned from MyEvaluations.com, letting supervisors know what evaluations need to be completed and the due date.

After the Progress Evaluation is completed, you and your supervisor/mentor can create new Individualized Training Activities or modify existing activities for the remainder of the year if you have already accomplished your annual activities or the activities are determined to be no longer appropriate for another reason. *(As noted above, any changes to your Individualized Training Activities should be mutually agreed upon by you and your supervisor/mentor, and any significant changes to your training activities and/or supervision plan should be documented with a new Fellow/Supervisor Agreement.)*

End Evaluations: [CNSP Clinical Fellowship - End](#) *(completed at the end of the fellowship)*
This form must be completed by your supervisor/mentor at the end of your fellowship training. Please inform the Training Office as soon as you are aware of the end date of your fellowship training, and the final evaluation forms will be assigned.

Minimal Expected Levels of Achievement

At each evaluation time point, fellows are expected, at minimum, to demonstrate satisfactory progress toward achieving independent competence on each item within each competency domain.

Two sets of competencies with accompanying rating scales:

1) Individual Competency Evaluation Rating Scale

- 0 = no opportunity to evaluate,
- 1 = needs improvement, and
- 2 = satisfactory progress

2) Overall Competency Evaluation Rating Scale

- 1 = Basic Competence,
- 2 = Early Competence,
- 3 = Intermediate Competence,
- 4 = Intermediate to Advanced Competence,
- 5 = Advanced Competence, and
- 6 = Expert Competence

Criteria at 6-, 12-, and 18-months:

Fellows must achieve a modal score of “2” for all of the items within individual competencies (e.g., integration of science and practice, assessment), with the allowance of **no more than one** item being scored a “1”. Fellows must also achieve a score of “3” (intermediate competence) for an overall rating of competence in each area.

Criteria at End-of-Fellowship:

Fellows **must achieve a score of “2”** for all of the items within individual competencies and **must achieve a score of “5”** (demonstrates an advanced level of competence) for an overall rating of competence in each area.

Typically, fellows making satisfactory progress need additional, ongoing practice and supervision with these competency domains to achieve independence. At the end of fellowship, fellows are expected to demonstrate competence to perform at the level of an independent practitioner in the field within all domains.

Postdoctoral fellows should be engaged in an open, ongoing dialogue with their supervisor(s) regarding their progress. Fellows have the right to appeal any formal evaluation (please see the [Remediation Policy](#) and [Grievance Policy](#)). Supervisors and fellows take mutual responsibility for ensuring that these evaluations are completed in a timely fashion.

Supervisor Evaluations: [Supervisor Evaluation](#) (completed every six months)

Fellows will be prompted by MyEvaluations.com to complete an Evaluation of Supervisor/Mentor every six months of training. The timing of this evaluation coincides with the fellow’s Progress and End Evaluations. At each six-month evaluation time point, the fellow enters his/her evaluation ratings and comments via MyEvaluations.com, then prints a hard copy of the evaluation form to give to the supervisor/mentor during the face-to-face evaluation meeting to discuss this feedback. After this meeting is held, the final evaluation should be submitted by clicking on the “Finish / Final Submission” button at the bottom of the evaluation form.

Confidential Feedback of Supervisor/Mentor/Training (optional)

Although trainees are encouraged to share feedback with their supervisors directly, it is understood that there are some circumstances in which it can be difficult to deliver feedback. If you find yourself in such a situation, you are encouraged to seek out guidance from your Non-evaluative Advisor and/or Program Director regarding how you might be able to approach your supervisor in a professional manner to discuss your feedback constructively. You may also provide confidential feedback directly to the PFTP Director using the [Confidential Feedback Google Form](#). The PFTP Director will follow-up with you to discuss your concerns. The information you share will not be shared with others unless you provide permission for doing so. The exception to this is a circumstance in which the supervisor is exhibiting professionally inappropriate behavior.

Depending on the severity of the situation, *(i.e., if a faculty member has a serious deficit in knowledge or skill(s); physical or emotional difficulties that impair or compromise expected standards of performance; or professionally inappropriate behavior, including insufficient attention to the training needs of the trainee)*, a fellow may initiate a grievance (see Due Process: Grievance Policy located within the Postdoctoral Fellowship Training Manual).

Research Fellowship Program (RFP)

Elissa Jelalian, PhD, Director

Lindsay Orchowski, PhD, Associate Director

The postdoctoral **Research Fellowship Program (RFP)** provides postdoctoral research training for individuals from various disciplines related to behavioral science. These research focused fellowships are funded by individual faculty research grants or [NIH T32/F32 Training Grants](#) (*Cardiovascular Behavioral Medicine, Child Mental Health Research, Adolescent/Young Adult Biobehavioral HIV, and Suicide Research*). **This is a research program and not APA-accredited.**

Postdoctoral fellows in a research-focused fellowship spend at least 60% and up to 90% of their time on research. The primary goal of the research track is to develop both the knowledge base and the skills to begin an independent research career within the chosen area of emphasis. This will include:

- 1) a critical understanding of the research and current issues in the field; and
- 2) the ability to independently develop a specific research project.

Postdoctoral fellows whose positions have a primary research focus are most often provided with experience working on mentors' grant-funded projects. Close supervision is provided for experimental design, research techniques, and grant writing, in some cases. Grant writing is a focus of the training in some, but not all, of the fellowships.

Primary independent activities on a research fellowship may include: developing a grant proposal which is submitted for funding; proposing, designing, and implementing a small research project; and/or conducting secondary data analyses on existing data sets. Projects are typically conducted in collaboration with the faculty advisor and can take advantage of ongoing programmatic research at Brown University. **Discussions related to submission of a grant application should occur early in the training year as there are hospital and institution related guidelines regarding the type of applications that may be submitted.**

Postdoctoral fellowship appointments are granted for a period of one year, with start dates typically ranging from July to September. Agreement to continue for a second year of training (*if available*) is decided upon by the fellow and the primary supervisor midway through the first year. The supervisor informs the fellow that they would like the fellow to stay a second year by mid-December. Postdoctoral fellows must make a decision by January 1st in order to allow sufficient time to recruit a replacement.

Although fellows are paid for a 40-hour week, some find it necessary to work additional hours to best achieve their personal research and clinical career goals during their fellowship training year.

If fellows in the RFP intend to practice upon program completion, we recommend they construct their Individualized Training Activities to meet all requirements for licensure in Rhode Island by the end of the fellowship. Postdoctoral fellows pursuing licensure are asked to identify a primary clinical supervisor at the start of their training experience. A meeting with the research mentor and primary clinical supervisor should be scheduled to facilitate development of a comprehensive clinical activity plan. The directors of the Research Fellowship Program are available to assist with identifying clinical supervisors and activities as needed.

Institutional (T32) and Individual (F32) NIH-Funded Fellowships

OVERVIEW

The Department of Psychiatry and Human Behavior (DPHB) in the Warren Alpert Medical School of Brown University offers research training at the postdoctoral level for qualified individuals. Research fellowships are funded by T32 Institutional Research Service Awards (*Cardiovascular Behavioral Medicine, Child Mental Health Research, Adolescent/Young Adult Biobehavioral HIV, and Suicide Research*) and F32 Individual National Research Service Awards.

The Postdoctoral Fellowship Training Program (PFTP) is coordinated by the Training Committee of the Brown Clinical Psychology Training Consortium. The Consortium is centrally controlled through a committee, which is within the DPHB of the Brown Medical School. The Training Committee, under the leadership of the Director of the Postdoctoral Fellowship Training Program, is the central coordinating body of the NIH Research Training Program's policies and goals. A fellow, elected by the postdoctoral fellows, is also on the Training committee.

Postdoctoral research training at Brown allows the fellows to have as much autonomy as possible. The exact nature of training (*the mixture of didactic experiences, exposure to ongoing faculty research, direct research involvement of the fellow, grant writing etc.*) is decided on an individual basis by each of the faculty mentors and fellows.

The primary goal of NIH-funded research fellowships is to develop both the knowledge base and the skills to begin an independent research career within the chosen specialty area. This will include:

- 1) a critical understanding of the research and the current issues in the field;
- 2) the ability to independently develop a specific research project; and
- 3) the ability to write a competitive grant proposal. Fellows are typically provided with experience working on their mentors' grant-funded projects. Close supervision is provided for experimental design, research techniques, and grant writing. A primary expectation is to propose and develop a grant proposal. Discussions with the mentor early in the training year are encouraged to guide decisions regarding the type of application developed.

NIH-funded Specific Fellowship Requirements

A fellow must spend at least one full calendar year in the training program to successfully graduate. NIH encourages all fellows to complete the entire two-year research fellowship. If a fellow would like to leave more than one month prior to the official date of completion during the second year, they should discuss their departure with their mentor early on in the process so a mutually beneficial departure date can be arranged. Remember, there is a payback requirement of this fellowship that will need to be negotiated if a fellow decides to leave prior to completing the second year of fellowship. Once a fellow has agreed to complete a second year of research training, the program fully expects the fellow to complete the entire second year of training.

RFP Didactics

RFP Didactics are listed below:

Trainees are able to miss up to 10% of seminars within each seminar series without need for making up the content. If more than 10% of seminars are missed, trainees should discuss options for making them up with the seminar coordinator.

Department Required

Title	Coordinator	Description	Time & Location	Attendance Required
DPHB Academic Grand Rounds	Chair's Office	Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	1st Wednesday of each month (September-June) 11-12:15pm (virtual)	Mandatory all trainees
Child & Adolescent Grand Rounds *Noted on the DPHB Grand Rounds announcement	Child Psychiatry	Child Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	2nd Wednesday of each month (Sept-June) 11-12:00pm Bradley Hospital Pine Room; remote sessions available at RIH campus	If in a Child - focused fellowship, you may be required to attend. Speak with your supervisor

Postdoctoral Fellowship Training Program Seminars

Title	Coordinator	Description	Time & Location	Attendance Required
Postdoc Core Seminar	Carla Correia, PsyD & KayLoni Olson, PhD	Monthly seminar series is offered to all fellows. Recognizing that most of the Fellows will likely spend some reasonable percentage of their career in clinical practice, many of the topics in this seminar series focus on practice issues such as: the licensure process, career development, supervising and mentoring, and developing an office-based practice.	2nd Tuesday of each month (Sept-June) 5:00-6:30pm Butler Hospital, Duncan 159	Mandatory for all first-year fellows with a clinical psychology degree and optional for others
Clinical Ethics Seminars	Heather Hunter, PhD	Monthly seminar on Clinical Ethics is offered to all fellows	1st Wednesday of each month (Oct-May) 10-11am (virtual)	Mandatory for all first-year fellows intending to be licensed

RFP Specific Didactics

Title	Coordinator	Description	Time & Location	Attendance Required
RFP Seminar	Maggie Bublit, PhD	Weekly research seminar series is required for all RFP fellows from the various hospitals. The Brown T32 programs combine efforts to produce a comprehensive research seminar series each academic year. The series is coordinated by representatives from each of the T32 programs. Three core areas (research methods, grant related information and writing, and research ethics) are currently offered.	Weekly Friday Mornings 9-10am (virtual)	Mandatory for all first-year RFP fellows. Research Ethics portion of the seminars are MANDATORY for all first- and second-year RFP fellows. A Special Topics in Statistics seminar is optional for all attend. Clinical fellows negotiate attendance at all or part of this series with their supervisor.
Adult & Behavioral Medicine Grant Writing Seminars	Lisa Ubelacker, PhD & Heather Schatten, PhD	Grant writing with an Adult and Behavioral Medicine focus	Weekly Wednesdays 10:00am – 11:00- (except for first Wednesday of the month) Beginning September 23, typically held virtually, when in person - Butler Hospital, Potter Building 3 rd Floor conference room)	Mandatory for all first-year Behavioral Medicine T32 fellows and F32 fellows, unless they are attending the Child Grant Writing Seminar. Optional for all others
Child Grant Writing Seminar	Elissa Jelalian, PhD & Jared Saletin, PhD	Grant writing seminar with a child focus	Weekly, Friday Mornings (Sept-May) 10-11am (virtual). Beginning on Friday, September 11. Periodic in person meetings will be scheduled after seminar start.	Mandatory for all first- and second-year Child T32 and F32 fellows. Optional for all others.
Cardiovascular Behavioral Medicine T32 Research Seminars (offered in	Carly Goldstein, PhD	The goal of this course is to provide grounding in cardiovascular disease with a focus on the role of behavior	Tuesday afternoons (September - December) 1-3:00pm	Mandatory for all 1 st & 2 nd yr Beh Med T32 fellows, encouraged for

alternate years; next offered 2027-2028)		and behavioral intervention in reducing CVD burden.	Weight Control and Diabetes Research Center 196 Richmond Street, 3rd Floor Conf. Room 309 or Zoom (as noted on schedule). Beginning on Tuesday, September 16 th .	Beh Med focused RFP fellows. Optional for all others if space allows.
Suicide T32 Journal Club	Lauren Weinstock, PhD	Addresses various topics relevant to suicide research, including: basic, intervention/prevention, and implementation sciences methods, ethical issues relevant to recruitment and human subjects protections, and other unique study design considerations.	Monthly, second Wednesday (September-May) 10-11:00am Butler Hospital, Duncan Building, Rm. 159 or Zoom (as noted on schedule)	Mandatory of all Suicide T32 Research Fellows. Optional for all others if space allows.
STAR COBRE and T32 Research Lecture Series	Chrys Vergara-Lopez, PhD and Pamela Borek	The STAR lecture series immerses trainees in transformative research and cutting-edge methodologies for understanding the impact of stress and trauma and pathways to resilience across the BUH.	Eight lectures will be held throughout the academic year.	Optional for all - Reach out if interested.

RFP Evaluations

Evaluation Time Frame:

Fellows receive a Certificate of Completion from the Postdoctoral Fellowship Training Program only after they have completed 1 full calendar year of training and all evaluations have been completed and submitted.

- [Postdoctoral Fellowship Supervision/Evaluations](#)
- [Individualized Training Activities Form](#)
- [Fellow/Supervisor Agreement Form](#)
- [Progress Evaluation](#)
- [End Evaluation](#)
- [Supervisor Evaluation](#)

Postdoctoral Fellowship Supervision/Evaluations

By your 3rd week of training, and at the beginning of each new training year, all fellows are required to fill out the Postdoctoral Fellowship [Supervision/Evaluations](#) Google

spreadsheet. This is a listing of faculty supervisor(s), which will be used to accurately assign your evaluations within the MyEvaluations system.

Individualized Training Activities

By your 3rd week of training you will have submitted a signed hard copy your Individualized Training Activities to the Training Office. All fellows and their supervisors/mentors should establish, and mutually agree upon the fellowship Individualized Training Activities for the year.

Using the [Individualized Training Activities Form](#), insert your activities for each of our program's competency domains of training (*i.e. I. Integration of Science and Practice; II. Ethical and Legal Standards; III. Individual and Cultural Diversity; IV. Assessment; V. Intervention; VI. Consultation and Interprofessional/Interdisciplinary Skills; VII. Teaching/Supervision/Mentoring; VIII. Leadership; IX. Communication and Interpersonal Skills; X. Professional Values, Attitudes, and Behaviors; and XI. Research*). **RFP fellows** should have training activities listed in Objectives areas I-III and VII-XI, but **are not required to have** training activities listed in Objective areas IV-VI **unless sitting for licensure**. If this is the case simply put "n/a". Click here for a [Sample of Individualized Training Activities](#).

Fellows and supervisors/mentors should review all training activities and discuss the training experiences that will enable the fellow to achieve and demonstrate competency in all domains.

Fellows submit the signed copy of their Individualized Training Activities form to the Training Office where it will be added to the fellow's training file. The Individualized Training Activities are reviewed and approved by the fellows' supervisor(s), Director of the RFP, and Director of the PFTP.

Although supervisors/mentors should provide ongoing feedback regarding your performance throughout the year, formal **evaluations will be completed every six months of training**. E-mails are sent automatically from MyEvaluations.com letting you know what evaluations need to be completed and the due date.

Fellow/Supervisor Agreement: [Fellow/Supervisor Agreement Form](#) (completed annually and/or if significant changes)

The Fellow/Supervisor Agreement is completed within MyEvaluations.com. The Fellow/Supervisor Agreement is devised to ensure that the fellow and supervisor/mentor fully understand the fellow's Individual Training Activities, have discussed what is expected of the fellow to successfully complete the fellowship, and the frequency of supervision and expectations of the supervisor.

Fellows will be assigned by MyEvaluations.com to complete a new Fellow/Supervisor Agreement at the beginning of each training year **or at any other time significant changes are made to Individualized Training Activities and/or supervision plan** (*e.g., there is a change in your primary supervisor or there are significant changes in your primary clinical or research responsibilities from what was agreed upon previously*). You must inform the Training Office of any changes to your Fellow/Supervisor Agreement.

If, at the beginning of the training year, there are no changes to the fellow's Individualized Training Activities, he/she will still complete the Fellow/Supervisor Agreement and indicate **"No"** when asked if the plan reflects a change from the previous one.

If the Fellow/Supervisor Agreement does include changes, clicking “Yes” will prompt your Program Director to review your new training activities. New version signed Individualized Training Activities Form should be submitted to the Training Office.

[**Note:** The Fellow/Supervisor Agreement is not an evaluation form. Ratings are only done on the **Progress Evaluations** that are completed every **six months** of training and the **End Evaluations** that are completed at the end of the fellowship.]

Progress Evaluations: [RFP Research Fellowship - Progress](#) (*completed every six months*)

Fellows will receive formal evaluations of their progress every six months of training. The evaluation process involves a face-to-face evaluation meeting between the fellow and supervisor/mentor. The supervisor/mentor then enters form evaluation ratings on MyEvaluations.com. E-mails are sent automatically at the time evaluations are assigned from MyEvaluations.com, letting supervisors know what evaluations need to be completed and the due date.

After the **Progress Evaluation** is completed, you and your supervisor/mentor can create new Individualized Training Activities or modify existing activities for the remainder of the year if you have already accomplished your annual activities or the activities are determined to be no longer appropriate for another reason. *(As noted above, any changes to your Individualized Training Activities should be mutually agreed upon by you and your supervisor/mentor, and any significant changes to your training activities and/or supervision plan should be documented with a new Fellow/Supervisor Agreement.)*

End Evaluations: [RFP Research Fellowship - End](#) (*completed at the end of the fellowship*)

This form must be completed in MyEvaluations.com by your supervisor/mentor at the **end of your fellowship training**. Please inform the Training Office as soon as you are aware of the end date of your fellowship training, and the final evaluation forms will be assigned.

Minimal Expected Levels of Achievement

At each evaluation time point, fellows are expected, at minimum, to demonstrate satisfactory progress toward achieving independent competence on each item within each competency domain.

Two sets of competencies with accompanying rating scales:

1) Individual Competency Evaluation Rating Scale

- 0 = no opportunity to evaluate,
- 1 = needs improvement, and
- 2 = satisfactory progress

2) Overall Competency Evaluation Rating Scale

- 1 = Basic Competence,
- 2 = Early Competence,
- 3 = Intermediate Competence,
- 4 = Intermediate to Advanced Competence,
- 5 = Advanced Competence, and
- 6 = Expert Competence

Criteria at 6-months:

Fellows must achieve a modal score of “2” for all of the items within individual competencies (e.g., integration of science and practice, assessment), with the allowance of **no more than one** item being scored a “1”. Fellows must also achieve a score of “3” (intermediate competence) for an overall rating of competence in each area.

Criteria at End-of-Fellowship:

Fellows **must achieve a score of “2”** for all of the items within individual competencies and **must achieve a score of “5”** (demonstrates an advanced level of competence) for an overall rating of competence in each area.

Typically, fellows making satisfactory progress need additional, ongoing practice and supervision with these competency domains to achieve independence. At the end of fellowship, fellows are expected to demonstrate competence to perform at the level of an independent practitioner in the field within all domains.

Postdoctoral fellows should be engaged in an open, ongoing dialogue with their supervisor(s) regarding their progress. Fellows have the right to appeal any formal evaluation (please see the [Remediation Policy](#) and [Grievance Policy](#)).

Supervisor Evaluations: [Supervisor Evaluation](#) (completed every six months)

Fellows will be prompted by MyEvaluations.com to complete an Evaluation of Supervisor/Mentor every six months of training. The timing of this evaluation coincides with the fellow’s Progress and End Evaluations. At each six-month evaluation time point, the fellow enters his/her evaluation ratings and comments via MyEvaluations.com, then prints a hard copy of the evaluation form to give to the supervisor/mentor during the face-to-face evaluation meeting to discuss this feedback. After this meeting is held, the final evaluation should be submitted by clicking on the “**Finish / Final Submission**” button at the bottom of the evaluation form.

Confidential Feedback of Supervisor/Mentor/Training (optional)

Although trainees are encouraged to share feedback with their supervisors directly, it is understood that there are some circumstances in which it can be difficult to deliver feedback. If you find yourself in such a situation, you are encouraged to seek out guidance from your Non-evaluative Advisor and/or Program Director regarding how you might be able to approach your supervisor in a professional manner to discuss your feedback constructively. You may also provide confidential feedback directly to the PFTP Director using the [Confidential Feedback Google Form](#). The PFTP Director will follow-up with you to discuss your concerns. The information you share will not be shared with others unless you provide permission for doing so. The exception to this is a circumstance in which the supervisor is exhibiting professionally inappropriate behavior.

Depending on the severity of the situation, *(i.e., if a faculty member has a serious deficit in knowledge or skill(s); physical or emotional difficulties that impair or compromise expected standards of performance; or professionally inappropriate behavior, including insufficient attention to the training needs of the trainee)*, a fellow may initiate a grievance (see Due Process: Grievance Policy located within the Postdoctoral Fellowship Training Manual).

Licensure

Policy Statement on Clinical Hours toward Licensure

Clinical Psychology Program (CPP), the Clinical Child Specialty Program (CCPSP), and the Clinical Neuropsychology Specialty Program (CNSP) fellowship positions are designed to meet criteria for licensure. **The following information is provided for postdoctoral fellows in Research Fellowship (RFP) positions.**

The **Clinical Hours Log – Part 3** portion of the RFP **Supervision Listing & Clinical Hours Log** Google spreadsheet - is to be used to track your clinical hours toward licensure. This record should be retained by the fellow for use when seeking verification of training for licensure.

If postdoctoral fellows are interested in applying for licensure during their fellowship, they should plan the clinical training portion of their fellowship to ensure that it meets the minimal requirements set by the training committee. **The Brown guidelines stipulate that to earn sufficient clinical experience for licensure in Rhode Island, postdoctoral fellows should take part in a minimum of 500 hours (6 hours per week for 2-year positions or 12 hours per week for 1-year positions) of professional psychological services, typically 25% time over a one-year period or 12.5% time over a two-year period based on a standard 40-hour week.** Please note that Rhode Island requires a minimum of 1500 hours. 500 hours is our **program requirement** and serves as a proxy for the 1500 hours required by the state. Please keep in mind that this rate of accruing hours will lead to license eligibility at the end of the second year. In some circumstances fellows, who for instance are going on the job market, may need documentation of license eligibility earlier than that. Please take this into consideration when completing your clinical hours.

Only supervision provided by a licensed psychologist (or psychiatrist in some states) is covered. **Individuals hoping to be licensed in other states should carefully check state requirements; some states require more hours and/or more specificity about types of activities.** A minimum of one hour of weekly **individual** supervision by a licensed psychologist is required. **Please note that the 500-hour minimum applies even if the state requires fewer hours. The 500-hour requirement is stipulated by the training program and may not be overridden by other guidelines.** Board certification entities may require more than 500 hours and/or different stipulations regarding supervision (e.g. Massachusetts requires 2.5 hrs./week of supervision and group supervision can only be counted if the group is 3 or fewer). Fellows who plan to pursue board certification should familiarize themselves with the clinical hours requirement of the board certifying entity and plan accordingly.

Clinical activities for licensure must be noted on the Individualized Training Activities form, formally evaluated by the clinical supervisor, and the experience must occur at an affiliated institution. **Moonlighting hours may not be used as supervised training activities and do not count toward the 500 hours.**

According to APPIC, professional psychological services are defined as services to patients/clients, students, consultees and/or agencies. These services may include psychotherapy, intervention, assessment, and/or consultation either as part of clinical care or a clinical research protocol. Clinical policy-making, program design and implementation, clinical report writing, and serving as a clinical supervisor (of clinical or research staff conducting clinical interviews or intervention with patient populations) are also covered. Clinical research, i.e.

research activities that are primarily clinical in nature and involve direct patient care are also covered. Some clinical activities that directly affect patient care, such as developing a treatment manual, may also count as hours.

Activities that **would not count toward clinical hours** include research protocols with non-patient populations, assessment of non-clinical populations, supervision of research data collection (even with patient populations), supervising research staff on research tasks (such as data entry or data analysis on clinical data sets), presenting at or attending seminars in which clinical approaches are discussed, and clinical activities with patient populations that are not supervised by a licensed psychologist.

When seeking supervisor verification of training for licensure, postdoctoral fellows in primarily research positions must **submit the completed Clinical Hours Log form and the Licensure Board's Supervisor Verification Form** to the Training office for review by the **Director of the PFTP**. Individual supervisors should not sign licensure forms. **Postdoctoral Fellows in APA-accredited postdoctoral fellowships do not need to submit the Clinical Hours Log form to the Training Office.**

For more information regarding Licensure in the State of Rhode Island go to the [RI Department of Health Website](#) to obtain application materials or call: 401-272-2827.

Community and Belonging Council

The Community and Belonging Council consists of faculty, trainees, and staff in the Department of Psychiatry and Human Behavior who work together to build a culture of respect and belonging within the department and in partnership with the greater community.

Clinical Psychology trainees are welcome to join any of the Council's committees:

- The **Community Engagement Committee** collaborates with the many different communities in which our patients live to better meet their needs in clinical work, training, and research.
- The **Education Committee** works to educate trainees and faculty alike on the ways a person's culture and identity – and their subsequent treatment in society – can influence health and well-being.
- The **Faculty Belonging Committee** assists in the recruitment and retention of faculty from varied backgrounds and develops policies to support their ability to provide clinical care, teaching, and research that meets the needs of disparate communities.
- The **Trainee Support Committee** facilitates the recruitment and retention of trainees from varied backgrounds and works to create an inclusive learning and social environment for all trainees.

The committees typically meet once per month; release time must be approved by your primary supervisor. Please [fill out this form](#) to join a committee or to learn more.

The Trainee Support Committee coordinates a **Mentoring Program** that facilitates networking and career development among trainees and faculty of the Department of Psychiatry and Human Behavior. The program offers trainees and faculty opportunities to discuss clinical, research, and professional issues relevant to varied populations in a supportive, collegial environment. This program is open to all trainees and faculty within the DPHB and/or School of

Public Health Center for Alcohol and Addiction Studies. Look for the next enrollment opportunity via email or contact CBC-mentoring@brown.edu to learn more.

Moonlighting

Some postdoctoral fellows may choose to seek employment outside of their clinical and research settings. There are several requirements that fellows must follow regarding the nature of these moonlighting activities:

- Fellows may not engage in activities for which they are not professionally prepared. For example, providing direct psychological services requires that the provider be licensed in the jurisdiction where the services are rendered. Thus, an unlicensed fellow may not provide such services.
- Fellows may not present themselves as affiliated with Brown University when they engage in moonlighting employment activities (unless the employment is at a Brown affiliated site). This prohibition includes advertising, use of business cards, description of credentials, etc.
- Fellows must assume liability for the professional activities associated with their moonlighting employment. Malpractice and liability coverage provided in the Brown clinical and research sites does not extend outside of those settings. It is the professional obligation of fellows to be appropriately insured when working outside of their clinical and research settings.
- Moonlighting experiences cannot in any way interfere with the usual work schedule of the fellow in his or her clinical and research settings. Any request to alter work schedules must be approved by the supervisor(s) in advance, and such approval is at the total discretion of the supervisor(s).
- For fellows who are not meeting their research and/or clinical training goals, supervisors may legitimately question whether moonlighting activities are contributing to poor performance in the training program. A remediation plan (mutually agreed upon by fellows and supervisors) may include a provision that the fellow will not engage in any moonlighting employment.
- All moonlighting employment experiences that involve activities that fall under the broad sphere of the fellow's professional group must adhere to the ethical standards of that profession.
- Fellows may not engage in moonlighting employment with any of their clinical or research supervisors. This is considered a conflict of interest, which could be to the detriment of the fellows' training experience. Fellows may, however, moonlight in their home institutions if they are under the supervision of individuals who are not part of their primary training supervision team. In this case, fellows are encouraged to confirm that there is an established method of payment for moonlighting activities.
- Supervised clinical hours accumulated during moonlighting activities are not part of the supervised activities to which Brown faculty supervisors can ethically attest as part of the fellow's training experience. These experiences must be confirmed by the moonlighting supervisor. Moonlighting activities are unlikely to provide sufficient hours for licensure in RI.
- Fellows are strongly advised to discuss moonlighting opportunities with their supervisors prior to making commitments to those activities. This will minimize the possibility that the moonlighting will interfere with their training experience. Although moonlighting is considered the fellow's private and personal experience, this advice is meant to minimize potential problems that might arise.

- Federal guidelines stipulate that T32/F32 fellows must limit their moonlighting to 10 hours per week. All clinical/research fellows are strongly advised to limit moonlighting employment to no more than 10 hours per week. Although the time commitment of these experiences is not regulated by the Brown program, exceeding this 10-hour limit will typically interfere with the quality of the training experience. Furthermore, fellows may not engage in employment activities that would violate time or salary limits specified in the policies of their home institutions.
- Failure to adhere to these policies and procedures will be considered as cause for termination from the Clinical Psychology Training Programs at Brown.

All fellows are asked to sign the PFTP Fellowship Commitment Agreement which certifies that they understand the conditions under which they may engage in moonlighting employment experiences.

Media Requests

On occasion clinical psychology residents and postdoctoral fellows have been approached by the media to give an interview or provide information on a topic in which they may have special knowledge or involvement. However, special procedures must be followed by the trainee prior to any communication with the media including television, radio or newspapers. Clinical psychology residents and postdoctoral fellows who are approached by the media must obtain approval from their respective hospital Chief of Service and the PFTP Director to ensure that all administrative and ethical issues have been properly addressed prior to their appearance or the provision of information.

Stipends & Benefits

Stipends

Postdoctoral fellows may be hired by Brown University or one of its affiliated hospitals. Although the Consortium makes every effort to keep stipends uniform across all postdoctoral fellowships, individual hospital administrations set stipend levels. Postdoctoral fellowships, which are primarily or exclusively research, versus those which are primarily or exclusively clinical, follow the same guidelines with regard to stipends.

Postdoctoral Fellowship Stipends 2026-2027 training year follow NIH stipend levels, with the exception of the VA Medical Center and Brown University. Stipends are as follows:

- ◇ **Hospital- and Hospital T32-paid Stipends (NIH Levels):** \$63,480 (Year 1 - 0 yrs. experience) and \$63,900 (Year 2 – 1 yrs. experience, etc.)
- ◇ **VA Medical Center-paid Stipends:** \$61,135 (Year 1)
- ◇ **Brown University- and Brown University T32-paid Stipends:** \$65,975 (Year 1 – 0 yrs. experience) and \$66,788 (Year 2 – 1 yrs. experience, etc.) [**Note:** Brown-paid Postdocs are part of the [Brown Postdoc Labor Union](#)]

Learn more about T32/F32 grant-funded fellowship [Support & Eligibility](#).

Benefits

As noted below, **benefits and leave policies vary by training site**, and potentially by funding source. Fellows should consult with supervisor(s) and their employing institution's HR office for clarification.

Health Insurance: Benefits are included in all fellowship positions. Cost and plans vary by institution. Dental is typically not included.

Vacation Days: Vacation is provided and varies by site.

Sick Days: Sick time is provided and varies by site.

Professional Days: Time to attend conferences, job interviews, etc., is provided and varies by site. Professional time should be negotiated individually.

Family Leave: Individual hospital or university administration set leave policy and it varies by site.

Travel: Availability of travel and research funds varies across fellowships and should be individually negotiated.

In addition, the Clinical Psychology Training Programs at Brown has an [Extended Leave Policy](#) if a longer medical leave of absence is required due to:

- the birth of a child, or placement of a child for adoption or foster care or guardianship
- to care for a spouse, child, or parent who has a serious health condition
- for the trainee's own serious health condition
- Any other leave consistent with the Family and Medical Leave Act (FMLA)

Support

Postdoctoral fellows are provided with appropriate office space and equipment. If a postdoctoral fellow is unable to obtain necessary support, they are instructed to contact the Director of Training who will make every effort to meet all reasonable requests.

Support for the postdoctoral fellow's personal or private use, such as copying, is not the responsibility of the Postdoctoral Fellowship Training Program.

Brown Benefits

Postdoctoral Fellows in the Department of Psychiatry and Human Behavior in the Alpert Medical School of Brown University receive an academic appointment of Research Fellow in Psychology (The title "Research Fellow" is your official Brown University title only. "Postdoctoral Fellow" is your Department of Psychiatry and Human Behavior and Hospital title).

Your official term of appointment as a trainee is determined through the Training Program and the Department of Psychiatry and Human Behavior. All verifications of training should be directed to the Postdoctoral Fellowship Training Program.

Brown ID

As a clinical psychology resident or a postdoctoral fellow you are entitled to receive a Brown University ID card which will provide you **access** to Brown University facilities and the libraries. **With a Brown ID, Ride RIPTA Buses or Trolleys for Free!** Current faculty, staff, and students are able to ride any RIPTA bus or trolley anytime, anywhere in the state at no charge. How it Works: Swipe your Brown ID through RIPTA's farebox and take a seat – it's that easy! Rides will be electronically counted and RIPTA will bill the University monthly.

Your Brown card also allows you to receive discounts at area stores! Visit the [BEAR Bargains & Working Advantage Discount Programs](#) on University's website for more information.

The Brown I.D. card also provides access to Brown facilities such as the athletic complex and the libraries. It should be noted that the athletic facilities can be used only with purchase of membership for ["Brown/RISD Faculty/Staff Individual or Spouse"](#).

A Brown email account is established for each postdoctoral fellow.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a federal law that created national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. **ALL** hospitals comply with HIPAA requirements and their policies will be reviewed in detail within your hospital specific orientations. All postdoctoral fellows are expected to adhere to the direct guidance and policies specified by the hospitals regarding HIPAA within the settings within which they rotate. General HIPAA policies include:

- Medical records and patient protected health information (PHI) shall be kept secure at **all** times.
- **All** information concerning patients is confidential by law and shall be handled as such by all employees (i.e., do not share, gossip, leave PHI displayed on a computer screen, etc.).
- Accessing medical records for any purpose outside of treatment, payment or business operations (TPO) is prohibited.
- Access to patient records is limited to authorized business purposes only. This means that access must be business-related and limited to the following purposes: (1) Treatment (2) Payment (3) Health Care Operations (e.g., audit, compliance, quality) (4) Research (IRB approved)
- Access to patient records for personal or other non-work-related purposes, even if written or oral patient authorization has been obtained, is not permitted and will be considered a violation of patient privacy. **(Examples of accessing patient records for non-business or personal reasons include: (1) Self access (2) Family members/friends (3) Co-workers (4) Neighbors (5) Celebrities, athletes, public figures or other VIPs).**

Violation of HIPAA policies could result in receiving a warning, suspension, and/or termination (determined by hospital).

Loan Deferment

Student loan deferments are common during postdoctoral training. The Training Office can submit the paperwork to defer loans for 1 year at a time (based on start date). A copy of the deferment letter will be kept in your file.

Please direct all requests for verification to: Brett Requintina, Clinical Psychology Training Programs at Brown, Box G-BH

If you have any questions you may contact Ms. Requintina via e-mail at Brett_Requintina@brown.edu, or call 444-1938.

Social Media Committee

Carly M. Goldstein, PhD, Coordinator

Mission and Projects

The Social Media Committee is dedicated to disseminating snapshots of department life, connecting current trainees to other Department members and alumni, and displaying trainee and faculty accomplishments through social media. The Social Media Committee collaborates with trainee representatives to share glimpses of trainee life for both other trainees and prospective applicants.

Currently Available Resources:

@brownclinicalpsych (instagram)
@brownclinpsych (twitter)
Brown Clinical Psychology Training Consortium on Facebook

Partners

Postdoctoral Fellows
Internship Training Committee Representatives

Representing Brown Affiliation on Social Media

The Brown Clinical Psychology Training Consortium has in place a policy with regard to professional representation, which all trainees within the Consortium are expected to follow.

It is appropriate for trainees to reference Brown and the Training Programs on official social media sites relating to training and program related activities, including but not limited to:

- Program's Instagram Site (coordinated by Dr. Carly Goldstein)
- Mention of personal accomplishments as a Brown trainee (i.e., "x" posts, Facebook, etc.)
- Online promotion of a Program sponsored event

The Brown affiliation may not be used in relation to activities that are not sanctioned by the Training Programs (e.g. on sites such as fundraising, political messages/lobbying, etc.)

Please visit the Brown University site related for Social Media Guidelines and Best Practices <https://www.brown.edu/university-communications/social/guidelines> for additional information.

If you have any questions, we encourage you to reach out to the appropriate Director.

Opportunities for Committee Involvement

Below is a listing of some committees/positions postdoctoral fellows may become involved:

- **Community and Belonging Council (CBC) Workgroups:** Community Engagement, Education, Faculty Affairs, Trainee Support Committee
- **Social Media Committee** Trainee Representative
- **Postdoctoral Fellow Representative**

Resources

Although the [Office of University Postdoctoral Affairs \(OUPA\)](#) only oversees the training of Brown-paid postdoctoral fellows the website is a valuable resource for Hospital-paid postdoctoral fellows for professional development, career resources, etc.

The [Sheridan Center for Teaching and Learning](#) offers a broad range of programs, services and activities. For example, some of the Consulting Services of interest may be Preparation for the Academic Job Market, Individual Teaching Consultations or Presentation/Conference Paper Consultations.

Policy on Telehealth

Telehealth psychological service delivery refers to any remote service such as telephone, remote televideo connection, or other remote platform. Any services delivered via telehealth **must** be via a HIPAA compliant platform.

Telehealth is only permitted from a designated Brown training site, and the approved “telework” location (the trainee’s local home address).

1. **Patient in a state other than RI**

The patient has committed to consistently being seated in the same state for each telehealth session. In all encounter instances, the trainee is seated in RI and the patient is seated in the state they have committed to. Neither can be in another state.

The supervisor has a valid temporary or permanent license in the state where patient will be located when receiving telehealth psychological service.

The supervisor possesses documentary verification that their temporary or permanent license in that state permits delivery of psychological services via telehealth and that this includes delivery of services by supervised pre-doctoral interns or post-doctoral fellows.

The supervisor agrees with and is comfortable with the plan.

The supervisor's RI license and any malpractice insurance requirements are recognized in the state where the patient will be located when receiving telehealth psychological services and is anticipated to remain so long enough to reasonably provide a course of treatment.

Appropriate documentation of telehealth in the progress notes.

2. **Intern or postdoctoral fellow in a state other than RI**

At present time, there is no allowance for trainees to be located outside of RI while delivering telehealth. Rhode Island recently joined the Psychology Interjurisdictional Compact (PSYPACT), which means that properly credentialed psychologists licensed in Rhode Island can apply to practice telepsychology and/or conduct temporary in-person, face-to-face practice in PSYPACT states. Participating in PSYPACT is intended to facilitate patient care. Individual supervisors may not necessarily choose to participate in PSYPACT; initial application and annual renewal fees may not be reimbursed by the hospitals. In addition, not all states are participating in PSYPACT, such that monitoring compliance is not feasible.

At this time, RI inclusion in PSYPACT will not impact options for trainees to be outside of RI while providing clinical care.

The only potential exception to this policy is when a trainee is within a reasonable commuting distance to the hospital through which services are provided.

Policy on Telework and Telesupervision

This document serves to provide guidance regarding the use of telework and telesupervision in the Brown University Postdoctoral Fellowship Training Program. It is our Training Program policy that all postdoctoral fellowship positions require in-person work and that the majority of clinical services will be provided in person. While some of the language included in this document references APA-accredited programs, which is not relevant to research training, the current policy applies to all clinical work being conducted within any of our four postdoctoral training programs: CPP, CCPSP, CNSP, and RFP. Where applicable, distinctions in requirements among the programs are noted.

There is limited guidance from APA specific to telework. Our policy is informed by The APA Commission on Accreditation (CoA; IR C-15 P) and the APA Guidelines for the Practice of Telepsychology (APA Task Force on Telepsychology, 2024), recognizing the importance of a policy stipulating the guidelines and limits of the use of telesupervision and telework. The details and expectations for Telework and Telesupervision are outlined below. We first offer the following definitions, to enhance clarity for these policies:

Telework: refers to a work arrangement under which a postdoctoral fellow performs the duties and responsibilities of their position (in this case, clinical responsibilities) from an approved worksite other than the location from which the postdoctoral fellow would otherwise work.

Telesupervision: is a form of supervision that utilizes electronic devices, such as video conferencing or telephone, to provide guidance and feedback from supervisor to supervisee at a distance. It is essentially the same process as in-person supervision but occurs remotely using technology. Similar to in-person supervision, telesupervision may be synchronous (e.g., direct observation) or asynchronous with real-time patient care.

Per APA, “Programs that utilize telesupervision are expected to address generally accepted best practices. Programs utilizing any amount of telesupervision must have a formal policy addressing their utilization of this supervision modality.”

Telehealth: refers to the use of electronic information and telecommunication technologies to deliver health care services when distance separates the patient and provider. Please see corresponding “Telehealth Policy” within the online Clinical Psychology Postdoctoral Training Manual.

Please note that, when postdoctoral fellows are *teleworking*, it is the expectation that they are always doing so under active telesupervision from a designated licensed clinical psychologist supervisor. There will also be some circumstances when a postdoctoral fellow is *in-person* at the clinical worksite, with a licensed clinical psychologist present, but in which they may deliver telehealth services and/or receive telesupervision from another off-site psychologist supervisor.

Below we outline the Postdoctoral Fellowship Training Program policies and expectations for telework and telesupervision.

Telework

An option to telework may be available at the discretion of the supervisor and training program, and when a clinical site uses telehealth services to deliver care. A telework arrangement can be terminated at any time, at the discretion of the supervisor and training program.

When telework is allowable:

- The telework schedule will be set at the beginning of the clinical experience and remain fixed for the remainder. The telework schedule will only change if a formal decision is made and documented to adjust the days when the postdoctoral fellow is expected to report in-person to the clinical worksite.
- The only approved remote worksite will be the clinical worksite or the postdoctoral fellow’s home. Per the Postdoctoral Program’s Telehealth Policy, there is a residency requirement that all postdoctoral fellows must live in Rhode Island or within reasonable commuting distance and follow APA and Rhode Island policy related to telehealth outside of the state.
- At the start of the clinical experience, it is the responsibility of the postdoctoral fellow to confirm, with the supervisor(s), that any telehealth services or telesupervision meetings will be conducted in a distraction-free and private setting, to protect against any direct or incidental violations of patient privacy. If these conditions cannot be met, the postdoctoral fellow will instead report to the clinical worksite to deliver services for the entirety of the clinical rotation.
- At the start of the clinical rotation, it is the responsibility of the postdoctoral fellow to confirm, with the supervisor(s), that there is an appropriate device available for delivering telehealth services. The digital platforms used (e.g., Zoom) and the device must be HIPAA compliant and supported by the hospital information technology office. If these

conditions cannot be met, the postdoctoral fellow will instead report to the clinical worksite to deliver services for the entirety of the clinical rotation.

- When teleworking, the postdoctoral fellow is expected to work the same schedule from the remote worksite that they would work at the clinical worksite.
- If the postdoctoral fellow is unable to work due to illness, dependent care responsibilities, or other personal needs, the postdoctoral fellow is expected to take appropriate leave (e.g., annual or sick leave).
- In the event of a power failure or other unusual circumstances that would impede work during designated telework time, it is expected that the postdoctoral fellow will make every effort to report to the clinical worksite. However, the postdoctoral fellow may be assigned alternative activities (e.g., readings in place of telehealth care) on a case-by-case basis when other circumstances (e.g., unsafe travel) prevent the postdoctoral fellow from reporting to the clinical worksite.

Telesupervision

Telesupervision may be offered across clinical rotations to ensure appropriate training experiences that are needed to provide clinical services. Telesupervision provides opportunities related to training, monitoring, and evaluating clinical services provided by the postdoctoral fellow to develop expected profession-wide competencies as a clinical psychologist.

Given the numerous settings, services offered, and organizational structures for the postdoctoral training program, it is beyond the scope of this policy to specify the exact number of the minimum required supervision hours that will be provided via telesupervision vs. in-person for each clinical experience. Instead, we provide the following guidelines to ensure that a minimum expectation for in-person supervision is provided in all clinical experiences, across all postdoctoral training programs.

- All clinical rotations are required to begin with an in-person meeting with the primary licensed psychologist supervisor to ensure that relationships between supervisors and trainees are established at the onset of the supervisory experience. As part of this meeting, the supervisor will review the trainee's previous experience and level of development related to providing clinical care. The supervisor will determine the appropriateness of use of telesupervision based on the trainee's individual needs and development plan.
- All initial onboarding and orientation to the clinical site must occur in-person with the psychologist supervisor(s) and/or administrative staff, as appropriate and dictated by the setting.
- It is the responsibility of the supervisor(s) to communicate the expectations and schedule for telesupervision for the clinical experience, which will be set at the beginning of the rotation and remain fixed for the remainder. The telesupervision schedule will only change if a formal decision is made and the change in schedule is documented.
- At the start of the clinical experience, it is the responsibility of the postdoctoral fellow to confirm, with the supervisor(s), that any telesupervision meetings will be conducted in a distraction-free and private setting, to protect against any direct or incidental violations

of patient privacy.

- At the start of the clinical experience it is the responsibility of the postdoctoral fellow to confirm, with the supervisor(s), that there is an appropriate device available for telesupervision. The digital platforms used (e.g., Zoom) and the device must be HIPAA compliant and supported by the hospital information technology office.
- Each clinical rotation is responsible for ensuring and communicating to the postdoctoral fellow the availability of a licensed psychologist on-site (in the event that a psychologist supervisor is teleworking, but the postdoctoral fellow is in-person) or via telesupervision (in the event that a postdoctoral fellow is teleworking). The supervising licensed psychologist maintains full professional responsibility for clinical services.
- Each clinical rotation is responsible for documenting and communicating to the postdoctoral fellow a clear emergency coverage plan and response procedures for both off-site and on-site work. This will be consistent with the clinical site policy for managing consultation and emergency coverage with psychology trainees and in compliance with Professional/Ethical/Legal standards set forth by APA.
- Participation in telesupervision will be monitored on an ongoing basis during conversations between the supervisor(s) and postdoctoral fellow. Discussions will focus on the trainee's assessment of utility of, and satisfaction with, telesupervision. The supervisor will monitor the extent to which telesupervision continues to align with the trainee's individual training needs. Assessment of telesupervision will also be included in formal touch points with the Postdoctoral Fellowship Training Program Director. Adjustments and made based on suitability for meeting trainee's development.
- The Training Program will conduct annual review of telesupervision policies and associated outcomes via feedback solicited from postdoctoral fellows in standard end-of-year feedback.

Program Specific Time Allocation for Telework and Telehealth

Training Program	Minimum weekly in-person* clinical work	Minimum weekly either in-person or remote* supervision
CPP, CCPSP, CNSP	2 full days	1 hour
RFP	Variable, depending on number of hours of weekly clinical activity. Will be determined as part of Individualized Training Activities and monitored via Program Directors	1 hour

*In-person means at the worksite

Policy on AI Use

Purpose

This policy establishes ethical, professional, and practical standards for the responsible use of large language models (LLMs) and other forms of generative artificial intelligence (AI) by psychology residents and postdoctoral fellows in clinical, research, and supervisory contexts. This document will be amended in accordance with updated institutional and educational guidance related to the use of AI.

The goal of this policy is to ensure that all uses of AI in training, research, and service delivery:

- Align with APA's Ethical Principles of Psychologists and Code of Conduct (2017);
- Protect client confidentiality, autonomy, and privacy;
- Preserve the integrity of professional training and competency development;
- Encourage informed, supervised, and transparent AI use; and
- Promote ethical innovation that enhances learning, efficiency, and client well-being.

Definition

For the purpose of this policy, generative AI refers to computational systems (*e.g., ChatGPT, Gemini, Claude, Copilot, Notebook LM*) trained on large datasets of text, speech, and/or images to produce human like responses, analyses, or creative content. AI systems may support—but not replace—human clinical judgment, interpretation, or documentation.

Guiding Principles

This policy applies to all clinical psychology residents, postdoctoral fellows, and supervisors affiliated with the program, including any training activities conducted in clinical, research, or educational contexts.

The policy reflects three overarching principles:

- (1) Any plan for use of AI as part of clinical or research activities needs to be discussed with a supervisor prior to implementation.
- (2) Content generated by AI needs to be carefully edited, tailored, and reviewed for accuracy.
- (3) AI may inform—but never replace—clinical reasoning or evidence-based decision-making. AI outputs must be treated as tentative information requiring human editing and verification.

AI may not be used to derail learning. As such, original work (*e.g. writing*) is expected and AI may not replace it for primary educational activities – *e.g. may not be used as make up work for missed didactics.*

Ethical and Confidential Use of Patient Information

- (1) **Input of Patient Data:** Identifiable or de-identified data that may be re-identifiable patient information (*e.g., assessment data, treatment notes, personal background, health records*) may only be entered into AI tools that are HIPAA compliant and approved by the hospital system in which the trainee is working. Trainees should review any plan for using an AI tool with their supervisor before proceeding.
- (2) **Ethical Accountability:** Even when using HIPAA compliant platforms, the primary ethical responsibility for patient privacy rests with the clinician. Trainees must ensure AI

use aligns with APA Ethics Code Principles A (Beneficence and Nonmaleficence) and E (Respect for People's Rights and Dignity).

Use of AI in Clinical Decision-Making, Training, and Documentation

1. **Priority of Human Judgement and Skill Development:**
 - a. AI must not replace the trainee's personal responsibility to build competency in clinical documentation, conceptualization, feedback, and treatment planning. Residents and fellows should demonstrate original work consistent with training objectives. AI may inform – but never replace – clinical reasoning of evidence-based clinical decision-making.
2. **Acceptable Supplemental Uses:**

Under supervisor guidance, AI may be used for:

 - a. Generating psychoeducational materials (e.g., mindfulness scripts, coping-skills handouts);
 - b. Formatting or proofreading clinical writing;
 - c. Brainstorming educational content.
3. **Critical Review:**
 - a. Trainees should evaluate AI-generated content for accuracy, recency, and bias, particularly given limitations in the training data of such systems.
4. **Prohibited Uses:**
 - a. AI may not be used to generate psychological reports, therapy summaries, diagnostic impressions, or evaluation narratives that could misrepresent trainee competence or obscure authorship.
5. **Transparency:**
 - a. Any document, presentation, or product that has used AI-assisted text generation must include a clear disclosure (e.g., footnote):
 - b. "Portions of this document were developed with the assistance of AI technology and reviewed for accuracy and ethical compliance by [Name]."

Use of AI in Research Training

- (1) **Priority of Human Judgment and Skill Development:**
 - a. AI must not replace the trainee's personal responsibility to build competency in designing and reporting on independent research. Residents and fellows should demonstrate original work consistent with training objectives. AI may inform—but never replace—critical review and understanding of the research literature.
- (2) **Permissible Uses:**

Under supervised guidance, AI may be used for:

 - a. Data analysis
 - b. Literature synthesis, or methodological support consistent with institutional ethics
 - c. Formatting or proofreading non-clinical writing
 - d. Brainstorming research questions, presentation outlines, or educational content.
- (3) **Critical Review:**
 - a. Trainees should evaluate AI-generated content for accuracy, recency, and bias, particularly given limitations in the training data of such systems. Trainees should review requirements of funding agencies, journals, and other presentation forums to ensure that use of AI is consistent with policy.
- (4) **Prohibited Uses:**
 - a. AI may not be used to replace original writing such as that required in manuscripts and grant applications.

Supervision, Consultation, and Transparency

(1) Supervisor Consultation:

- a. Before using AI in any clinical or educational task, residents and fellows must consult with their clinical or research supervisors to discuss appropriateness, goals, and ethical implications.

(2) Transparency:

- a. When AI contributes to material presented to patients or supervisors, the role of AI in the process should be disclosed clearly and accurately.

Bias, Equity, and Responsible Innovation

(1) Bias Awareness:

- a. Residents and fellows must be aware that generative AI systems reflect biases present in their training data. There is likely limited diversity in the original samples on which algorithms were trained. It is important to remain vigilant against perpetuating stereotypes or structural inequities.

(2) Commitment to Equity and Inclusion:

- a. Trainees must use AI in ways that promote culturally competent care, digital literacy, and equitable access to psychological services.

(3) Ongoing Education:

- a. The training program will provide periodic seminars and updates on emerging developments and ethical guidance related to AI, consistent with APA (2024) principles emphasizing human rights, fairness, and transparency.

Institutional and Legal Compliance

All AI use must comply with:

- APA Ethical Principles and Code of Conduct (2017)
- HIPAA
- State and Institutional Privacy Standards
- University or Hospital System AI Policies

References and Supporting Resources

- American Psychological Association (2024). Artificial Intelligence and the Field of Psychology: Policy Statement.
- Farmer, R. L., Lockwood, A. B., Golforth, A., & Thomas, S. (2023). Artificial Intelligence in Psychological Practice. *Psychotherapy: Research & Practice*, 56(1), 13–27.
- University of Colorado Clinical Psychology Residency Manual (2025-2026).
- San Diego State University C&PS Artificial Intelligence Use Policy (2025-2026).
- Stony Brook University (2023). Psychology Generative AI Policy.
- UIC (2023). Statement on the Responsible and Acceptable Use of Generative AI.

Appendix: Summary Table of Permitted and Prohibited AI Uses

Domain	Permitted with Supervisory Oversight	Prohibited Uses
Clinical Documentation	Proofreading, formatting	Generating notes, reports, or assessments

Psychoeducation	Educational handouts, coping strategies	Direct client communication or diagnosis
Research	Data summarization, coding, literature mapping	Analyzing confidential datasets
Administration Workflow	Templates	Uploading any identifiable client or trainee information

Equal Employment, Americans with Disabilities Act (ADA) and Reasonable Accommodations

The Brown Clinical Psychology Postdoctoral Fellowship Training Program is committed to ensuring compliance with the Americans with Disabilities Act, including the provision of reasonable accommodations to assist qualified trainees with disabilities to perform the essential functions of their jobs safely and effectively. We will follow the policies of the employing institution responsible for compliance, Butler Hospital, Brown University, Brown University Health, Butler Hospital, or the VA Medical Center.

A reasonable accommodation is a modification or adjustment to a course, program, service, job, activity, facility that enables a qualified person with a disability to have equal access to full participation in our training program activities. A reasonable accommodation does not lower or modify essential requirements, fundamentally alter the nature of a service, program or activity, or result in undue financial or administrative burdens. The process of identifying a reasonable accommodation requires an individualized assessment of how a person's disability affects them in the particular context for which the accommodation is sought.

How to request a Reasonable Accommodation?

Postdoctoral trainees who require a reasonable accommodation due to a medical condition or disability should notify the Occupational Health office of their employing institution to initiate the interactive process.

Each employer has a specific procedure for submitting a request. Please use the information below to identify the appropriate office and follow the identified procedures. In each case, you will be asked to submit a request with supporting documentation that will be reviewed by the organization to determine reasonable accommodations.

All documentation will be kept confidential and stored separately from the trainee's personnel file.

You are entitled to request accommodations without disclosing any confidential medical information to your supervisors and the Training Director. However, if you choose, it may be helpful to you to discuss the nature of your request so that the training program may support and hasten the process of seeking accommodations.

Submit requests to:

Brown University Health Employee and Occupational Health Services:

[Employee and Occupational Health Services | Brown University Health Intranet](#)

Check the website for the location and contact information for the relevant affiliate: Bradley Hospital, The Miriam Hospital, or Rhode Island Hospital.

Brown University:

<https://hr.brown.edu/benefits-wellness/leave-absence-and-workplace-accommodations/employee-accommodation-services>

Butler Hospital:

Occupational Health at: occhealthbh@CareNE.org

Absence Management at: 1.855.426.3365

Questions may be directed to:

- Jennifer Belasco, Butler LOA Administrator
 - Email: jbelasco@carene.org
 - Phone: 401.680.4325

Women & Infants Hospital:

Occupational Health at: OccHealthWIH@carene.org

P: (401) 430-3550

F: (401) 453-7759

Pager: (401) 582-0137

H: M - F 7:30 a.m. to 4 p.m.

Questions may be directed to:

- Jilliam Bracken, Women & Infants LOA Administrator
 - Email: JBracken@carene.org

Providence VA Medical Center:

Questions may be directed to:

- Tracy O'Leary Tevyaw, PhD, Chief Psychologist and Director of Psychology Training at Providence VAMC
 - Email: Tracy.O'Leary-Tevyaw@va.gov
 - Phone : (401) 273-7100 x13617

She will inform the GME Office of the request, and the trainee then submits an RA request to HR. The VISN 1 Human Resources Specialist for RA's is Imani Langston-Santos.

Imani.Langston-Santos@va.gov

Due Process: Remediation Policy

The goal of the Remediation Policy is to: provide guidance to trainees who may be experiencing difficulties and support a productive learning experience. Faculty have special responsibility to assess continually the progress of each student. Students who exhibit continued serious difficulties and do not function effectively in academic and/or interpersonal situations should be

counseled early, made aware of career alternatives and, if necessary, dropped from the program. There should be specific advisement policies and mechanisms (including grievance and due process procedures) to handle academic problems, conflict situations, and problems related to expectations, interpersonal relations, and other areas. The following Remediation Policy was established to meet the requirements of these APA guidelines.

Postdoctoral Fellowship Training Program Remediation Policy.

It is recognized that problems in a postdoctoral fellow's professional or personal conduct can take many forms. For example, a supervisor may feel that a postdoctoral fellow has a marked deficiency in skills or motivation; a postdoctoral fellow may be unable to function professionally because of emotional or substance abuse problems; or a postdoctoral fellow may have a physical illness which precludes him or her from completing assignments or attending critical training sessions. Clearly, each of these situations requires a different intervention. Many of these stressors and demands may be beyond the fellow's control. Nonetheless, any of these issues may prevent the fellow from completing the training program or make it impossible for him or her to function clinically for a period of time. The mechanism for handling such problems must have sufficient flexibility to protect the program and the public, while providing the fellow with appropriate support and remedial training.

The procedures described below are followed by faculty who perceive that a postdoctoral fellow has any significant difficulty affecting their professional conduct, or that is likely to affect it in the future. There are three general problem areas to which the following procedures apply (1) a postdoctoral fellow has a serious deficit in knowledge or skill(s); (2) physical or emotional difficulties that impair or compromise expected standards of performance; and (3) professionally inappropriate behavior. ***(A procedure to be used by postdoctoral fellows who wish to appeal decisions of the faculty grievance is also included)***

1) A Problem is Detected by a Faculty Supervisor:

The faculty supervisor and the postdoctoral fellow should discuss the problem and attempt to arrive at a mutually acceptable solution. Such a situation is not unusual, and in the vast majority of instances would require no further action.

2) The Problem Persists, or the Faculty Supervisor and Postdoctoral Fellow are Unable to Reach an Acceptable Solution:

The Director of the respective program (CPP, CPPSP, CNSP, or RFP) is informed by the faculty supervisor and fully apprised of the problem. The postdoctoral fellow's non-evaluative advisor will be informed of the concern and asked to play a role in the remediation plan. The Director of the respective program gathers information from the concerned parties and from other faculty or postdoctoral fellows in positions to provide relevant information. Consistent with APA ethical guidelines, the Director of the respective program should proceed in a manner so as to protect confidentiality to the fullest extent possible. If the Director of the program can act as a mediator and suggest a method of resolving the problem, no further action is necessary.

3) Further Remedial Action is Deemed Necessary:

The Director of the respective program (CPP, CCPSP, CNSP, and RFP) will notify, in writing, the involved faculty member(s), Chiefs of Psychology, and Director of the PFTP of the proposed remediation plan. The postdoctoral fellow also is informed in writing of the required actions that they must take, and the possible consequences for failing to do so. The written remediation plan should define specifically (in behavioral terms) the deficits or problematic behaviors in relation to expected standards of performance, required actions or changes, the faculty and timetable involved, and method(s) of evaluation noting the criteria for successful completion. A copy of

this correspondence will be placed in the fellow's file. The Director of the specific program informs the Training Committee of the situation and the proposed plan at the next Training Committee meeting.

4) Postdoctoral Fellow Progress is reviewed at a Predetermined Interval to Ensure Compliance with the Remedial Program:

If the problem is determined by the Director of the respective program (CPP, CCPSP, CNSP, or RFP) to be rectified, no further action is necessary, beyond a letter to that effect which is distributed in accordance to Step 3. The Training Committee is apprised of the outcome. If the problem has not been rectified: (a) further remediation is proposed and reviewed at an appropriate interval (return to Step 3 for documentation and distribution); or (b) recommendation for termination. Remediation plans may be granted a renewal or extension only once during the fellowship year. In no case, however, will an extension exceed the duration of the originally recommended time interval for remediation.

5) Identifying another Faculty Member to Serve in an Advocacy Role for the Postdoctoral Fellow:

If a conflict exists between the postdoctoral fellow and the non-evaluative advisor, then another faculty member will be identified by the Director of the respective program (CPP, CCPSP, CNSP, and RFP) to serve in an advocacy role for the postdoctoral fellow.

6) If the Postdoctoral Fellow does not Successfully Complete the Remediation Plan:

If completion of the remediation plan does not result in successful achievement of competence in all areas (and renewal/extension has already been granted or is not deemed feasible), the task of determining whether the postdoctoral fellow passes the fellowship goes to a new subcommittee consisting of the training directors, and postdoctoral fellow's advisor (as a non-voting participant). The subcommittee will review all materials and render a decision as to whether postdoctoral fellow will be granted additional, unpaid training opportunities in order to achieve competence, or if the postdoctoral fellow will fail to complete the fellowship.

7) The Director of respective program (CPP, CCPSP, CNSP, or RFP) Recommends that the Postdoctoral Fellow be Terminated from the Program:

The Training Committee votes on whether a fellow shall be terminated from the program. The postdoctoral fellow is informed in writing of the outcome. This decision is forwarded to the Chair of the Department of Psychiatry and Human Behavior and to the Chief of Psychology at the hospital where the postdoctoral fellow is based.

8) Considerations:

- **In the Case of Personal/Health Problems which Seriously Impair Professional Performance, the Supervisor should Request that the Postdoctoral Fellow's Clinical Activities be Suspended Immediately:** In taking this action, there must be a substantial likelihood that the clinical conduct or activities of the postdoctoral fellow would be detrimental to the patients under their care. Discussion would involve the fellow, the Chief of Psychology at the hospital where the fellow is based, the Director of the respective program (CPP, CCPSP, CNSP, and RFP), and the Director of the PFTP. The final decision regarding suspension of clinical activities would rest with the hospital's Chief of Staff, upon the recommendation of the Chief of Psychology and the Director of the respective program. Any decision to suspend clinical activities must be documented in the postdoctoral fellow's record. Where appropriate, the Director of the specific program should assist the postdoctoral fellow in locating the proper resources to deal with the difficulty. For example, the Director should aid the postdoctoral fellow in seeking referral for treatment as necessary. The Training Committee should be notified

about the situation and the corrective actions taken at its next regularly scheduled meeting. All other actions regarding remediation, suspension or termination from the program, as well as appeals would be subject to the procedures outlined below.

- **In the Event of Professionally Inappropriate Behavior, A Supervisor may Initiate Procedures Leading to the Suspension of a Postdoctoral Fellow as Follows:** The supervisor should notify the Director of the respective program (CPP, CCPSP, CNSP, or RFP) immediately and apprise them of the problem. If a suspension is in order, the Director of the respective program will bring the issue to the Director of the Division of Psychology, the Chair of the Department of Psychiatry and Human Behavior and the Chief of Psychology at the hospital where the postdoctoral fellow is based. The final decision regarding suspension of clinical activities would rest with the hospital's chief of staff, upon the joint recommendation of the Chief of Psychology and the Director of the respective program. Any decision to suspend a postdoctoral fellow, as well as the terms of the suspension, must be documented in the postdoctoral fellow's record. All other actions, including the postdoctoral fellow's right to appeal, are subject to the procedures outlined above.

9) Appeals:

Disagreements should be immediately resolved among the parties whenever possible, as outlined. Once formal remediation has been approved by the Training Committee, the involved postdoctoral fellow or faculty who disagree with the decision may appeal in writing to either the Director of the respective program (CPP, CCPSP, CNSP, or RFP). The Director may attempt to mediate the dispute or may choose to present the case to the Training Committee for further consideration. The postdoctoral fellow has the right to appear before the Training Committee to appeal a decision. The postdoctoral fellow may also solicit additional faculty to present on their behalf during this appeal if desired. Consistent with Brown University policy, the hierarchy for filing appeals or grievances is as follows: (1) Director of the respective program (CPP, CCPSP, CNSP or RFP), (2) Director of PFTP, (3) Director of the Division of Clinical Psychology, (4) Chair, Department of Psychiatry and Human Behavior who will involve Departmental Appeals Procedures (see below), and (5) Hospital Grievance Committee of the institution in which the postdoctoral fellow is currently based. **NOTE:** Departmental Appeals Procedures require that the Chair appoint a three-person advisory committee to review the appeal. In the case of the Fellowship, the advisory committee would consist specifically of three psychologists on the senior faculty who have no direct supervisory relationship with the postdoctoral fellow who has filed the appeal. A written report delineating the committee's findings and recommendations must be submitted to the Director of Training within 30 days.

Due Process: Grievance Policy

Departmental Leadership and Program Directors of all DPHB training programs recognize that the complexity of our system introduces systemic barriers in understanding how and to whom to report issues such as concerns about faculty competence, discrimination, harassment, and/or inappropriate behavior. In 2023, a common grievance policy was adopted across training programs as part of an effort to promote a culture of transparency and facilitate trainee reporting of discrimination, harassment, and/or inappropriate behavior of faculty toward trainees.

DPHB Grievance Policy.

Postdoctoral fellows are instructed to bring grievance issues directly to the Director of the respective program (CPP, CCPSP, CNSP, or RFP). Depending on the severity of the situation, the procedures outlined below will be followed. Basically, there are three general problem areas to which the following procedures apply (1) a faculty member has a serious deficit in knowledge or skill(s); (2) physical or emotional difficulties that impair or compromise expected standards of performance; and (3) professionally inappropriate behavior, including insufficient attention to the training needs of the trainee. A trainee may request guidance from a faculty advisor or program director regarding how to address a concern with a faculty member. In addition, a faculty member may initiate a grievance process on a trainee's behalf.

1) A Problem is Detected by the Trainee:

The faculty supervisor and the trainee should discuss the problem and attempt to arrive at a mutually acceptable solution. Such a situation is not uncommon, and in the vast majority of instances, would require no further action. The Director of the respective program (CPP, CCPSP, CNSP, and RFP) maintains a record of verbal complaints that have not been officially lodged against a supervisor. If the Director detects a pattern of complaints over time, then they can intervene.

2) A Problem Remains Uncorrected, the Faculty Supervisor and Trainee are Unable to Reach an Acceptable Solution, or the Problem is of such Severity that Additional Contact between Trainee and the Faculty Member is not Advised:

In this case, the trainee may file a grievance requesting that the concern be addressed by the Training Program. Either the trainee, or a faculty member acting on their behalf, should contact the appropriate Director of Training and inform them of the problem and any steps already taken to address the concern. The Director of the respective program (CPP, CCPSP, CNSP, or RFP) is contacted by the trainee and fully apprised of the problem. The Director of the respective program gathers information from the concerned parties and from other faculty or trainees in positions to provide relevant information. Consistent with APA ethical guidelines, the Director of the respective program will proceed in a manner so as to protect confidentiality to the fullest extent possible. If the Director of the respective program can act as a mediator and suggest a method of resolving the problem, no further action is necessary. In cases where the faculty member in question is the Director of the respective program then the Director of the PFTP picks a 3rd member of the Training Committee to form the subcommittee reviewing the matter.

If mediation is not possible or successful, a subcommittee consisting of the Director of the respective program, at least one other supervisor, and one additional member of the Training Committee is convened. The subcommittee then makes a determination regarding whether any disciplinary action is necessary based on criteria outlined in the Faculty Handbook regarding incompetent performance of professional duties or neglect of academic duty. The relevant Program Director will provide periodic updates to the trainee regarding the status of the grievance process. Every effort will be made to respond to concerns expeditiously, with the objective of communicating a plan of action to the trainee within two months.

Based on the subcommittee review, one of the following recommendations is proposed:

- a) No disciplinary action
- b) Reprimand with a remediation plan, e.g., monthly meetings between track coordinator (or equivalent) and faculty member; addition of a new supervisor/mentor to the training plan. Note: If trainee does not feel comfortable continuing with the supervisor, an alternate supervisor will be assigned to the trainee.

- c) Suspension of privilege to recruit and supervise a trainee for a minimum of one year or until there is sufficient evidence that the situation has been resolved.

3) If a Remedial Plan is Recommended: Progress is Reviewed at a Predetermined Interval to Ensure Compliance with the Remedial Program:

If the problem is determined by the Director of the respective program (CPP, CCPSP, CNSP, or RFP) to be rectified, no further action is necessary, beyond a letter to that effect which is placed in the faculty member's file in the Training Office. The Training Committee is apprised of the outcome. If the problem has not been rectified: (a) further remediation is proposed and reviewed at an appropriate interval; or (b) recommendation for suspension of trainee supervision privileges.

4) In the Case of Personal/Health Problems which Seriously Impair Professional Performance, the Director of Training may Request that the Faculty Member's Clinical Training Activities be Suspended Immediately:

Discussion would involve the trainee, the Director of the respective program (CPP, CCPSP, CNSP, or RFP) and others where appropriate. The final decision regarding suspension of clinical training activities would rest with the Director of the respective program. Any decision to suspend clinical training activities will be documented in the faculty member's file in the Training Office. Where appropriate, the Director of the respective program should assist the faculty member in locating the proper resources to deal with the difficulty. The Training Committee should be notified about the situation and the corrective actions taken at its next regularly scheduled meeting. All other actions regarding remediation, or suspension of clinical activities would be subject to the procedures at the faculty member's institution.

5) If a Faculty Member has had his/her Privileges Suspended Twice, the Director of Training Recommends that the Faculty Member be Terminated from the Training Program Faculty:

The Training Committee votes on whether the faculty member should be terminated from the training program faculty, majority rules. The faculty member is informed in writing of the outcome. This decision is forwarded to the Director of the Division of Psychology, the Chair of the Department of Psychiatry and Human Behavior, the Chief of Psychology at the hospital where the trainee is based, and the Chair of the Appointments and Reappointments Committee.

6) Appeals:

Disagreements should be immediately resolved among the parties whenever possible. Once formal remediation has been approved by the Training Committee, the faculty member who disagrees with the decision may appeal in writing to the Director of the respective program (CPP, CCPSP, CNSP, or RFP). The Director of the respective program may attempt to mediate the dispute or may choose to present the case to the Training Committee for further consideration. The faculty member has the right to appear before the subcommittee which made the recommendation and/or Training Committee to appeal a decision. The faculty member may also solicit additional faculty or trainees to present on his or her behalf during this appeal if desired. Consistent with Brown University policy, the hierarchy for filing appeals or grievances is as follows: (1) Director of the respective program (CPP, CCPSP, CNSP or RFP), (2) Director of PFTP, (3) Director of the Division of Clinical Psychology, (4) Chair, Department of Psychiatry and Human Behavior who will involve Departmental Appeals Procedures (see below), and (5) Hospital Grievance Committee of the institution in which the postdoctoral fellow is currently based. **NOTE:** Departmental Appeals Procedures require that the Chair appoint a three-person advisory committee to review the appeal. In the case of the PFTP, the advisory committee would consist specifically of three psychologists on the senior faculty who have no

direct relationship with the faculty member who has filed the appeal. A written report delineating the committee's findings and recommendations must be submitted to the chairperson within 30 days.

7) In the Event of Professionally Inappropriate Behavior, the Chairperson may Initiate Procedures Leading to the Suspension of a Faculty Member as Follows:

The Director of the respective program (CPP, CCPSP, CNSP, and RFP) is apprised of the problem. If the Director of the specific program feels that a suspension is in order, the Director of the PFTP will bring the issue to the Director of the Division of Psychology and the Chair of the Department of Psychiatry and Human Behavior. The final decision regarding suspension of clinical activities would rest with the hospital's chief of staff, upon the joint recommendation of the Chief of Psychology, and the Chair of the Department.

Title IX

Postdoctoral fellows, or faculty members acting on their behalf, may also report potential Title IX violations to the Brown University Title IX Office. There is an option for such reports to be made anonymously.

The Brown University Title IX office is responsible for issues relating to sexual and gender-based harassment and sexual violence.

This can include issues such as

- Discriminatory Interactions: Hostile Environment
- Different Treatment based on membership in a protected class (intentional): Disparate Treatment
- Unequal burden/benefit of policy, procedure, or practice (unintentional): Disparate Impact

Title IX is responsible for *University learning environments* on and off campus. As such, concerns relating to our training program and faculty providing supervision within our program are relevant.

If you are concerned about a potential Title IX violation, please contact your Program Director or the Director of the Postdoctoral Fellowship Program to obtain additional information.

Teaching Opportunities

Potential Teaching Opportunities in RI and MA

RHODE ISLAND:

University of Rhode Island
Shepard Building
80 Washington Street

Providence, RI 02903
401-277-5164

Community College of Rhode Island

Department of Psychology
1762 Louisquisset Pike
Lincoln, RI 02865
401-333-7275

Providence College

Department of Psychology
Providence, RI 02918
401-865-2616

Rhode Island College

Chair, Department of Psychology
600 Mount Pleasant Avenue
Providence, RI 02908
401-456-8575

Roger Williams University

Department of Psychology
Bristol, RI 02809
401-254-3238

Johnson & Wales University

Chair, Department of Social Sciences
8 Abbott Park Place
Providence, RI 02903
401-598-1815

Bryant College

Department of History & Social Sciences
1150 Douglas Pike
Smithfield, RI 02917
401-232-6433

MASSACHUSETTS:

UMass Dartmouth

285 Old Westport Rd
North Dartmouth, MA 02747
508-999-8000

Massasoit Community College

1 Massasoit Boulevard
Brockton, MA 02302
781-821-2222

Newbury College

129 Fisher Avenue
Brookline, MA 02455
617-730-7209

Stonehill College

320 Washington St.
Easton, MA 02357
508-565-1000

Assumption College

Dept of Graduate Psychology
500 Salisbury St.
Worcester, MA 01609
508-767-7000

Bristol Community College

Director of Human Resources
777 Elsbree Street
Fall River, MA 02720
508-678-2811 x2194

Bay State College

122 Commonwealth Ave.
Boston, MA 02116
800-81-LEARN

Dean College

Office of Academic Affairs
99 Main Street
Franklin, MA 02038
508-528-9100