NORTHWEST ADHD TREATMENT CENTER

Psychologist Residency Training Manual

2024-2025

Northwest ADHD has submitted an APPIC membership application as of August 1, 2024.

Who We Are

Motto: Skills to achieve, support to thrive.

Vision Statement:
To be a center of excellence, nationally recognized as a leader in the evaluation and treatment of attention related concerns.

Mission Statement:
To be a valued organization that provides individuals and families with attention related concerns, the skills to achieve and support to thrive through comprehensive assessment and tailored treatment planning.

Values:
Passion, Kindness, Inclusivity, Flexibility, Community, Growth, and Support

Aim

The aim of residency at Northwest ADHD is to prepare residents to develop expertise in the assessment, diagnosis, and treatment of ADHD as well as other attentional concerns across the life span (up to age 65). Northwest ADHD is an interdisciplinary group practice with three locations in the Portland, Oregon area. Residents will function as a member of an interdisciplinary team including psychologists, social workers, counselors, and psychiatric mental health nurse practitioners. Residents will have the opportunity to create and run their own therapy group, engage in individual supervision, attend weekly didactics, attend weekly treatment team meetings, attend any scheduled training, provide learning disability assessments for a local community college, participate in giving training, and engage in research. The population served at Northwest ADHD includes children, adolescents, and adults; residents are able to choose which age group to work with. Additionally, residents will have the opportunity to become an ADHD Certified Clinical Services Provider (ADHD-CCSP).

The residency at Northwest ADHD is designed to meet the Oregon Board of Psychology residency requirements [minimum 1,500 hours and 12 months (50 weeks) in duration], as well as the requirements to become a licensed psychologist in the state of Oregon.

Competencies and Learning Elements

The following clinical psychology competencies and residency specific competencies in the assessment, diagnosis, and treatment of ADHD and other attentional concerns are reflected in the residency certificate of completion.

1. ***Integration of science and practice***
    a. Residents are expected to demonstrate the ability to critically evaluate foundational and current research that is consistent with ADHD and other related concerns.
    b. Residents are expected to integrate knowledge of foundational and current research consistent with the program's focus area.
    c. Residents are expected to demonstrate knowledge of common research methodologies used in the study of the program's focus area and the implications of the use of the methodologies for practice.
    d. Residents are expected to demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.

2. ***Ethical and legal standards***
    a. Residents are expected to be knowledgeable of and act in accordance with each of the following:
        i. To the current version of the APA Ethical Principles of Psychologists and Code of Conduct
        ii. To relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
        iii. To relevant professional standards and guidelines.
    b. Residents are expected to recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area
    c. Residents are expected to conduct themselves in an ethical manner in all professional activities.

3. ***Individual and cultural diversity***
    a. Residents are expected to demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
    b. Residents are expected to demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service
    c. Residents are expected to demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
    d. Residents are expected to demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

4. ***Professionalism***
    a. Residents will conduct themselves in a professional manner in interactions with both patients and staff in a way that reflects the values of psychology and the values of Northwest ADHD; namely, passion, kindness, inclusivity, flexibility, growth, community, and support.
    b. Residents will consistently complete documentation following clinic policies.
    c. Residents will seek out additional supervision and consultation as necessary, use supervision productively, and implement feedback into their work.

5. Interdisciplinary teams

a. Residents will learn to work in interdisciplinary teams as part of a patient's comprehensive treatment.
b. Residents will attend weekly treatment team meetings and be prepared to participate in consultation with the interdisciplinary team.

6. Assessment, diagnosis, and treatment of ADHD and other attentional concerns

a. Residents will learn how to properly assess and diagnose ADHD and other attentional concerns.
b. Residents will apply knowledge of diagnostic comorbidities with ADHD and be able to rule in or out co-occurring mental health conditions.
c. Residents will learn the role of objective testing in comprehensive ADHD assessment and be able to apply this as necessary.
d. Residents will learn to create tailored treatment plans for individuals with attentional concerns.
e. Residents will learn evidenced based practices related to the treatment of ADHD and comorbidities.

Activities to meet competencies and learning elements

Northwest ADHD is a multidisciplinary group of psychologists, master's level professional counselors and clinical social workers, and psychiatric mental health nurse practitioners. Residents will learn to work collaboratively with different providers in service of providing the best care for their patients.

Residents participate in a robust onboarding training period including becoming an ADHD Certified Clinical Services Provider (ADHD-CCSP). Additionally, residents participate in weekly didactics, any scheduled training offered to staff, two hours of individual supervision, one hour of group supervision, administering and interpreting learning disability evaluations, and provide training and engage in research as available.

Residents complete full ADHD evaluations, which include a thorough biopsychosocial interview, collateral information gathering, and objective assessments as needed, including but not limited to, the TOVA, WAIS, and D-KEFS. Through these evaluations, residents gain differential diagnostic skills, as well as learn to create individualized treatment planning for each specific patient. There are no requirements regarding the number of evaluations completed.

Residents have the opportunity to provide individual therapy, group therapy, and couples/family therapy to children, adolescents, and/or adults for individuals with ADHD, ADHD and co-occurring conditions, or any other mental health condition that may be impacting focus and attention. Clinic-wide exclusion criteria include individuals with psychosis, active eating disorders, personality disorders, active substance abuse, active risk (including suicidal and homicidal ideation), and registered sex offenders. Residents see individuals that have Medicaid insurance. Residents are expected to see between 20-28 patients per week.

Residents also collaborate with the Portland Community College (PCC) LEAP (Learning Evaluation Access Project) Program. Through this program, residents will administer learning and/or ADHD evaluations to PCC students that may not have access to these services otherwise. Residents will complete about one LEAP evaluation per month.

Residents are also responsible for administering the TOVA (a continuous performance task) and TOMM (Test of Memory Malingering) for licensed providers at Northwest ADHD (typically 2-3 administrations and short reports per week). Residents may also have the opportunity to administer additional objective assessments for other providers at Northwest ADHD as need arises.

Residents learn professional development skills related to time management, clinical documentation, working in an interdisciplinary team, and billing insurance.

Resources for Residents

Benefits

Benefits include medical and dental/vision insurance (premium covered by NW ADHD), FSA, 401K employer sponsored retirement plan, 80 hours PTO plus 40 additional hours to study for licensure exams, paid holidays, short and long term disability, employer funded life insurance, and a parking/public transportation stipend. Residents may have opportunities to attend conferences and engage in research as available. Residents will be provided with onboarding training materials, and will have journal access. Northwest ADHD offers licensure, Oregon Jurisprudence Exam, and EPPP reimbursement to residents that are offered and accept a full-time, licensed position with Northwest ADHD following the completion of residency. An employment offer following residency is not guaranteed.

Residents are expected to be on site; however, they may work from home on their study day. Residents will be given their own office space pending availability. Patients may be seen in person or via telehealth.

Northwest ADHD participates in the Paid Leave Oregon program (Paid Leave Oregon). This is an employer and employee funded state program that allows employees up to 12 weeks paid leave for medical, family, or safe leave. Paid Leave Oregon pays employees a certain percentage of their wages while on leave and protects an employee's job/role if they have been employed with the employer for at least 90 consecutive days.

Pertaining to 2025-2026 residency year, Northwest ADHD is no longer able to offer relocation assistance.

Locations

Residents will be at one of NW ADHD's three locations throughout the Portland, Oregon metro area - West Portland, East Portland, and Downtown.The opportunity to do individual, family/couples, and group therapy for kids/teens and adults is available at each location. Each location includes a furnished resident office and access to needed testing materials, protocols, and scoring software. Residents will be onsite and will have access to administrative support, as well as the opportunity to consult with licensed staff on site. Residents will be able to rank their preference for which office they would like to be assigned to - Northwest ADHD will make every effort to meet resident location requests, pending office space availability.

Considering Northwest ADHD has different locations, training activities are conducted virtually. This ensures that training is consistent across sites.

Downtown Portland

1201 SW 12th Ave Suite 224
Portland, OR 97205 United States

West Portland

12570 SW 69th Ave Suite 200
Portland, OR 97223 United States

East Portland

13908 SE Stark St Suite A
Portland, OR 97233 United States

Evaluation and Due Process

Residents are evaluated at least twice per year (6 month mark, end of residency). Residents may be evaluated more often than this if requested by the Oregon Board of Psychology. In the case that there are concerns regarding minimum expectations for standard competencies, due process procedures will be followed.

Supervision and Supervision Staff

Residents will be provided with 2 hours minimum a week of individual supervision; one hour with their primary supervisor, and the other with their associate, or secondary, supervisor. Residents will also attend weekly treatment team meetings with staff, including at least one licensed psychologist, at their specific location. These weekly interdisciplinary meetings meet the Oregon Board of Psychology requirements for group supervision. Supervision may be in person or via telesupervision.

Telesupervision

Telesupervision may be utilized in the event of any non-recurring scheduling conflicts, inclement weather preventing safe travel to on site location, access to primary or secondary supervisor that may not be at resident's assigned site*, or supervisor and/or resident health conditions that may make in-person supervision unsafe. Telesupervision is consistent with the overall program aims and training outcomes, as telesupervision provides opportunity for different, off-site supervision experiences that make for a more well rounded clinician.

*Every effort will be made to match a resident to a site with an appropriate supervisor. There are times when this may not be feasible, for example, a child provider at a different site than a licensed psychologist that is competent to supervise working with children.

While telesupervision may be utilized, residents are required to be onsite, providing the resident with sufficient socialization into the profession. All supervisors are required to take continuing education on telesupervision, and efficacy of telesupervision is discussed during monthly supervision consultation meetings with supervision staff. Supervisors are required to frequently engage in feedback informed supervision in terms of the supervisory relationship. Issues related to diversity, equity, inclusion, and accessibility are taken into account prior to Training Director approval of telesupervision. At minimum, a HIPAA compliant, secure and stable audio-video software will be provided. Supervisors and residents are expected to treat telesupervision with the same ethical and privacy standards and telehealth. All documentation is kept in a HIPAA compliant, secure cloud based software, allowing remote supervisors to more easily maintain full professional responsibility for clinical cases.

Supervisors are available for non-scheduled consultation and crisis coverage via HIPAA compliant instant messaging and audio-visual teleconferencing software. In the event that the primary supervisor is not available, residents will seek aid from their secondary supervisor, followed by clinical directors and other licensed psychologists on staff. If telesupervision is not available, supervision will be rescheduled to in-person, or supervisor will work with the Training Director to find an alternative platform.

Supervision Staff

Alyssa Nolde, PsyD Licensed Psychologist, Training Director, Primary and Secondary Supervisor

Dr. Nolde (she/her) received her master's degree (MS) and doctorate (PsyD) in clinical psychology from Pacific University. Dr. Nolde has an integrated approach to therapy with an emphasis on acceptance and mindfulness-based techniques. She values the relationship between herself and the client and believes that the client is the expert on their own experience. She sees her role as helping the client move towards their goals in order to live a life they value. When not working, you will find Dr. Nolde reading horror novels, playing video games, or watching documentaries while doing some kind of craft project.

Dr. Nolde is closely involved with the residency program. She is involved in the residency application and interview process, provides onboarding training to all new residents, provides ongoing training and consultation, and is a primary supervisor and associate supervisor for evaluation, therapy, and assessment patients.

Daniel Moshofsky, PsyD Licensed Psychologist, Primary and Secondary Supervisor

Dr. Moshofsky believes therapy works best when it is not a "one size fits all" approach. He values the uniqueness of each person and works collaboratively with his clients to develop a plan that is both effective and reasonable. Dr. Moshofsky utilizes an integrated approach to therapy that helps clients build useful skills and effectively navigate their interpersonal relationships. He has received specialized training and experience working with clients to manage their ADHD and other mental health symptoms within an educational or work environment. In addition to ADHD, Dr. Moshofsky has experience providing therapy and assessment services for a wide variety of presenting concerns, including, amongst other things, depression and mood disorders, anxiety disorders, learning and cognitive disorders, interpersonal relationships, and trauma. Dr. Moshofsky received his Master's and Doctorate (PsyD) degrees in Clinical Psychology from George Fox University in Newberg, Oregon.

Dr. Moshofsky is a primary and secondary supervisor within the residency program at NW ADHD.

Heather Tollander, PsyD Licensed Psychologist, Primary and Secondary Supervisor

Dr. Tollander takes a personal approach with each client to assess and meet their individual needs and emphasizes the importance of the therapeutic relationship part of the healing process. Part of that includes helping clients find a balance between wholeheartedly accepting themselves and changing what they can. She takes an integrated approach to therapy that is informed by Dialectical Behavior Therapy, Internal Family Systems, Sensorimotor Psychotherapy, psychodynamic psychotherapy, as well as neurobiology. There are many ways to approach therapy, and Dr. Tollander feels it is best to meet clients where they are in the healing process while remaining mindful of cultural or other differences. In addition to ADHD, she has significant experience and specialized training to help people heal from complex trauma/PTSD and dissociative disorders like Dissociative Identity Disorder (DID). She is a member of the International Society for the Study of Trauma and Dissociation (ISSTD). Dr. Tollander also has specialized experience and training to help clients with issues related to sexual orientation and gender identity including writing letters for gender affirming surgery. She identifies as Queer herself. Dr. Tollander received her doctorate (PsyD) and master's degree in clinical psychology from Pacific University. She completed her internship and residency at Portland State University.

Dr. Tollander is a primary and secondary supervisor within the residency program at NW ADHD.

Timothy Neary, PsyD, Chief Operations Officer, Licensed Psychologist, Secondary Supervisor

Dr. Neary is the Chief Operations Officer for Northwest ADHD, focusing efforts on ensuring Northwest ADHD Treatment Center continues to provide the highest quality ADHD evaluation and treatment in a warm and caring environment. Dr. Neary has been a psychologist at Northwest ADHD Treatment Center since the clinic opened in 2014, and was the director of behavioral health from 2016 to 2024. Dr. Neary received his doctorate in clinical psychology (PsyD) as well as a master's degree in clinical psychology (MS) from Indiana State University. Dr. Neary also completed a master's degree program in Counseling Psychology (MA) at Pacific University. He is presently completing an MBA program at Oregon Health Sciences University. Overall, he has been working in the mental health field since 2007, in a variety of outpatient and inpatient settings. Dr. Neary currently maintains a very small caseload. He works together with patients to develop an individualized approach that will help them to most effectively manage symptoms and to move toward becoming 'the best version of themselves.' Dr. Neary provides evidence-based treatment that incorporates cognitive-behavioral, developmental, and person-centered approaches.

Dr. Neary is a secondary supervisor within the residency program at NW ADHD.

Kimra Roundy, PsyD Licensed Psychologist OR, Primary and Secondary Supervisor

Dr. Roundy works collaboratively with clients to tailor treatment to fit their unique needs, values, and personal goals for growth, while focusing on creating a positive, safe, and warm environment built on trust and humor. Her clinical approach is direct, holistic, integrative, and strengths-based with an emphasis on sociocultural experience and intersectionality. Dr. Roundy utilizes person-centered therapies and concepts from the following theoretical approaches: Family Systems, Psychodynamic, Mindfulness, Cognitive Behavioral, Attachment, and Feminist. She works with children, couples, and families and is experienced in assessing, diagnosing, and treating a wide range of presenting issues, including: ADHD, anxiety and mood disorders, trauma, gender and LGBTQIQ+ concerns, adjustment due to physical and/or mental disabilities, relational distress, grief/loss, life transitions, stress, and insomnia. Dr. Roundy earned her master's (M.A.) and doctoral (Psy.D.) degrees in Clinical Psychology from the California School of Professional Psychology at Alliant International University in San Francisco, California. She completed her internship and post-doctoral training at Through the Looking Glass: The National Center for People with Disabilities and Their Families in Berkeley, California. Over 20 years of experience across multiple states in the mental health and medical fields includes working in diverse environments, including community and school based mental health, outpatient drug rehabilitation, and home or street based settings. Dr. Roundy became a licensed psychologist in Oregon in 2020. She loves animals, sports, music, traveling, learning about new cultures, and is lucky enough to have been to 33 countries and 35 states.

Dr. Roundy is a primary and secondary supervisor within the residency program at NW ADHD.

Wei Motulsky, PhD Licensed Psychologist, Training program staff

Dr. Motulsky, Ph.D. (they/them) received their Ph.D. in Counseling Psychology from Columbia University in New York City. They approach treatment using psychodynamic, psychoanalytic, and feminist lenses, believing that therapy is most effective and meaningful when done collaboratively. Dr. Motulskyhas formal training in working with queer folx, people of color, and those who are survivors of trauma and interpersonal violence, in addition to extensive training in assessing, diagnosing, and treating ADHD using psychodynamic approaches combined with skills and tools from CBT and DBT. When not at work, you can find Dr. Motulsky training for their next half marathon, hosting murder mystery dinner parties, and watching tacky horror movies with their wife.

Dr. Motulsky is part of the training program staff at NW ADHD and is planning to supervise when they have held their Oregon license for the required time period (November 2025). Dr. Motulsky is not a current supervisor.

Meghan Polits, PsyD Licensed Psychologist, Primary and Secondary Supervisor

Dr. Polits has an integrated, holistic approach to therapy. She utilizes a variety of therapeutic approaches including cognitive behavioral therapy, as well as acceptance-based, motivational, and person-centered therapies. She believes that therapy is collaborative, and works with each client to tailor treatment to fit their unique needs, values, and personal goals for growth. Dr. Polits takes time to create a safe space and build a trusting therapeutic relationship with each client. She has experience diagnosing and treating a variety of presenting issues, including anxiety, mood disorders, trauma, adjustment, and ADHD. Dr. Polits received her Doctorate (Psy.D.) and Master's degree (M.A.) in Clinical Psychology from George Fox University. She has experience working in many settings with a variety of adults and adolescents, including primary care, school-based mental health, a VA medical center, and a hospital emergency setting.

Dr. Polits is a primary and secondary supervisor within the residency program at NW ADHD.

Heather Tahler, PysD Licensed Psychologist, Behavioral Health Director and Secondary Supervisor

Dr. Tahler graduated with a doctorate from the Chicago School of Professional Psychology and a master's in clinical psychopharmacology from Fairleigh Dickinson University. She completed her American Psychological Association (APA)-Accredited Pre-Doctoral Internship at The University of Miami/Jackson Memorial Hospital and her APA-accredited Clinical Health Postdoctoral Fellowship at the Memphis Veteran Affairs Medical Center. She has been a licensed clinical health psychologist since 2017.

Dr. Tahler is a secondary supervisor within the residency program at NW ADHD.

Kevin Janer, PhD Licensed Psychologist, Primary and Secondary Supervisor

Dr. Janer received his Ph.D. in Clinical Psychology from Washington University in St. Louis. He completed the neuropsychology internship in the Department of Psychiatry at Brown University Medical School, followed by a postdoctoral residency and NIH research fellowship in the Psychiatry, Neurology, and Neuroscience departments of Cornell University Medical College/The New York- Presbyterian Hospital. He has held clinical academic appointments in the Psychology Departments of St. John's University (as Assistant Director for the Center for Psychological Services), and Georgia State University (as Associate Director for the Regents Center for Learning Disorders). His research with positron emission tomography (PET) and attentional functioning in major depression, Parkinson's disease, and anterior cingulotomy has been published in the Proceedings of the National Academy of Sciences USA, the Journal of the International Neuropsychological Society, and the Journal of Cognitive Neuroscience. For over 30 years, Dr. Janer has worked in a variety of inpatient and outpatient clinical settings where he conducted neuropsychological evaluations with children (ages 8+) and adults for developmental learning disabilities, attention-deficit/hyperactivity disorder (ADHD), traumatic brain injury and stroke, seizure disorders, and other complex neuropsychiatric disorders affecting attention, memory, and the executive self-regulation of emotion, cognition, and behavior. He offers integrative, client- centered psychotherapy with an emphasis on Emotion Focused (EFT), Rational Emotive (RET), Family Systems, Psychodynamic, and Mindfulness-based approaches for depression, bipolar disorder, anxiety, PTSD, OCD, ADHD, co-morbid substance abuse, sexual dysfunction and compulsions, and LGBTQ psychological wellness. He has been licensed as a Psychologist in the states of New York, Georgia, and Oregon.

Dr. Janer is a primary and secondary supervisor within the residency program at NW ADHD.

Calendar of Structured Learning Activities

Activity	Day	Time	Hours
Didactics I and II	Weekly on Wednesdays	11:00am- 12:00pm 1:00pm - 2:00pm	1 1
Description: Didactic seminars are held weekly on Wednesdays. Residents attend Didactics I and II. Topics are based on needs of current patients and providers, and many center around the goal of developing expertise in ADHD. Other topics include professional issues, ethics, and multiculturalism. Full calendar available at the end of the Training Manual			
Treatment Team	Weekly	12:00-1:00pm	1
Description: Residents attend weekly treatment team meetings with the interdisciplinary staff at their location. Day of the week depends on the resident's assigned location. Treatment team is a space to consult regarding mutual patients, receive consultation from colleagues, and process any transference/ countertransference.			

Application Requirements

Applications for residency at Northwest ADHD are reviewed on a rolling basis. Prior to residency beginning, the resident must be in an approved residency contract with the Oregon Board of Psychology (OBOP Residency Procedural Rules). Start date is contingent on an approved residency contract; a position offer will be revoked if an individual is unable to enter an Oregon Board of Psychology approved residency contract. Candidates must have completed an APA accredited graduate program, as well as an APA accredited internship, in either clinical or counseling psychology. Dissertation must be complete to apply; ABD applications will not be considered. Residency is considered complete by the board, and consequently Northwest ADHD, when the resident has completed a year of supervised work (defined as 50 weeks) and 1500 hours, whichever comes later. Exceptions may be made by the Oregon Board of Psychology, and adhered to by Northwest ADHD, if a resident needs additional time to complete residency.

Other helpful links:

- Board of Psychology : Apply for a License : State of Oregon
- OBOP Standard Psychology License Application Procedures

Experience assessing and treating ADHD, mood, and anxiety disorders in an outpatient setting is highly preferred. Ideal candidates will have strong skills in differential diagnosis to rule in ADHD and rule out other mood, anxiety, developmental, or cognitive disorders. Experience in the administration of continuous performance tests and Weschler measures are a plus. Time management and accurate and concise documentation practices will help candidates excel in this position.

Applicants must demonstrate an ability to assess and treat ADHD, work as an effective interdisciplinary team member, and maintain patient confidentiality and documentation in compliance with state, federal, professional, and ethical guidelines. Applicants must also demonstrate an ability to consistently utilize professional communication and conflict resolution skills with patients and staff.

Northwest ADHD Treatment Center participates in the Common Hold Date.

Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a postdoctoral fellow. The residency's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. A copy of Due Process and Grievance procedures will be provided to residents on their first date of the residency program.

Rights and Responsibilities

These procedures are a protection of the rights of both the resident and the postdoctoral residency training program; and they carry responsibilities for both.

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

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

Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

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

1. the resident does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
3. the quality of services delivered by the resident is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required;
6. the resident's behavior does not change as a function of feedback, and/or time;
7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the resident's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a patient; and/or,
11. the problematic behavior violates appropriate interpersonal communication with agency staff.

Informal Review

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

Formal Review

If a resident's problem behavior persists following an attempt to resolve the issue informally, or if a resident receives a rating below a "3" on any learning element on a supervisory evaluation, the following process is initiated:

A. Notice: The resident will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

B. Hearing: The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and fellow within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the resident will be included at the Hearing. The resident will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.

C. Outcome and Next Steps: The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within 5 working days of the Hearing:

1) Issue an **"Acknowledgement Notice"** which formally acknowledges:

a. that the faculty is aware of and concerned with the problem;
b. that the problem has been brought to the attention of the resident;
c. that the faculty will work with the resident to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
d. that the problem is not significant enough to warrant further remedial action at this time.

2) Place the resident on a **"Remediation Plan"** which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the resident addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the resident. The length of the probation period will depend upon the nature of the problem and will be determined by the resident's supervisor and the TD. A written Remediation Plan will be shared with the resident in writing and will include:

a. the actual behaviors or skills associated with the problem;
b. the specific actions to be taken for rectifying the problem;
c. the time frame during which the problem is expected to be ameliorated and,
d. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'C' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the resident's permanent file. If the problem has not been remediated, the Training Director may choose to more to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3) Place the resident on **suspension**, which would include removing the resident from all clinical service provision for a specified period of time, during which the program may support the resident in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the resident's supervisor and the TD. A written Suspension Plan will be shared with the resident in writing and will include:

a. the actual behaviors or skills associated with the problem;
b. the specific actions to be taken for rectifying the problem;
c. the time frame during which the problem is expected to be ameliorated and,
d. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation place the resident on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the resident's permanent file.

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

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

Appeal Process

If the resident wishes to challenge a decision made at any step in the Due Process procedures, they may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the resident is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of faculty who work directly with the resident. The resident may request a specific member of faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the resident's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them.

If the resident is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the COO of the clinic. If the resident is dissatisfied with the decision of the COO, they may appeal the decision, in writing, to clinic ownership. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The clinic ownership has final discretion regarding outcome.

Grievance Procedures

Grievance Procedures are implemented in situations in which a resident raises a concern about a supervisor or other faculty member, trainee, or any aspect of the residency training program. Residents who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the residency program:

Informal Review

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

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the resident may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the Director of Behavioral Health. The individual being grieved will be asked to submit a response in writing. The TD (or Director of Behavioral Health, if appropriate) will meet with the resident and the individual being grieved within 10 working days. In some cases, the TD or Director of Behavioral Health may wish to meet with the resident and the individual being grieved separately first. In cases where the resident is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and Director of Behavioral Health will meet with the resident jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter.

The plan of action will include:

a. the behavior/issue associated with the grievance;
b. the specific steps to rectify the problem; and,
c. procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or Director of Behavioral Health will document the process and outcome of the meeting. The resident and the individual being grieved, if applicable, will be asked to report back to the TD (or Director of Behavioral Health if appropriate) in writing within 10 working days regarding whether the issue has been adequately resolved. If the plan of action fails, the TD or Director of Behavioral Health will convene a review panel consisting of themselves and at least two other members of the faculty within 10 working days. The resident may request a specific member of the faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

Mid and End Year Copy of Resident Evaluation

Mid or End of Year Evaluation:

Resident:

Supervisor:

Associate supervisor:

Methods used in evaluating competency:

Direct Observation	Review of Audio/Video	Case Presentation
Documentation Review	Supervision	Comments from others
Other method (s):		

Scoring criteria:

1. Significant development needed- significant improvement in functioning is needed to meet expectations; remediation required
2. Developing skill level- expected level of competency pre-residency; close supervision required in most cases
3. Intermediate skill level - expected level of competency for resident by mid-point in training program; routine or minimal supervision required on most cases
4. Advanced skill level - expected level of competency for resident at completion of training program; resident able to practice autonomously
5. Season professional skill level - Rare rating for residency; functions autonomously with a level of skill representative of experience
6. N/A - not applicable/not observed/cannot say

Competency 1: Fellow will achieve advanced competence in the area of: Integration of Science and Practice	
Demonstrates the ability to critically evaluate foundational and current research that is consistent with ADHD and other related concerns.	
Demonstrates the ability to integrate knowledge of foundational and current research consistent with the program's focus area.	
Demonstrates knowledge of common research methodologies used in the study of the program's focus area and the implications of the use of the methodologies for practice.	
Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 2: Fellow will achieve advanced competence in the area of: Ethical and Legal Standards	
Demonstrates knowledge of and acts in accordance with APA Ethical Principles and Code of Conduct	
Demonstrates knowledge of and acts in accordance with all organizational, local, state, and federal laws, regulation, rules, and policies relevant to health service psychologists	
Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them	
Demonstrates ethical conduct in all professional activities	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 3: Fellow will achieve advanced competence in the area of: Individual and Cultural Diversity	
Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service	
Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
Demonstrates the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 4: Fellow will achieve advanced competence in the area of: Professionalism	
Conducts themselves in a professional manner in interactions with both patients and staff in a way that reflects the values of psychology and the values of Northwest ADHD; passion, kindness, inclusivity, flexibility, growth, community, and support.	
Consistently completes documentation following clinic policies and follows and adheres to agency and program procedures	
Seeks additional supervision and consultation as necessary, comes prepared to supervision, uses supervision productively, and implements feedback into their work.	
Communicates effectively with other members of team, including supervisor	
Demonstrates a positive attitude towards their work (shows positive intent, involved, enthusiastic, interested, flexible), is reliable, demonstrates appropriate professional boundaries, exhibits good judgment, and practices with appropriate independence and self-direction	
Is able to communicate effectively with other professionals and agencies	
Demonstrates familiarity with community resources and is able to work with a variety of individuals	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 5: Fellow will achieve advanced competence in the area of: Interdisciplinary Teams	
Demonstrates ability to work in interdisciplinary teams as part of a patient's comprehensive treatment.	
Attends weekly treatment team meetings and be prepared to participate in consultation with the interdisciplinary team.	
Communicates effectively with other members of interdisciplinary team	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 6: Fellow will achieve advanced competence in the area of: Assessment, diagnosis, and treatment of ADHD and other attentional concerns	
Demonstrates ability to properly assess and diagnose ADHD and other attentional concerns.	
Demonstrates ability to respond to referral questions, communicates findings effectively orally and in written format	
Demonstrates ability to apply knowledge of diagnostic comorbidities with ADHD and be able to rule in or out co-occurring mental health conditions.	
Understands the role of objective testing in comprehensive ADHD assessment and is able to apply this as necessary	
Creates tailored treatment plans for individuals with attentional concerns.	
Apply evidenced based practices related to the treatment of ADHD and comorbidities.	
Demonstrates awareness of cultural impacts on assessment tools, findings, and interpretation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

2024-2025 Didactic Calendar

Residents are required to attend both Didactic I and Didactic II weekly. Residents will have the opportunity to participate in a research journal club starting Fall 2024.

Date	Topic	Presenter
09/04/24	I: Introduction to ADHD II: Psychometrics 101; Review and Refresh	Training Committee Alyssa Nolde, PsyD
09/11/24	I: Introduction to ADHD II: The role of objective testing in ADHD assessment	Training Committee Kevin Janer, PhD
09/18/24	I: ADHD evaluation basics - current symptoms and pre-intake measures II: Interpreting the TOVA test	Training Committee Training Committee
09/25/24	I: Case presentation II: Multicultural responsiveness in therapy: Race/ethnicity	Cohort Member Training Committee
10/02/24	I: ADHD evaluation basics - current symptoms II: Multicultural responsiveness in therapy: SES	Training Committee Training Committee
10/09/24	I: ADHD evaluation basics - current symptoms II: Multicultural responsiveness in therapy: Gender identity/sexual orientation	Training Committee Kimra Roundy, PsyD
10/16/24	I: ADHD evaluation basics - historical symptoms II: Multicultural responsiveness in therapy: Ability/size	Training Committee Elizabeth Nunez, PsyD
10/23/24	I: ADHD evaluation basics - historical symptoms II: Multicultural responsiveness in therapy: Religion/spirituality	Training Committee Timothy Neary, PsyD
10/30/24	I: Case presentation II: Multicultural responsiveness in therapy: Intersectionality	Cohort Member Training Committee
11/6/24	I: ADHD evaluation basics - historical symptoms II: Multicultural interviews	Training Committee Training Committee; Cohort members

11/13/24	I: ADHD evaluation basics - collateral II: Multicultural interviews	Training Committee Training Committee; Cohort members
11/20/24	I: ADHD evaluation basics - collateral II: Multicultural interviews	Training Committee Training Committee; Cohort members
11/27/24	I: Case presentation II: Ethics: Subpoenas/records requests	Cohort Member Training Committee
12/04/24	I: ADHD evaluation basics - feedback II: Ethics: Dual roles in a specialty practice	Training Committee Heather Tollander, PsyD
12/11/24	I: ADHD evaluation basics - treatment planning and referrals II: Ethics: Appropriate referrals (testing, further evaluation, higher levels of care)	Training Committee Training Committee
12/18/24	I: ADHD and the internet; how to address this with you patients II: Ethics: Consultation and documentation - your best defense	Jeff Whitaker, DNP Alyssa Nolde, PsyD
12/25/24 and 01/01/25	No didactics- clinic closed	
01/08/25	I: ADHD differential/comorbid diagnosis - anxiety disorders II: Ethics: reporting on colleagues	Heather Tollander, PsyD Training Committee
01/15/25	I: ADHD differential/comorbid diagnosis - depressive disorders II: Ethics: Social relationships with colleagues	Alyssa Nolde, PsyD Daniel Moshofsky, PsyD
01/22/25	I: ADHD differential/comorbid diagnosis - mood disorders II: Ethics: Maintaining patient privacy in office and remotely	Heather Tollander, PsyD Training Committee
01/29/25	I: Case presentation II: Ethics: Mutual Respect	Cohort Member Daniel Moshofsky, PsyD

02/05/25	I: ADHD differential/comorbid diagnosis - trauma and trauma related disorders II: Ethics: Handling unsolicited information received from a third party	Elizabeth Nunez, PsyD Alyssa Nolde, PsyD
02/12/25	I: ADHD differential/comorbid diagnosis- personality disorders II: Ethical dilemmas: “The uh oh feeling”	Wei Motulsky, PhD Elizabeth Nunez, PsyD
02/19/25	I: ADHD differential/comorbid diagnosis - OCD and related disorders II: Ethics: Oregon is not a Tarasoff state	Kevin Janer, PhD Kimra Roundy, PsyD
02/26/25	I: Case presentation II: Ethics: rights of minors at 14 in Oregon, rights of an individual that turns 18 in course of treatment	Cohort Member Training Committee
03/05/25	I: ADHD differential/comorbid diagnosis - disruptive, impulse, and conduct II: Managing transference and countertransference with patients	Daniel Moshofsky, PsyD Heather Tollander, PsyD
03/12/25	I: ADHD differential/comorbid diagnosis- substance use II: Managing transference and countertransference with patients	Jeff Whitaker, DNP Elizabeth Nunez, PsyD
03/19/25	I: ADHD differential/comorbid diagnosis- other neurocognitive II: Therapeutic relationship rupture and repair	Kevin Janer, PhD Alyssa Nolde. PsyD
03/26/25	I: Case presentation II: Managing crisis calls - expectations, your own self-care, and more	Cohort Member Kimra Roundy, PsyD
04/02/25	I: ADHD differential/comorbid diagnosis- eating disorders II: IEPs/504s	Training Committee Kristen Leinung, PMHNP-BC
04/09/25	I: ADHD differential/comorbid diagnosis- sleep disorders II: Supporting teachers and families	Trisha Parshall, PMHNP-BC Elizabeth Nunez, PsyD

04/16/25	I: ADHD differential/comorbid diagnosis- autism spectrum disorder II: Debate: medication or no medication for the treatment of ADHD	Training Committee Training Committee; Cohort members
04/23/25	I: ADHD co-occurring- adjustment disorders II: Debate: Is ADHD real?	Trisha Parshall, PMHNP-BC Training Committee; Cohort members
04/30/25	I: Case presentation II: Clinical Research	Cohort Member Josh Kaplan, PhD
05/07/25	I: ADHD medical comorbidities II: ADHD and recognizing secondary gain	Danell Bjornson, PMHNP-BC Training Committee
05/14/25	I: Application of the Brown and Barkley Executive Functioning models II: Professional development: Navigating your first board complaint	Training Committee Meghan Polits, PsyD
05/21/25	I: Application of the Brown and Barkley Executive Functioning models II: Professional development: The insurance claim life cycle	Training Committee Brad Hitchcock, billing manager
05/28/25	I: Case presentation II: Professional development: The credentialing process	Cohort Member Brad Hitchcock, billing manager
06/04/25	I: Neurobiology and Genetics/Heritability of ADHD II: Professional development: Credential banking and PsyPact	Alyssa Nolde, PsyD Timothy Neary, PsyD
06/11/25	I: Neurobiology and Genetics/Heritability of ADHD II: Professional development: Implementing self-care and addressing burnout	Alyssa Nolde, PsyD Heather Tollander, PsyD
06/18/25	I: Neurobiology and Genetics/Heritability of ADHD II: Clinical Research: grant funding	Alyssa Nolde, PsyD Josh Kaplan, PhD

06/25/25	I: Case presentation II: Professional development: You're more than you think you are; Addressing imposter syndrome	Cohort Member Heather Tollander, PsyD
07/02/25	I: Medication for ADHD - introduction II: Professional development: The mental health professional and social media	Kristen Leinung, PMHNP Training Committee
07/09/25	I: Mindfulness for ADHD- development of metacognition II: ADHD myth busters	Timothy Neary, PsyD Training Committee
07/16/25	I: Group theory (Yalom) and types of groups II: How to fill out leave (and other related) paperwork for your patient	Wei Motulsky, PhD Heather Tahler, PsyD
07/23/25	I: Couples/family therapy II: Terminating with patients	Kevin Janer, PhD or Wei Motulsky, PhD Katherine Kilkenny, DNP
07/30/25	I: Case presentation II: The current state of ADHD Research	Cohort Member Josh Kaplan, PhD
08/06/25	I: Battle of the theoretical orientations: How do different orientations conceptualize ADHD II: Differential Diagnosis - CPTSD/PSTD and ADHD	Wei Motulsky, PhD Heather Tollander, PsyD
08/13/25	I: Battle of the theoretical orientations: How do different orientations conceptualize ADHD II: Ethical dilemmas: "The uh oh feeling" - Round II	Wei Motulsky, PhD Training Committee
08/20/25	I: Trauma informed care in action: How to provide trauma informed care in an ADHD assessment II: CPTSD/PTSD related issues in assessing and treating ADHD	Trisha Parshall, PMHNP-BC Heather Tollander, PsyD
08/27/25	I: Didactic termination and feedback II: Didactic termination and feedback	Training Committee Training Committee