REAL TALK
CLINICAL PSYCHOLOGY | PSYCHOANALYSIS

Fellowship Program Handbook

Updated: September 2025

This handbook provides an overview of the structure, philosophy, expectations, and basic policies of our Postdoctoral Fellowship Program. It should be read in conjunction with Real Talk's Practice Manual, which provides detailed administrative procedures and internal workflows, as well as other documents available in the shared Google Drive, such as the Informed Consent and Practice Policies.

Our primary goal is to train clinicians who are competent and deeply attuned to the ethical and human complexities of today's world. We believe in nurturing professionals who provide care with depth, integrity, and intellectual curiosity.

Who We Are, Our Mission, and Our Vision

Real Talk offers individual therapy via telehealth across Texas, as well as in-person sessions at our Houston office. In a world that often reduces people to evaluations and diagnoses, speaking and being truly heard remain the most fundamental aspects of human experience.

Our mission is to provide individual psychotherapy services that respect each person's humanity and singularity. As part of this mission, our Fellowship Program is designed to cultivate clinical independence through intensive supervision, structured training activities, and opportunities for reflective practice. Fellows are

encouraged to deepen their theoretical foundations while developing the practical skills necessary for ethical and effective practice in diverse settings.

We envision a space where clinicians directly benefit from the practice's growth, while clients feel truly respected and supported throughout a long-term therapeutic journey.

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.. Clinical work prioritizes responsiveness to the unique unfolding of each therapeutic process.
- **Warmth:** Every interaction, from the first call to each session, is guided by kindness and compassion. Fellows are expected to model this ethos in all clinical and professional relationships, from client care to team collaboration.
- **Clarity:** Systems are designed to support people, not to confuse them. Fellows are taught to navigate and contribute to these systems 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:** Clinical spaces must be legally sound, ethically firm, and emotionally aware, ensuring a safe environment for everyone. Fellows are trained to uphold integrity through ethical decision-making, legal compliance, and sensitivity to the emotional dimensions of therapeutic work.

The Postdoctoral Fellowship Program

Real Talk's Postdoctoral Fellowship 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.

This Postdoctoral Fellowship is a 12-month, full-time (30 hours per week, 1,500 total hours) clinical program. It intends to cultivate advanced competencies in early-career psychologists while responding to the evolving ethical, cultural, and technological demands of this field. The program provides a structured and intentional training experience, preparing fellows for licensure and a lifelong, ethically grounded clinical career.

Fellows are placed in an environment that values curiosity and professional integrity, offering an immersive experience in non-manualized psychotherapy, particularly in a humanistic orientation. This approach emphasizes its unique contribution to understanding complex clinical presentations, ethical dilemmas, and the societal impact on individuals.

- **Discipline**: Individual Psychotherapy
- **Duration**: minimum of 12 months (full-time equivalent, 30 hours/week), in a total of 1,500 supervised hours.
- **Clinical Work**: Fellows carry a gradually increasing caseload, reaching 20–25 individual therapy sessions per week by mid-year, across diverse populations. 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 individual hours per week. Each fellow receives supervision from both a primary supervisor (the Clinical & Training Director) and a designated secondary supervisor. While the primary supervisor oversees the majority of clinical work, secondary supervisors provide additional perspectives and consultation. The ratio of direct to delegated supervision is clearly documented to ensure compliance with licensure requirements and APA standards.

- **Didactics**: Weekly 2-hour group seminar covering clinical theory, ethics, cultural competence, and practice management.

- **Location**: Hybrid - in-person (50%) and online

- **Training Focus**: humanistic approaches alongside other 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)

Eligibility and Admissions Requirements

Applicants must meet the following criteria before the start date of the fellowship:

- **Doctoral Degree**: Completion of a doctoral degree (Ph.D. or Psy.D.) in Clinical or Counseling Psychology from an APA-accredited or equivalent program.

- **Internship**: Completion of an APA-accredited or equivalent internship, or an internship program that is a member of APPIC, provided it meets licensure requirements in the State of Texas.

- **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 focus is on supporting fellows in becoming thoughtful, ethical, independent, and clinically competent psychologists. Training is structured around the APA Profession-Wide Competencies and program-specific competencies, cultivated through weekly individual sessions, theoretical studies, 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 clients 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 (optional/context-sensitive) and symptom/functioning measures (e.g., PHQ-9, GAD-7, PCL-5, WHO-5) to inform formulation and monitor change when clinically appropriate.

- **Intervention:** Delivering appropriate clinical judgment and interventions in individual psychotherapy, adjusting them to client response, guided by the unique unfolding of each clinical case.
- **Communication and Interpersonal Skills:** Collaborating effectively, kindly, and respectfully with clients, 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 supervisory perspectives.
- **Independent Practice and Professional Development:** Displaying administrative readiness to make appropriate and ethical business decisions related to private/group 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 25 clients/week. Populations may include children, adolescents, and adults from various cultural, racial, and socioeconomic backgrounds.

- **Individual Supervision:** 2 hours per week of individual, face-to-face 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 to the routine of private practice. Topics include clinical documentation, legal risk and ethics, diagnosis, digital therapy ethics, contemporary clinical issues, and fundamentals of private practice. Learning objectives for each didactic session will be provided at the start of the program year.
- **Scientific Development:** critical readings, scholarly engagement, and end-of-year case study. Additionally, fellows are encouraged to participate in academic activities, including literature reviews and clinical presentations. These opportunities enhance the integration of science and practice, fostering professional development that extends beyond clinical work.
- **Documentation Time:** 1 hour/week for notes.

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 psychoanalytic and other humanistic concepts in supervision and to the definition of case conceptualization, under the guidance of a primary and secondary supervisor.
- **Months 7–9:** Specialty focus development, 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, which should culminate in readiness for independent, ethical, and thoughtful work. End-of-year scholarly project.

Sample Weekly Schedule: 30 Hours

- 25 client hours
- 2 hours of individual supervision
- 2 hour didactic seminar
- 1 hour of notes and documentation

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.
- **Marketing & client Flow:** Ongoing investment in Google Ads, SEO, and online presence to ensure consistent referrals and client caseload.
- **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 1,500 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 provided 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 and states the program name and training year.

Key Contacts

- **Practice Manager:** Juliana de Morais (juliana@realtalkpsychology.com)
- **Clinical & Training Director:** Adriane Barroso (adriane@realtalkpsychology.com)
- **Secondary Supervisor:** TBD by the beginning of every program year.

Program Outcomes

Real Talk is committed to continuous program improvement and accountability, as well as transparent reporting of fellowship outcomes. We'll 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 we intend to track as we move toward the APA accreditation process are:

- **Completion Rates:** Number of fellows completing the program within the expected timeframe over the past 2 years.
- **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, preparedness for careers, and areas for potential program enhancement.

Annual Program Review

The Clinical Director and Training Committee (composed of the Clinical & Training Director plus two licensed clinical psychologists appointed at the beginning of each program year) review fellow progress, remediation, and due process matters. They also conduct an annual comprehensive 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

Our long-term strategic goals for the fellowship program include:

- Pursuing formal APA accreditation for the Internship Program by 2028.
- Developing formal research or scholarly presentation opportunities for fellows.
- 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 (updated annually)

Accreditation Status

We are not yet accredited by the American Psychological Association (APA). The program intends to pursue APA accreditation by 2028.

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 with clients 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 also requires sensitivity to cultural humility, equity, and nondiscrimination in all professional 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 their supervisor and the Practice Manager.

Telehealth Standards

- Fellows must confirm client identity and location at the beginning of each telehealth session.
- Fellows must ensure that their physical environment maintains privacy and confidentiality.
- Telehealth informed consent must be obtained before providing services.
- 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.
- 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.
- Violations of ethical or legal standards will be addressed through the program's remediation and due process procedures.

Supervision

Supervision is at the heart of the 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 openly, 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 will work with Real Talk's Clinical Director on an individualized plan that complements the general program. As the year progresses, they will provide feedback on practical experiences and the quality of supervision by completing a biannual Training Evaluation Form. Moreover, every fellow is strongly 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 at least once annually (live or recorded), with structured feedback provided.

- **Consistency:** Supervision meetings take place as scheduled, even in the event of client cancellations or no-shows.
- **Supervisor Roles:** Each fellow is assigned (a) a primary clinical supervisor and (b) a secondary supervisor. Secondary supervisors provide at least one hour per month of structured consultation, ensuring fellows gain exposure to diverse supervisory styles.
- Scope: All clinical services, administrative duties involving clients, and professional communications are conducted under supervision.
- 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

Trilingual licensed psychologist with international training and over two decades of clinical experience. Extensive work with diverse populations in individual therapy, emphasizing psychoanalytic and other humanistic approaches. Clinical Director at Real Talk Psychology since 2019, with a focus on culturally responsive care.

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 — 2019–Present
  - Provides individual psychotherapy to adults and adolescents, with special focus on grief, depression, trauma, and psychiatric crisis.

Education

Doctoral Degree in Psychology — Pontifícia Universidade Católica de Minas Gerais, 2013. U.S. equivalency established via foreign-credential evaluation; licensed by the Texas State Board of Examiners of Psychologists (TX #37992).

- Two additional secondary supervisors are appointed at the beginning of each program year.

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 (in person or by phone/video) 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 (a physical office in Houston, security access, and telehealth infrastructure through Simple Practice EHR).

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. Some of the responsibilities of the Supervisor and the Practice, as listed by the Board, are briefly presented below for clarity of communication. Fellows are responsible for being aware of and adhering to any updates.

- Supervising all fellows who provide psychological services and ensuring they have the legal authority and competence to do so.
- Ensuring that individuals who receive psychological services are informed about the fellow's supervisory status. (This includes clear disclosure in informed consent forms that services are provided by a clinician under supervision, with the supervisor's name and license number.)
- Documenting the supervision activities in writing (date, time, length).
- Reviewing and evaluating the appropriateness of each fellow's caseload, case records, and treatment planning.
- Recommending that the fellow refer clients to other therapists when their needs fall outside the scope of practice.
- Assisting the fellow in developing a plan to complete the competency exam.
- Notifying the Board within 14 days of any significant interruption to supervision or expected termination of the supervisory relationship.
- Submit a written evaluation of the fellow's skills and progress every quarter, and a final evaluation by the end of the fellowship program.

Supervisory Methods

- Review of clinical notes and case conceptualizations.
- Use of process notes and clinical discussions.
- Direct Observation. Once a year, it is integrated into evaluations.

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.

Supervision Content Areas

- Case conceptualization and treatment planning.
- Transference dynamics.
- Risk assessment and crisis management.
- Documentation, billing, and insurance compliance.
- Ethical and legal issues.
- Professional development and licensure preparation.

Fellows are expected to consult with psychiatrists, primary care providers, and other professionals when clinically appropriate, with supervisors modeling and guiding these collaborations.

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, postdoctoral-level 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 business-of-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)

Real Talk's didactic series is designed to equip fellows with the 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.

Each fellow co-presents two seminars/year (one literature-based; one case-based).

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 current 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

September: Documentation & Medical Necessity

Learning Objectives

- Understand the core components of audit-proof SOAP notes that reflect both therapeutic nuance and medical necessity.
- Practice writing progress notes that meet insurance and ethical standards while retaining the therapist's singular voice.
- Identify common documentation pitfalls and how to avoid them.
- Learn how to document clinical work in a way that aligns with billing and risk management requirements without sacrificing clinical depth.
- Apply CPT codes accurately and consistently, developing precise risk-management language that balances clinical depth with compliance requirements.
- Integrate standardized outcome measures (e.g., PHQ-9, GAD-7, WHO-5, PCL-5) into case formulation and treatment planning, using them to monitor progress while maintaining a client-centered, clinically sensitive approach.

Activities & Discussion Points

- Review of sample "good" vs. "bad" notes from various modalities.
- Documenting a hypothetical session, followed by peer feedback.
- Q&A on specific insurance requirements and common auditor questions.
- Discussion on best practices for recordkeeping and therapy notes.

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/

October: Ethics, Boundaries, and the Law in Modern Practice

Learning Objectives

- Differentiate between legal obligations and ethical ideals in everyday clinical dilemmas using real-world case studies.
- Identify high-risk scenarios (e.g., dual relationships, suicidal ideation, subpoenas) and appropriate responses based on established ethical frameworks and legal guidelines.
- Understand the scope of confidentiality and its limits, with emphasis on telehealth regulations and the implications of interstate practice.
- Reflect on how personal values, institutional policies, and legal mandates intersect and clash, and develop strategies for navigating tensions.

Activities & Discussion Points

- In-depth 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).
- Discussions 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).
- Exploring legal and ethical issues specifically relevant to private practice.

References

- Bersoff, D. N. (2008). Ethical Conflicts in Psychology (4th ed.). American Psychological Association.
- 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)

November: 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 client experience and 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 development.

Activities & Discussion Points

- Group discussion: Identifying and addressing microaggressions in therapy.
- 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 care, including critical race theory, queer theory, disability studies, and decolonial perspectives.

References

- Comas-Díaz, L. (2012). Multicultural Care: A Clinician's Guide to Cultural Competence. American Psychological Association.
- 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/
- Tervalon, M. & Murray-García, J. (1998) Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. Journal of Health Care for the Poor and Underserved, 9 (2) 117- 125
- Delphin-Rittmon, M. E., & Flanagan, E. H. (2015). A critical race theory perspective on mental health services. Psychiatric Services, 66(1), 101–103.
- Brotman, S. (2014). Intersectionality: A conceptual framework for analysis of the experiences of older lesbians. Journal of Homosexuality, 61(4), 513–529.

- Disability Studies: Olkin, R. (1999). What is physical disability? In R. Olkin, What is visible is not always visible: A practitioner's guide to working with people with disabilities (pp. 3-26). Springer Publishing Co.
- Decolonial Perspectives: Moane, G. (2011). Decolonising psychology: Challenges and possibilities. Irish Journal of Psychology, 32(3-4), 183-195.
- Resources from Organizations Promoting Diversity, Equity, and Inclusion in Mental Health:
    - The Loveland Foundation: https://thelovelandfoundation.org/ (Provides therapy support for Black women and girls).
    - Therapy for Black Girls: https://therapyforblackgirls.com/
    - The Association of LGBTQ+ Psychiatrists (AGLPP): https://www.aglpp.org/

December: Diagnosis as Language and Power

Learning Objectives

- Learn how to use the DSM-5-TR as a tool for conceptualization and communication.
- Explore the sociocultural and economic implications of assigning diagnoses in various clinical contexts, including issues of stigma, cultural bias, and access to care.
- Practice creating 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 a humanizing clinical stance, and develop strategies for ethical and 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

- Group discussion: The politics of diagnosis, over-pathologizing, and cultural considerations in assessment.
- 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.
- *Case vignette:* Discuss how bias and access disparities influenced the diagnostic outcome, and explore strategies to document ethically while advocating for the client's care.

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/

January: 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.

References

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- U.S. Department of Health & Human Services (HHS). (n.d.). *HIPAA Security Rule Summary.* https://www.hhs.gov/hipaa/for-professionals/security/index.html
- American Psychological Association. (2013). *Guidelines for the Practice of Telepsychology. American Psychologist, 68*(9), 791–800. https://doi.org/10.1037/a0035001
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- Knapp, S., Gottlieb, M. C., Berman, J., & Handelsman, M. M. (2017). *Ethical dilemmas in psychotherapy: Positive approaches to decision making.* Washington, DC: APA Books.

February: Trauma and Crisis in Outpatient Settings

Learning Objectives

- Define trauma from a psychoanalytic perspective.
- Identify when to refer out for higher-level trauma care vs. when to continue in a relational, insight-based frame, focusing on client safety, therapeutic scope, and professional competence.
- Learn how to hold trauma narratives without getting lost in symptom management.
- Distinguish between psychological crisis and subjective urgency, and understand the concept of the "Clinic of the Real"
- Apply structured approaches to managing acute crises, including pathways for assessment, stabilization, emergency referral, and ethical documentation, while maintaining therapeutic presence.

Activities & Discussion Points

- In-depth exploration of the theory of trauma, drawing from various perspectives.
- Case discussions on managing acute crises and urgent clinical situations.

- Case vignette: acute suicidal ideation: review a de-identified high-risk case, identify crisis warning signs, and outline an immediate response plan.

References

- Assef, J. (2017, July). Fear: Clinical details of a silent epidemic. LC Express, 3(9).
- Herman, J. L. (1992). Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror. Basic Books.
- Laurent, E. (2002, April). Trauma in Reverse. Lacanian Works. http://www.lacanianworks.net/?p=12265.
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- Seldes, R. (2021, February). Urgency: between truth and jouissance. The Lacanian Review Online. https://www.thelacanianreviews.com/urgency-between-truth-and-jouissance/
- Vernoy, K.; Widhalm, C. (2021, July). Psychiatric crisis in the emergency room. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/psychiatric-crises-in-the-emergency-room/.
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March: 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.
- Reflect on the relational dimension of consultation: how power, positionality, and professional identity shape collaboration with physicians, psychiatrists, social workers, and other providers.

Activities & Discussion Points

- Documentation exercise: Draft a Release of Information (ROI) form and a mock consultation note. Emphasize HIPAA compliance, precision, and minimizing unnecessary disclosure.
- Humanistic reflection: 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?

References

- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (Standard 3.09: Cooperation with other professionals). https://www.apa.org/ethics/code
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- Gutheil, T. G., & Brodsky, A. (2008). *Preventing boundary violations in clinical practice.* Guilford Press. (Ch. 7 on consultation & collaboration)
- Frankel, R. M., & Quill, T. E. (2005). *Integrating patient-centered care and evidence-based medicine in consultation. Journal of General Internal Medicine, 20*(10), 935–940.
- Norcross, J. C., & Wampold, B. E. (2019). *Relationships and responsiveness in the psychological treatment of patients with comorbid medical conditions.* In *Psychotherapy relationships that work* (pp. 15–40). Oxford University Press.

April: Professional Identity and Humanistic Approaches

Learning Objectives

- Learn how to maintain integrity while navigating different systems (insurance, families, institutions) and effectively advocate for your professional values and the needs of your clients.
- 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.

References

- Brinkmann, S. (2012). Qualitative research between craftsmanship and McDonaldization. Qualitative Studies, 3(1). 56-68.
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- Vanheule, S. (2002). Qualitative Research and Its Relation to Lacanian Psychoanalysis. JPCS: Journal for the Psychoanalysis of Culture and Society, 7.
- Vedantam, S.; Cohen, R.; Boyle, T. (2019, April). A dramatic cure. [Podcast]. Hidden Brain. https://hiddenbrain.org/podcast/the-dramatic-cure/.
- Vernoy, K.; Widhalm, C. (2019, May). Is CBT Crap?. [Podcast]. The Modern Therapist's Survival Guide. https://therapyreimagined.com/modern-therapist-podcast/is-cbt-crap/

May-June: Psychoanalysis and Other Humanistic Approaches

Learning Objectives

- Introduce the core tenets of the Psychoanalytic approach and its contemporary relevance, including key concepts like transference and the unconscious.

Activities & Discussion Points

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

Suggested Resources

- Bassols, M. (2014, March). Psychoanalysis, science, and the real. LC Express, 2(9).
- Dall'Aglio, John. (2020). No-Thing in Common Between the Unconscious and the Brain. Psychoanalysis Lacan, Vol. 4. https://www.researchgate.net/publication/342870600_No-Thing_in_Common_Between_the_Unconscious_and_the_Brain_On_the_Impossibility_of_Lacanian_Neuropsychoanalysis_Psychoanalysis_Lacan_Vol_4.
- Freud, S. (Selected works, e.g., "The Interpretation of Dreams," "Mourning and Melancholia," "Beyond the Pleasure Principle," "The Ego and the Id," "Inhibitions, Symptoms and Anxiety").
- Palomera. What may I expect from Psychoanalysis (2020, October). LC Express, 5(3).
- Svolos, T. (2001, August). Past and future of Psychoanalysis in Psychiatry. The Symptom: Online Journal for Lacan.com. https://www.lacan.com//svolosf.htm.
- Bassols, M. (2014, March). The paradoxes of transference. LC Express, 2(8).
- Guéguen, P.-G. (2016, September). Some remarks on Civilization and its Discontents from Freud to Lacan. LC Express, 3(4).
- Laurent, E. (2020, March). The Other that does not exist and its scientific committees. The Lacanian Review Online. https://www.thelacanianreviews.com/the-other/.

- Orange, D. M. (2016). The Suffering Stranger: Hermeneutics for Everyday Clinical Practice. Routledge.
- Plastow, M. (2012). Retail Therapy: the enjoyment of the consumer. British Journal of Psychotherapy. 204-220.

July: Private Practice 101

Learning Objectives

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

Activities & Discussion Points

- Understanding the basics of the EPPP and Texas Jurisprudence Exam preparation
- 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.
- Discussions around referrals, including how to make ethical referrals and "fire" clients when appropriate.

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).
- Texas Jurisprudence Exam Preparation Resources: (e.g., TSBEP Jurisprudence Exam Information: https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/applicants/jurisprudence-exam/index.html).

August: Scholarly Projects (Fellows)

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.
- Apply APA style and journal standards in preparing written work for potential submission to peer-reviewed journals.

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.
- Final presentations:
- Fellows present their scholarly projects to the Real Talk community. Group reflections on clinical implications and training insights follow presentations.

References & Suggested Resources

- APA. (2020). *Publication manual of the American Psychological Association* (7th ed.). American Psychological Association.
- Belcher, W. L. (2019). *Writing your journal article in twelve weeks: A guide to academic publishing success* (2nd ed.). University of Chicago Press.
- Bem, D. J. (2004). *Writing the empirical journal article.* In J. M. Darley, M. P. Zanna, & H. L. Roediger III (Eds.), *The compleat academic: A career guide* (2nd ed., pp. 171–201). American Psychological Association.
- APA Style Quick Guides: https://apastyle.apa.org/
- Suggested submission venues:
    - *Journal of Contemporary Psychotherapy* (academic)
    - *Psychotherapy* (APA Division 29)
    - *Journal of Clinical Psychology*
    - *Psychology Today Blogs* (public-facing)
    - *Real Talk Journal/Blog* (internal/public hybrid)

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

- Fellows are supported in meeting Texas licensure requirements.
- Supervisors provide guidance on accruing supervised hours, documentation, and Board applications.
- Fellows are encouraged to begin studying for the EPPP and jurisprudence exam during the fellowship year.

Career and Business Mentorship

- Fellows receive mentorship in developing a professional identity as psychologists and practice owners. Topics include ethical practice in private settings and building a financially sustainable career.
- Didactics include modules on financial planning and strategies for private practice.
- Fellows are introduced to business aspects of group practices, including insurance contracts, billing procedures, and marketing considerations.

Scholarship and Writing

- Fellows are encouraged to contribute to scholarly activities through writing, presentations, or public education.
- Each fellow is expected to complete at least one scholarly product during the fellowship year (case study, presentation, or paper suitable for submission).

Supervision Exposure

- Fellows gain introductory experience in supervision by providing structured peer feedback and observing supervisory processes.

Community Building

- Fellows are integrated into the Real Talk community to foster a sense of belonging, reduce isolation, and promote a sense of collegiality.
- Fellows are encouraged to engage in peer consultation and support networks outside of supervision.

Professional Identity

- Fellows are encouraged to view themselves as psychologists-in-training, moving toward independent practice. This process involves reflection on cultural humility, positionality, and the ethical responsibilities that arise from practicing within diverse communities.
- Progress in professional development is evaluated 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). Fellows are evaluated at 3, 6, and 12 months using structured rubrics assessing the following domains:

- 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 (including business/administrative readiness)

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. Persistent scores below MLA may result in non-completion of the program.

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

Philosophy of Evaluation

- Evaluation is both formative (ongoing, developmental) and summative (formal, documented).
- Feedback is collaborative and intended to guide professional growth.
- Evaluation is based on observable behaviors, competencies, and professional standards.

Evaluation Timeline

Initial Evaluation (Month 1)

- Fellows meet with supervisors to establish individualized training goals.
- Review fellowship expectations and competency benchmarks.
- 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.
- Evaluations rate progress across APA's core competency areas.
- Fellows meet with supervisors to review evaluations.

- Training plans are adjusted based on progress.

Self-Assessments

- Fellows complete reflective self-assessments every 6 months. These include 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 comprehensive evaluation of progress, strengths, and readiness for independent practice.
- Supervisors provide a written summary suitable for licensure documentation.
- Exit interviews are conducted to gather feedback about the program. Final evaluations also include a review of the fellow's scholarly activities, such as case studies, presentations, or written products produced during the fellowship year.

Competency Ratings

- Ratings are made across APA's required domains: Integration of Science and Practice, Ethical/Legal Standards, Individual and Cultural Diversity, Professional Values/Attitudes/Behaviors, Communication and Interpersonal Skills, Assessment and Case Formulation, Intervention, Supervision and Mentorship, Consultation/Interprofessional Skills, Independent Practice and Professional Development.
- Ratings reflect developmental progress (e.g., "emerging competence," "intermediate competence," "ready for independent practice").
- Supervisor evaluations explicitly assess fellows' engagement with cultural humility, positionality, and responsiveness to diversity in clinical work.

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 who disagree with an evaluation may submit a written appeal.
- Written appeals must be submitted within 14 calendar days of receiving an evaluation or remediation decision.
- The Clinical Director reviews appeals and, if necessary, refers them 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.
- Logs are reviewed quarterly to ensure fellows meet licensure requirements.

Remediation

- If a fellow is experiencing significant difficulties in the program, they will meet with the Clinical Director to develop appropriate remedial actions.
- A written plan will be tailored to address the challenges faced by the fellow. Real Talk will provide them with the opportunity to give feedback and suggestions. The resulting remedial plan will then become a training contract

between the fellow and Real Talk, and the Clinical Director will closely monitor its adherence to ensure compliance.

- A fellow who fails to comply with the remedial plan due to a lack of motivation or significant skill deficits will be scheduled for a performance review and will be given the opportunity to address these concerns.
- The Training Committee (composed of the primary supervisor, the secondary supervisor, and another licensed psychologist at Real Talk) will determine the need for further action, such as continuous monitoring, revision of the remediation plan, or probation. The fellows will be notified and required to review and sign the new training plan.
- Fellows who fail to comply with the remediation plan, violate ethical and professional codes, or transgress Real Talk's policies may be recommended for termination from the Fellowship Program. In such cases, the Clinical Director will provide the fellow with written notice of the decision and notify the APA (if applicable).

Possible Remediation Strategies

- Increased supervision frequency.
- Targeted readings or training assignments.
- Observed or recorded sessions.
- Reduced caseload while working on identified concerns.

Successful Remediation

- If the fellow meets remediation goals, the plan is closed, and the fellow continues in good standing.

Failure to Remediate

- If progress is insufficient, the fellow may be placed on probation or dismissed from the program.
- Dismissal requires review by the Clinical Director and Training Committee.

Grounds for Immediate Termination

- Gross ethical or legal violations.
- Endangering the welfare of clients.
- Substance use impairment in the workplace.
- Falsification of records.

Appeals

- Fellows may appeal remediation or termination decisions using the grievance process.

Philosophy

The remediation process is developmental, not punitive. Its purpose is to ensure fellows receive the support needed to meet professional standards, while also protecting clients and the integrity of the program.

Grievance & Due Process Procedures

Definition of a Problem

A problem may be defined as present when a fellow's performance, attitude, or behavior:

- Poses risk of legal or ethical breach, or reflects impairment in judgment or competence.
- Is persistently resistant after feedback.
- Disrupts the training environment.

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

- **Direct Communication:** Fellows are encouraged to attempt to resolve concerns directly with the person involved (e.g., supervisor, peer, administrative staff).
- **Clinical Director Consultation:** 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.

- **Written Complaint:** 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.
- **Review and Investigation:** 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.
- **Meeting with Parties:** 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.
- **Decision and Notification:** 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.
- **Appeal Process:** 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.
- **Records:** 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.

Protections Against Retaliation

- Fellows will not face retaliation for filing a grievance in good faith.
- Confidentiality is maintained to the extent possible.

Remediation and Dismissal

- 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.
- Reports will be investigated promptly, and protections are in place for whistleblowers.

Philosophy

- The grievance process is designed to ensure fairness, accountability, and the protection of fellows' rights while maintaining high program standards.

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 clients 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 client 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 48 hours of each session, using approved SOAP templates for documentation. Timely documentation is vital for continuity of care.
- 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. Most Common CPT codes for Clinical Psychology Private Practice:
    - **90791** - Psychiatric Diagnostic Evaluation (usually just one/client is covered)
    - **90832** - Psychotherapy, 30 minutes (16-37 minutes)

    - **90834** - Psychotherapy, 45 minutes (38-52 minutes)
    - **90837** - Psychotherapy, 60 minutes (53+ minutes)
    - **90847** - Family psychotherapy (conjoint psychotherapy) (with client present), 50 minutes
    - **90846** - Family psychotherapy (without the client present), 50 minutes
    - **90839** - Psychotherapy for crisis, first 60 minutes
    - **90840** - Psychotherapy for crisis, each additional 30 minutes (add-on code for 90839)
    - **90785** - Interactive Complexity (add-on code)
- 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 client 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 client 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 secondary supervisor 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

Employer: Real Talk Clinical Psychology

Location: Houston, Texas (hybrid: 50% in-office + telehealth)

Position: Postdoctoral Fellow in Clinical Psychology (W-2, full-time - 30 hours)

About Real Talk

We are a Houston-based, insurance-friendly group practice with a clear mission: to provide exceptional care for our clients and unmatched support for our clinicians.

We're proud to offer one of the most competitive and supportive **postdoctoral fellowships in Texas** — APA-oriented (as we intend to pursue accreditation soon), combining structured training with real-world practice in a professional, warm, and well-run environment.

Fellowship Highlights

Full-Time, 30 Hours/Week

- 12-month fellowship. Start: September 2026 (flexible within a 4–6 week window).
- Capped at **25 clinical sessions per week** (never more). Remaining hours dedicated to supervision and didactics, EPPP preparation, and licensure.
- Opportunity to experience individual therapy with children, adolescents, and adults. Psychological testing/evaluations are not provided in this role.

- Hybrid schedule: 50% in-office + telehealth
- 2 hours/week of individual supervision
- 2 hours/week Didactics Series
- Robust support toward EPPP and Texas licensure.

Compensation & Benefits

Postdoctoral Fellows at Real Talk are W-2 employees, paid a **$50,000 annual salary plus a comprehensive benefits package valued at more than $15,000.**

Benefits include:

- Health, dental, and vision insurance (75% employer-paid)
- 6 weeks of PTO
- Malpractice coverage
- $650 licensure/CE stipend
- APA membership
- Full reimbursement of the EPPP exam
- Online EPPP prep course
- Laptop/tech stipend
- 401(k) with employer match.

This structure ensures a total compensation value of $ 65,000 for a 30-hour workweek, making it one of the most competitive and supportive fellowship packages in private group practice in Texas.

The program is structured as a true 30-hour week — capped at 25 client sessions, with supervision and professional development — and does not require administrative duties. Your time is fully dedicated to clinical training.

Although not yet accredited, we operate our program as a fully APA-oriented fellowship, featuring structured supervision, didactic instruction, and evaluation systems that comply with accreditation standards. This approach ensures that your training experience aligns with the rigor and integrity expected of an APA program.

Fellows receive structured evaluations at 3, 6, and 12 months using behaviorally anchored rubrics.

Requirements

- Completion of an APA-accredited or equivalent doctoral program in psychology (PhD or PsyD).
- Completion of an APA-accredited or APPIC internship or equivalent.
- Eligibility for postdoctoral supervision toward Texas licensure.
- Strong commitment to clinical work.
- Interest in hybrid practice with at least 50% in-office sessions.
- Real Talk is an Equal Opportunity training site. We provide reasonable accommodations in accordance with the ADA and applicable law.

📩 **To Apply:**

Send your CV, cover letter, and two references to adriane@realtalkpsychology.com. Please indicate your interest in child/adolescent, adult, or mixed populations.

Appendix B: 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 1,500 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.
- 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 48 hours of each session.
- 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. Two additional secondary supervisors 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 C: 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
- Proof of Professional Liability Insurance (if Provisionally Licensed)
- 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.
- Set up the dedicated 8x8 phone line (optional).
- 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 D: 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 E: Fellow Weekly Schedule

Day	Client Hours	Individual Supervision	Didactic Seminars	Notes
Monday	5	1		
Tuesday	4		2	
Wednesday	5	1		
Thursday	6			
Friday	5			1
TOTAL	**25**	**2**	**2**	**1**

Appendix F: 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):	☐ Individual ☐ 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 G: 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 H: 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	Remediationr 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 I: 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 intake evaluations, risk assessments, 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 J: Supervisor Evaluation Form

Supervisor Name:

Fellow Evaluator and Date:

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

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

Provided consistent and reliable supervision.

Rating (1–5): _____ Comments:

Created a safe and respectful supervisory relationship.

Rating (1–5): _____ Comments:

Demonstrated knowledge and skill in the clinical areas I was working on.

Rating (1–5): _____ Comments:

Was open to feedback and encouraged dialogue.

Rating (1–5): _____ Comments:

Supported my professional growth and autonomy.

Rating (1–5): _____ Comments:

Integrated cultural and identity-based perspectives in supervision.

Rating (1–5): _____ Comments:

Helped me reflect on ethical and legal issues in practice.

Rating (1–5): _____ Comments:

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 K: Remediation Plan Template

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

Appendix L: Fellow Outcomes Tracking

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

Appendix M: 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 N: 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 1,500 hours).
- Learning experiences take precedence over service delivery.

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 by **September 25**.
- 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 APA accreditation, including this manual, required outcome data tables, and self-study documentation.
- 2027: Prepare for site visit, continue compliance monitoring, and post annual updates on website.

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.

Appendix O: Supervision Contract for Clinicians

Postdoctoral Fellowship Supervision Contract (Secondary Supervisor)

This Supervision Contract outlines the responsibilities, expectations, and commitments between Real Talk Clinical Psychology, the secondary supervisor, and the postdoctoral fellow.

Parties

Fellow Name:

Secondary Supervisor Name:

License Number & State:

Contract Start and End Date:

Purpose

The purpose of this agreement is to establish the supervisory relationship between the secondary supervisor and the fellow, in compliance with

- APA Ethical Principles of Psychologists and Code of Conduct
- Texas Behavioral Health Executive Council (BHEC) and Texas State Board of Examiners of Psychologists (TSBEP) rules
- Real Talk's Postdoctoral Fellowship policies and training aims

Role of the Secondary Supervisor

The secondary supervisor provides specialized supervision and support to complement the fellow's primary supervision. Duties include:

- Supervision Hours, within the 2 hours/week of individual supervision.
- Case Review: Review and provide feedback on therapy notes, treatment plans, and clinical decision-making for assigned cases.
- Observation: Participate in at least one direct observation of the fellow's clinical work per year (live or recorded).
- Evaluation: Complete mid-year and final competency evaluations in collaboration with the primary supervisor and Clinical & Training Director.
- Compliance: Ensure that all supervised activities are consistent with APA ethics and TSBEP rules for supervised practice.
- Collaboration: Participate in Training Committee discussions regarding the progress of fellow trainees, remediation, and program evaluation, as applicable.

Fellow Responsibilities

The fellow agrees to:

- Attend all scheduled supervision sessions regardless of client cancellations.
- Come prepared with case material, progress notes, and supervision goals.
- Implement supervisor feedback and discuss challenges openly.
- Immediately disclose any ethical or clinical concerns that may arise.

Supervision Structure

- Primary Supervisor: Oversees overall progress, supervision hours, and training milestones.
- Secondary Supervisor: Provides additional supervision focused on specific populations, modalities, or competencies.

- Training Committee: Includes the Clinical & Training Director and two licensed psychologists (one of whom may be a secondary supervisor).

Confidentiality

HIPAA and professional ethics bind supervisors. Clinical material discussed in supervision is confidential and may only be shared within the fellowship program for educational and evaluative purposes.

Duration and Termination

This contract is valid for the fellowship year unless terminated earlier by mutual agreement or for cause.

If supervision is terminated, the Clinical & Training Director must be notified immediately, and a replacement supervisor will be assigned.

Acknowledgment

By signing this contract, all parties affirm their understanding of the responsibilities, requirements, and expectations outlined above.

Fellow: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Director of Training: _____ Date: _____

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 (1,500 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, 1,500-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.