REAL TALK
CLINICAL PSYCHOLOGY | PSYCHOANALYSIS

Fellowship Program Handbook

Updated: July 8, 2026

This handbook provides an overview of the structure, philosophy, and basic policies of our Postdoctoral Fellowship Program. Employment terms and administrative workflows are outlined separately in the Fellowship Agreement, Practice Manual, Practice Policies, and Job Description (available at Real Talk's Google Drive).

Who We Are, Our Mission, and Our Vision

Real Talk is a doctoral-level clinic specializing in high-complexity cases. We offer individual therapy via telehealth across Texas, as well as in-person sessions at our Houston office. Our clinical work is led by depth-oriented approaches, especially of psychodynamic and psychoanalytic orientations, and complemented by structured, evidence-based protocols, including CBT and DBT.

Our mission is to provide individual services that respect each person's singularity. As a doctoral training site, this mission extends to how we learn, study, and practice together. Ongoing intellectual engagement, rigorous supervision, and collective study are treated as constitutive of clinical work at our clinic.

Our Fellowship Program is designed to cultivate clinical independence through supervision, training activities, and opportunities for reflective practice. Fellows are encouraged to deepen their theoretical foundations while developing the practical skills necessary for ethical and effective practice in diverse settings.

Core Values

- **Realness:** Fellows are trained to approach each case with authenticity and cultivate therapeutic presence. Work prioritizes responsiveness to the unique unfolding of each therapeutic process.
- **Warmth:** Every clinical interaction must be guided by kindness. Fellows are expected to model this ethos in all professional relationships.
- **Clarity:** Systems are designed to support people. Fellows are taught to navigate and contribute to them with transparency and professionalism.
- **Independence:** Staff supports clinicians with the structure needed to practice while respecting their unique styles. Independence is also fostered by gradually increasing fellows' responsibility, preparing them for autonomy.
- **Integrity:** Fellows are trained to uphold integrity through ethical decision-making, legal compliance, and sensitivity to clinical work.

Real Talk Clinical Stance: What We Train For

Real Talk's fellowship is grounded in the belief that psychotherapy is a relational practice that requires training, judgment, and restraint. The following principles define the clinical stance we actively train, supervise, and evaluate.

- **In-Depth Therapy:** Fellows are expected to prioritize clinical depth rather than productivity. Progress is understood as structural change in how a patient relates to themselves and others, in addition to symptom reduction.
- **Clinical Relationships:** Fellows are trained to distinguish empathy from constant reassurance. Alliance is built through consistency and ethical limits.
- **Ethical Practice:** Practice and documentation should reflect clinical reasoning, risk awareness, and ethical judgment. Ethical discernment is evaluated across supervision, documentation, and clinical decision-making.
- **Accountable Practice:** Fellows learn to articulate cases with theory and context. Interventions must be chosen intentionally, in response to the unfolding clinical process. Fellows must be able to explain what they are doing, why they are doing it, and how it serves the treatment.

- **Thoughtful Work:** Reflection and conceptual work are core training activities, with protected time for supervision, didactics, and scholarly engagement. Fellows are expected to integrate theory, research, and cultural context into clinical thinking, and to treat curiosity, humility, and intellectual engagement as professional responsibilities.

The Postdoctoral Fellowship Program

Our Postdoctoral Fellowship is a 12-month training program comprising 36 hours per week, including up to 25 hours of direct clinical service, 2 hours of individual supervision, 2 hours of didactic seminars, and approximately 7 hours of scholarly reading, EPPP preparation, documentation, and independent study. The fellowship provides a minimum of 1,750 training hours across the year.

The program offers immersive clinical training grounded in humanistic orientations, which provide the primary framework for discussing complex clinical presentations, navigating ethical dilemmas, and appreciating the broader societal factors that shape subjective experience.

- **Discipline**: Individual psychotherapy
- **Duration**: Minimum of 12 months (full-time equivalent, 36 hours/week), or 1,750 supervised hours.
- **Clinical Work**: Up to 25 individual therapy sessions with diverse populations, with a focus on adults. Fellows may also carry select adolescent and child patients when the clinical infrastructure supports that level of care.
- **Supervision**: 2 weekly hours of individual supervision, one with the clinical and training director, one with the clinical preceptor. Both supervisors share responsibility for the fellow's cases.
- **Didactics**: 2 weekly hours of didactics covering theory, ethics, cultural competence, and practice management. One hour is led by the clinical and training director, and the other by the clinical preceptor.
- **Location**: Hybrid - in-person (50%) and online.
- **Training Focus**: Humanistic approaches, especially those with psychoanalytic and psychodynamic orientations, alongside evidence-based methods. Other goals include mastering APA’s profession-wide competencies, fostering

cultural humility, and supporting licensure and early career development. The program is committed to diversity, equity, and inclusion, embedding these concepts throughout clinical training, supervision, and evaluation.

- **Clinical and Training Director**: Adriane Barroso, Ph.D., LP (TX #37992)
- **Training Committee:** Clinical and training director, and at least one additional licensed psychologist (clinical preceptor) appointed annually.

The program operates under the authority of the Texas Behavioral Health Executive Council (BHEC) and complies with the Texas State Board of Examiners of Psychologists (TSBEP). Fellows practice under the provisions of 22 TAC § 463.11 (Supervised Experience), which allows supervised postdoctoral practice toward licensure. All services provided by fellows are reviewed and supervised in compliance with state law.

Eligibility and Admissions Requirements

Real Talk's Postdoctoral Fellowship is committed to a fair, transparent, and ethical recruitment and selection process. The program adheres to APPIC Postdoctoral Selection Standards and agrees to abide by the APPIC Common Hold Date and related guidelines in effect for each training year.

- **Application Materials:** Curriculum vitae, cover letter describing clinical interests and training goals, and two letters of reference.
- **Interview Process:** Selected applicants are invited to interview with the clinical and training director to assess their experience, ethical judgment, theoretical orientation, and fit with the program.
- **Non-Discrimination Statement:** Selection decisions are made without regard to race, ethnicity, gender, gender identity or expression, sexual orientation, disability, age, religion, national origin, or other protected status.
- **Doctoral Degree and Internship:** Fellows must have completed all doctoral degree requirements from a regionally accredited institution of higher education. Also, candidates must have completed a doctoral internship that

is APA-accredited or that otherwise meets APPIC standards. For internationally trained applicants, the fellowship requires documented evidence that the internship was a formal, organized, supervised training experience of a breadth and quality consistent with an APPIC-member internship and sufficient to support licensure eligibility in Texas under 22 TAC § 463.11, as determined by the Texas Behavioral Health Executive Council.

- **Verification of Completion:** Fellows must submit either a diploma or an official letter from the doctoral program confirming that all degree requirements have been completed before the first day of fellowship.
- **Licensure Eligibility:** Fellows must be eligible to pursue licensure as a psychologist in the State of Texas, which requires completion of a supervised practice year in accordance with the Texas Behavioral Health Executive Council (BHEC) and Texas State Board of Examiners of Psychologists (TSBEP).
- **Legal Work Status:** Fellows must provide proof of legal authorization to work in the United States.

Focus and Competencies

The program is structured around the APA Profession-Wide Competencies and program-specific competencies, cultivated through weekly individual sessions, theoretical study, didactics, and structured feedback. By the end of the fellowship, fellows are expected to demonstrate advanced profession-wide competencies in:

- **Ethical and Legal Standards:** Applying ethical and legal principles to clinical contexts; engaging with moral dilemmas in clinical practice and demonstrating knowledge and adherence to the APA Ethics Code.
- **Individual and Cultural Diversity:** Deepening insight into identity, positionality, and cultural humility in clinical work; understanding the impact of societal inequalities and cultural differences on subjective experiences.
- **Professional Values, Attitudes, and Behaviors:** Displaying integrity and accountability; demonstrating self-awareness, openness to feedback, and a commitment to continued learning; developing the professional readiness to make appropriate and ethical decisions related to independent practice.

- **Assessment and Case Formulation:** Conducting nuanced, context-aware intakes, producing clear documentation, accurate risk assessment, and appropriate clinical decisions.
- **Intervention:** Showing clinical judgment and adjusting interventions to patient response, guided by the unfolding of each case.
- **Communication and Interpersonal Skills:** Collaborating effectively and respectfully with patients, clinicians, staff, and other services.
- **Integration of Science and Practice:** Applying current and updated scholarly literature to inform and enlighten clinical practice.
- **Supervision:** Providing structured peer feedback or co-facilitating with senior clinicians, and reflecting on the experience of supervision from both the fellow's and the supervisor's perspectives.
- **Consultation and Interprofessional Skills:** Recognizing when and how to seek consultation, and collaborating with physicians, psychiatrists, and other providers while preserving the patient's voice and confidentiality.

Training Goals & Objectives

- Professional identity and core competence across APA PWCs.
- Advanced psychotherapy competence
- Licensure readiness (EPPP + Jurisprudence; supervised hours)

Structure & Training Activities

Each fellow’s schedule is designed to provide comprehensive training and includes:

- **Clinical Work:** up to 25 patients/week.
- **Case Conference:** Held monthly within the didactic seminar, dedicated to a formal case conference in which the fellow presents an active case for structured discussion. No additional hours are scheduled.
- **Individual Supervision:** 2 hours per week of individual supervision, 1 with the clinical and training director, and 1 with the clinical preceptor. Both supervisors are licensed psychologists and share responsibility for the

fellow's clinical work. Supervision emphasizes clinical work and judgment, ethical decision-making, documentation, diagnostic formulation, the application of theory in practice, and relational dynamics.

- **Didactics Seminar:** 2 hours per week of didactic training on topics related to clinical work and the routine of private practice, including documentation, legal risk and ethics, diagnosis, contemporary issues, and administrative aspects of business.
- **Scientific Development:** 7 hours per week of critical readings, scholarly engagement, and EPPP preparation. Additionally, fellows are encouraged to participate in academic activities and clinical presentations.

Timeline

- **Months 1–3:** Orientation, onboarding, foundational training. Emphasis on establishing a clear understanding of the program's philosophy and its clinical approach. Completion of training in HIPAA and crisis protocol.
- **Months 4–6:** Increased caseload and documentation preparation. Introduction to humanistic approaches and to case conceptualization.
- **Months 7–9:** Consultation on complex cases, presentations in seminar settings inside and outside Real Talk.
- **Months 10–12:** Final evaluations, transition to independent work, final scholarly project—integration of theoretical insights with clinical practice.

Sample Weekly Schedule

- 25 patient hours
- 2 hours of individual supervision
- 2 hours of didactic seminars
- 7 hours for notes, readings, scholarly engagement, and EPPP preparation.

Program Infrastructure and Support

Fellows have access to the same infrastructure and services that support our licensed clinicians and define the practice’s operations:

- **Administrative Support:** Centralized scheduling, payment processing, insurance verification, and claims management.
- **Technology & Systems:** HIPAA-compliant EHR (SimplePractice), Google Workspace, 8x8 phone system.
- **Physical Space:** offices in Houston with secure entry, snacks, and supplies.
- **Compliance & Resources:** Access to crisis and emergency protocols, internal and external referral directories, and training materials.

Program Completion Requirements

- Accrue a minimum of 1,750 supervised hours, with at least 25% in direct clinical service.
    - Fellows who use their full PTO allotment will accrue approximately 1,670 hours within the standard 12-month schedule and may make up the difference through additional training activities scheduled in coordination with the clinical and training director.
- Attend supervisions and didactic seminars.
- Receive a Minimum Level of Achievement of 5 (Ready for Entry Level Independent Practice) or 6 (Advanced Competence) in the final evaluations across all competencies. Fellows are evaluated using a 6-point competency scale (1 = Significant Problem / Remediation Required, 6 = Advanced Competence).
- Submit a scholarly project (e.g., a case study, a paper, a literature review) demonstrating the application of concepts to clinical practice.
- Certificate of completion: Fellows who meet the exit criteria receive a Certificate of Completion that documents fulfillment of program requirements.

Key Contacts

- **Practice Manager:** Juliana de Morais (juliana@realtalkpsychology.com)
- **Clinical and Training Director:** Adriane Barroso (adriane@realtalkpsychology.com)

- **Practice Director:** Pedro Costa (pedro@realtalkpsychology.com)
- **Clinical Preceptor:** Tasneem Rodriguez (tasneem@realtalkpsychology.com)

Program Outcomes

Real Talk is committed to continuous program improvement and accountability, as well as transparent reporting of fellowship outcomes. The Training Committee conducts an annual review of the program's didactic content, supervision quality, fellow competencies, and administrative procedures. It incorporates feedback from all stakeholders and is used to define programmatic changes. Outcomes tracked:

- **Completion Rates:** Number of fellows completing the program within the expected timeframe;
- **Licensure Rates:** Number of fellows obtaining licensure in Texas within two years post-fellowship;
- **Former Fellows' Feedback:** Feedback from former fellows on post-fellowship experiences and preparedness for careers.

Public Disclosures

The program is committed to providing accurate and current information about all aspects of training. Information in this manual and on our fellowship website includes: program aims and training competencies; structure, resources, and training activities; stipend, benefits, leave policies; admissions requirements and selection procedures; grievance and due process policies.

The Real Talk Postdoctoral Fellowship Program is not accredited by the American Psychological Association and is not currently a member of APPIC. The program has submitted an application for APPIC membership, which is pending review. There is no assurance that the program will achieve APPIC membership or APA accreditation.

Ethical and Legal Standards

Fellows are expected to uphold the highest ethical and legal standards in all activities. Real Talk adheres to the APA Ethical Principles of Psychologists and Code of Conduct, Texas state law, and HIPAA regulations.

Ethical Principles

- **Beneficence and Nonmaleficence:** Strive to do good and avoid harm.
- **Fidelity and Responsibility:** Establish trust and uphold responsibilities.
- **Integrity:** Promote honesty, accuracy, and truthfulness in all activities.
- **Justice:** Ensure fairness and equity in the delivery of services.
- **Respect for People's Rights and Dignity:** Respect the dignity, privacy, and autonomy of all people.
- **DEI:** Practice with sensitivity to cultural humility, equity, and nondiscrimination in all interactions.

HIPAA Compliance

- All PHI (Protected Health Information) must be safeguarded.
- Fellows must use only HIPAA-compliant systems for communication.
- Personal devices must be encrypted and password-protected.
- Fellows must report suspected breaches to the supervisor.

Telehealth Standards

- Fellows must confirm patient identity and location at the beginning of each telehealth session.
- Fellows must ensure that their physical environment maintains privacy and confidentiality.

- Fellows are expected to follow APA's Guidelines for the Practice of Telepsychology in addition to HIPAA and state law.

Legal Responsibilities

- Fellows must comply with all Texas laws governing the practice of psychology.
- Mandatory reporting obligations apply for suspected abuse, neglect, or risk of harm.
- Fellows may not independently bill or practice outside of supervisory arrangements.

Ethics Training

- Ethics is a core component of weekly didactics, and ethical dilemmas are discussed regularly in supervision and case conferences.

Accountability

- Supervisors are ultimately responsible for the fellows' clinical work.
- Fellows are held accountable for adhering to ethical and legal standards and may face remediation or termination for violations.

Supervision

Supervision is at the heart of the fellowship program. All clinical work provided by fellows occurs under the license of their supervisors, who assume legal and ethical responsibility for their services.

Real Talk understands supervision as a collaborative and mutually beneficial process. Fellows are encouraged to bring their questions, vulnerabilities, and challenges, while supervisors strive to foster a safe, constructive environment that upholds professional and ethical standards.

At the beginning of the program year, all fellows develop an individualized plan that complements the general program. As the year progresses, they provide feedback on the quality of supervision by completing a biannual Training Evaluation Form. Moreover, fellows are encouraged to address their concerns regarding ethical, professional, and administrative issues using formal grievance and due process procedures outlined in this handbook.

Supervision Requirements

- **Weekly Hours:** Fellows receive 2 hours/week of individual supervision.
- **Consistency:** Supervision meetings take place as scheduled, even in the event of patient cancellations or no-shows.
- **Supervisor Roles:** Fellows will always be assigned supervisors who are licensed psychologists employed at Real Talk.
- **Scope**: All clinical services, administrative duties involving patients, and professional communications are conducted under supervision.
- **Countersignature:** All clinical documentation completed by fellows must be co-signed by a supervisor.

- If a fellow demonstrates difficulty meeting goals, a formal remediation plan will be created, specifying objectives, timeline, and follow-up evaluations.

Clinical and Training Director

Adriane Barroso, PhD, LP

- License #37992 (Texas, expiration date: March 2027)
- Email: adriane@realtalkpsychology.com
- Phone: 832 583 7373

Adriane Barroso, PhD, LP (TX #37992) is the founder and Clinical and Training Director of the Real Talk Psychology Postdoctoral Fellowship Program. She holds a doctoral degree in Psychology from the Pontifícia Universidade Católica de Minas Gerais (Brazil, 2013), with U.S. credential equivalency verified through a foreign credential evaluation service and validated by the University of Texas at Austin in 2018. She brings over 20 years of clinical experience in individual psychotherapy across diverse populations.

Dr. Barroso's clinical expertise is directly aligned with the program's training focus. Her specializations in grief, trauma, psychological crisis, and psychoanalytically informed treatment correspond directly to the humanistic framework that defines the fellowship's training emphasis. She maintains active scholarly engagement with Lacanian psychoanalytic theory through participation in multiple advanced study groups and international presentations, reflecting a sustained commitment to theoretical depth that informs both her clinical work and her supervisory approach.

Since founding and directing the Real Talk Postdoctoral Fellowship Program, Dr. Barroso has supervised two postdoctoral fellows, both of whom completed the program and obtained Texas licensure, in addition to six doctoral interns. She has developed and maintained the fellowship program's training manual, competency evaluation system, and didactic curriculum.

In her role as Clinical and Training Director, Dr. Barroso oversees clinical quality, crisis protocols, and ethical standards for the full practice team. She provides clinical consultation to the licensed psychologists on the team and is responsible for the governance and continuous improvement of both the fellowship program and the broader clinical operation. This leadership responsibility directly informs the training environment she creates for fellows, ensuring that supervision occurs within a functioning, ethically governed clinical setting rather than in isolation from real-world practice demands.

Dr. Barroso is trilingual in English, Portuguese, and Spanish, expanding the cultural and linguistic range of supervision she is able to provide and reflecting the program's commitment to diversity, equity, and cultural humility in training.

Current Positions

- Clinical and Training Director, Real Talk Psychology
  Houston, TX— 2019–Present
  - Manages the postdoctoral fellowship program.
  - Supervises doctoral-level fellows.
  - Provides clinical consultation to licensed psychologists on the team.

- Licensed Psychologist, Real Talk Psychology
  Houston, TX — 2018–Present
  - Provides individual psychotherapy to adults and adolescents, with special focus on grief, depression, trauma, and psychiatric crisis.

Clinical Preceptor

Tasneem Rodriguez, PsyD, LP

- License #40336 (Texas, expiration date: April 2027)
- Email: tasneem@realtalkpsychology.com
- Phone: 832 583 7373

Dr. Tasneem Rodriguez is a licensed psychologist providing individual therapy for adolescents and adults. Born in South Africa, she brings direct experience of migration, cultural transition, and the demands of building a life across worlds. Her work addresses anxiety, trauma, and the ways that inequality and cultural context shape life, with particular focus on BIPOC communities.

Dr. Rodriguez serves as Real Talk's Clinical Preceptor, overseeing training and supervision within the practice. Her role reflects her commitment to ethical care, clinical rigor, and the formation of the next generation of psychologists.

She completed the Real Talk Postdoctoral Fellowship herself (June 2024 to June 2025) before joining the program's supervisory staff, which gives her direct knowledge of the training experience from the fellow's perspective.

Current Positions

- Clinical Preceptor, Real Talk Psychology
  Houston, TX— 2026–Present
  - Provides individual supervision and shares professional practice responsibility for fellows' cases

- Licensed Psychologist, Real Talk Psychology
  Houston, TX — 2025–Present
  - Provides individual psychotherapy to adults and adolescents, with special focus on trauma, anxiety, and depression.

Practice and Supervisors Responsibilities

The practice is responsible for:

- Providing the supervision needed to meet the program requirements and offering availability outside supervision hours when relevant questions arise.
- Having a licensed clinician immediately available whenever a fellow has direct patient contact.

- Maintaining a professional workplace where fellows feel welcome.
- Ensuring access to emergency and crisis protocols.
- Offering access to HIPAA-compliant resources, including but not limited to the ability to store materials, adequate space for activities appropriate to the training, and tools for in-person and online therapy.

Real Talk Psychology adheres fully to the Texas Occupations Code, Title 3, Chapters 501 and 502, the Texas Administrative Code, Title 22, Part 21, Chapter 465 regarding clinical supervision, and Texas's rules for supervision in training settings posted in the Texas Board of Psychology rulebook.

Focus of Supervision

- Developing reflective capacity and clinical judgment.
- Understanding cultural and contextual issues in treatment.
- Ethical decision-making and legal compliance.
- Professional development and licensure preparation.

Fellow Responsibilities in Supervision

- Being present in supervision and ready with case material and reflections.
- Demonstrating openness to feedback.
- Maintaining professionalism and confidentiality in supervision discussions.

Curriculum & Didactics Seminar

This Program's curriculum balances direct clinical work with structured learning. Fellows integrate seminar content, supervision, case conferences, and readings into practice, with recurring attention to documentation, ethics, and Texas law; cultural humility; risk and crisis; consultation across professions; supervision literacy; and scholarly engagement. Expectations also encompass ethics and law, professionalism, individual and cultural diversity, assessment, intervention, interprofessional skills, integration of science and practice, and supervision, which are embedded throughout the months and include outcome-tracking and evaluation practices (see matrices below). The APA Ethics Code, Telepsychology Guidelines, HIPAA, and Texas rules provide the foundation for legal/ethical content.

Curriculum Components

Didactics Series (Weekly)

Discussions on ethical grounding, clinical decisions, and self-awareness in clinical work. Each week combines learning objectives with activities and discussions.

Case Conferences (Monthly)

Presentations of clinical cases with input from peers and supervisors. Focus on clinical reasoning, ethical dilemmas, and cultural factors.

Journal Club (Quarterly)

Review and discussion of scholarly literature, engagement with new research, and critical application of findings to practice.

Community Presentations (Annual)

Development of one educational presentation for staff, clinicians, or community members during the fellowship year.

Monthly Topics

Documentation & Medical Necessity

Learning Objectives

- Write progress notes that are clinically meaningful and audit-ready, reflecting therapeutic depth and ethical, legal, and billing standards.
- Apply CPT codes and risk-management language accurately and consistently.

Activities & Discussion Points

- Review of sample notes from various modalities.
- Q&A on specific insurance requirements and common auditor questions.
- Discussion on best practices for recordkeeping and note writing.

Key References

- Hall, M. (2018, July). Insurance requests for records [Video]. YouTube. https://www.youtube.com/watch?v=740p_bGwhQc
- Vernoy, K.; Widhalm, C. (2018, March). Make your paperwork meaningful. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/make-your-paperwork-meaningful/
- Vernoy, K.; Widhalm, C. (2020, November). Noteworthy documentation. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/noteworthy-documentation/

Ethics, Boundaries, and the Law in Modern Practice

Learning Objectives

- Differentiate legal obligations and ethical ideals in clinical dilemmas.
- Identify and respond appropriately to high-risk scenarios using established ethical frameworks and legal guidelines.
- Understand the scope and limits of confidentiality.
- Reflect on how personal values, institutional policies, and legal mandates intersect in clinical work, developing strategies to navigate ethical tensions.

Activities & Discussion Points

- Discussion on mandated reporting nuances, including state-specific requirements.
- Review of relevant sections from professional codes of ethics.
- Discussion on moral dilemmas in clinical practice.

Key References

- Vernoy, K.; Widhalm, C. (2020, September). Irrational ethics. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/irrational-ethics/
- American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct. https://www.apa.org/ethics/code
- Texas Behavioral Health Executive Council (BHEC) Official Website. https://www.bhec.texas.gov/
- Texas State Board of Examiners of Psychologists (TSBEP) Rules. https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists

Cultural Humility and the Power of Not-Knowing

Learning Objectives

- Define cultural humility and differentiate it from cultural competence.
- Explore the role of identity, positionality, and systemic oppression, including their intersectionality and their impact on therapeutic dynamics.

- Reflect on personal biases and their impact on clinical formulations, rapport, and treatment planning.
- Examine the dynamics of power within supervision, considering authority, hierarchy, and cultural factors.

Activities & Discussion Points

- Case study analysis focusing on cultural considerations and power dynamics.
- Discussions on identity, positionality, and systemic forces within the therapeutic and supervisory relationship.
- Exploring diversity and multicultural issues in mental health, including critical race theory, queer theory, disability studies, and decolonial perspectives.

Key References

- Vernoy, K.; Widhalm, C. (2019, August). Privileged and biased. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/privileged-and-biased/
- Vernoy, K.; Widhalm, C. (2021, June). How to stay in your lane to support diversity and inclusion [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/how-to-stay-in-your-lane-to-support-diversity-and-inclusion/
- Delphin-Rittmon, M. E., & Flanagan, E. H. (2015). A critical race theory perspective on mental health services. Psychiatric Services, 66(1), 101–103.
- Decolonial Perspectives: Moane, G. (2011). Decolonizing psychology: Challenges and possibilities. Irish Journal of Psychology, 32(3-4), 183-195.

Diagnosis as Language and Power

Learning Objectives

- Explore the sociocultural and economic implications of diagnoses across clinical contexts, including stigma, cultural bias, and access to care.

- Practice diagnostic formulations that integrate history, context, and function, rather than relying solely on symptom checklists.
- Examine the tension between reimbursement needs and humanizing clinical stance, and develop strategies for ethical, patient-centered billing practices.
- Analyze how bias and disparities in access influence diagnostic practices, and develop strategies to mitigate their impact on clinical decision-making.

Activities & Discussion Points

- Review of common diagnostic errors and biases, including a discussion on differential diagnosis.
- Discussions on alternatives to traditional psychiatric care and broader mental health care in the US.
- Discuss how bias and disparities in access influence diagnostic outcomes, and explore strategies for ethical documentation.

Key References

- Shaw, Y.; Natisse, K. (2016, July). The problem with the solution. [Podcast]. Invisibilia. https://www.npr.org/programs/invisibilia/483855073/the-problem-with-the-solution
- Voronka, J. (2017, June). Turning mad knowledge into effective labor. American Quarterly, 69(2). 333-338.
- Vernoy, K.; Widhalm, C. (2021, May). Fixing mental healthcare in America. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/fixing-mental-healthcare-in-america/

Risk, Mandates & Texas Law

Learning Objectives

- Understand Texas-specific reporting mandates and their intersection with clinical judgment.

- Apply duty to warn/protect standards in line with Texas law and professional ethics codes, identifying when confidentiality must be breached to preserve safety.
- Develop documentation skills under conditions of risk, ensuring that clinical notes demonstrate medical necessity, legal compliance, and ethical decision-making.
- Identify and mitigate risks specific to telehealth practice, including cross-jurisdictional care, technology failures, and informed consent.
- Integrate BHEC statutes/rules, HIPAA Privacy and Security standards, and APA Telepsychology Guidelines into everyday risk management practices.

Activities & Discussion Points

- Case law discussion: Review examples of mandated reporting and duty to warn; debate gray areas where legal and ethical standards co-occur.
- Documentation workshop: Write SOAP notes for high-risk cases that reflects both clinical nuance and legal compliance.
- Ethics Roundtable: Explore the tension between therapist confidentiality and the limits imposed by law.

Key References

- Texas Behavioral Health Executive Council (BHEC). (n.d.). Statutes and Rules (22 TAC Chapters 463, 465, 470). Texas State Board of Examiners of Psychologists. https://bhec.texas.gov/statutes-and-rules/
- U.S. Department of Health & Human Services (HHS). (n.d.). HIPAA Privacy Rule Summary. https://www.hhs.gov/hipaa/for-professionals/privacy/index.html
- American Psychological Association. (2013). Guidelines for the Practice of Telepsychology. American Psychologist, 68(9), 791–800. https://doi.org/10.1037/a0035001
- Knapp, S., Gottlieb, M. C., Berman, J., & Handelsman, M. M. (2017). Ethical dilemmas in psychotherapy: Positive approaches to decision making. Washington, DC: APA Books.

Trauma and Crisis in Outpatient Settings

Learning Objectives

- Define trauma from a psychoanalytic perspective.
- Distinguish between psychological crisis and subjective urgency.
- Apply structured approaches to managing acute crises, including pathways for assessment, stabilization, emergency referral, and ethical documentation.

Activities & Discussion Points

- Case discussions on managing acute crises and urgent clinical situations.
- Acute suicidal ideation: review de-identified high-risk cases, identify crisis warning signs, and outline immediate response plans.

Key References

- Assef, J. (2017, July). Fear: Clinical details of a silent epidemic. LC Express, 3(9).
- Laurent, E. (2002, April). Trauma in Reverse. Lacanian Works. http://www.lacanianworks.net/?p=12265.
- Seldes, R. (2021, February). Urgency: between truth and jouissance. The Lacanian Review Online. https://www.thelacanianreviews.com/urgency-between-truth-and-jouissance/
- Vernoy, K.; Widhalm, C. (2021, July). Psychiatric crisis in the emergency room. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/psychiatric-crises-in-the-emergency-room/.
- U.S. Department of Veterans Affairs. (2018). PTSD Checklist for DSM-5 (PCL-5): Standard form and administration guide. National Center for PTSD. https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Consultation & Interprofessional Skills

Learning Objectives

- Recognize when and how to seek consultation, distinguishing between clinical, ethical, and legal drivers for interprofessional input.
- Understand the role of medical comorbidity in psychological treatment, including how they interact with mental health.
- Develop skills for documentation and release of information that balance HIPAA's minimum necessary rule with clinical usefulness.

Activities & Discussion Points

- Draft a Release of Information (ROI) form and a mock note. Emphasize HIPAA compliance, precision, and the minimization of unnecessary disclosure.

Key References

- American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (Standard 3.09: Cooperation with other professionals). https://www.apa.org/ethics/code
- U.S. Department of Health & Human Services (HHS). (n.d.). HIPAA Privacy Rule: Minimum necessary requirement. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/minimum-necessary/index.html
- Frankel, R. M., & Quill, T. E. (2005). Integrating patient-centered care and evidence-based medicine in consultation. Journal of General Internal Medicine, 20(10), 935–940.
- Norcross, J. C., & Wampold, B. E. (2019). Relationships and responsiveness in the psychological treatment of patients with comorbid medical conditions. In Psychotherapy relationships that work (pp. 15–40). Oxford University Press.

Professional Identity and Humanistic Approaches

Learning Objectives

- Understand the foundations of humanistic approaches to psychotherapy and their application in clinical practice.

Activities & Discussion Points

- Discussion on the "craftsmanship" of qualitative research and its relevance to clinical practice.
- Introduction to key concepts in psychoanalysis.
- Discussions on contemporary clinical issues.

Key References

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- Guéguen, P.-G. (2016, September). Some remarks on Civilization and its Discontents from Freud to Lacan. LC Express, 3(4).
- Laurent, E. (2020, March). The Other that does not exist and its scientific committees. The Lacanian Review Online. https://www.thelacanianreviews.com/the-other/.
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Clinical Work 101

Learning Objectives

- Reflect on how to develop a case conceptualization.
- Discuss when to refer patients to other clinicians or services.

Activities & Discussion Points

- Guidance on developing humanistic-informed case conceptualizations.
- Discussion on how to construct a clinical case for various purposes.
- Notes on scholarly writing and publication for fellows.

Key References

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- Vernoy, K.; Widhalm, C. (2021, September). How to fire your patients (ethically) - Part 1.5. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/how-to-fire-your-clients-ethically-part-1-5/
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- Freud, S. (1937). Constructions in analysis. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XXIII (1937-1939):

Moses and Monotheism, An Outline of PsychoAnalysis and Other Works, 255-270.

- Fuentes. J. (2019, January). The clinical case, its interpretation, and transmission. LC Express, 4(4).

Scholarly Projects

Learning Objectives

- Produce a scholarly project that demonstrates integration of theory, clinical practice, ethics, and cultural humility.
- Practice peer review and critical feedback in a supportive, professional format that models the collaborative evaluation process used in academic and clinical settings.

Activities & Discussion Points

- Lightning synopses: Fellows present 5-minute summaries of their projects-in-progress (case-based or literature-based), receiving feedback on clarity, organization, and clinical relevance.
- Fellows present their scholarly projects to the Real Talk community. Group reflections on clinical implications and training insights follow presentations.

References & Suggested Resources

- Belcher, W. L. (2019). Writing your journal article in twelve weeks: A guide to academic publishing success (2nd ed.). University of Chicago Press.
- APA Style Quick Guides: https://apastyle.apa.org/

Professional Development

Real Talk's fellowship is designed to offer clinical training, to prepare fellows for independent practice, and to provide support in the following areas:

Licensure Preparation

- Meeting Texas licensure requirements.
- Studying for the EPPP and jurisprudence exam during the fellowship year.

Career and Business Mentorship

- Introduction to business aspects of group practices, including insurance contracts, billing procedures, and marketing considerations.

Scholarship and Writing

- Contribution to scholarly activities through writing and presentations.
- Completion of at least one scholarly product during the fellowship year.

Supervision Exposure

- Introductory experience in supervision by providing structured peer feedback and observing supervisory processes.

Community Building

- Engagement in peer consultation and support networks outside of supervision.

Professional Identity

- Reflection on cultural humility, positionality, and the ethical responsibilities that arise from practicing within diverse communities.

Evaluation System and Outcomes

Our program's evaluation framework is built on APA's Profession-Wide Competencies (PWCs). Formal competency evaluations occur at 6 months and 12 months, with a documented Month 1 baseline training plan.

- Integration of Science and Practice
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment and Case Formulation
- Intervention
- Supervision
- Consultation and Interprofessional Skills

Fellows are evaluated on a 1–6 behaviorally anchored scale:

- 1 = Significant Problem / Remediation Required
- 2 = Below Expectations for Early Fellowship
- 3 = Meets Expectations for Early Fellowship
- 4 = Progressing Toward Independent Practice
- 5 = Ready for Entry-Level Independent Practice
- 6 = Advanced Competence

Mid-Year MLA: Fellows must achieve a minimum of 3 ("Meets Expectations for Early Fellowship") in all competency domains. End-of-Year MLA: Fellows must achieve a

minimum of 5 (“Ready for Entry-Level Independent Practice”) in all competency domains. Scores below MLA trigger due process procedures, and persistent scores below MLA may result in non-completion of the program.

The program’s full Due Process and Grievance Procedures are available as a separate section and provided to all fellows at the start of the fellowship year. They govern the program's response to competency concerns, including remediation planning, formal review, and appeal.

Supervisors are also evaluated by fellows using a parallel form. These evaluations guide growth conversations and remediation, when needed.

Evaluation is both formative (ongoing, developmental) and summative (formal, documented), and feedback is based on observable behaviors, competencies, and professional standards.

Initial Evaluation (Month 1): Fellows establish individualized training goals, review fellowship expectations and competency benchmarks, and complete baseline self-assessment. A written training plan is completed and placed in the fellow’s file.

6-Month Evaluation: Fellows receive written evaluations from each supervisor, rating progress across APA’s core competency areas. Training plans are adjusted based on progress.

- Self-Assessments: Fellows complete reflective self-assessments every 6 months. They are discussed in supervision and compared with the supervisor's feedback.

Exit Evaluation (Final Month): Fellows receive a written summary with a comprehensive evaluation of progress, strengths, and readiness for independent practice. Exit interviews are conducted to gather feedback about the program, and may also include a review of the fellow’s scholarly activities.

Feedback Mechanisms

- Fellows receive ongoing informal feedback in supervision.
- Written evaluations are stored in the fellow's file.
- Fellows may provide anonymous feedback on supervisors and the program.

Appeals Process

Appeals of evaluation or remediation decisions follow the formal Due Process Procedures set out in this handbook.

Supervision Logs

Fellows are required to maintain detailed logs of supervision hours. Supervisors co-sign logs to verify completion, and they are reviewed quarterly to ensure fellows meet licensure requirements.

Due Process Procedures

Due Process Procedures are implemented when a supervisor or another faculty or staff member raises a concern about a fellow's professional functioning, competence, conduct, or compliance with program expectations. Their purpose is to ensure that fellows have a structured, supported opportunity to understand concerns about their performance and to remediate them before more serious actions are taken.

Such procedures apply to the full range of concerns, from early-stage performance issues to serious misconduct, and they occur in a stepwise fashion, with progressively greater levels of intervention as a problem increases in severity, persistence, or potential for harm.

Rights and Responsibilities

Fellows have the right to:

- Be afforded every reasonable opportunity to understand and remediate identified concerns, and be treated in a manner that is respectful, professional, and consistent with ethical standards.
- Have their perspective heard at each formal step of this process.
- Receive written notice before any formal review or hearing.
- Appeal decisions within the limits of this policy.

Fellows are responsible for:

- Engaging with supervisors and program faculty in a manner that is respectful and professional, and making every reasonable effort to address and remediate identified concerns.

The Program has the right to:

- Implement these procedures when called for as described herein, and treat them in a manner that is respectful, professional, and ethical.
- Make decisions regarding remediation, probation, suspension, and termination within the limits of this policy.

The Program is responsible for:

- Engaging with fellows in a respectful, professional, and ethical manner, and making every reasonable effort to support them in remediating concerns.

Definition of a Problem

For purposes of these procedures, a problem is defined as an interference with professional functioning reflected in one or more of the following:

- An inability and/or unwillingness to acquire and integrate professional standards into one's professional behavior.
- An inability to acquire and demonstrate professional skills at an acceptable level of competency.
- An inability to manage personal stress, psychological concerns, or emotional reactions in ways that interfere with professional functioning.

An issue typically rises to the level of a problem requiring formal intervention when one or more of the following characteristics are present:

- The fellow does not acknowledge, understand, or address the problem when it is identified.
- The problem cannot be corrected through the normal sequence of clinical or didactic training.
- The quality of services delivered to patients is negatively affected.
- The problem is not limited to one area of professional functioning.

- A disproportionate amount of supervisory attention is required to manage the problem.
- The behavior carries ethical or legal risk if not addressed.
- The behavior negatively affects Real Talk's public standing.
- The behavior negatively affects other trainees.
- The behavior has the potential to cause harm to a patient.
- The behavior violates appropriate interpersonal boundaries with staff.

Step-by-Step Procedure

Step 1: Informal Review

When a supervisor or faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having consistent difficulty demonstrating expected levels of competence, the first step is to raise the concern directly with the fellow as promptly as feasible. Informal review may include increased supervision frequency, targeted didactic training, structured readings, or other individually tailored supports. The supervisor or faculty member who raises the concern is responsible for monitoring whether the issue improves.

If the fellow's concern persists after an informal resolution has been attempted, or if the fellow receives a competency rating below 3 ("Meets Expectations") in any domain on a supervisory evaluation, the process moves to Step 2.

Step 2: Written Notice of Formal Review

When a concern is escalated to a formal level, the clinical and training director will notify the fellow in writing that a formal review has been initiated. The written notice will include a description of the specific concern(s) that prompted formal review; a statement that a formal hearing will be held; the date, time, and participants of the

upcoming hearing; and a reminder of the fellow's right to submit a written statement before or at the hearing.

The hearing will be scheduled within 10 working days of the written notice being issued. The clinical and training director, the supervisor raising the concern, and, if applicable, the practice director will be notified.

Step 3: Formal Hearing

The formal hearing will be held with the clinical and training director, the supervisor or faculty/staff member raising the concern, and the fellow, within 10 working days of the written notice. If the clinical and training director is the party raising the concern, an additional licensed psychologist will participate in their place.

At the hearing, the fellow will have the opportunity to present their perspective verbally and/or submit a written statement. The purpose of the hearing is to discuss the problem and determine a course of action.

The clinical and training director will communicate the outcome of the hearing to the fellow in writing within 5 working days of the hearing date. The written outcome will specify the determination and next steps.

Step 4: Determination and Action

Following the formal hearing, the clinical and training director will determine the appropriate course of action. The available outcomes are:

- **Acknowledgment Notice.** Issued when the concern is recognized and documented but does not warrant further remedial action at this time. It will document: that the program is aware of and concerned about the problem; that the problem has been communicated to the fellow; that specific steps to address the concern have been identified; and that no further action is required at this stage.

- **Remediation Plan.** Issued when the concern requires structured, monitored intervention over a defined period. Placement on a Remediation Plan constitutes probationary status. The written plan will specify: the behaviors or competency deficits associated with the problem; the concrete steps to be taken to remediate the problem; the time frame within which remediation is expected; and the procedures used to assess whether remediation has been achieved. At the conclusion of the remediation period, the clinical and training director will provide a written statement indicating whether the problem has been remediated. If not, the clinical and training director may extend the plan or take more serious action.

- **Suspension.** Issued in cases of serious concern warranting the temporary removal of the fellow from all direct clinical service. The written suspension plan will specify: the specific behaviors or competency deficits associated with the suspension; the steps to be taken during the suspension period; the duration of the suspension and the criteria for reinstatement; the evaluation procedures to determine readiness to return to clinical activities. At the conclusion of the suspension, the clinical and training director will provide a written statement regarding remediation status, which may include a recommendation to transition to a Remediation Plan. The statement becomes part of the fellow's permanent file.

- **Termination.** If the problem is not resolved through other options, or if the concern represents gross misconduct or ethical violations, the fellow's placement in the program may be terminated. Termination decisions are made by the training committee, which includes the clinical and training director and at least one additional licensed psychologist (the clinical preceptor or another clinician not directly involved in the matter). The committee will convene within 10 working days of the preceding step.

Step 5: Appeal of Due Process Decision

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an appeals hearing. This pathway is entirely separate from the Grievance Procedures and must not be confused with them.

- **Step 5a:** Request. The fellow must submit a written request for an appeals hearing to the clinical and training director within 5 working days of receiving written notification of the decision being appealed.

- **Step 5b:** Appeals Panel. The appeals hearing will be conducted by a review panel consisting of the clinical and training director (or, if they are the subject of the dispute, the practice director) and at least two additional licensed psychologists who are not involved in the original decision. The fellow may request a specific faculty member to serve on the panel.

- **Step 5c:** Hearing. The appeals hearing will be held within 10 working days of the fellow's written request. The panel will review written materials and may interview the parties involved or any individuals with relevant information.

- **Step 5d:** Panel Decision. The review panel may uphold or modify the original decision. The panel's written decision will be communicated to the fellow within 5 working days of the appeals hearing.

- **Step 5e:** External Review. If the fellow remains dissatisfied following the appeals hearing, they retain the right to submit a complaint to APPIC, the American Psychological Association (APA), or the Texas Behavioral Health Executive Council (BHEC). Information on how to contact these bodies is available from the clinical and training director upon request.

All time limits in these procedures may be extended by mutual written consent within a reasonable limit.

Grievance Procedures

Grievance Procedures provide a structured, protected pathway for a fellow to raise concerns about a supervisor, clinician, staff member, fellow, or any aspect of the Program without fear of retaliation. Grievances may include, but are not limited to: supervisory conduct, interpersonal conflicts, discrimination, harassment, bias related to race, ethnicity, gender, sexual orientation, disability, national origin, or other protected characteristics, and concerns about program policies or curriculum.

These procedures are entirely separate from the Due Process Procedures in this manual, as they are initiated by the fellow, not by program staff, and follow their own independent sequence of steps.

Fellows who pursue grievances in good faith will not experience any adverse professional consequences.

Fellow Protections

- Fellows will not be retaliated against for initiating a grievance in good faith.
- All grievance proceedings will be kept confidential to the greatest extent possible, consistent with the program's need to investigate the matter.
- All formal documentation, decisions, and appeals will be maintained in secure program files for at least seven years.
- Fellows retain the right to contact APPIC, APA, or Texas BHEC if they believe a violation of ethical or legal standards has occurred that the program cannot or does not appropriately address internally.

Step-by-Step Procedure

Step 1: Informal Resolution. The fellow should first attempt to resolve the concern directly with the individual involved through a good-faith conversation. If direct communication is not feasible, not appropriate given the nature of the concern, or does not resolve the issue, the fellow may bring the concern informally to the clinical and training director for consultation and mediation.

Step 2: Submission of a Written Formal Grievance. The fellow may submit a formal written grievance within 15 business days of becoming aware of the concern or incident that gave rise to the grievance. It must be submitted to the clinical and training director. Still, if they are the subject of the grievance, it must be submitted to the practice director, who will serve as the reviewing authority for all subsequent steps. It should include: the name of the fellow and the individual(s) involved; the date(s) of the incident(s) giving rise to the grievance; a detailed description of the concern; the specific policy, standard, or expectation the fellow believes was violated, if applicable; and the resolution the fellow is requesting.

Step 3: Acknowledgment and Initial Investigation. Upon receipt of a formal written grievance, the clinical and training director (or practice director, if appropriate) will acknowledge receipt in writing and initiate a review within 5 business days. The review may include interviewing relevant parties, reviewing documentation, and gathering other relevant information. The individual named in the grievance will be asked to submit a written response.

Step 4: Meeting with Parties. The clinical and training director (or practice director) will schedule a meeting within 10 working days of acknowledging the grievance. Depending on the nature of the concern, the parties may be met jointly or separately. In cases where the grievance concerns an aspect of the training program rather than a specific individual, the clinical and training director and practice director will meet with the fellow jointly to discuss the concern and develop a plan of action, which must include: a description of the behavior or issue associated with

the grievance; the specific steps to be taken to address or rectify the problem; procedures to assess whether the concern has been appropriately resolved.

Step 5: Written Decision. Following the meeting(s), the clinical and training director (or practice director) will provide a written decision to the fellow within 10 business days of the conclusion of the investigation and meeting process. It will document the outcome and any agreed-upon plan of action. The fellow and, where applicable, the individual named in the grievance will be asked to confirm in writing within 10 working days whether the matter has been satisfactorily resolved.

Step 6: Review Panel. If the plan of action fails to resolve the grievance, the clinical and training director (or practice director) will convene a review panel within 10 working days, consisting of themselves and at least two additional licensed psychologists not involved in the original grievance proceedings. The fellow may request a specific faculty member to serve on the panel. The panel will review all written materials and may interview the parties involved or other individuals with relevant information. It has the authority to uphold, modify, or overturn previous decisions. Its written decision will be communicated to the fellow within 5 working days of the panel meeting. If the review panel determines that the grievance cannot be resolved internally or is not appropriate for internal resolution (for example, in a case involving alleged harassment that requires external review), the matter will be referred to Human Resources or the applicable external regulatory body.

Step 7: External Review. If the fellow remains dissatisfied after the internal review panel has issued its decision, they retain the right to submit a complaint externally to APPIC, APA, the Texas Behavioral Health Executive Council (BHEC), or the Texas State Board of Examiners of Psychologists. All time limits in these procedures may be extended by mutual written consent within a reasonable limit.

Cultural Competence and Diversity Training

Cultural humility and competence are central to Real Talk's multicultural and diverse clinical team and patients, as well as to our mission and training philosophy. It's also embedded in all fellowship activities and aspects of the fellowship program.

Seminar Series

- Dedicated didactic sessions focus on working with diverse populations, including issues related to race, ethnicity, language, immigration, socioeconomic status, gender identity, sexual orientation, disability, and religious/spiritual backgrounds.
- Case discussions integrate cultural perspectives and encourage fellows to consider multiple contextual factors.

Supervision Focus

- Supervisors attend to cultural considerations in case conceptualization and intervention.
- Fellows are encouraged to incorporate cultural dynamics into their supervision and reflect on their personal biases and assumptions.

Patient Population

- Real Talk serves a diverse population across Houston and Texas. Fellows will work with patients from diverse cultural and linguistic backgrounds and, if bilingual, conduct sessions in other languages.

Recruitment and Retention of Diverse Fellows

- Real Talk is committed to recruiting fellows from underrepresented groups and to fostering a climate of inclusivity, respect, and equity.

- Fellows are encouraged to provide feedback on program inclusivity and areas for improvement.

Community Engagement

- Fellows are invited to participate in outreach efforts with community groups, schools, or organizations. Engagement with the local Houston community is considered a component of cultural competence training.

Evaluation

- Competency in cultural humility is specifically rated during biannual evaluations.
- Ratings of cultural humility utilize behaviorally anchored criteria.

Philosophy

Cultural competence is an ongoing process rather than a completed skill set. Fellows are encouraged to remain open, humble, and engaged in lifelong learning around diversity and inclusion.

Our approach is informed by the APA Multicultural Guidelines (2017), which emphasize identity, context, and equity as essential elements of competence.

Diversity, Equity, and Inclusion (DEI)

Real Talk is deeply committed to fostering a training environment that reflects the diversity of the communities we serve. Our team comprises psychologists from diverse cultural, linguistic, and professional backgrounds, many of whom are bilingual or multilingual. Collectively, they represent training from diverse countries and bring lived experience as immigrants, first-generation professionals, and members of underrepresented groups. Also, we serve immigrant families, multilingual households, LGBTQ+ communities, and individuals from a wide range of socioeconomic, racial, and cultural backgrounds. This organically embedded

diversity within our team and clientele ensures that fellows will train in a setting where equity, inclusion, and cultural humility are part of everyday practice.

DEI is included in all aspects of our program. Our training focuses on race, ethnicity, and culture; gender identity and expression; sexual orientation; disability and neurodiversity; immigration and linguistic background; socioeconomic status and class; religious and spiritual background.

Non-Discrimination Policy

Real Talk is committed to providing an inclusive, respectful, and equitable training environment. We do not discriminate based on race, ethnicity, color, national origin, gender, gender identity, gender expression, sexual orientation, age, religion, disability, marital status, immigration status, socioeconomic background, or any other protected characteristic. We are proud to be an Equal Opportunity training site and strive to foster a diverse team that reflects the diversity of Houston, Texas, where approximately 44% of the population identifies as Hispanic or Latino and 22% as Black (Census 2020), as well as significant representation from other communities.

Clinical Guidelines

Adherence to the following guidelines ensures consistent, high-quality care and efficient practice operations for Real Talk.

Core Expectations

- Conduct sessions with empathy and clinical excellence, including deep listening and responsive engagement with each patient's unique process.
- Complete all notes within 7 days of each session, using approved SOAP templates for documentation. In higher-risk cases, complex coordination cases, or when required by payer rules, complete documentation within 48 hours. Supervisors may set tighter timelines as part of training goals or remediation plans.
- Use only approved, HIPAA-compliant channels for all communications.
- Track and manage licenses, Continuing Education (CE) credits, CAQH, and any other documents required for responsible, legal practice, and send all updated documents to the practice manager.
- Contribute to the professional community through teaching, writing, or presentations.

Scheduling and Documentation Best Practices

- Maintain accurate and up-to-date availability in Simple Practice (EHR).
- Ensure proper use of CPT codes for all services.
- Correctly mark Late Cancel/No Shows for each session in Simple Practice.
- Use standardized time-off labels on the calendar for clarity and support: Sick Time, Vacation/Personal, Professional Events, and Personal Time.

Termination Notes and Inactive Patients

- If a patient has not attended sessions for 60 days or more and has not formally ended treatment, send a brief outreach email or secure message.
- Write a termination note if there's no response to your outreach. It should explain why the case is closed.
- If a patient intentionally ends treatment, ensure the final session note captures any significant themes or referrals made during the last session.

Administrative Work

- For instructions on administrative tasks, refer to the Real Talk Practice Manual.

Social Media and Electronic Communication Policy

Postdoctoral fellows must adhere to professional boundaries and confidentiality guidelines regarding social media and electronic communications.

- **Confidentiality:** Never post any patient information, even de-identified, on social media or forums. Avoid discussing cases or identifying patients in electronic communication that is not explicitly approved as HIPAA-compliant.
- **Professional Boundaries:** Do not "friend," "follow," or otherwise connect with current or former patients on personal social media platforms. When using professional social media, ensure that the content aligns with Real Talk's values and ethical guidelines.
- **Secure Communication:** Only use Real Talk's approved, HIPAA-compliant communication platforms.
- **Self-Disclosure:** Exercise caution when disclosing personal information on public platforms.
- **Reporting Concerns:** Report any observed or suspected violations of this policy to the supervisors immediately.

Emergency and Crisis Protocols

- Real Talk maintains clear protocols to ensure the safety of patients and fellows during crises or emergencies. For more information, please refer to the Patient Crisis Protocol (Real Talk's Google Drive).
- In any immediate clinical emergency, fellows must first ensure their own and the patient's safety, then contact their supervisor immediately.
- Supervisors are available for urgent consultation during working hours. In the event of an after-hours emergency, the clinical and training director or the clinical preceptor must be contacted, in that order.
- Guidelines for assessing the need for hospitalization, initiating emergency involuntary commitment procedures in Texas, and communicating with emergency services are discussed in supervision.
- Procedures for reporting suspected abuse or neglect, in accordance with Texas law, will be provided to the fellows during supervision and onboarding.
- Procedures for handling threats of violence, including considerations regarding the duty to warn and protect in Texas, will be provided during the supervision.
- All crisis interventions, supervision, and actions taken during a crisis must be documented in the patient's record within 24 hours of the incident.
- Fellows involved in a crisis will receive a debriefing session with their supervisor to process the event and ensure proper documentation.
- If the intake reveals a risk outside the scope, immediate referral is required.

Appendix A: Job Description

Postdoctoral Fellowship in Clinical Psychology (Houston, TX)

Real Talk Clinical Psychology is a psychology clinic in Houston, Texas, dedicated to providing in-depth therapy. It's also a training clinic. Alongside licensed psychologists, we train early-career psychologists through a structured postdoctoral fellowship. Clinical work is discussed, supervised, and studied with care.

Why Choose Real Talk?

- 2 weekly hours of supervision + 2 weekly hours of didactics series
- Clinical hours are capped at 25 patients per week.
- 7 weekly hours of study and reading, notes, and EPPP preparation, which also count toward your licensure hours
- W2 position + comprehensive benefits package
- Hybrid position

Salary and Benefits

- Competitive pay for a 36-hour workweek, comprising structured clinical and training activities plus independent study
- Benefits, stability, and security:
    - Medical, Dental, Vision (75% paid),
    - 401 (k) with a 3% Match,
    - Paid EPPP exam fee,
    - 3 months of online EPPP prep course,
    - Malpractice Insurance,
    - 6 weeks of protected PTO (8 paid holidays + 20 business days for vacation, sick leave, personal time)

Rigorous and Specialized Training

Training emphasizes a humanistic orientation and integrates evidence-based practice. Didactics cover advanced topics in case discussions, ethics, risk management, documentation, and the business of private practice.

Timeline

Our cohorts complete onboarding at the start of the fellowship year. Even so, if you believe you're a strong fit for our clinical approach or bring perspectives that expand who we are as a team, including a passion for humanistic approaches or the ability to provide care in more than one language, we're happy to talk.

Commitment to Diversity, Equity, and Inclusion

Real Talk Clinical Psychology is a multilingual, multicultural practice serving diverse communities across Houston and beyond. Our team includes psychologists from many countries and backgrounds, and fellows gain hands-on experience providing culturally responsive therapy. We are committed to training clinicians who can serve diverse populations with humility and competence.

Location

Real Talk Clinical Psychology - 7670 Woodway Dr., Suite 270 - Houston, Texas 77063

How to Apply

Send your CV, cover letter, and two reference letters to **adriane@realtalkpsychology.com**.

POSITION DETAILS

Position: Postdoctoral Fellow (W-2 Employee)

Employment Type: Full-time, 36 hours per week

Start Date: September 1

Location: Hybrid (Houston office + telehealth).

In-Person Requirements: At least 50% of weekly sessions must be conducted in person at the Houston office.

Caseload Expectation: Up to 25 patients/week.

Documentation: Complete and sign progress notes within 7 days of each session. In higher-risk cases, complex coordination cases, or when required by payer rules, fellows are expected to complete documentation within 48 hours.

Supervision and Didactics: 2 hours per week of individual supervision, one hour with the clinical and training director and one with the clinical preceptor, both licensed psychologists who share professional practice responsibility for the fellow's cases; 2 hours/week of didactics seminars.

COMPENSATION

Annual Salary: $60,000, paid monthly on the last business day of each month. The practice covers all supervision and didactics costs with no reduction to your salary.

BENEFITS PACKAGE

Eligibility Date: Benefits begin on the first day of the month following 30 days of employment from your start date.

- **Health, Dental & Vision:** 75% of single-employee premiums. Plan details and enrollment materials will be provided 30 days before eligibility.
- **401(k) Plan:** 3% employer match, immediate vesting, enrollment at eligibility.
- **Liability Insurance/Malpractice:** occurrence-based professional liability insurance that covers fellows' clinical work. Coverage extends to work performed during employment, regardless of when claims are filed.

- **EPPP Support:** $1,000 EPPP reimbursement + 3 months of online preparation course for the EPPP, if applicable
- **Paid Holidays:** 8 paid holidays per year.
- **Vacation, Personal Time & Sick Leave**: 20 business days provided on your first day of employment. PTO must be requested and approved in advance, except in cases of sudden illness or emergency.
- **Workers' Compensation:** workers' compensation coverage.

LICENSURE

- You must maintain an active pursuit of licensure in Texas.

Appendix B: Public Disclosure

Program Overview

The Real Talk Postdoctoral Fellowship Program is a 12-month, full-time training program in Clinical Psychology located in Houston, Texas. Training is delivered in a hybrid format: fellows provide at least 50% of their clinical sessions in person at Real Talk's office (7670 Woodway Dr., Suite 270, Houston, TX 77063), with the remainder conducted via HIPAA-compliant telehealth to patients located in Texas. All training occurs at this single site, and the fellowship is fully integrated into the practice: fellows train alongside licensed psychologists, are supported by the practice's administrative and clinical infrastructure, and participate in its professional life.

The primary training population is adults with complex clinical presentations that may involve mood, personality, and anxiety disorders, grief, trauma, relational difficulties, and adjustment and identity concerns. Fellows may also carry select adolescent and child patients when the clinical infrastructure supports that level of care. Competency in assessment is developed mostly through diagnostic interviewing, intake evaluations, and case formulation within a psychotherapy context.

Training Structure

Each fellow's training week totals 36 hours:

- Direct clinical service: up to 25 hours per week.
- Individual supervision: 2 hours per week (one hour with the clinical and training director and one hour with the clinical preceptor; supervisors are licensed psychologists who share responsibility for the fellow's cases).

- Didactic seminar: 2 hours per week, with one session per month dedicated to a formal case conference in which the fellow presents an active case.
- Documentation, scholarly reading, and EPPP preparation: approximately 7 hours per week.

Total training hours across the year approximate 1,750. Training follows a developmental sequence: orientation, onboarding, and foundational training in clinical philosophy, HIPAA, and crisis protocol in the early months; progressive caseload growth and introduction to humanistic case conceptualization through mid-year; complex case consultation, scholarly project preparation, and a professional presentation in the later months; and a final scholarly project, exit evaluation, and preparation for licensure and independent practice at year-end.

Goals and Objectives

The program pursues three goals:

- Professional identity and core competence across the APA Profession-Wide Competencies, with particular depth in ethical and legal standards, individual and cultural diversity, and professional values and behaviors.
- Advanced psychotherapy competence, including case formulation, treatment planning, risk management, documentation, and consultation, within a humanistic framework.
- Licensure readiness and professional development, including completion of the supervised practice hours required for licensure in Texas, preparation for the EPPP and the Texas Jurisprudence Examination, and readiness for the clinical, ethical and legal dimensions of independent and group practice.

By the end of the fellowship, fellows are expected to apply ethical and legal standards to clinical situations with documented reasoning; demonstrate cultural humility and awareness of positionality; produce theoretically informed case

conceptualizations; navigate risk, crisis, and mandatory reporting competently; deliver individual psychotherapy with technical responsiveness; produce documentation that is clinically meaningful, HIPAA-compliant, and audit-ready; complete a scholarly project integrating theory and clinical experience; and achieve a rating of 5 or above across all competency domains at the end-of-year evaluation.

Competencies

Fellows are evaluated across nine competency domains:

- Integration of Science and Practice: applying current scholarship to clinical formulation and completing a scholarly project.
- Ethical and Legal Standards: applying the APA Ethics Code and Texas law to complex situations, anticipating ethical risk, and documenting reasoning.
- Individual and Cultural Diversity: demonstrating positionality awareness and cultural humility across diverse populations.
- Professional Values, Attitudes, and Behaviors: maintaining integrity and accountability, integrating feedback, and developing readiness for independent practice.
- Communication and Interpersonal Skills: communicating clearly with patients, colleagues, and staff, and producing defensible documentation.
- Assessment and Case Formulation: conducting nuanced diagnostic interviews, risk assessments, and formulations.
- Intervention: delivering theoretically grounded, individually tailored psychotherapy adjusted to each therapeutic process.
- Consultation and Interprofessional Skills: collaborating with other providers while maintaining patient confidentiality.
- Supervision: engaging the supervisory process through peer feedback and reflection from both the fellow's and the supervisor's perspectives.

Evaluation

Fellows receive formal written evaluations at least twice per year, at mid-year (Month 6) and year-end (Month 12), using a behaviorally anchored 6-point scale (1 = Significant Problem/Remediation Required; 6 = Advanced Competence). The Minimum Level of Achievement is 3 in all domains at mid-year and 5 in all domains at year-end. A score below the Minimum Level of Achievement at any evaluation point triggers the program's formal due process procedures. Fellows also complete reflective self-assessments and evaluate their supervisors twice per year.

Training Faculty

Supervision and didactic instruction are provided by two licensed psychologists. Adriane Barroso, PhD, LP, Clinical and Training Director, specializes in grief, trauma, crisis, and psychoanalytically oriented treatment. Tasneem Rodriguez, PsyD, LP, Clinical Preceptor, specializes in trauma, anxiety, and the impact of cultural context, with particular focus on BIPOC communities. Both hold professional practice responsibility for the fellow's clinical work.

Facilities and Resources

All in-person training takes place at Real Talk's Houston office, where fellows have private, furnished therapy offices with secure entry, shared common areas, a HIPAA-compliant electronic health record, and HIPAA-compliant telehealth systems. Licensed psychologists are present in the building during all scheduled in-person sessions, ensuring immediate supervisory access. Fellows receive a three-month EPPP preparation course, coverage under the practice's occurrence-based professional liability insurance throughout the fellowship year, structured support for the end-of-year scholarly project, and official documentation of supervised hours for the Texas licensure application.

Stipend and Benefits

The annual stipend is $60,000 for a 36-hour training week, paid as a W-2 employee. Benefits include medical, dental, and vision coverage (75% of single-employee premiums), a 401(k) with a 3% employer match, occurrence-based malpractice coverage, EPPP support (a $1,000 reimbursement plus a three-month preparation course), and six weeks of protected paid time off (eight paid holidays plus twenty business days).

Admissions and Eligibility

The program follows the APPIC Postdoctoral Selection Standards and adheres to the APPIC Common Hold Date in effect for each training year. Applications are reviewed by the clinical and training director and the clinical preceptor, and selected applicants are invited to an interview assessing clinical experience, ethical judgment, theoretical orientation, and fit with the program. Selection decisions are made without regard to race, ethnicity, gender, gender identity or expression, sexual orientation, disability, age, religion, national origin, or other protected status.

Required application materials are a curriculum vitae, a cover letter describing clinical interests and training goals, and two letters of reference.

Applicants must hold a doctoral degree in psychology from a regionally accredited institution by the time the fellowship begins, with a strong preference for graduates of APA-accredited programs. Applicants must have completed a doctoral internship that is APA-accredited or that otherwise meets APPIC standards. For internationally trained applicants, the program requires evidence that the internship meets APPIC standards, evaluated for a breadth and quality consistent with an APPIC-member internship and sufficient to support Texas licensure eligibility under 22 TAC § 463.11. Applicants are responsible for verifying and proving their individual eligibility for Texas licensure before applying. Fellows hold the title of Postdoctoral Fellow.

Licensure

Successful completion of the Postdoctoral Fellowship Program satisfies the postdoctoral supervised practice requirement for licensure as a psychologist in the State of Texas, in accordance with the Texas Behavioral Health Executive Council and the Texas State Board of Examiners of Psychologists (22 TAC § 463.11).

Fellows who use their full paid-time-off allotment may complete the remaining hours through additional structured training activities or a brief extension of the end date; Texas permits the supervised experience to be completed within up to 24 consecutive months.

Fellows who intend to pursue licensure outside Texas are responsible for verifying that jurisdiction's requirements before beginning the fellowship; the program provides documentation of supervised hours and training activities, but cannot guarantee that the fellowship satisfies the requirements of other jurisdictions.

Due Process and Grievance

The program maintains separate written due process and grievance procedures, which are provided to fellows at the beginning of training and are available in the Fellowship Program Handbook.

Accreditation Status

The Real Talk Postdoctoral Fellowship Program is not accredited by the American Psychological Association and is not currently a member of APPIC. The program has submitted an application for APPIC membership, which is pending review. There is no assurance that the program will achieve APPIC membership or APA accreditation.

Appendix C: Fellowship Agreement

This Program Agreement (the "Agreement") takes effect today, [Day] of [Month], [Year] (our "Effective Date").

This Agreement is made BETWEEN:

Real Talk Psychology, a psychology clinic based in Texas, USA, with its main office at 7670 Woodway Drive, Suite 270 - Houston, TX (the "Organization");

AND

You, [Fellow's Full Name], living at [Fellow's Full Address], with your [Fellow's ID/Passport Number or relevant Professional ID] (the "Fellow").

Together, the Organization and the Fellow are the "Parties" in this Agreement.

The Organization runs the Real Talk Postdoctoral Fellowship Program. This program provides clinical training, experience, and opportunities for professional growth. The Fellow wants to join this program for supervised training and development, with the goal of licensure and an ethical clinical career. The Organization agrees to offer this program under the terms outlined here.

1. Purpose of the Agreement

This Agreement outlines the terms governing your participation in the Organization's Fellowship Program. It details our mutual responsibilities and the training to be provided within Real Talk's clinical framework.

2. Fellowship Program Details

2.1. Program Name: Real Talk Postdoctoral Fellowship Program

2.2. Program Duration: Your Fellowship starts on [Start Date] and concludes on [End Date] (your "Program Term"). It requires a minimum of 1,750 supervised hours over 12 months for full-time fellows, unless terminated earlier as stated in this Agreement.

2.3. Location: Services will be delivered via telehealth services and at Real Talk Psychology's Houston office (7670 Woodway, Suite 270, Houston, TX 77063) for in-person work as scheduled.

2.4. Program Objectives: This fellowship aims to develop thoughtful, ethical, and independent psychologists. Key objectives include:

- Gaining clinical experience in individual therapy.
- Applying theory to complex cases, ethical dilemmas, and current societal impacts on clinical work.
- Developing ethical decision-making, self-reflection, and a commitment to non-manualized, depth-oriented clinical work.
- Supporting licensure preparation (EPPP and Texas Jurisprudence Exam) and readiness for independent practice.
- Encouraging scholarly work through presentations and an academic project.

2.5. Activities and Responsibilities: Fellow's activities and responsibilities include, but are not limited to:

- Managing a caseload of 25 patients per week.
- Participating in individual, face-to-face supervision each week.
- Attending didactic seminars each week.
- Committing to professional development, including EPPP preparation, licensure application, and scholarly interests.

- Completing clinical documentation within 7 days of each session. In higher-risk cases, complex coordination cases, or when required by payer rules, fellows are expected to complete documentation within 48 hours.
- Developing and presenting a scholarly project by the end of the program.
- Following all clinical guidelines, ethical codes, and practice policies as detailed in the Real Talk Postdoctoral Fellowship Program Handbook and Real Talk Practice Manual.

2.6. Supervision: The fellow will be supervised by Dr. Adriane Barroso, Clinical and Training Director (TX #37992), and other designated licensed doctoral-level psychologists who will serve as Clinical Preceptor. Supervisors provide guidance, feedback, and support focused on clinical judgment, ethical decision-making, documentation, diagnostic formulation, and relational dynamics. Regular meetings and formal evaluations will be held to review progress and address any challenges that may arise.

3. Financial Provisions

3.1. Compensation & Benefits: As outlined in the offer letter and the Program Handbook, and updated annually by the Organization. Payments are processed on the first business day of each month.

4. Relationship of the Parties

4.1. Fellow Status: The Fellow will be treated as a W-2 employee, and the Organization will issue a Form W-2.

5. Intellectual Property

5.1. Ownership: Subject to applicable law, work products created by the fellow within the scope of employment and using the Organization's resources are owned by the Organization. The Fellow retains rights in pre-existing works and materials

created entirely on personal time without use of the Organization's confidential information or resources.

5.2. Assignment: The Fellow agrees to assign Organization-owned intellectual property to the Organization and to execute reasonable documents to effectuate such assignment.

5.3. Publications/Presentations: Any public disclosure related to patients or other confidential information requires prior written approval from the Organization.

6. Confidentiality

6.1. Confidential Information: Fellows will access confidential data, including PHI under HIPAA.

6.2. Non-Disclosure: Fellows agree to keep all information private and use it only for Fellowship responsibilities.

6.3. Return of Materials: Upon termination or expiration, all confidential materials must be returned or securely destroyed as directed by the Organization.

7. Professional Conduct and Compliance

7.1. Adherence to Policies: Fellows will follow all applicable laws and the Organization's policies.

7.2. Professionalism: Fellows must act with professionalism and integrity.

7.3. Compliance with Laws: Fellows agree to comply with all relevant Texas laws and administrative codes.

8. Termination

8.1. Termination by the Organization: The Organization may terminate the Agreement for cause or for failure to meet Program standards as determined through the Program's evaluation and remediation processes.

8.2. Termination by Fellow: The Fellow may terminate with 4 weeks' written notice.

8.3. Effect of Termination: Upon termination, all activities cease, and final payments are made. Sections 5 and 6 remain effective.

9. Indemnification

To the extent permitted by law, the Fellow is responsible for losses directly caused by the Fellow's willful misconduct or knowing violations of law or policy. Nothing in this Section limits any insurance coverage (e.g., malpractice) available to the Fellow.

10. Governing Law and Dispute Resolution

10.1. Governing Law: This Agreement will be governed by and construed in accordance with Texas law.

10.2. Dispute Resolution: Disputes will first follow the Program's grievance and due-process procedures. If not resolved, disputes will be finally resolved by binding arbitration in Harris County, Texas.

11. Miscellaneous Provisions

11.1. Entire Agreement: This Agreement constitutes the complete understanding between the Parties and supersedes all prior Program-related offers or communications on the same subject.

11.2. Amendments: Must be made in writing and signed by both parties.

11.3. Severability: If any part is invalid, the rest remains in effect.

11.4. Waiver: Non-enforcement of a provision doesn't waive the right to enforce it later.

11.5. Notices: Must be in writing and delivered to the listed addresses (including by email to the addresses below, effective upon confirmation of receipt).

11.6. Counterparts: This Agreement may be signed in multiple copies, including by electronic signature, each of which is deemed an original.

IN WITNESS WHEREOF

FOR THE ORGANIZATION: REAL TALK PSYCHOLOGY

By: _____
Name: Adriane Barroso
Title: Clinical and Training Director
Date: _____

FOR THE FELLOW:

By: _____
Name: [Fellow's Full Name]
Date: _____

Appendix D: Onboarding Documentation and Initial Activities

Right after being hired, fellows need to provide the following documents to the Practice Manager:

- Copy of Driver's License
- Copy of Social Security or Tax ID
- Copies of Provisional License (if applicable) & Degrees
- Resume
- Website Bio & Headshot
- Completed USCIS I-9 Form
- Signed Fellowship Program Agreement

To ensure that fellows have access to all necessary resources and are prepared to begin the training, they must complete the following tasks during their first week:

- Activate the Real Talk email.
- Log in to SimplePractice and review the provided walkthrough.
- Set up Real Talk's Google Drive and Google Calendar.
- Review the Postdoctoral Fellowship Program Handbook.
- Complete all mandatory HIPAA and ethics compliance training modules.
- Meet with the supervisors to discuss initial learning goals.
- Review telehealth identity/location verification script and emergency procedures for remote sessions (APA Telepsychology + HIPAA).

Appendix E: Individualized Training Plan

1. Overview

The Individualized Training Plan (ITP) is designed to ensure each fellow receives purposeful, ethical, and relevant clinical development. It reflects their unique background, interests, and goals, while upholding Real Talk's commitment to integrity, nuance, and relational care.

2. Training Goals

A. Specialized Focus Areas

- [ ] Trauma-informed care

- [ ] Children/adolescents

- [ ] Gender and sexuality

- [ ] Grief, loss, and complex mourning

- [ ] Identity development

- [ ] Other: _____

3. Learning Objectives

Examples: Learn to assess risk and create safety plans for suicidal patients; Strengthen formulation of case conceptualization.

Your learning objectives:

4. Evaluation and Feedback

Frequency: Semiannual. Method: self-assessment + supervisor evaluation

1 = Significant Problem / Remediation Required

2 = Below Expectations for Early Fellowship

3 = Meets Expectations for Early Fellowship

4 = Progressing Toward Independent Practice

5 = Ready for Entry-Level Independent Practice

6 = Advanced Competence

5. Self-Reflection

What are your core values as a clinician? What areas of growth are you most excited (or nervous) about? What helps you stay connected to your work when it gets hard?

6. Signature and Date

Fellow: Supervisor:

Appendix F: Fellow Weekly Schedule

Day	Patient Hours	Individual Supervision	Didactic Seminars	Reading/EPPP study
Monday	6	1	1	
Tuesday	6			2
Wednesday	6	1	1	
Thursday	7			
Friday				5
TOTAL	**25**	**2**	**2**	**7**

Appendix G: HIPAA Compliance Training

Our commitment to ethical practice and patient privacy is fundamental. This training ensures fellows uphold top-tier standards, protect patient rights, and act with integrity in clinical practice.

Purpose & Objectives

Equip Fellows to:

- Comply with Legal & Ethical Standards: APA Ethics Code, Texas Occupations Code & Administrative Code, HIPAA Privacy, Security & Breach Rules.
- Protect Patient Confidentiality and Privacy: Safeguard PHI (electronic, verbal, and written) in accordance with the Minimum Necessary principle.
- Maintain Professional Boundaries: Recognize and manage dual relationships, as well as social media and digital presence.
- Address Mandated Reporting: Child/older adult abuse, duty to warn/protect.
- Promote Cultural Humility: Integrate Cultural and Systemic Awareness.
- Cultivate Professional Integrity: Reflective practice and continuous learning.

Training Content Areas

Ethical Principles & Codes

- APA's 5 General Principles + 10 Standards
- Texas Administrative Code & Occupations Code
- Decision-making models & moral dilemmas
- Case studies (conflicting loyalties, confidentiality limits)

HIPAA Compliance

- Defining Protected Health Information (PHI)
- Privacy Rule: patient rights, disclosures, NPP
- Security Rule: safeguards for ePHI
- Breach Notification Rule
- Business Associate Agreements (BAAs)
- Telehealth privacy/security
- Risk assessment & mitigation

Confidentiality & Its Limits

- Core principle of trust-building
- Mandated reporting: Child, older adults, and vulnerable adult abuse; Duty to warn/share (Tarasoff in TX)
- Subpoenas/court orders
- Consultation & supervision boundaries
- Release of Information (ROI) procedures

Professional Conduct & Boundaries

- Dual relationships & conflicts of interest
- Informed consent
- Social media policy
- Impairment/self-care: recognizing and seeking help

Documentation & Record-Keeping

- Clinical documentation requirements
- HIPAA-compliant EHR practices (SimplePractice)

Appendix H: Competency Evaluation

Fellow Name: Supervisor Name: Evaluation Period:

Real Talk's Postdoctoral Fellowship Program uses a **6-point scale** to evaluate fellows' competence across all domains. This table defines each anchor point and sets the **Minimum Levels of Achievement (MLAs)** required for successful completion.

Rating	Descriptor	Meaning for Fellows at Real Talk
1 – Significant Problem	Remediation required	Significant gaps in knowledge or skills. Requires directive supervision and possible remediation.
2 – Below Expectations	Beginning stage	Entry-level skills with the need for consistent guidance and support. Uneven competence across situations. Supervision remains directive.
3 – Meets Expectations	Mid-year benchmark	Progression and general competency in routine situations. Some gaps, but more collaborative supervision.
4 – Progressing Toward Independent Practice	Solid progress	Increasing independence, need for minimal input. Supervision focused on nuanced clinical work.

5 – Ready for Entry-Level Independent Practice	End-of-year minimum	Readiness for independent practice. Consistent competence across domains.
6 – Advanced Competence	Exceptional	Experienced clinician level. Supervision resembles peer consultation. This level is aspirational and not expected in all domains.

Minimum Levels of Achievement (MLAs):

- Mid-Year Evaluation → ≥ 3 in all domains.
- Final Evaluation → ≥ 5 in all domains.

Competency Ratings

I. Integration of Science & Practice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

II. Ethical & Legal Standards

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

III. Individual & Cultural Diversity

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

IV. Professional Values, Attitudes, & Behaviors

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

V. Communication & Interpersonal Skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

VI. Assessment & Case Formulation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

VII. Intervention

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

VIII. Consultation & Interprofessional Skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

IX. Supervision

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

Overall Evaluation

- Fellow is ☐ At MLA ☐ Below MLA ☐ Above MLA for this period.
- Summary of Strengths: _____
- Areas for Growth: _____
- Recommendations: _____

Signatures

Fellow: _____ Date: _____

Supervisor: _____ Date: _____

Appendix I: Competency-to-Activity Crosswalk

This crosswalk demonstrates how the fellowship is designed to develop APA-required profession-wide competencies and program-specific competencies, linking each domain to training methods, supervision, and evaluation.

Competency Domain	Training Activities	Supervision & Support	Evaluation Method
Integration of Science & Practice	Journal club; case presentations; applied readings in clinical care	Research-to-practice discussions in supervision	Supervisor evaluations; fellow self-assessment
Ethical & Legal Standards	Orientation on APA ethics & Texas law; seminars on confidentiality, HIPAA, and informed consent	Ongoing review of ethical and legal dilemmas in supervision	Evaluation forms; remediation triggers for breaches
Individual & Cultural Diversity	DEI-focused seminars; caseload reflecting diverse cultural and social realities	Reflection exercises; supervision focused on cultural humility	Supervisor ratings; case write-ups
Professional Values, Attitudes, & Behaviors	Supervision; professional modeling within the practice culture	Supervisor modeling and feedback	Mid-year and final evaluations
Communication & Interpersonal Skills	Direct clinical work; case conferences; team collaboration	Supervisor feedback on clinical communication and documentation	Supervisor ratings; review of clinical documentation

Assessment & Case Formulation	Diagnostic intake evaluations, risk assessments, treatment planning	Review of intake notes and diagnostic reasoning	Review of intake reports; supervisor ratings
Intervention	25 weekly individual therapy hours	Weekly supervision; case conferences	Competency ratings; supervisor review of ongoing treatment
Consultation & Interprofessional Skills	Collaboration with physicians, referral sources, and the clinical team	Case consultation with licensed psychologists	Supervisor ratings; peer feedback
Supervision	Providing structured peer feedback in team discussions; observing supervisory processes.	Modeling from supervisors on giving and receiving feedback	Supervisor evaluation

Appendix J: Supervisor Evaluation Form

Supervisor Name: Fellow Evaluator and Date:

Please rate your experience with your supervisor using the following scale:

1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

Provided consistent and reliable supervision.
Rating (1–5): _____ Comments:

Created a safe and respectful supervisory relationship.
Rating (1–5): _____ Comments:

Demonstrated knowledge and skill in the clinical areas I was working on.
Rating (1–5): _____ Comments:

Was open to feedback and encouraged dialogue.
Rating (1–5): _____ Comments:

Supported my professional growth and autonomy.
Rating (1–5): _____ Comments:

Integrated cultural and identity-based perspectives in supervision.
Rating (1–5): _____ Comments:

Helped me reflect on ethical and legal issues in practice.
Rating (1–5): _____ Comments:

Modeled cultural humility and addressed DEI dynamics in cases.
Rating (1–5): _____ Comments:

Additional Comments:

Appendix K: Remediation Plan Template

- Competency/behavior identified.
- Specific, measurable goals (with MLA targets).
- Documentation source(s) used
- Methods of remediation (e.g., increased supervision, readings, co-therapy).
- Timeline for Reevaluation (with Dates and Responsible Parties).
- Signatures: Fellow, Supervisor, Training Director.

Appendix L: Fellow Outcomes Tracking

Name	Program Role	Start Date	End Date	Completion	Post-Training Status
Tasneem Rodriguez	Fellow (Completed)	2024	2025	Completed	Licensed Psychologist and Clinical Preceptor at Real Talk
Micah Rees	Fellow (Completed)	2020	2021	Completed	Licensed Psychologist at Real Talk

Appendix M: Crisis Protocol Reference

Introduction

Being human, present, and kind is at the core of our mission. These qualities should be especially emphasized during psychiatric crises, alongside clinical awareness and timely responses. This protocol offers structured guidance for addressing crises with professionalism, clarity, and empathy.

Suicide Ideation: Identifying Risk

- Use direct but gentle language: “Have you thought of not wanting to live or hurting yourself?”
- Evaluate intent, plan, means, and timeline. Use clinical judgment, supported by tools like the Columbia Suicide Severity Rating Scale.
- If Low to Moderate Risk:
    - Develop a collaborative safety plan
    - Explore protective factors
    - Consider increasing session frequency.
    - Involve support systems (with patient consent)
- If High Risk:
    - Never leave the patient alone (in-person sessions)
    - Make sure you are safe as well
    - Call emergency services (911 or local equivalent)
    - Contact the emergency contact listed in the intake form.
    - Document all actions and communications thoroughly after the fact.

Active Crisis or Suicide Attempt

If a patient attempts suicide between sessions:

- Contact emergency services and the emergency contact immediately if informed in real-time
- Document the whole sequence of actions taken.
- Before resuming care:
    - Require psychiatric or medical clearance
    - Conduct a comprehensive reassessment of safety to determine if the current level of care remains suitable.

Working With Children and Adolescents

- Use age-appropriate language (“Have you ever wished you didn’t wake up?”)
- Explain the limits of confidentiality at intake and involve caregivers only if doing so would not increase the risk.
- Provide families with a list of child-specific crisis resources (please check our external referral directory at Google Drive, and our community resources at www.realtalkpsychology.com/resources)

Managing Aggressive or Threatening Patients

- Assess the risk and, if necessary, sit close to the door.
- In session, remain calm and set clear boundaries. Say: “I'm going to pause this session. It’s important that we both feel safe.”
- If escalation continues:
    - End the session and alert staff, and/or call 911.
    - Document and report the incident immediately

Between-Session and After-Hours Crisis Protocol

- Remind patients that Real Talk does not provide 24/7 crisis services.
- Clarify boundaries for texts, calls, and response times between sessions.

- Offer alternative crisis support options

Telehealth Crisis Management

- Confirm the patient's location at the start of the session and verify that emergency contacts and local numbers are up to date.
- Call the patient immediately if the call is disconnected mid-crisis. If unreachable, contact emergency services using the provided location.
- Document all actions taken after the fact.

Emergency Contacts: Use and Protocol

- Collect emergency contact information at intake and review annually.
- Explain when contacts may be used (e.g., imminent risk, hospitalization)
- Log all contact attempts and the outcomes.

Referrals and Escalation of Care

- When current care is insufficient to stabilize the patient
- In cases of psychosis, active mania, or repeated self-harm
- When psychiatric medication is needed

How to Refer

- Use the Internal Referral Directory as guidance if you need it.
- Call the new provider with the patient present.
- Document all referrals and hand-offs thoroughly.

Collaboration with Other Providers

- Encourage patients to sign Releases of Information (ROIs)
- Coordinate care with PCPs, psychiatrists, and school counselors when applicable.

- Provide updates to other providers during a crisis.

Documentation and Legal Considerations

Use clear, objective, and time-stamped clinical notes. Always document: what was said; what was done and why; safety assessments; emergency contact actions; referrals and follow-ups.

Post-Crisis Recovery Planning

Collaborate with the patient to create a structured recovery plan, including:

- Session frequency
- Safety plan review
- Medication coordination
- Community resource connections
- Goal updates

Clinician Safety and Stability

Crisis response work is demanding. Debrief with the supervisor.

New Clinician Quick Guide

If you're unsure: Pause. Assess. Call a supervisor. Always document afterward.

Quick Crisis Resources

Children (Under 12)

- National Child Abuse Hotline – 1-800-422-4453 (24/7, confidential)
- Your Life Your Voice (Boys Town) – 1-800-448-3000 or text VOICE to 20121
- Safe Place (TXT 4 HELP) – Text SAFE + your location to 4HELP (44357)

- Tool for Clinicians & Parents: “My Safety Plan” Worksheets – visual, interactive tools for safety planning

Adolescents (13–17)

- Crisis Text Line – Text “HOME” to 741741
- Teen Line – Text “TEEN” to 839863 or call 1-800-852-8336 (6–9 pm PT)
- 988 Suicide & Crisis Lifeline – Call or text 988
- StopBullying.gov – Educational resources for teens, parents, and schools

Adults (18+)

- 988 Suicide & Crisis Lifeline – Call, chat, or text 988
- Crisis Text Line – Text “HELLO” to 741741
- SAMHSA Disaster Distress Helpline – 1-800-985-5990
- Local Mobile Crisis Units – Call 2-1-1 and ask for the LMHA or LBHA in your area.

Appendix N: Compliance & Accreditation

Program Structure

- Fellowship is a full-time, 12-month program (minimum 1,750 hours).
- Training requirements take precedence over service delivery.
- A detailed crosswalk linking each training activity to the APA Profession-Wide Competencies it develops is available.
- Training Resources:
    - Physical Space: furnished, private office at 7670 Woodway Dr., Suite 270, Houston, TX 77063, with all materials required for in-person clinical work.
    - Technology: HIPAA-compliant EHR (SimplePractice), Google Workspace (email, calendar, shared drive), 8x8 HIPAA-compliant phone system, and a high-speed internet connection at the office.
    - Administrative Support: Centralized scheduling, insurance verification, billing, and credentialing support by the administrative team.
    - Clinical Resources: Access to Internal Referral Directory, Patient Crisis Protocol, supervision logs, and all training templates available in the shared Google Drive.
- Licensure Eligibility: Successful completion of this fellowship satisfies the postdoctoral supervised practice requirement for licensure as a psychologist in the State of Texas, in accordance with the Texas Behavioral Health Executive Council (BHEC) and Texas State Board of Examiners of Psychologists (TSBEP) regulations. Fellows are encouraged to consult current BHEC/TSBEP requirements directly, as licensure rules may change.

Supervision

- 2 hours/week individual supervision by licensed psychologists who retain ongoing case responsibility.
- 2 hours/week of didactics seminars.
- At least two licensed psychologists as supervisors.

Competencies

- Integration of Science & Practice, Individual & Cultural Diversity, Ethical & Legal Standards, Professional Values/Attitudes/Behaviors, Communication & Interpersonal Skills, Assessment & Case Formulation, Intervention, Supervision, Consultation/Interprofessional Skills.
- Case formulation/intervention, assessment/outcomes, supervision readiness.
- Minimal Levels of Achievement (MLAs) defined for all competencies: "Ready for Entry-Level Independent Practice" is required for successful completion.

Evaluation & Records

- Biannual evaluations using behavioral anchors.
- Individualized Learning Plan (ILP/ITP) developed at the start of the Program and updated semiannually (and as needed).
- Remediation plans developed as needed, with timelines and re-evaluations.
- A clinical and training director responsible for maintaining fellows' training records: evaluation forms (mid-year, final, and remediation, if applicable); monthly hour logs; grievance or due process records (if applicable); final verification of fellowship completion.
- Retention: Records retained for seven years in encrypted digital storage with access restricted to the clinical & training director. Copies of all evaluations given to fellows upon signature, and the possibility of requesting their full file at any time.

Fellow Rights & Responsibilities

- Respectful, nondiscriminatory, harassment-free environment.

- Reasonable accommodations.
- Due process and grievance procedures with protection against retaliation.

Admissions & Support

- The program requires that all fellows have completed a doctoral internship that is APA- or CPA-accredited or that otherwise meets APPIC standards. For internationally trained applicants, the program requires documented evidence that the internship was a formal, organized, supervised training experience of a breadth and quality consistent with an APPIC-member internship and sufficient to support licensure eligibility in Texas under 22 TAC § 463.11, as determined by the Texas Behavioral Health Executive Council.
- Annual admissions criteria and selection timelines are published on the website.
- Fellows are hired as W-2 employees with a guaranteed stipend and benefits.
- Financial support is consistent with the level provided to comparable professionals in the region.

Resources & Climate

- Facilities include private offices, HIPAA-compliant EHR, and access to research resources.
- The annual self-assessment includes input from both fellows and supervisors, with documented action steps for improvement.

Quality Improvement

- Annual self-study utilizing both proximal (competency evaluations and supervision feedback) and distal (alum licensure and employment) data. Results inform curriculum revisions and resource allocation.

Supervision and Direction

- Adriane Barroso, PhD, LP - Clinical and Training Director. License 37992, Texas (Expiration date: March 2027)

- Tasneem Rodriguez, PsyD, LP - Clinical Preceptor. License 40336, Texas (Expiration date: April 2027).

Accreditation Status

The Real Talk Postdoctoral Fellowship Program is not accredited by the American Psychological Association and is not currently a member of APPIC. The program has submitted an application for APPIC membership, which is pending review. There is no assurance that the program will achieve APPIC membership or APA accreditation.