



Fellowship Program Handbook

Updated: January, 2026

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

Who We Are, Our Mission, and Our Vision

Real Talk is a psychology clinic that specializes in providing individual therapy, in person in Houston and via telehealth across Texas. In a world that often reduces people to evaluations and diagnoses, we believe that speaking and being truly heard remain the most fundamental aspects of human experience.

Our Fellowship Program is designed to train clinicians who are competent and deeply attuned to the ethical and human complexities of today's world, with focus in humanistic clinical approaches combined with evidence-based care. We believe in nurturing professionals who provide care with depth, integrity, and intellectual curiosity. We are also committed to equity, inclusion, and cultural humility, recognizing that meaningful training must prepare fellows to work with individuals across diverse identities and lived experiences.

Core Values

- **Realness:** Fellows are trained to approach each case with authenticity, cultivating therapeutic presence rather than relying on rigid scripts. Work prioritizes responsiveness to the unique unfolding of each therapeutic process.
- **Warmth:** Every clinical interaction must be guided by kindness and compassion. Fellows are expected to model this ethos in all professional relationships, from patient care to team collaboration.
- **Clarity:** Systems are designed to support people. Fellows are taught to navigate and contribute to them with transparency and professionalism.
- **Independence:** Staff support clinicians with the structure and flexibility needed to practice successfully, respecting their unique styles. Within the fellowship, independence is fostered by gradually increasing responsibility under close supervision, preparing clinicians for autonomous practice.
- **Integrity:** Fellows are trained to uphold integrity through ethical decision-making, legal compliance, and sensitivity to the emotional dimensions of therapeutic work.

Real Talk Clinical Stance: What We Train For

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

- **In-Depth Therapy:** Fellows are trained to prioritize clinical depth rather than productivity or performative technique. Progress is understood as structural change in how a client relates to themselves and others, not only symptom reduction. In supervision and evaluation, fellows are assessed on their ability to think clinically.
- **Clinical Relationships:** Fellows are trained to distinguish empathy from reassurance and presence from rescue; Alliance is built through consistency and ethical limits.
- **Ethical Practice:** Fellows are expected to bring ethical questions into supervision early, before problems escalate. 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, context, and clinical observation. Interventions are chosen intentionally and revised 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, as freedom from rigid protocols does not mean absence of structure.
- **Thoughtful Work:** Reflection, reading, and conceptual work are not optional, but core training activities; Protected time for supervision, didactics, and scholarly engagement is non-negotiable. Fellows are expected to integrate theory, research, and cultural context into clinical thinking, as curiosity, humility, and intellectual engagement are treated as professional responsibilities.

The Postdoctoral Fellowship Program

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

The program offers an immersive psychotherapy experience grounded in a humanistic orientation, which provides the primary framework for understanding complex clinical presentations, navigating ethical dilemmas, and appreciating the broader societal factors that shape individual experience.

- **Discipline:** Individual Psychotherapy
- **Duration:** minimum of 12 months (full-time equivalent, ~36 hours/week), in a total of 1,750 supervised hours.
- **Clinical Work:** Fellows carry a gradually increasing caseload, reaching a maximum of 25 individual therapy sessions across diverse populations, with focus on adults. Caseload may be reduced if training requirements are at risk.
 - Obs: Real Talk does *not* provide psychological testing or evaluations; competency in assessment is met through diagnostic interviews, intake evaluations, and case formulation.
- **Supervision:** 2 weekly hours of individual supervision, plus 1 optional hour of peer supervision. Fellows have both a primary supervisor (the Clinical & Training Director) and a clinical preceptor. While the primary supervisor oversees most clinical work, the clinical preceptor provides additional peer supervision, onsite availability, information on licensure.

- **Didactics:** 2 weekly hours of didactics covering theory, ethics, cultural competence, and practice management.
- **Location:** Hybrid - in-person (50%) and online.
- **Training Focus:** humanistic approaches alongside evidence-based methods, focusing on ethical complexity, societal changes, and identity-related questions. Special emphasis is placed on conceptualizing crisis, trauma, and symptoms. Other goals include mastering APA's profession-wide competencies, fostering cultural humility, and supporting licensure and early career development. Our program is committed to diversity, equity, and inclusion, embedding these concepts throughout clinical training, supervision, and evaluation.
- **Clinical & Training Director:** Adriane Barroso, Ph.D., LP (TX #37992)
- **Training Committee:** Composed of the Clinical and Training Director and at least one additional licensed psychologist (Clinical Preceptor) appointed annually.

The fellowship is embedded within the practice's clinical operations. Fellows share office space and administrative infrastructure with licensed clinicians, and participate in seminar series organized and delivered by Real Talk's training faculty. This integration ensures that training occurs in a functioning, ethically governed clinical environment rather than in isolation from real-world practice demands.

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. Fellows are considered "provisionally practicing" under the supervision of a licensed psychologist approved by the Board. All services provided by fellows are reviewed and supervised in compliance with state law.

Eligibility and Admissions Requirements

The Real Talk Postdoctoral Fellowship Program 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.

- **Applicants are required to submit:** curriculum vitae, cover letter describing clinical interests and training goals, two letters of reference.
- **Interview Process:** Selected applicants are invited to participate in an interview with the Clinical and Training Director, to assess clinical experience, ethical judgment, theoretical orientation, and goodness of 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:** This fellowship accepts graduates of APA-accredited doctoral programs in Clinical Psychology and Counseling Psychology.
- **Internship:** Completion of an APA-accredited or APPIC-member internship program that meets Texas licensure requirements for postdoctoral supervised practice.
- **Verification of Completion:** Fellows must submit either (a) a diploma or (b) 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 postdoctoral 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

Our Training 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 ambiguous and evolving 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 Actions:** Displaying integrity, accountability, and concern for the welfare of patients and peers, and demonstrating self-awareness, openness to feedback, and commitment to continued learning.
- **Assessment and Case Formulation:** Conducting nuanced, context-aware intakes, assessments, and diagnoses, producing clear documentation and accurate risk assessment; employing outcome measures and symptom/functioning measures to inform formulation and monitor change when clinically appropriate.
- **Intervention:** Delivering appropriate clinical judgment and interventions in individual psychotherapy and adjusting them to patient response, guided by the unique unfolding of each clinical case.
- **Communication and Interpersonal Skills:** Collaborating effectively, kindly, 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, Consultation, and Interprofessional/Interdisciplinary Skills:** Gaining exposure to the supervisory process by providing structured peer feedback or co-facilitating with senior clinicians; reflecting on the experience of supervision from both fellow and supervisor perspectives.

- **Independent Practice and Professional Development:** Displaying administrative readiness to make appropriate and ethical business decisions related to private practice management.

Training Goals & Objectives (Summary)

- Professional Identity & Core Competence across APA PWCs.
- Advanced Psychotherapy Competence (formulation, intervention, ethics, diversity, consultation).
- Licensure Readiness (EPPP + Jurisprudence; supervised hours; documentation standards; independent-practice competencies).

Structure & Training Activities

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

- **Clinical Work:** maximum of 25 clients/week. Adults are the primary training population, but fellows may also work with adolescents and teenagers when clinical infrastructure support that level of care.
- **Individual Supervision:** 2 hours per week of individual supervision with licensed psychologists, with the Clinical Director being the primary supervisor. Supervision emphasizes clinical work and judgment, as well as ethical decision-making, documentation, diagnostic formulation, application to theory in practice, and relational dynamics.
- **Didactics Seminar:** 2 hours per week of didactic training on topics related clinical work and the routine of private practice, including documentation, legal risk and ethics, diagnosis, contemporary issues, and administrative aspects of business.
- **Scientific Development:** 6-7 hours per week of critical readings, scholarly engagement, and EPPP preparation. Additionally, fellows are encouraged to participate in academic activities and clinical presentations. These opportunities enhance the integration of science and practice, fostering professional development that extends beyond clinical work.

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 concepts and to the definition of case conceptualization.
- **Months 7-9:** Consultation on complex cases, opportunity to present in seminar settings inside and outside Real Talk.
- **Months 10-12:** Final evaluations, transition to independent work, professional planning. Integration of theoretical insights with clinical practice. End-of-year scholarly project.

Sample Weekly Schedule

- 25 client hours
- 2 hours of individual supervision
- 2 hour didactic seminar
- 7 hours for notes, critical readings, scholarly engagement, EPPP preparation.

Program Infrastructure and Support

Fellows at Real Talk 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:** Access to HIPAA-compliant EHR (SimplePractice), Google Workspace, 8x8 phone system.
- **Physical Space:** furnished 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.

- **Credentialing & Systems Training:** Orientation in working with insurance companies, charting standards, and ethical practice.

Program Completion Requirements

- Accrue at least 1,750 supervised hours.
- Attend 80% of scheduled supervisions.
- 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 = Remedial, 6 = Advanced Competence). Evaluation occurs formally at mid-year and end-of-year, with structured feedback throughout the year.
- Submit a scholarly project (e.g., a detailed case study, a paper, or a literature review) demonstrating the application of concepts to a clinical case or ethical issue.
- Certificate of completion. Fellows who successfully meet the exit criteria receive a formal Certificate of Completion, which documents the fulfillment of program requirements.

Key Contacts

- **Practice Manager:** Juliana de Morais (juliana@realtalkpsychology.com)
- **Clinical & 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. We'll regularly review the effectiveness of our Fellowship Program using feedback and outcomes of former

fellows to ensure we meet our mission of cultivating excellent, ethically grounded clinicians. 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.

Annual Program Review

The Training Committee reviews fellow progress, remediation, and due process matters. It also conducts an annual review of the program's didactic content, supervision quality, fellow competencies, and administrative procedures. This review incorporates feedback from all stakeholders and is used to define programmatic changes for the upcoming training year.

Strategic Planning

Long-term strategic goals for the fellowship program include:

- Obtaining APPIC Membership by 2026
- Pursuing formal APA accreditation by 2028.
- Tracking and reporting on the diversity demographics of our fellow cohorts and faculty to ensure alignment with our DEI commitments.

Public Disclosures

This program is committed to providing accurate, transparent, and current information about all aspects of training. Information is posted through this manual and made available on our fellowship website page, including: Program aims and training competencies; structure, resources, and training activities; stipend, benefits,

and leave policies; admissions requirements and selection procedures; grievance and due process policies; accreditation status and program outcomes.

Contact Information for APA Commission on Accreditation:

APA Commission on Accreditation

Office of Program Consultation and Accreditation

750 First Street, NE

Washington, DC 20002-4242

Phone: (202) 336-5979

Email: apaaccred@apa.org

Ethical and Legal Standards

Fellows are expected to uphold the highest ethical and legal standards in all professional 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 professional 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:** Ethical practice requires 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 (See Practice Manual for our standard systems).
- Personal devices must be encrypted and password-protected.
- Fellows must immediately report suspected breaches to the supervisor and the Practice Manager.

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 our Postdoctoral 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 create a safe and constructive environment that upholds professional and ethical standards.

At the beginning of the program year, all fellows work with the Clinical Director on an individualized plan that complements the general program. As the year progresses, they provide feedback on practical experiences and the quality of supervision by completing a biannual Training Evaluation Form. Moreover, every fellow is encouraged to address their concerns regarding ethical, professional, and administrative problems at any time. Formal grievance and due process procedures are outlined in this handbook and accessible to all fellows.

All professional activities performed by fellows require supervision, including: psychotherapy and clinical intervention; Intake evaluations, diagnostic formulation, and risk assessment; administrative task involving clients.

Supervision Requirements

- **Weekly Hours:** Fellows receive 2 hours/week of supervision activities.
- **Observation:** Direct observation occurs once annually (live or recorded), with structured feedback provided.

- **Consistency:** Supervision meetings take place as scheduled, even in the event of patient cancellations or no-shows.
- **Supervisor Roles:** Fellows are assigned a primary clinical supervisor and a clinical preceptor, both licensed psychologists employed at Real Talk, with the preceptor appointed at the beginning of the fellowship year and remaining in the role through its conclusion. The Clinical Preceptor provides secondary supervision, contributes to the mid-year and end-of-year evaluations, provides onsite clinical coverage during in-person days, and is available when the Training Director is not accessible.
- **Scope:** All clinical services, administrative duties involving patients, and professional communications are conducted under supervision.
- **Countersignature:** All clinical documentation completed by fellows (progress notes, intake assessments, crisis documentation, and treatment plans) must be co-signed by the supervising licensed psychologist in accordance with BHEC requirements.
- If a fellow demonstrates difficulty meeting supervision goals, a formal remediation plan will be created, specifying objectives, timeline, and follow-up evaluations.

Clinical & Training Director

Adriane Barroso, PhD, LP

- License #37992 (Texas)
- Email: adriane@realtalkpsychology.com
- Phone: 832 583 7373

Dr. Adriane Barroso 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 University of Texas in Austin. She brings over 20 years of post-licensure clinical experience in individual psychotherapy across diverse populations. She is trilingual (English,

Portuguese, Spanish), expanding the cultural and linguistic range of supervision she can provide to fellows.

Since founding and directing the Real Talk Postdoctoral Fellowship Program, Dr. Barroso has supervised 3 fellows, all of whom have successfully completed the program and pursued Texas licensure, besides 6 interns. She has developed and maintained the program's training manual, evaluation system, and didactic curriculum in alignment with APA Profession-Wide Competencies.

In her role as Clinical Director of Real Talk Psychology, Dr. Barroso oversees clinical quality, crisis protocols, and ethical standards for the full practice team, a responsibility that directly informs her supervisory approach and the training environment she creates for fellows.

Dr. Barroso's clinical expertise is directly aligned with the program's training focus. Her specializations in grief, trauma, psychiatric crisis, and psychoanalytically informed treatment correspond directly to the humanistic and psychodynamic framework that defines the fellowship's training emphasis.

Current Positions

- Clinical & Training Director, Real Talk Psychology
Houston, TX— 2019–Present
 - Manages postdoctoral fellowship and internship programs.
 - Supervises doctoral-level trainees, including interns and fellows.
 - Develops and maintains APA-compliant training manual and systems.
 - Provides clinical consultation to licensed psychologists on the team.
 - Oversees clinical services and quality of care across 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.

Practice and Supervisor 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 client contact.
- Providing relevant training on clinical themes and theoretical concepts.
- Maintaining a professional workplace where fellows feel welcome.
- Ensuring access to emergency and crisis protocols, including supervisor availability for urgent consultation.
- 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.
- Comprehending transference and therapeutic alliance.
- Awareness of 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 with case material, questions, and reflections.

- Demonstrating openness to feedback and willingness to integrate supervisory input.
- Maintain professionalism and confidentiality in supervision discussions.

Curriculum & Didactics Seminar

This year-long curriculum balances direct clinical work with structured learning. Fellows integrate seminar content, supervision, case conferences, and readings into practice, with recurring attention to documentation/medical necessity, ethics and Texas law, cultural humility, risk and crisis, consultation across professions, supervision literacy, scholarly engagement, and practice realities. Alignment with APA expectations is explicit, encompassing ethics and law, professionalism, individual and cultural diversity, assessment/formulation, intervention, communication/interprofessional skills, integration of science and practice, and supervision/consultation, which are embedded across the months, with transparent 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 practical knowledge, ethical grounding, and self-awareness needed for clinical work. Each week combines essential learning objectives with interactive activities and discussions, creating a supportive environment that fosters professional growth.

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 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

- Learn to 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 "good" vs. "bad" notes from various modalities.
- Q&A on specific insurance requirements and common auditor questions.
- Discussion on best practices for recordkeeping and therapy notes.

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 between legal obligations and ethical ideals in everyday clinical dilemmas through discussion of real-world cases.
- 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 with clarity and integrity.

Activities & Discussion Points

- Discussion on mandated reporting nuances (e.g., child abuse, elder abuse, duty to warn), including state-specific requirements.
- Review of relevant sections from professional codes of ethics (e.g., APA, ACA, NASW).
- Discussion on the philosophy of moral dilemmas in clinical practice (e.g., ethical responsibilities beyond mandated reporting, navigating conflicting duties, the role of personal values in ethical decision-making).

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>
- Real Talk's Informed Consent and Practice Policies (See shared Google Drive)

Cultural Humility and the Power of Not-Knowing

Learning Objectives

- Define cultural humility and differentiate it from cultural competence through practical application and ongoing self-reflection.
- Explore the role of identity, positionality, and systemic oppression in therapy, including the intersectionality of these factors 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 how authority, hierarchy, and cultural factors shape the supervisory relationship and influence clinical work.

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). Decolonising 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 assigning diagnoses in various clinical contexts, including issues of stigma, cultural bias, and access to care.
- Practice diagnostic formulations that integrate history, context, and function, rather than relying solely on symptom checklists, to emphasize a holistic understanding of the client.
- Examine the tension between reimbursement needs and humanizing clinical stance, and develop strategies for ethical, client-centered billing practices.
- Analyze how bias and access disparities influence diagnostic practices, and develop strategies to identify and 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 access disparities influence diagnostic outcome, and explore strategies to document ethically.

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 (child abuse, elder abuse, abuse of people with disabilities, imminent risk) and how they intersect with clinical judgment.
- Apply duty to warn/duty to 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 for remote sessions.
- 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 Texas case examples of mandated reporting and duty to warn; debate gray areas where legal and ethical standards overlap but are not identical.
- Documentation workshop: Write a SOAP note for a high-risk case (e.g., suicidal ideation, IPV disclosure) that reflects both clinical nuance and legal compliance.

- Ethics Roundtable: Explore the tension between therapist confidentiality promises and the limits imposed by law, and consider how to communicate those limits clearly in informed consent.

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.
- Learn how to hold trauma narratives without getting lost in symptom management.
- Distinguish between psychological crisis and subjective urgency.
- Apply structured approaches to managing acute crises, including pathways for assessment, stabilization, emergency referral, and ethical documentation, while maintaining therapeutic presence.

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/>
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Consultation & Interprofessional Care

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 conditions such as chronic illness and medication use interact with mental health.
- Develop skills for documentation and release of information that balance HIPAA's "minimum necessary" rule with clinical usefulness, protecting client privacy while fostering continuity of care.

Activities & Discussion Points

- Draft a Release of Information (ROI) form and a mock consultation note. Emphasize HIPAA compliance, precision, and minimizing unnecessary disclosure.
- Seminar discussion on the difference between “sharing data” and “sharing meaning” in consultation. How can clinicians maintain the client’s subjectivity and voice when speaking to other professionals?

Key References

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Professional Identity and Humanistic Approaches

Learning Objectives

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

Activities & Discussion Points

- Exploring various humanistic approaches and their application in clinical practice.
- Discussion on the "craftsmanship" of qualitative research and its relevance to clinical practice.

- Introduction to key concepts in psychoanalysis, including transference and the unconscious.
- Discussions on contemporary clinical issues and their implications for practice.

Key References

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Clinical Work 101

Learning Objectives

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

Activities & Discussion Points

- Guidance on developing humanistic-informed case conceptualizations that articulate clinical structure and the function of symptoms.
- Discussion on how to construct a clinical case for various purposes (e.g., supervision, publication).
- Notes on scholarly writing and publication for fellows.

Key References

- Vernoy, K.; Widhalm, C. (2018, April). Referrals done right [Podcast]. The Modern Therapist's Survival Guide. <https://therapyreimagined.com/modern-therapist-podcast/referrals-done-right/>
- 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/>
- De Georges, P. (2011). Constructions of the case. *NLS Messenger*, 22.

- 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, modeling 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

The fellowship is designed not only to provide clinical training but also to prepare fellows for long-term professional success. The program intends 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

- Mentorship in developing a professional identity as psychologists and practice owners.
- Introduction to business aspects of group practices, including insurance contracts, billing procedures, and marketing considerations.

Scholarship and Writing

- Contribution to scholarly activities through writing, presentations, or public education.
- Completion of at least one scholarly product during the fellowship year (case study, presentation, or paper suitable for submission).

Supervision Exposure

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

Community Building

- Integration into the Real Talk community to foster a sense of belonging, reduce isolation, and promote a sense of collegiality.

- 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 through biannual feedback and a final assessment using the program's competency scale.

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 (diagnostic interviewing/risk assessment)
- Intervention (individual psychotherapy)
- Consultation and Interprofessional Skills
- Supervision and Mentorship
- Independent Practice and Professional Development

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 a formal remediation plan, 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 document and are provided to all fellows at the start of the fellowship year.

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 intended to guide professional growth, based on observable behaviors, competencies, and professional standards.

Initial Evaluation (Month 1): Fellows meet with supervisors to 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 after six months, 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, including reflections on strengths, areas of growth, cultural humility, and ethical challenges. Self-assessments are discussed in supervision and compared with supervisor feedback.

Exit Evaluation (Final Month): At the end of the fellowship, fellows receive a written summary with 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 feedback on supervisors and the program anonymously.

Appeals Process

Real Talk Psychology is committed to providing a fair and supportive training environment. We recognize that concerns or conflicts may arise and have established clear procedures for addressing them. These procedures ensure due process and aim to resolve the issue promptly and equitably for all fellows.

Fellows may submit a written appeal within 14 calendar days of receiving an evaluation or remediation decision. The Clinical Director reviews it and, if necessary, refers it to a Training Committee. Final decisions are documented and communicated to the fellow.

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, the Training Director (TD), 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 any more serious action is taken.

Such procedures apply to the full range of concerns, from early-stage performance issues to serious misconduct, and they occur in a step-wise fashion that involves 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 made under these procedures 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 they are called for as described herein, and be treated 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 fellows in remediating identified concerns.
- Supporting fellows, to the extent possible, in successfully completing the training program.

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 dysfunction, 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 clients 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 the public standing of Real Talk Psychology.
- The behavior negatively affects other trainees.
- The behavior has 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 informal resolution has been attempted, or if the fellow receives a competency rating below 3 ("Meets Expectations") on any domain in 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 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; a reminder of the fellow's right to submit a written statement prior to or at the Hearing.

The Hearing will be scheduled within 10 working days of issuing the Written Notice. The 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 Training Director, the supervisor or faculty/staff member raising the concern, and the fellow, within 10 working days of the Written Notice. If the Training Director is the party raising the concern, an additional licensed psychologist who works directly with the fellow 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 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 Training Director will determine the appropriate course of action. The available outcomes are:

- **Option A:** Acknowledgment Notice. Issued when the concern is recognized and documented but does not warrant further remedial action at this time. It will document: (a) that the program is aware of and concerned about the

problem; (b) that the problem has been communicated to the fellow; (c) that specific steps to address the concern have been identified; (d) that no further action is required at this stage.

- **Option B:** 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: (a) the specific behaviors or competency deficits associated with the problem; (b) the concrete steps to be taken to remediate the problem; (c) The time frame within which remediation is expected; (d) The procedures used to assess whether remediation has been achieved. At the conclusion of the remediation period, the Training Director will provide a written statement indicating whether the problem has been remediated. This statement becomes part of the fellow's permanent program file. If the problem has not been remediated, the Training Director may extend the plan or proceed to a more serious level of action.
- **Option C:** 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: (a) The specific behaviors or competency deficits associated with the suspension; (b) The steps to be taken during the suspension period (e.g., didactic training, close mentorship); (c) The duration of the suspension and the criteria for reinstatement; (d) The evaluation procedures to determine readiness to return to clinical activities. At the conclusion of the suspension, the Training Director will provide a written statement regarding remediation status. This statement may include a recommendation to transition to a Remediation Plan (Option B). The statement becomes part of the fellow's permanent file.
- **Option D:** Termination. If the problem is not resolved through Options A–C, or if the concern represents gross misconduct or ethical violations with potential to cause harm, the fellow's placement in the fellowship program may be terminated. Termination decisions are made by the Training Committee, which includes the Training Director and at least one additional licensed psychologist (the Practice Director or another qualified supervisor not directly involved in the matter). The Training Committee will convene within 10 working days of the preceding step, or at the next regularly scheduled Training Committee meeting, whichever occurs first.

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 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 convened by the Training Director. The panel will consist of the Training Director (or, if the Training Director is the subject of the dispute, the Practice Director) and at least two additional licensed psychologists who work directly with the fellow and who were 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 all written materials and may interview the parties involved or any other 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 Training Director upon request.

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

Grievances may also involve discrimination, harassment, or bias related to race, ethnicity, gender, sexual orientation, disability, or other protected categories. Such complaints will be handled with the same seriousness, confidentiality, and protections as other grievances.

These indicators guide whether a remediation plan, suspension, or termination may be considered.

A. Informal Resolution

Fellows are encouraged to attempt to resolve concerns directly with the person involved. If direct communication is not feasible or practical, the fellow should approach the Clinical Director for informal consultation and mediation. The Clinical Director will facilitate discussion and seek a mutually agreeable resolution.

B. Formal Grievance Procedure

If an informal resolution is unsuccessful or the concern warrants a formal process, fellows may initiate a formal grievance. The fellow must submit a written complaint to the Clinical Director within 15 business days of becoming aware of the incident. It should include: a) Name of fellow and individuals involved. b) Date(s) of the incident(s). c) Detailed description of the grievance. d) Specific policy violated (if applicable). e) Desired resolution.

Upon receipt of a formal complaint, the Clinical Director, or a designated impartial licensed psychologist, will initiate an investigation within five business days. This may involve interviewing relevant parties, reviewing documentation, and gathering additional information.

A meeting will be scheduled with the fellow, the individual(s) against whom the grievance is filed, and the Clinical Director (or designated investigator) to discuss the findings and explore resolutions.

The Clinical Director will provide a written decision regarding the grievance and proposed resolution within 10 business days following the completion of the investigation and meeting.

If the fellow is dissatisfied with the decision, they may appeal to the Training Committee (composed of the Clinical Director and two other licensed psychologists not directly involved in the initial grievance) within seven business days. The Training Committee will review all documentation and make a decision within 10 business days. The decision of the Training Committee is final within the program.

All formal complaints and grievances, remediation or due process documentation (if applicable), supervision logs, evaluation forms, and verification of fellowship completion are maintained for a period of seven years as part of the program's records. Records are kept in a secure, encrypted digital format. Fellows receive copies of all evaluations and may request records at any time.

C. Due Process

Throughout the grievance process, the following principles of due process will be upheld:

- **Timeliness:** All steps will be conducted promptly as outlined.
- **Fairness:** All parties will have the opportunity to present their perspective.
- **Confidentiality:** Grievance information will be kept confidential to the greatest extent possible, consistent with the need to investigate and resolve the matter.
- **Non-Retaliation:** No retaliation will be taken against any fellow for filing a grievance in good faith.
- **Documentation:** All formal grievances, investigations, decisions, and appeals will be thoroughly documented and maintained in secure files.

- External Review (if applicable): fellows are also reminded of their right to file a complaint with APPIC, APA, or the Texas Behavioral Health Executive Council (Texas Board of Psychology) if they believe there has been a violation of ethical or legal standards.

Training Committee Review

All formal appeals are reviewed by the Training Committee, which is composed of the Clinical Director and two licensed psychologists who are not directly involved in the grievance. The Committee reviews documentation, interviews relevant parties if needed, and issues a written decision within 30 days. This decision represents the final internal step in the grievance process.

- Fellows will not face retaliation for filing a grievance in good faith, and confidentiality is maintained to the extent possible.
- Fellows who do not meet program standards may be placed on remediation. If remediation is unsuccessful, termination may occur. Fellows have the right to appeal dismissal decisions through the grievance process.
- Whistleblower Policy: Fellows are encouraged to report unethical or illegal behavior. Reports can be made anonymously to the Clinical Director or Practice Manager. They will be investigated promptly, and protections are in place for whistleblowers.

Grievance Procedures

Grievance Procedures are implemented when a fellow raises a concern about a supervisor, faculty member, staff member, another trainee, or any aspect of the fellowship training program. These procedures provide a structured, protected pathway through which fellows may raise concerns without fear of retaliation.

Grievances may include, but are not limited to: supervisory conduct, interpersonal conflicts, discrimination, harassment or 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 Part I. The Grievance Procedures are initiated by the fellow, not by program staff, and they 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 and resolve the matter.
- All formal documentation, decisions, and appeals will be maintained in secure program files for seven years.
- Fellows retain the right to contact APPIC, the APA, or the 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, as promptly as feasible. Many concerns can be addressed through direct, good-faith conversation. If direct communication is not feasible, is not appropriate given the nature of the concern, or does not resolve the issue, the fellow may bring the concern informally to the Training Director for consultation and mediation.

Step 2: Submission of a Written Formal Grievance. If the concern cannot be resolved informally, the fellow may submit a formal grievance in writing within 15 business days of becoming aware of the concern or incident giving rise to the grievance. It must be submitted to the Training Director, but, if the Training Director is the subject of the grievance, it must be submitted instead to the Practice Director, who will assume the role of the reviewing authority for all subsequent steps. It should include: (a) The name of the fellow and the name(s) of the individual(s) involved; (b) The date(s) of the incident(s) giving rise to the grievance; (c) A detailed description of the concern; (d) The specific policy, standard, or expectation the fellow believes was violated, if applicable; (e) The resolution the fellow is requesting.

Step 3: Acknowledgment and Initial Investigation. Upon receipt of a formal written grievance, the 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 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 first. In cases where the grievance concerns an aspect of the training

program rather than a specific individual (e.g., curriculum, policies, scheduling), the Training Director and Practice Director will meet with the fellow jointly to discuss the concern and develop a plan of action, which will 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 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. The written decision 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 Plan of Action Fails). If the plan of action fails to resolve the grievance, the Training Director (or Practice Director) will convene a review panel within 10 working days, consisting of the Training Director (or Practice Director) 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 review panel will review all written materials and may interview the parties involved or other individuals with relevant information, and has 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 that it is not appropriate to resolve internally (for example, in a case involving alleged discrimination or harassment requiring external review), the matter will be referred to Human Resources or to the applicable external regulatory body.

Step 7: External Review. If the fellow remains dissatisfied after the internal review panel has issued its decision, the fellow retains the right to submit a complaint

externally to: APPIC (Association of Psychology Postdoctoral and Internship Centers); The American Psychological Association (APA); The Texas Behavioral Health Executive Council (BHEC) / Texas State Board of Examiners of Psychologists.

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

Acknowledgment of Receipt — Due Process and Grievance Procedures

I acknowledge that I have received and reviewed the Due Process and Grievance Procedures of the Real Talk Psychology Postdoctoral Fellowship Program. I understand that these are two separate, independent procedures. I agree to abide by the procedures outlined in this document. I have been provided with a copy of this document to retain in my files.

Print Name:

Signature:

Date:

Please sign this page and return it to the Training Director. A countersigned copy will be provided to the fellow for their records.

Cultural Competence and Diversity Training

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

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.

Client Population

- Real Talk serves a diverse and underserved population across Houston and the state of Texas. Fellows will work with patients from diverse cultural and linguistic backgrounds and conduct sessions in other languages, if bilingual, such as most of our clinical team members (currently English, Spanish, Portuguese, and Catalan speakers).

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 serving marginalized populations. Engagement with the local Houston community is considered a vital component of training in cultural competence.

Evaluation

- Competency in cultural humility is specifically rated during biannual evaluations. Fellows are expected to demonstrate growth in recognizing and addressing cultural dynamics in therapy.
- Ratings of cultural humility utilize behaviorally anchored criteria (e.g., recognition of personal bias, incorporation of the client's worldview into case formulation, responsiveness to cultural dynamics in intervention).

Philosophy

At Real Talk, we view cultural competence as 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.

We serve a diverse client base across Texas, including 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 not abstract ideals but part of everyday practice.

Real Talk affirms that diversity in staff and clients enriches the clinical experience and is central to the mission of preparing psychologists to serve an increasingly global and multicultural society.

DEI is included in all aspects of our Program. We are committed to creating a space where all identities are respected and explored. 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 Psychology 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. We strive to foster a diverse training cohort and team that reflects the rich diversity of Houston, Texas, where approximately 44% of the population identifies as Hispanic or Latino, 22% as Black, and 7% as Asian (Census 2020), as well as significant representation from other communities.

Fellows' Rights & Responsibilities

Rights

- Respectful, nondiscriminatory environment; Quality supervision and training; Timely feedback, grievance process; Accommodations for disability, pregnancy, and religion; Freedom from harassment, exploitation, or coercion in all training activities.
- These rights and responsibilities align with APA ethical principles of Respect for People's Rights and Dignity, Justice, and Fidelity.

Responsibilities

- Ethical, competent care; timely documentation; Attend didactics; complete evaluations; Seek consultation when needed; Adhere to Real Talk and APA policies

Program Responsibilities

- Provide current laws and standards, as well as forums for their discussion; Maintain a respectful/ethical climate; Deliver high-quality supervision & didactics; Communicate expectations and evaluation standards; Implement due process with published timelines; Accommodate qualifying disabilities under the ADA; Gather and use trainee feedback for program improvement.

Clinical Guidelines

For clinicians at Real Talk, adherence to the following guidelines ensures consistent, high-quality care and efficient practice operations.

Core Expectations

- Conduct therapy sessions (telehealth or in-person) with professionalism, empathy, and clinical excellence, including deep listening and responsive engagement with each client's unique process.
- Complete all Simple Practice 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, fellows are expected to 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. Client privacy is paramount.
- Track and manage license, Continuing Education (CE) credits, CAQH, and professional liability insurance renewals, and send all updated documents to the Practice Manager. Keeping these current ensures ongoing compliance and uninterrupted practice.
- Contribute to the professional community through teaching, writing, or presentations. Participation in these professional activities is encouraged and may be reflected in supervision feedback and annual evaluations.

Scheduling & Documentation Best Practices

- Maintain accurate and up-to-date availability in Simple Practice.
- Ensure proper use of CPT codes for all services. Accuracy is crucial for billing.
- Correctly mark "Late Cancel" or "No Show" in Simple Practice. This is important for both billing and tracking client patterns.

- Use standardized time-off labels on the calendar for clarity and proper support: Sick Time, Vacation/Personal, Professional Events (e.g., conferences, training), and Personal Time (for appointments or other personal commitments).

Termination Notes & Inactive Clients

- If a patient has not attended sessions for 90 days or more and has not formally ended treatment, send a brief outreach email or secure message to check in.
- Write a termination note if there's no response to your outreach. It should explain why the case is closed (e.g., client lost contact, achieved treatment goals, or opted to pause treatment).
- If a patient intentionally ends treatment, ensure the final session note captures any significant themes, discussions, or referrals made during their closing appointment.

Administrative Work and Scope of Services

- For instructions on administrative tasks (e.g., Simple Practice workflows for scheduling, client intake procedures, detailed billing processes, or handling client inquiries on behalf of others), refer to the Real Talk Practice Manual.
- Real Talk focuses on individual and couples psychotherapy services. We do not offer psychological evaluations, diagnostic tests, immigration reports, or any letters that involve legal or official attestation beyond therapy notes. It's essential to communicate these limitations to clients upfront clearly.

Social Media and Electronic Communication Policy

Postdoctoral fellows at Real Talk Psychology must adhere to strict professional boundaries and confidentiality guidelines regarding social media and all electronic communications.

- **Confidentiality:** Never post any client information, even de-identified, on social media or public forums. Avoid discussing clinical cases or identifying

clients in electronic communication that is not explicitly approved as HIPAA-compliant.

- **Professional Boundaries:** Do not "friend," "follow," or otherwise connect with current or former clients on personal social media platforms. When using professional social media (e.g., LinkedIn, professional websites), ensure that the content aligns with Real Talk's values and ethical guidelines. Avoid providing direct clinical advice and refrain from engaging in dual relationships.
- **Secure Communication:** Only use Real Talk's approved, HIPAA-compliant platforms (e.g., Simple Practice secure messaging, 8x8 voicemail) for client communication. Avoid email or text messaging for clinical content unless it is specifically secured and with informed client consent.
- **Self-Disclosure:** Exercise caution when disclosing personal information on public platforms. Remember that anything posted online can be accessed by clients, colleagues, and the public, which may impact professional perceptions and client trust.
- **Reporting Concerns:** fellows should report any observed or suspected violations of this policy to their supervisor or the Clinical Director immediately. Fellows are also expected to follow APA's Guidelines for the Practice of Telepsychology in addition to HIPAA and Texas law.

Emergency and Crisis Protocols

- Real Talk Psychology maintains clear protocols to ensure the safety and well-being of clients and fellows in the event of crises or emergencies. For more information, please refer to the Client Crisis Protocol, which is available in the shared Google Drive, at the Clinician Hub folder.
- In any immediate clinical emergency (e.g., imminent risk of harm to self or others, acute psychosis, or a client in active crisis), fellows must first ensure the client's safety and then contact their supervisor immediately.
- Supervisors are available for urgent consultation during working hours. In the event of after-hours or supervisor unavailability, the clinical director or clinical preceptor must be contacted.

- Clear guidelines for assessing the need for hospitalization, initiating emergency involuntary commitment procedures in Texas, and communicating with emergency services are discussed in supervision.
- Detailed procedures for identifying and reporting suspected abuse or neglect, in accordance with Texas law, will be provided to the fellows during supervision and onboarding.
- Procedures for managing threats of violence, including considerations related to the duty to warn and protect in Texas, will be provided during the onboarding process.
- All crisis interventions, supervisor consultations, and actions taken during a crisis must be thoroughly documented in the client's record within 24 hours of the incident.
- Fellows involved in a crisis will receive a debriefing session with their supervisor or another senior clinician to process the event, ensure proper documentation, and address any personal impact. Debriefings also provide space for emotional support, helping fellows process the individual impact of crisis events and maintain professional resilience.
- If the intake reveals a risk outside the scope, immediate referral is required rather than waiting.

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.

Our program is designed to meet APA postdoctoral training standards, although it is not currently accredited by the APA. It combines structured training with real-world clinical work. We protect training time, limit caseload to preserve thinking, and treat supervision as central rather than administrative.

Why Choose the Real Talk Fellowship?

- A program designed to match top academic institutions in excellence and training hours
- 2 weekly hours of supervision + 2 weekly hours of didactics series
- Clinical hours capped at 25 clients per week, preserving time for reading, training, reflection, and self-care. Caseload is reduced if training requirements are at risk.
- 7 weekly hours of study, supervision preparation, reading, which also count toward your licensure hours
- W2 position + remarkably comprehensive benefits package
- Beautiful office in a prime area of Houston

Salary and Benefits

- Competitive pay for a 36-hour workweek, comprising structured clinical and training activities plus independent study
- Supreme benefits value, stability, and security:

- o Medical, Dental, Vision (75% paid),
- o 401k with a 3% Match,
- o Paid EPPP exam fee,
- o 3 months of online EPPP prep course,
- o Malpractice Insurance,
- o 6 weeks of protected PTO (8 paid holidays + 20 business days for vacation, sick leave, personal time)

Rigorous and Specialized Training

Our fellowship designed to meet APA postdoctoral training standards. You can find more details in our manual. Training emphasizes a humanistic orientation, also integrating evidence-based practice. Didactics cover advanced topics in case conceptualization, ethics, risk management, documentation, and the business of private practice.

Requirements & Responsibilities

- Graduating from APA-accredited doctoral programs in Clinical Psychology and Counseling Psychology.
- Providing 25 clinical sessions weekly, at the most.
- Conducting in-person sessions in our Houston office at least 50% of the time (12 hours)
- Must be eligible for a provisional license in the state of Texas.

Timeline

Our cohorts complete onboarding in September of each 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, work with diverse communities, 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: October 1, 2026

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: 25 clients/week. Caseload is reduced if training requirements are at risk.

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. Supervisors may set tighter timelines as part of training goals or remediation plans.

Supervision & Didactics: 2 hours/week of individual supervision with a licensed psychologist; 2 hours/week of didactics seminar

COMPENSATION

- **Annual Salary:** \$60,000, paid monthly on the last business day of each month. You authorize deductions as required by law (taxes) and for elected benefits/retirement and other lawful, specific items you approve in writing.
- **Supervision:** The practice fully 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:** Real Talk covers 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:** The practice maintains occurrence-based professional liability insurance that covers your clinical work. Coverage extends to work performed during your 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:** New Year's Day; Good Friday or Easter Monday (determined annually); Memorial Day; Independence Day (4th of July); Labor Day; Thanksgiving Day; Friday After Thanksgiving; Christmas Day
- **Vacation, Personal Time & Sick Leave:** 20 business days (4 weeks) provided on your first day of employment. PTO must be requested and approved in

advance, except in cases of sudden illness or emergency. Unused PTO will be forfeited and is not eligible for payout.

- **Workers' Compensation:** This practice maintains workers' compensation insurance coverage for all employees.

LICENSURE, TELEHEALTH & ETHICAL PRACTICE

- You will maintain an active pursuit of Texas licensure and provide services only where you are authorized to practice and where the client is located. Your work will be conducted under the supervision of a licensed psychologist.
- You must maintain timely, comprehensive, and HIPAA- and Texas Board-compliant clinical documentation. All session notes must be completed within seven business days of the session date.

Appendix B: Public Disclosure

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 a minimum of 50% of their clinical sessions in person at Real Talk's Houston office (7670 Woodway Dr., Suite 270, Houston, TX 77063), with the remainder conducted via HIPAA-compliant telehealth to clients located anywhere in Texas.

The primary training population is adults presenting with mood and anxiety disorders, grief, trauma, relational difficulties, and identity concerns. Fellows may also carry child and adolescent patients when the clinical infrastructure supports that level of care. The practice does not provide psychological testing, forensic evaluations, or couples therapy as a routine part of the fellowship. Competency in assessment is developed through diagnostic interviewing, intake evaluations, and case formulation within a psychotherapy context.

Weekly Structure

Each fellow's training week is organized as follows, totaling 36 hours:

- Direct clinical service: up to 25 hours per week (approximately 69% of their structured training week, well above APPIC's minimum threshold of 25%).
- Individual supervision: 2 hours per week.
- Preceptor contact: 1 hours per week.
- Didactics seminar: 2 hours per week.
- Documentation, reading, EPPP preparation, independent study: 7 hours per week.

Recruitment and Selection

The program follows 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. Selected applicants are invited to a virtual interview assessing clinical experience, ethical judgment, and alignment with the program's training model. Selection decisions are made without regard to race, ethnicity, gender identity, sexual orientation, disability, national origin, or other protected status.

Required application materials: curriculum vitae, cover letter describing clinical interests and training goals, two letters of reference from doctoral-level supervisors.

Program Goals, Objectives, and Competencies

Goal	Description
Goal 1: Professional Identity and Core Competence	Fellows will demonstrate advanced competence across all nine APA Profession-Wide Competencies, with particular depth in ethical and legal standards, individual and cultural diversity, and professional values and behaviors.
Goal 2: Advanced Psychotherapy Competence	Fellows will develop sophisticated, theoretically grounded, and ethically complex individual psychotherapy practice — including skill in case formulation, treatment planning, risk management, documentation, and consultation — within a humanistic and psychodynamic framework.
Goal 3: Licensure Readiness and Professional Development	Fellows will complete all supervised practice hours required for licensure in Texas, prepare for the EPPP and Texas Jurisprudence Examination, and develop competencies in the administrative, ethical, and legal dimensions of independent and group practice.

Specific Training Objectives

- Apply ethical and legal standards to ambiguous clinical situations with consistency and documented reasoning, demonstrating fluency with the APA Ethics Code and Texas Board regulations.
- Demonstrate cultural humility and positionality awareness in clinical formulation, supervisory relationships, and professional conduct across diverse client presentations.
- Produce theoretically informed case conceptualizations grounded in humanistic and psychodynamic frameworks, with clear linkage between theory, history, and clinical process.
- Navigate risk, crisis, and mandatory reporting situations competently and with documentation that reflects reasoning and clinical judgment.
- Deliver individual psychotherapy with technical responsiveness — adjusting approach to the unfolding clinical process — rather than rigid adherence to protocol.
- Produce documentation that is clinically meaningful, HIPAA-compliant, legally defensible, and audit-ready, completed within program timelines.
- Complete a scholarly project (case study, literature review, or topical presentation) demonstrating integration of theory, research, and clinical experience.
- Achieve a Minimum Level of Achievement rating of 5 (Ready for Entry-Level Independent Practice) or above across all competency domains at the end-of-year evaluation.

Competency Domains and Training Activities

Fellows are evaluated using a behaviorally anchored 6-point scale at mid-year (Month 6) and year-end (Month 12). The scale ranges from 1 (Significant Problem Requiring Immediate Remediation) to 6 (Advanced Competence). The Minimum

Level of Achievement is 3 at mid-year and 5 at year-end. Scores below the MLA trigger the formal remediation process described in the Due Process and Grievance Procedures.

The nine competency domains, what fellows are expected to demonstrate, and the primary activities through which each is developed are set out below.

Competency Domain	What Fellows Are Expected to Demonstrate	Primary Training Activities
1. Ethical and Legal Standards	Applies APA Ethics Code and Texas law to complex, ambiguous clinical situations. Anticipates ethical risk. Documents reasoning.	Supervision; didactic seminar; case conferences
2. Individual and Cultural Diversity	Demonstrates positionality awareness and cultural humility in formulation, supervision, and professional conduct across diverse populations.	Supervision; seminar; direct clinical work
3. Professional Values, Attitudes, and Behaviors	Maintains integrity, accountability, and commitment to client welfare. Integrates supervisory feedback. Demonstrates professional identity.	Supervision; performance evaluations; ITP review
4. Assessment and Case Formulation	Conducts nuanced diagnostic interviews, risk assessments, and case formulations integrating clinical observation and theoretical knowledge.	Direct clinical work; supervision; case conferences
5. Intervention	Delivers theoretically grounded, individually tailored individual psychotherapy. Adjusts responsively to the therapeutic process. Recognizes scope-of-practice limits.	Direct clinical work; supervision; direct observation

6. Communication and Interpersonal Skills	Communicates clearly and professionally with clients, supervisors, and staff. Produces clinical documentation that is meaningful and legally defensible.	Supervision; documentation review; seminar
7. Integration of Science and Practice	Applies current research to clinical formulation and practice. Completes scholarly project integrating theory and clinical experience.	Scholarly project; journal club; seminar
8. Supervision, Consultation, and Interprofessional Skills	Seeks consultation proactively. Reflects on the experience of being supervised. Gains exposure to supervisory process through peer feedback.	Supervision; case conferences; community presentation
9. Independent Practice and Professional Development	Demonstrates readiness for the administrative, ethical, and legal demands of independent or group practice, including documentation standards and practice management.	Didactic seminar; EPPP preparation; ITP planning

Evaluation Process

Formal written competency evaluations occur at Month 6 (mid-year) and Month 12 (year-end). Fellows also complete a self-evaluation at each point. Results are reviewed with the fellow in a structured meeting. Informal feedback is provided throughout the year in supervision. If a fellow's score in any domain falls below the Minimum Level of Achievement, a formal remediation plan is developed, with specific objectives, timelines, and follow-up evaluation. Details are set out in the separate Due Process and Grievance Procedures provided at the start of the fellowship year.

Physical Facilities

All in-person training and clinical work takes place at: Real Talk Psychology — 7670 Woodway Dr., Suite 270, Houston, TX 77063

The office is located in a professional building in the Galleria area of Houston. Fellows have access to:

- Private, furnished therapy offices with secure entry — available for in-person client sessions and individual supervision meetings.
- A designated supervision room used for individual supervision and case conference meetings.
- Shared common areas with kitchen access and supplies.
- Secure, HIPAA-compliant building access during office hours.
- A minimum of 50% of the fellow's clinical hours are provided in person at this location; the remainder are conducted via HIPAA-compliant telehealth.

Licensed psychologists are present in the building during all scheduled in-person clinical sessions, ensuring immediate supervisory access throughout the workday.

Professional Development Resources

Real Talk Psychology provides the following resources to support fellows' professional development across the training year:

- EPPP preparation: A 3-month online EPPP preparation course is provided at no cost to the fellow. Dedicated study time is built into the weekly schedule in Months 9–12.
- Malpractice coverage: Fellows are covered under the practice's professional liability insurance policy throughout the fellowship year.

- Scholarly project support: Access to academic databases, scholarly reading materials, and structured consultation with the Training Director for the end-of-year scholarly project.
- Licensing support: The Clinical and Training Director provides documentation of supervised hours on request for the Texas Board licensure application and is available for consultation throughout the licensure process.
- Continuing education: Fellows may request approval to attend professional workshops or conferences during the fellowship year. Approval is granted at the discretion of the Training Director based on training relevance and scheduling feasibility.

Licensure Eligibility

Successful completion of the Real Talk Psychology 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 (BHEC) and Texas State Board of Examiners of Psychologists (TSBEP) regulations (22 TAC § 463.11). Fellows complete a minimum of 1,750 supervised hours over 12 months under the direct supervision of a Texas-licensed psychologist. Supervision logs are maintained throughout the year and are available to support the fellow's licensure application upon program completion.

Program Aims and Training Model

The Real Talk Postdoctoral Fellowship Program is a 12-month, full-time postdoctoral training program designed to prepare early career psychologists for ethical, reflective, and independent practice. Training emphasizes intensive supervision, structured didactics, scholarly engagement, and clinical work grounded in humanistic and psychodynamic traditions, while integrating evidence-based practice.

Training Philosophy

The program prioritizes depth of clinical thinking, ethical complexity, cultural humility, and the development of professional identity. Fellows are supported in cultivating clinical independence while practicing under close supervision in accordance with Texas law.

Supervision and Evaluation

Supervision is provided by licensed psychologists and includes ongoing case review, ethical consultation, and direct observation. Fellows are evaluated using behaviorally anchored evaluations aligned with APA Profession Wide Competencies.

Formal evaluations occur at the six-month and twelve-month marks. The Minimum Level of Achievement (MLA) at mid-year is a rating of 3 (Meets Expectations) across all competency domains. The MLA at year-end is a rating of 5 (Ready for Entry-Level Independent Practice) across all domains. Scores below the MLA trigger a formal remediation plan in accordance with the program's Due Process Procedures.

Eligibility Requirements

Applicants must have received or be verified to have completed all doctoral degree requirements prior to the first day of fellowship. Documentation of degree completion (official transcript, diploma, or letter from the doctoral program) is required before the start date. Programs should be from an APA-accredited program and an APA-accredited or APPIC-member internship, and applicants must be eligible for postdoctoral supervised practice in Texas.

Recruitment and Selection

The program follows the APPIC Postdoctoral Selection Standards and adheres to the APPIC Common Hold Date and related guidelines in effect for each training year.

Stipend and Benefits

Annual stipend: \$60,000. Benefits include health insurance, paid time off, malpractice coverage, retirement matching, and EPPP support. Full details are provided in the Fellowship Agreement.

Due Process and Grievance Procedures

The program maintains written policies for evaluation, remediation, grievance, and due process, available in the Fellowship Program Handbook.

Accreditation Status

The Real Talk Postdoctoral Fellowship Program is not currently accredited by the American Psychological Association (APA). The program is committed to meeting APA standards and intends to apply for accreditation in the future.

Contact Information

Adriane Barroso, PhD, LP - Clinical and Training Director

Real Talk Psychology - Houston, Texas

adriane@realtalkpsychology.com

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 therapist-owned group practice based in Texas, USA, with its main office at [Real Talk Psychology's Address in Houston, Texas] (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 Psychology 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, aiming for 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 Psychology's clinical framework.

2. Fellowship Program Details

2.1. Program Name: Real Talk Psychology 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 psychoanalytic theory and other humanistic concepts 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: During the Program Term, the Fellow's activities and responsibilities include, but aren't limited to:

- Managing a caseload of 25 clients per week, at the most.
- Participating in individual, face-to-face supervision each week.
- Joining group supervision weekly.

- Attending didactic seminars each week. Topics include documentation, legal and ethical issues, diagnosis, cultural humility, digital therapy, and fundamentals of private practice.
- Committing to professional development, including EPPP prep, licensure application, and scholarly interests.
- Completing all clinical documentation (e.g., Simple Practice 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. Supervisors may set tighter timelines as part of training goals or remediation plans.
- Developing and presenting a scholarly project (e.g., case study or theoretical paper).
- Following all clinical guidelines, ethical codes (APA, Texas Behavioral Health Executive Council / Texas State Board of Examiners of Psychologists), and practice policies as detailed in the Real Talk Psychology Postdoctoral Fellowship Program Handbook and Real Talk Practice Manual.

2.6. Supervision and Mentorship: The Fellow will be primarily supervised by Dr. Adriane Barroso, Clinical & Training Director (TX #37992), or other designated licensed doctoral-level psychologists experienced in postdoctoral training. 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. One clinical preceptor will be appointed by the beginning of each program year.

The Training Committee conducts an annual program evaluation, which includes reviewing feedback from fellows, supervisors, and outcome data. Results are used to improve the program and are documented by the Clinical & Training Director.

3. Financial Provisions

3.1. Compensation & Benefits: As outlined in the offer letter and the Program Handbook, and updated annually by the Organization.

3.2. Payment Schedule: 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 Program clients or the Organization's confidential information requires prior written approval from the Organization.

6. Confidentiality

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

6.2. Non-Disclosure: The Fellow agrees 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: The Fellow will follow all applicable laws and the Organization's policies.

7.2. Professionalism: The Fellow must act with professionalism and integrity.

7.3. Compliance with Laws: The Fellow agrees 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 (including material policy or ethical violations) 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: Dr. Adriane Barroso

Title: Clinical & 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, which is the hub for internal communication.
- Log in to SimplePractice and review the provided walkthrough.
- Set up Google Drive and Google Calendar.
- Review the Real Talk Postdoctoral Fellowship Program Handbook.
- Complete all mandatory HIPAA and ethics compliance training modules.
- Meet with your individual supervisor(s) to establish a supervision contract and discuss initial learning goals.
- Review telehealth identity/location verification script and emergency procedures for remote sessions (APA Telepsychology + HIPAA).

Appendix E: Individualized Training Plan (ITP)

General Training Plan (Summary)

- Direct care (up to 25 hours/week).
- Individual supervision (2 hrs/week)
- Didactic series (2 hrs/week).
- Direct observation (live/recorded) (at least one/year)
- Community/professional presentation (at least one/year).
- Semiannual evaluations + updated ITP.

Fellow/Clinician Name:

Supervisor:

Training Period:

Date Created:

Date of Review/Update:

1. Overview

This Individualized Training Plan 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 Psychology's commitment to integrity, nuance, and relational care.

2. Training Goals

A. Profession-Wide Competencies (PWCs)

- [] Deepen psychodynamic or relational therapy skills

- Improve diagnostic accuracy and clinical documentation
- Increase confidence navigating legal/ethical dilemmas
- Develop skills for digital therapy and telehealth ethics
- Strengthen cultural humility and responsiveness

B. Specialized Focus Areas

- Trauma-informed care
- Work with 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 clients;
Strengthen formulation of psychodynamic case conceptualizations.

Your learning objectives:

4. Didactic and Supervision Schedule

- Weekly Individual Supervision:
- Didactic Seminars:

5. Evaluation and Feedback

Frequency: Semiannual. Method: Self-assessment + Supervisor evaluation

ITP goals map to PWCs, and fellows are reviewed against behaviorally anchored criteria, 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 a formal remediation plan. Persistent scores below MLA may result in non-completion of the program.

6. Independent Practice Competency

Fellows must demonstrate readiness for independent practice, including:

- **Licensure Preparation:** Register for the EPPP by Month 4; complete the Texas Jurisprudence Exam by Month 10.
- **Professional Identity:** Demonstrate competence in managing referrals, billing procedures, and professional boundaries.
- **Final Evaluation:** Fellows are rated on independent practice readiness as part of the MLA requirement at the end of the fellowship.

7. Risk and Confidentiality

This training plan includes ongoing ethical education in accordance with the APA Ethics Code, the Texas Administrative Code, and HIPAA (Privacy, Security, and Breach Notification). Fellows must demonstrate the capacity to safeguard client confidentiality and respond appropriately to high-risk situations.

8. 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?

9. Signature and Date

Fellow:

Supervisor:

Appendix F: Fellow Weekly Schedule

Day	Client Hours	Individual Supervision	Didactic Seminars	Reading/EPPP study
Monday	5	1	1	2
Tuesday	4			
Wednesday	5	1	1	2
Thursday	6			
Friday	5			3
TOTAL	25	2	2	7

Appendix G: Supervision Log

This form documents supervision in accordance with APA postdoctoral fellowship training standards. Each entry should be completed promptly following supervision sessions.

Date of Supervision	
Duration (hh: mm)	
Fellow Name	
Supervisor Name	
Supervision Format (check one):	<input type="checkbox"/> Individual <input type="checkbox"/> Live/Observation
Topics Covered	

Key Reflections or Learning Points (Optional: insights, clinical growth, or supervision goals)

fellow Signature and Date:

Supervisor Signature and Date:

Appendix H: HIPAA Compliance Training

Our commitment to ethical practice and client privacy is fundamental. This training ensures fellows uphold top-tier standards, protect client 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 Client Confidentiality and Privacy: Safeguard PHI (electronic, verbal, and written), applying 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: licensure, conduct, supervision
- Decision-making models & moral dilemmas
- Case studies (conflicting loyalties, confidentiality limits)

HIPAA Compliance

- Defining Protected Health Information (PHI)
- [Privacy Rule](#): client 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)

Training Methodology & Frequency

Initial Training (Onboarding)

- Mandatory Online Modules: HIPAA & ethics
- Didactic Session: 2 hrs led by Clinical & Training Director
- Review Manuals: Fellowship Program Handbook + Practice Manual

Ongoing Training

- Weekly Didactic Series: ethics integrated themes
- Weekly Individual Supervision: schedule includes ethics/compliance
- Weekly Group Supervision: peer case discussions

Assessment & Verification

- Semiannual & final evaluations of ethical competence
- Case discussion reviews
- Documentation audits by the supervisor

Appendix I: Competency Evaluation

Fellow Competency Evaluation Form

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 - Basic Competence	Remediation required	The fellow shows significant gaps in knowledge or skills for the early fellowship. Requires directive supervision and possible remediation to ensure safe practice.
2 - Early Competence	Beginning stage	The fellow is developing entry-level skills but needs consistent guidance and support. Competence is uneven across situations. Strengths appear in familiar cases; supervision remains directive.
3 - Intermediate Competence	Mid-year benchmark	The fellow is clearly progressing and generally competent in routine situations. Some gaps remain,

but supervision is more collaborative. This is the *minimum level of achievement required at mid-year.*

4 – Intermediate to Advanced Competence Solid progress The fellow demonstrates increasing independence, handling most cases with limited input. Supervision focuses on nuance and higher-level conceptualization. Gaps are minimal and improving.

5 – Advanced Competence End-of-year minimum The fellow demonstrates readiness for independent practice. Competence is consistent across domains, with minimal need for directive supervision. This is the *minimum level of achievement required at graduation.*

6 – Expert Competence Exceptional Fellow functions at the level of an experienced clinician. 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, & Actions

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 & Mentorship

1 2 3 4 5 6

Comments: _____

X. Independent Practice & Professional Development

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: _____

Director of Training: _____ Date: _____

Appendix J: Competency-to-Activity Crosswalk

This crosswalk demonstrates how Real Talk’s fellowship training activities are designed to develop APA-required profession-wide competencies and program-specific competencies. It links 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 humanistic approaches	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 clinical dilemmas in supervision	Evaluation forms; remediation triggers for breaches
Individual & Cultural Diversity	DEI-focused seminars; caseload includes diverse linguistic, cultural, and LGBTQ+ clients	Reflection exercises in supervision; mentorship on cultural humility	Supervisor ratings; case write-ups
Professional Values, Attitudes & Actions	Peer consultation and practice culture	Supervisor modeling; feedback from Clinical Director	Mid-year and final evaluations; professionalism rubric
Communication & Interpersonal Skills	Couples therapy training (optional); peer consultation groups	Direct feedback in individual and group supervision	Evaluation ratings; observed sessions

Assessment & Case Formulation	Diagnostic evaluations, intake assessments, risk and treatment planning	Supervisor review of intake notes and diagnostic reasoning	Review of intake reports; supervisor ratings
Intervention	Carrying 25 weekly therapy hours with individuals	Weekly supervision (≥2 hrs individual); yearly direct observation	Competency ratings; client retention data
Consultation & Interprofessional Skills	Collaboration with physicians, referral sources, and the internal team	Case consultation in group supervision; Director oversight	Supervisor ratings; peer feedback
Supervision & Mentorship	Participation in peer consultation and providing structured feedback in team discussions	Modeling from supervisors on giving/receiving feedback	Supervisor evaluation of consultation contributions
Independent Practice & Professional Development	EPPP/Jurisprudence prep; mentorship in billing, private practice planning, licensure pathway	Guidance from the Clinical Director on practice building and licensure	Completion of licensure milestones; final evaluation

Appendix K: 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:

Provided direct observation (live or recorded) and actionable feedback.

Rating (1-5): ____ Comments:

Modeled cultural humility and addressed DEI dynamics in cases.

Rating (1-5): ____ Comments:

Additional Comments:

Appendix L: 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 M: Fellow Outcomes Tracking

Name	Program Role	Start Date	End Date	Completion	Post-Training Status
Tasneem Shaik	Fellow (Completed)	2022	2023	Completed	Licensed Clinician at Real Talk
Micah Rees	Fellow (Completed)	2020	2021	Completed	Licensed Clinician at Real Talk

Appendix N: Crisis Protocol Quick 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 our clinicians structured guidance for addressing client 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 client consent)
- If High Risk:
 - Never leave the client alone (in-person sessions)
 - Call emergency services (911 or local equivalent)
 - Contact the emergency contact listed in the intake form.
 - Document all actions and communications thoroughly.

Active Crisis or Suicide Attempt

If a client attempts suicide between sessions:

- Contact emergency services and the client's 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 Clients

- 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 clients that Real Talk does not provide 24/7 crisis services.
- Clarify your boundaries for texts, calls, and response times between sessions.
- Offer alternative crisis support options

Telehealth Crisis Management

- Confirm the client's location by the beginning of a session with a client assessed as low, medium, or high risk, and verify that emergency contacts and local numbers are up to date.
- Call the client immediately if disconnected mid-crisis. If unreachable, contact emergency services using the provided location.
- Document all actions taken.

Emergency Contacts: Use and Protocol

- Collect emergency contact information at intake and review annually.
- Clearly explain when these 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 client
- 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 one.
- Call the new provider with the client present.
- Document all referrals and hand-offs thoroughly.

Collaboration with Other Providers

- Encourage clients to sign Releases of Information (ROIs)
- Coordinate care with PCPs, psychiatrists, and school counselors when applicable.
- Provide updates to other providers in the event of 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 client to create a structured recovery plan, including:

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

Clinician Wellbeing and Supervision

Crisis response work is emotionally demanding. Debrief with the clinical director and prioritize peer consultation.

New Clinician Quick Guide

If you're unsure: Pause. Assess. Call a supervisor or clinical director. Always document.

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 (multi-language support)
- Local Mobile Crisis Units – Call 2-1-1 and ask for the LMHA or LBHA in your area.

Appendix O: Notes on Compliance & Accreditation Alignment

This manual has been written and revised to align fully with the APA Standards of Accreditation (SoA) for Postdoctoral Fellowship Programs and related Implementing Regulations. Below is a summary of key alignments:

Program Structure

- Fellowship is a full-time, 12-month program (minimum 1,750 hours).
- Training requirements take precedence over service delivery. When there is conflict between clinical volume and training expectations (supervision attendance, seminars, scholarly work, evaluation readiness), caseload will be adjusted accordingly.
- A detailed crosswalk linking each training activity (supervision, didactics, case conference, scholarly project) to the APA Profession-Wide Competencies it develops is available in Appendix J of the Fellowship Program Handbook.
- Training Resources: Fellows have access to the following resources in support of their training:
 - Physical Space: A furnished, private office at Real Talk’s Houston location (7670 Woodway Dr., Suite 270, Houston, TX 77063), equipped with secure entry, video conferencing setup, and 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 provided by the practice’s administrative team. Fellows are not responsible for billing or insurance administration.

- Clinical Resources: Access to the Internal Referral Directory, Client 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 seminar
- Direct observation of a fellow's clinical work occurs at least once a year and informs written evaluations.
- Each fellow has a Primary Supervisor responsible for overall case oversight and integration of supervision.
- The program maintains at least two licensed psychologists as supervisors.

Competencies

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

Evaluation & Records

- Biannual evaluations using behavioral anchors and direct observation data (once a year).
- An Individualized Learning Plan (ILP/ITP) is developed at the start and updated semiannually (and as needed).
- Remediation plans are developed as needed, with timelines and re-evaluations.
- The Director of Training is responsible for maintaining each fellow's official training record. This includes: completed evaluation forms (mid-year, final, and remediation, if applicable); supervision logs and hours documentation; grievance or due process records (if applicable); and final verification of fellowship completion.
- Retention: Records are retained for seven (7) years in encrypted digital storage with access restricted to the Clinical & Training Director. Fellows receive copies of all evaluations at the time of signature and may request their full file at any time.

Fellow Rights & Responsibilities

- Fellows are guaranteed a respectful, nondiscriminatory, harassment-free environment.
- Reasonable accommodations are provided.
- Due process and grievance procedures are formalized, with protections against retaliation.

Admissions & Support

- Eligibility requires completion of a doctoral degree (Ph.D. or Psy.D.) in Clinical or Counseling Psychology from an APA-accredited or equivalent program.
- We publish current admissions criteria and selection timelines on our website annually
- 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, telehealth rooms, HIPAA-compliant EHR, and access to research/library resources.
- The annual climate self-assessment includes input from both fellow employees and supervisors, with documented action steps for improvement.

Quality Improvement

- The program conducts an annual self-study, utilizing both proximal (competency evaluations, observation, and supervision feedback) and distal (alum licensure and employment) data.
- Results inform curriculum revisions and resource allocation.

Accreditation Timeline

- 2025: Finalize manual, implement systems, and begin collecting data (evaluations, alum tracking, climate reviews).
- 2026: Start application for APPIC membership.
- 2028: Start research and viability study for APA accreditation, including Program Manual, required outcome data tables, self-study documentation, and the need and viability for partnership/consortium.

Final Statement

Real Talk Clinical Psychology is committed to providing a rigorous, ethically grounded, and culturally responsive training environment. With this manual, the program is positioned to meet all APA Standards of Accreditation requirements and to support fellows in becoming competent, independent psychologists prepared for the complexities of contemporary practice.

APA Postdoctoral Accreditation - Step 1

Submission Packet

Program Name: Real Talk Psychology Postdoctoral Fellowship

Program Director: Adriane Barroso, Licensed Psychologist

Location: Houston, TX (Telehealth + In-Person Hybrid)

Program Duration: 12 months (1,750 hours)

Step 1: Request for Initial Review – Required Materials

Submit the following materials via the APA Accreditation Portal (APASys):

- ✓ Program Description (see draft below)
- ✓ Fellowship Training Manual (attached or uploaded)
- ✓ Documentation of at least one prior cohort of fellows (summary table included)
- ✓ Sample supervision logs or documentation of 2+ hours/week supervision
- ✓ Sample fellow evaluation forms (aligned with APA competencies)
- ✓ Non-Discrimination and Equal Opportunity Statement (included in manual)
- ✓ Organizational chart or description showing institutional support
- ✓ Program Director's CV or biosketch (attach separately)
- ✓ Payment of Initial Review Fee (approx. \$1,200 via APASys portal)

Program Description (Use in Application)

The Real Talk Psychology Postdoctoral Fellowship is a 12-month, 1,750-hour fellowship program designed to provide advanced, competency-based clinical training to early-career psychologists. Our program is rooted in psychodynamic and

relational models while emphasizing ethical discernment, cultural humility, and responsiveness to the evolving realities of modern mental health care.

Fellows work with a diverse outpatient population through both telehealth and in-person sessions. Each fellow receives two hours of individual supervision weekly from licensed, doctoral-level psychologists and participates in regular group supervision, didactic seminars, and professional development activities.

Our fellowship prioritizes real-world clinical application while preparing fellows for independent licensure and ethical leadership. The program has successfully trained two postdoctoral fellows (in 2020 and 2022) and is committed to upholding the highest standards of reflective practice, inclusion, and clinical excellence.

Certification of Completion

Real Talk Psychology

Houston, Texas

This certifies that

NAME, DOCTORAL DEGREE

has successfully completed all requirements for the

Postdoctoral Fellowship in Clinical Psychology

with a focus in Humanistic Approaches to Clinical Practice

From the [Xth] day of [Month], [Year] to the [Xth] day of [Month], [Year]

Adriane Barroso, PhD, LP

Clinical and Training Director

Pedro Costa, PhD, LP

Practice Director