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A JOB ANALYSIS AND PERFORMANCE APPRAISAL SYSTEM FOR VIRTUAL,
CLINICAL POSITIONS AT A START-UP MENTAL HEALTH AGENCY

by

Luis Francisco De la Rosa, LCSW-S

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Luis Francisco De la Rosa, LCSW-S

APPROVED BY

Lisa Sublett, PhD, Chair

Alper Kayaalp, PhD, Co-Chair

RECEIVED/APPROVED BY THE COLLEGE OF HUMAN SCIENCES AND
HUMANITIES:

Shreerexha Subramanian, PhD, Associate Dean

Glenn M. Sanford, J.D., PhD., Dean

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ABSTRACT

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Luis Francisco De la Rosa
University of Houston-Clear Lake, 2024

Master's Project Chair: Lisa Sublett, PhD
Co-Chair: Alper Kayaalp, PhD

The purpose of this project was to do a job analysis and performance appraisal system for clinical positions in a start-up virtual mental health agency in Houston, Texas. Five subject matter experts were interviewed, and the information gathered was used to create tasks for virtual clinicians. These tasks were then turned into a Qualtrics survey that measured the criticality of each task. This Qualtrics survey was given to five different subject matter experts who gave scores ranging from most important to least important tasks. The resulting task scores were combined with O*net (i.e., onet.org) work information and the Association of Social Work Board's knowledge, skills, and abilities (KSAs) to create a job description, knowledge, skills, abilities, and other attributes (KSAOs) for the clinical position, and a structured interview for the clinical position. The job analysis information was then used to create a developmental performance appraisal system to appraise the clinician's work in the agency.

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CHAPTER I: INTRODUCTION

Starting a new business venture is always an arduous process. Among thoughts about necessary software, hardware, office space, and services offered, the entrepreneur must consider recruitment and selection of the best candidates for the jobs within the new company. Wholeself, a virtual, start-up mental health counseling agency that was started in 2020 to try to fill in gaps in mental health treatment with minority populations in Houston, found itself in this situation of not knowing how to recruit and select the best clinicians for its positions. As a master's project, I decided to partner with Wholeself, and its founder Dr. Jacinda Tucker, to create the selection procedures to hire diverse clinicians that would work with a variety of people from different walks of life, including minority populations, immigrant populations, LGBTQ individuals, and other individuals who are at risk of not receiving mental health services. This project will also include a performance appraisal system that the founder can use to evaluate the clinician's performance.

Unfortunately, conventional research does not offer much help when it comes to finding the best way to recruit and hire positions in small businesses. Two old studies by Granovetter (1984) and Rynes & Boudreau (1986) stated that there is a "large organization 'bias' in the description and evaluation of human resource management (HRM) systems" (as cited in Heneman & Berkley, 1999, p. 53). Little is known about small businesses' practices with HRM and the effectiveness of their HRM systems because of this "large organization bias" in the research (Heneman & Berkley, 1999). A search for human resource practices for recruitment with small businesses or startup private practice agencies in Google Scholar, OneSearch, and various I/O psychology-related journals yields no results, while searches on Google results in websites like MaRS

startup kit (2024) only include vaguely worded information about recruitment and selection with start-up companies. For example, the website wrote that the start-up company should “develop a thorough understanding of the position available, document information in a position description, and clarify performance expectations” but never details how to accomplish these tasks. Another Google search website called Therapy Flow (n.d.) offers “10 tips for hiring employees for your private practice.” These tips also include vague information about using “clear and concise job descriptions,” “conduct thorough interviews,” and “offer training and professional development.”

Drawing from best practices in Industrial-Organizational psychology, the decision was made to start the selection process with a job analysis of subject matter experts from established private practice settings. The job analysis will include interviews with the subject matter experts of established private practices, the criticality of tasks, knowledge, skills, abilities, and other attributes (KSAOs) based on the tasks and interviews, and finally, interview questions that are tailored to the job. Finally, a job description will be developed so that the founder can post it on different sites such as Indeed and other job-related sites.

The job analysis was chosen as the preferred method to develop the selection and hiring part of the project due to job analyses being used in HR areas such as selection and hiring, job design, workforce projections, workforce reduction, workforce expansion, compensation, training, and performance appraisal (Gatewood, Field, & Barrick, 2015; Clifford, 1994). Job analysis has also been used as a critical aspect to either prosecute or defend work discrimination cases (Gatewood, Field, & Barrick, 2015). The Uniform Guidelines on Employee Selection Procedures (1978) also states that a job analysis should focus on work behaviors, tasks, and the importance of work behaviors. This focus on work behaviors serves as the basis for hiring the correct people for the job. Reed,

McCloy, and Whetzel (2010) stated that “organizations should conduct a job analysis before determining selection procedures, assessments, or criteria (as cited in Sampogna, 2018). A proper job analysis helps with the “identification of critical job tasks and information on what represents successful work performance” (Gatewood, Field, & Barrick, 2015, p. 48). The job analysis has also been shown to be a “critical element on three types of validation: content, criterion-related, and construct” (Clifford, 1994. p. 321). A job analysis is also used to develop a job description, job specification, and performance standards (Siddique, 2004). Finally, job analyses have been used to create a certification program for palliative and hospice social workers (Head et al., 2019), used to recommend another way to reduce pay inequality in organizations (Strah, Rupp, & Morris, 2022), and has been positively associated with organizational performance (Sidique, 2004).

The job analysis for this project started with interviewing subject matter experts (SMEs) from different, established private practice agencies. I was able to network with colleagues who were able to provide the names of different clinicians who may have the relevant tenure and clinical skills to be a part of this project. These SMEs had tenures in their careers that ranged from two years to more than 20 years of clinical experience. All the SMEs started doing more virtual therapy at the start of the pandemic due to the continuing medical emergency that the world went through at that time. SMEs were recruited for the job analysis for the job analysis to “focus on work behaviors and tasks associated with them” (as cited in Clifford, 1994, p. 322). The goal of the job analysis is to gather critical tasks and identify knowledge, skills, abilities, and other attributes (KSAOs) for the clinical positions at Wholeself. These tasks, and KSAOs, would be combined with information from O*net (n.d.) and the Association of Social Work Boards (n.d.) to develop an interview process, job description, and a performance

appraisal in the second part of the project. After finalizing the interview questions and process, I will also train the Wholeself founder and administrative personnel on the different biases that they must look out for during the interviews to be as objective as possible. This interviewer training for the Wholeself staff would be adapted from the Office of Personnel Management (2008). This training will include training on different biases including rater bias, halo effect, leniency, and similar to me.

The second part of this project will be to use the job analysis portion to develop a performance appraisal system for the founder to evaluate the clinician's performance bi-annually. A performance appraisal is defined as “an integrated process in which managers work with their employees to set expectations, measure and review results, and reward performance, to improve employee performance, and with the ultimate aim of positively affecting organizational success (as cited in performance appraisal/management, 2018). Performance appraisal is one of the most important sub-systems of developmental human resource management (HRM) practice across organizations, the utilization of which has been vastly increased nowadays (as cited in Pursafar, Rajaeepour, Seyadat, & Oreizi, 2014) However, just like in the job analysis part of this paper, there is little to no information about a performance appraisal with small businesses, or start-up businesses. There are two distinct types of performance appraisal. The first type, administrative, is “performed to assess their (employees) performance for decision making such as allocating reward, increasing salary, giving a job promotion, transmission or decreasing their rank” (Pursafar et al., 2014, p. 51). The administrative performance appraisal has rankings attached to the employee's performance to justify these actions. The second type, developmental, is when the appraisal is done to determine the employee’s strong and weak points, which serve as a gateway for training, development, and feedback about their performance (Pursafar et al., 2014). I chose to

create a developmental performance appraisal for the clinical positions. There are a few reasons why I chose to do a developmental performance appraisal. Firstly, the position will not involve any promotions, or increases/decreases in pay. Secondly, Wholeself strives to provide the necessary resources and support for clinician development. Thirdly, rankings have been known to affect employees (Coens & Jenkins, 2000). Fourthly, developmental components of a performance appraisal are shown to be positive predictors of satisfaction with the performance appraisal itself (Pursafar et al. 2014). Finally, the developmental performance appraisal can provide feedback on how Wholeself can best support its clinicians.

For the developmental performance appraisal, there are a few things that need to be done and created. The first thing that the founder would do is monthly staffing meetings with the clinician team to ask about issues with client cases. This will give the clinicians the time to ask about cases that they find tough as well as ask questions about diagnosis and treatment. In this monthly meeting, the founder would also have time to give positive feedback to the clinicians in cases and gather information on the clinicians' clinical skills in the different appraisal dimensions. The second thing that needs to be accomplished by the founder before every developmental performance appraisal is to audit a minimum of five intake notes and five follow-up notes at random. The founder will be looking for specific things that need to be in the note, including mental status exam (MSE), diagnosis, treatment plan, and client progression amongst other things. This will also give the founder information on the clinician's performance dimensions. The performance appraisal will be completed bi-annually, and it will be multi-source performance feedback due to the clinician completing a self-appraisal before meeting with the founder to talk about the form and get feedback. Seven dimensions were created for the developmental performance appraisal. These seven dimensions have behaviorally

anchored rating scales (BARS) scales attached to them. BARS scales were created for each dimension to assess performance in terms of specific job behaviors that are critical, eliminate the use of potentially misleading numerical measures that are not readily interpretable, reduce rater bias, and minimize evaluators' impreciseness, and subjectivity (Maoirca, 1997). Although there are three BARS scale levels attached to the appraisal dimensions, there will be no ranking attached to the BARS scales. The BARS scales are there to focus the discussion on specific behaviors tied to better performance/care for the clients.

Methods

Collection of Job Analysis Data

To collect the most reliable job analysis data for the clinical positions at Wholeself, I conducted a structured interview with subject matter experts. I also reviewed literature, reviewed job descriptions on O*net, and reviewed the KSAOs from the Association of Social Work Board. All this information was used to get a complete picture of a private practice clinician's daily job. For the SME structured interview, 22 questions were used, and five clinicians were interviewed virtually. These clinicians had different clinical experiences ranging from two to 20 years of experience, which was imperative for the project to find the most critical tasks for the position. All the clinicians started doing virtual therapy after the COVID-19 pandemic shut down their face-to-face practices.

The questions that were used were designed to extract as much information from clinicians who have been doing clinical work and had experience doing virtual services. Examples of the questions included what specific skills you feel you need to do your job, what is the most important task, and what is the most challenging part of your job. For the complete list of the questions, refer to Appendix A.

Review of Public Information from O*net and the Association of Social Work Board

A review was performed on the O*net website (i.e., onet.org) to gain more information about the necessary tasks, knowledge, skills, abilities, and other attributes (KSAOs). This website gives “occupational information” for more than 1,000 occupations in the United States. The searched terms on the O*net website were “Clinical and Counseling Psychologists 19-2033.00” and “Mental health and Substance Abuse Social Workers 21-1023.” One last review was done with the Association of Social Work’s “Content Outlines and KSAs” (ASWB, n.d.). This document contains the knowledge, skills, and abilities that may be evaluated in the clinical social work examination after social workers have been working and under supervision for two years. These three searches aided in the creation of the task analysis inventory as well as the KSAOs.

Results

Task Analysis Inventory

From the interview data, I was able to create task statements relevant to the clinician positions at Wholeself. From these task statements, I was able to create a criticality questionnaire in Qualtrics that was sent to five different private practice clinicians. The criticality score is measured by multiplying the importance of a job task, which ranges from zero (does not apply) to four (critical), and the frequency of a job task, which ranges from zero (does not apply) to four (daily). The most important tasks for the job will have a higher number while the least important tasks will have a lower number. “Results of a task analysis inventory define the most important tasks or activities that compose incumbent’s jobs” (Gatewood, Field, & Barrick, 2015, p. 65). The results of the task analysis inventory showed that the most important task with a score of 22.5 was to “provide virtual psychotherapy through the use of HIPAA-compliant electronic health

record system for the patient to work on reported symptoms.” The least important task, with a score of five, was “communicate with office administration about billing documentation through email or phone for office administration to submit insurance reimbursement information.” The complete task analysis inventory can be found in Appendix B.

Knowledge, Skills, Abilities, and Other Attributes (KSAOs)

After reviewing the task analysis inventory, the information available in O*net, and the KSAs from the Association of Social Work Board, I was able to create KSAOs for the clinical positions at Wholeself. The KSAOs for the clinical positions at Wholeself are the following:

Knowledge

- Psychological theories include psychoanalytic-psychodynamic theory, cognitive behavioral theory, personality theories, human development, sexual development, and crisis intervention.
- Therapeutic principles and modalities including cognitive behavioral therapy, exposure therapy, dialectical behavioral therapy, and crisis intervention.
- Mandatory reporting of distinct types of abuse, self-harm, and harm to others.
- HIPAA laws.
- Confidentiality rules in the therapeutic environment.
- Community resources for different mental health needs.
- Mental Health Diagnoses.
- Professional Ethical Boundaries.
- Legal and ethical issues.

Skills

- Steps to take in a crisis.
- Complete therapy notes on time.
- Navigate an electronic health record (EHR) system.
- Determine mental health diagnosis.
- Determine proper treatment plans for different clients, including treatment goals.
- Determine the proper therapy modality for different clients.
- Conduct an intake assessment.
- Communicate in verbal and written form with clients.
- Administer desired therapy modality to clients.
- Determine when to conclude therapy.
- Determine when to refer clients to different mental health resources.
- Know when to use different interview skills, including clarifying, focusing, confronting, validating, feedback, reflecting, and redirecting.

Abilities

- Remain calm in a crisis.
- Able to maintain therapeutic boundaries.
- Able to read body language.
- Know when to seek consultation from other professionals about a particular client or diagnosis.
- Know when to seek consultation about a particular legal/ethical issue.
- Work with diverse types of clients.
- *Originality-ability to connect ideas with clients in different ways. (O*net)
- *Oral Comprehension and expression. (O*net)

- *Written comprehension and expression. (O*net)
- Cultural competency, or the ability to work with people of other cultures while respecting their personal beliefs, values, and systems.

Other Attributes

Interview Questions

I assessed the KSAOs as well as the information on O*net and developed structured interview questions along with a rating scale for the questions. The interviewers will also be trained on how to be objective using the “summary of interview procedures by the Office of Personnel Management” (2008). The reasoning for choosing a structured interview process is that “structured interviews rely on a disciplined method for collecting job-relevant information, including the use of a job analysis that identifies questions at attitudes, behaviors, knowledge, and skills that differentiate high performers for a particular job” (Gatewood, Field, & Barrick, 2015, p. 446). Two types of interview questions will be part of this process; situational questions, and behavioral questions. These interview questions will elicit responses from the candidate that are reflective of KSAOs derived from the job analysis. The behavioral interview questions are focused on a candidate’s past behavior. An example of a behavioral interview question would be “Tell me about a time when a client had a mental health crisis in your session.” The situational interview questions are focused on a candidate’s future behavior. An example of a situational interview question would be “A family member of an adult client calls and wants information about the client. What do you do?” Eleven questions were developed for this process. The questions can be found below.

1. A client of yours found you on social media and sent you a friend request. What do you do?

2. How comfortable are you providing services to a person from a minority community? This includes people of color, LGBTQ, and immigrant populations.
3. A client asks you for your personal information. What do you do next?
4. Tell me about a time when you had to seek out consultation/supervision for a client. Who was involved? Any ethical issues? What was the outcome?
5. You meet a client in the intake session. What is your process for diagnosing a client? What are the questions that you ask? What clarifying questions do you ask?
6. Tell me about a time when you referred a client to additional mental health resources.
7. An established client tells you about their medication and how it is adversely affecting them. What do you do next?
8. How do you explain confidentiality to clients?
9. A family member of an adult client calls and wants information about the client. What do you do?
10. Tell me about a time when you used your preferred therapeutic modality to help a client with their issues.
11. Tell me about a time when a client had a mental health crisis in your session. What steps did you take? Who was involved? (Note: Do not start with this question.)

To objectively rate each candidate, a scale using a behaviorally anchored rating scale (BARS) was developed for each interview question. The BARS scales are “judgmental measures developed to define the scale’s rating points by using job behaviors as examples. These definitions are intended to reduce the difficulty of consistently interpreting the performance associated with various points on the scale

(Gatewood, Field, & Barrick, 2015, p. 27). The BARS scale that was used for all the questions uses three anchor points, 1-failing, 3-satisfactory, and 5-good. The questions and Behaviorally Anchored Rating Scales (BARS) scales can be found in Appendix C. Additionally, I developed a scoring sheet for each rater along with a group rating form for each candidate, which can be found in Appendix D.

Interview Procedures and Rater Training

Interview Format and Environment

Due to the agency being a start-up company, all clinicians with a license of License Clinical Social Worker (LCSW), and licensed psychologist will be interviewed. The candidates will be invited for a virtual interview and will be interviewed by the founder of the agency along with a licensed clinical social worker or administrative staff. The candidate will be advised to be in a comfortable, silent area with no outside interruptions. The candidate will receive a Zoom invitation for the interview two weeks before the interview. The interviewers will be trained on the interview questions, the KSAOs being evaluated, and the rating scale used for the responses. All interviewers will be trained in advance using a training guide that reviews common types of biases (see Appendix E & F). The founder of the agency will lead the interview and will provide the candidate's resume and interview questions to the other interviewer. The interviewers will review the questions together and should decide who will be asking what question ahead of time (see the scoring sheet and group rating form in Appendix D).

Introduction

- The candidate should be greeted in a warm and friendly manner by the interviewers. The interviewers will explain the interview process to the candidate. This will include informing the candidate of how the interview will be structured, and that notes will be taken. Before beginning the interview, at least one

interviewer should review the position, including details of the job and a brief description of the organization. The interviewers should leave time at the end to answer any questions from the candidate. One of the interviewers can open the floor for questions by asking something such as, “Do you have any questions for us?”

- If possible, the interviewers should refrain from looking at supplemental materials brought by the candidate (resumé, CV, etc.) while the candidate is speaking. The interviewers should rate the candidate while they are answering the interview questions.
- After the interview with each candidate has ended, interviewers should review their notes and scores for each question. The interviewer’s notes should include examples of answers the candidate gave and should be correlated with the ratings they have chosen. The interviewer can refer to the questions and BARS scales to review how each question should be scored. After every candidate has been interviewed, the interviewers should ensure they have discussed each interview and that all candidates have been rated objectively and based on specific answers and behavioral examples.

Documentation

The interview for each candidate should be documented using the following information:

- Name and credentials of the candidate, date, time, & interview length
- Interview questions, notes for each question, and rating forms with scores (signed & dated by each interviewer)
- The training methods provided to interviewers (guides, examples, supplemental materials, etc.)

- Rating Scale (BARS Scale)

Interview Training

The Office of Personnel Management (2008) provides crucial information aimed at enhancing the accuracy, validity, and reliability of the interviews. Implementing these recommendations can significantly improve the quality of interviews conducted for clinical positions at Wholeself. Drawing from the Office of Personnel Management's framework, I've customized an interviewer training program tailored to Wholeself's needs. This training entails a half-day session for interviewers, covering essential topics such as note-taking, understanding the influence of non-verbal cues, and recognizing common rating biases and errors. Refer to Appendix E for a complete lesson plan on the interviewer training course.

Note-Taking

The Office of Personnel Management (2008) also offers advice on taking notes throughout the structured interview. The interviewers should take regular and detailed notes of observable behaviors and verbal responses during each interview. "Notes will reduce the burden on the interviewer to remember details about multiple candidates." (p.15). Additionally, these notes should:

- "Summarize the content and delivery of respondents' answers." (p.15)
- "Help interviewers focus on pertinent information during the interview." (p.15)
- "Be of sufficient quality and quantity to document the interviewer's reasoning for each rating on each competency." (p.15)
- "Serve as documentation to support the employment decision." (p.15)

Interviewer's Non-Verbal Behavior

The Office of Personnel Management (2008) offers advice about the interviewer's non-verbal behavior while conducting a structured interview. An interviewer's body

language communicates a lot to the candidate. “For example, the interviewer communicates disinterest by slouching, regularly looking at the clock, leaning back, or doodling with a pen. Interviewers need to be aware of their body language to avoid communicating negative impressions. Additionally, while taking notes, interviewers should make periodic eye contact with the candidate to show their interest and to provide opportunities to observe the candidate’s non-verbal behavior” (p. 15).

Interpersonal Bias and Rating Errors

Finally, the Office of Personnel Management (2008) offers advice on interviewer biases and rating errors during a structured interview. Interviewer bias and rating errors affect the structured interview process, namely by affecting fairness, consistency, and equal opportunities to excel for the candidates. The interviewer should take great care in not being influenced by personal biases or rating errors. “Biases can take a variety of forms. For example, an interviewer might give higher ratings to candidates who appear outwardly similar to him/her (similar to me bias). Rating errors might include giving all high ratings or all low ratings to candidates (halo and horns effect, respectively)” (p. 16). Refer to Appendix B to find the common rating errors and interviewing mistakes.

Making Candidate Ratings

Each interviewer will independently rate each candidate using the individual scoring sheet (see Appendix D). Every interviewer should write down examples of what the candidate said along with ratings for each question. There are eleven questions in total for the clinical positions. Every question has the same scale for ease of use. At the end of each interview, the founder will ask the other interviewer for their mean score and write it down in the group rating form (see Appendix D). The founder should ask the other interviewer about specific behavioral examples of why they decided to give the

candidate the rating that they got for each question. The lead interviewer should average the two interview scores and note it in the “rating mean” of the group rating form.

Job Description

A job description was developed using the KSAOs, task statements, and interview questions. The job description will be posted in job search engines, given to other mental health providers, and given to university job boards. It’s important to note that this position is a contract position. The job description is as follows:

Job Title: Clinician or Licensed Psychologist

Position Summary: The clinician will provide virtual comprehensive diagnostic mental health assessments, intervention, education, and referrals for clients in an outpatient setting. The clinician will also document the progress of the client in a HIPAA-compliant electronic medical record (EMR) system.

Duties and Responsibilities

- Provide virtual psychotherapy services to individual clients, and members of minority communities, including immigrant communities, LGBTQ communities, and other underrepresented communities.
- Maintain records of assessment, diagnosis, goals, and therapy notes on time.
- Schedule follow-up appointments with clients.
- Utilizes crisis intervention and conflict resolution to address client concerns.
- Communicate with clients promptly using a phone, email, or medical records system.
- Conducts comprehensive initial assessments to define the client’s presenting problem and aid in treatment plan development.
- Refer clients to appropriate mental health resources or agencies.
- Staff client cases with supervisors to address client concerns or ethical concerns.

- Complete discharge paperwork in the electronic health record, when needed.

Qualifications and Requirements

Licensure as a Licensed Clinical Social Worker (LCSW) by the Texas State Board of Social Work Examiners.

Licensure as a Licensed Psychologist (PhD or PsyD.) by the Texas State Board of Examiners of Psychologists.

Working Conditions

All sessions will be done virtually. All clinicians must have a working laptop, internet, and a space suitable for keeping confidentiality with clients.

Company Overview

At WholeSelf, we support our clients through the healing process. We focus on what matters. Together, we address challenges on your journey toward better health.

How to Apply

Please send your resume to _____.

Selection of Candidate

The resumes that are sent to the appropriate email will be screened for appropriate licensure and history of clinical work. Only the candidates with the appropriate licensure and history of clinical work will be interviewed. This will serve as the first “gate” for candidates. After this screening process only one more predictor, the interview, will be used for the selection process. The candidate with the highest score on the structured interview process will be given a job offer. If the candidate with the highest score declines the offer, then the next candidate will be offered the job.

CHAPTER II: DEVELOPMENTAL PERFORMANCE APPRAISAL

Using all the acquired information from the job analysis, a developmental performance appraisal was created. I decided to create a developmental performance appraisal for several reasons. For one, the clinical positions at Wholeself will be contract positions, which means that the clinicians would not be getting promotions or increases/decreases in pay. The clinicians will be paid according to insurance reimbursement for mental health treatment. The second reason is that Wholeself aims to create a culture where development is encouraged and where each clinician has the necessary resources and support to be the clinician they want to be. Thirdly, rankings in a performance appraisal tend to “psychologically affect” employees, which leads to employees feeling negative if they are not ranked at the highest end of the scale (Coens & Jenkins, 2000, p. 69). Fourthly, the developmental components of performance appraisal are regarded as a positive predictor of satisfaction with performance appraisal (as cited in Pursafar et al. 2014). Finally, a developmental performance appraisal can be used to provide feedback on how the organization can best support employee development as clinicians.

The performance appraisal will be held every six months. During the time between performance appraisals, the founder will collect performance information and provide feedback in two ways. The first opportunity for the founder and clinicians to provide feedback and for the founder to gain performance information is through a monthly staffing meeting. This staffing meeting will be held for clinicians to discuss difficult clients. These discussions can be about diagnosis, treatment modalities, or for the clinician to express themselves when dealing with a particular client. During these staffing meetings, the founder would be listening for errors in diagnosis, reasoning

behind treatment modalities, and openness to feedback. During the staffing meeting, the founder will refrain from passing judgment on clinicians' discussions about specific clients, as long as their expressions remain respectful and avoid any condescension or rudeness toward the client. The second way that the founder will be collecting performance appraisal information is with chart auditing. The founder will be auditing a minimum of five assessment notes and five progress notes. The founder will be looking for information about correct diagnosis and treatment modalities for the client's presenting problems as well as for necessary information needed for insurance reimbursement. The necessary information for insurance reimbursement is as follows:

Intake Note Requirements:

1. Session details
 - a. Start and stop time.
 - b. Place of service: Including client location and a statement of using a HIPAA-compliant platform
 - c. Date of Service
 - d. Patient name
 - e. Provider name and credentials
2. History of present illness (HPI)
 - a. Presenting problem, timeframe, previous history of presenting problems
3. Bio-psycho-social assessment
 - a. History of medical conditions
 - b. Medications
 - c. Allergies
 - d. Substance use
 - e. Family history including mental health history.
 - f. Social structure (living situation)
4. Mental Status Exam (MSE)
 - a. Client's behavioral and cognitive functioning at the time of the session. This includes the patient's appearance, behavior, alertness, reasoning, and mood.
5. Risk Assessment
 - a. Risk of harm to themselves or others
 - b. If any risk of harm to themselves or others, was safety planning, emergency services, or emergency contact needed.
6. Diagnosis and clinical plan
 - a. Diagnosis and next steps to treat the client's presenting problems. Headway, 2024 Intake/Progress note requirements.

Progress Note Requirements:

1. Session details
 - a. Start and stop time.
 - b. Place of service: including client location and a statement of using a HIPAA-compliant platform
 - c. Date of Service
 - d. Patient name
 - e. Provider name and credentials.
2. Person-centered details
 - a. Session-specific information that can be used to paint a picture of the client's mental state and feelings. Information can be quotes from the client.
 - b. If a particular technique was used, then document the name of the technique and the client's response to the technique.
3. Mental Status Exam (MSE)
 - a. Client's behavioral and cognitive functioning at the time of the session. This includes the patient's appearance, behavior, alertness, reasoning, and mood.
4. Risk Assessment
 - a. Risk of harm to themselves or others
 - b. If any risk of harm to themselves or others, was safety planning, emergency services, or emergency contact needed.
5. Clinical Plan
 - a. Document the clinical plan for the next session, any homework assigned, and any changes in modality. Headway, 2024

The developmental performance appraisal form was created using information from the job analysis, information from O*net, and the KSAOs from the Association of Social Work Boards. To provide the best feedback possible, seven dimensions were created. These seven dimensions cover different necessary aspects of the position. The seven dimensions are:

- Clinical skill, which encompasses clinical competence, assessment, and diagnosis.
- Empathy and rapport building, which encompass the ability to establish strong therapeutic alliances with clients and empathetic language in staffing meetings.
- Cultural competence encompasses the ability to recognize and respect cultural differences in therapeutic relationships and use appropriate, respectful verbiage when discussing cultural differences in staffing meetings.
- Informed consent, which encompasses informing clients about confidentiality and consent as well as documenting this consent in the notes.
- Peer consultation, which encompasses seeking consultation when appropriate and demonstrating openness to feedback while in the monthly staffing or supervision.
- Risk intervention and risk management, which encompasses effectively handling crises, assessing for risk factors, involving other professionals/emergency contacts when needed, and documenting the crisis, any safety planning that was done, and the outcome of the crisis.

- Treatment plan and goal setting, which encompasses collaboratively developing treatment plans and goals with the clients and reviewing the progress of these goals.

The developmental appraisal form is a multi-source performance feedback that includes a self-appraisal for the clinician and a form for the founder to fill out. This form includes the seven dimensions as well as BARS scales for each dimension. For ease of use, there are only three BARS scale levels for each dimension. The BARS scales will not have a rating attached to them. The BARS scales are simply there to focus the discussion on specific behaviors tied to better performance/care for the clients. Two questions were added to each dimension to create a development plan. These two questions are “What do you think you need to improve?” and “How can the organization support you in improving in this dimension/skill?” The clinician will be given this form two weeks before meeting with the founder for the performance appraisal meeting. The founder will also fill in the performance appraisal form. Refer to Appendix G for the full developmental performance appraisal form. The workflow for the full developmental performance appraisal is as follows:

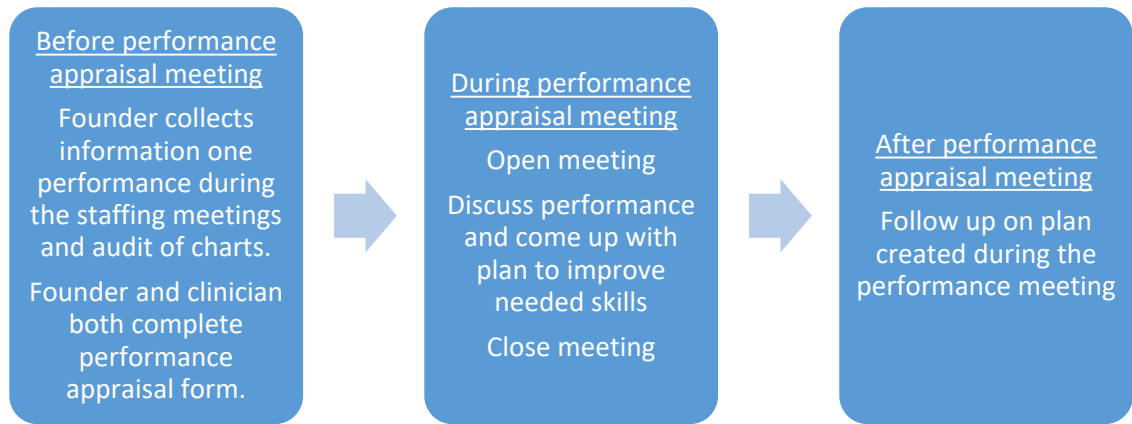


Figure 2.1:
Developmental performance appraisal workflow

CHAPTER III: DISCUSSION

This project was done to provide Wholeself, a virtual mental health agency, with the necessary training, tools, and documents to hire the best employees for its clinical positions. I started the selection process by doing a job analysis of five SMEs, reviewing available information on O*net, and reviewing information from the Association of Social Work. This information was crucial to developing the critical job tasks, KSAOs, job description, structured interview questions, and finally, the performance appraisal system. I created the performance appraisal system as a developmental performance appraisal to develop clinicians without judgment or rankings.

All of the tools that were created during this project will help the founder, Dr. Tucker, to hire diverse clinicians who work with minority populations around Houston, Texas. Dr. Tucker decided to concentrate her efforts on providing mental health care to underrepresented populations due to minority groups having difficulty getting mental health care (CDC, 2023). These tools will aid Dr. Tucker in focusing her search for clinicians who have the necessary skills with these underrepresented communities, allowing for Wholeself to carve a client niche in Houston.

Limitations and Future of the Job Analysis and Performance Appraisal

The job analysis, as well as the performance appraisal, have a few limitations. The absence of subject matter experts within the organization made it impossible to get feedback from employees who are already doing the job of a virtual clinician at Wholeself. In the future, subject matter experts within the organization can be interviewed so that they can give feedback regarding the task analysis questionnaire as well as the structured interviews. Also, when SMEs are well established in Wholeself,

they can be interviewed to provide the best list of critical tasks for Wholeself. One future limitation of feedback for the job analysis is the need for external consultants to complete this task since there is no human resource department at Wholeself.

For the performance appraisal, a feedback loop with subject matter experts may be able to create better behavioral anchors for the dimensions or delete dimensions in their entirety if the SMEs do not think that dimension fits the job. It is also quite possible that when the subject matter experts are interviewed for the performance appraisal, they may say that the appraisal is not needed and would want monthly feedback instead. There are two other possible ways to make the performance appraisal system better. One of these is to include a burnout scale for clinicians in Wholeself since burnout is very common among mental health providers. Several studies have found that between 21% and 67% of mental health workers have experienced high levels of burnout (Morse et al, 2011). Since burnout is so common, a burnout scale should help to view the clinician's performance in a different light. The second addition to the performance appraisal system can be a client satisfaction questionnaire or scale that asks about the clinician's performance. In this way, only people who are seeing the clinician's work will have a voice in the clinician's performance appraisal. In conclusion, this project gave Wholeself a starting point to hire the best clinicians possible as well as provide developmental feedback to those clinicians. Future refinement of the structured interview and performance appraisal may be needed to keep up with changing therapeutic and work styles.

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APPENDIX A:
STRUCTURED INTERVIEW QUESTIONS FOR SUBJECT MATTER EXPERTS

1. What is the best component of your job?
2. What specific skills do you feel that you need to do your job?
3. What kind of computer programs do you need to be proficient in to do your job?
4. What program do you use daily?
5. What do you do in a crisis with a client?
6. What is a program that you need to be trained on?
7. What is your most important task?
8. What type of equipment do you need to have to do the job at home?
9. Do you perform any other job duties that are not listed in your job description?
10. What is the most challenging part of your job?
101. What could you get more training in?
12. What are your work hours?
13. What are your benefits?
14. When you have your annual review, what are you measured on?
15. Are there any hazards in your work environment?
16. What is your work environment? (workspace)
17. What is your current level of education (questionnaire?)
18. What advice would you give someone starting in your position?
19. What type of previous experience would you say you would need previous to doing private practice?
20. Walk me through a typical day at work.

APPENDIX B:
CRITICALITY OF QUALTRICS TASK ANALYSIS SURVEY

*Note: Criticality scores are in bold.

1. Provide virtual psychotherapy through the use of a HIPAA-compliant electronic health record system in order for patients to work on reported symptoms- **22.5**
2. While in the intake session, explain consent and confidentiality to clients for clients to understand privacy and confidentiality laws- **18.33**
3. Assess clients for suicidal ideation or homicidal ideation while in session to determine client safety- 17.25
4. Write psychotherapy notes in the electronic health record (EHR) system to document the patient's response to the session and document progress in therapy- **15.17**
5. Schedule appointments with clients through the electronic health record (EHR) system to continue treatment- **14.67**
6. Communicate with clients through the electronic health record, email, or phone call to reschedule appointments or talk about treatment- **12.22**
7. Complete required continuing education units (CEUs) to maintain licensure and improve diagnostic and/or therapeutic counseling techniques- **11.67**
8. Review patient's intake documentation through the electronic health record (EHR) system to determine presenting concerns, review demographic information, and review insurance information- 10.86
9. Submit insurance billing documentation through the billing system/electronic health record (EHR) to receive payment for services rendered to clients- **10**
10. Conduct client evaluations to determine diagnosis and treatment plan- **9.91**

11. Refer clients to other specialists, institutions, or support services as necessary-
9.58
12. Follow up with clients after crisis by communicating through phone or email in order to assess patient safety- **9.3**
13. Communicate with client's emergency contact by phone in case of a mental health emergency in order to determine a client's safety or next steps in an emergency - **8**
14. Communicate with office administration about billing documentation through email or phone for office administration to submit insurance reimbursement information- **5**

APPENDIX C:
INTERVIEW QUESTIONS AND BARS SCALES

1.

A client of yours found you on social media and sent you a friend request. What do you do?		
KSAOs being measured: Work with diverse types of clients, professional ethical boundaries, legal and ethical issues, and able to maintain therapeutic boundaries.		
1-Failing	3-Satisfactory	5-Good
Accept the friend request.	Does not accept the friend request but does not talk about boundaries with the client.	Does not accept the friend request and talk about boundaries with the client.

2.

How comfortable are you providing services to a person from a minority community? This includes people of color, LGBTQ, and immigrant populations.		
KSAOs being measured: Cultural competency, work with diverse types of clients,		
1-Failing	3-Satisfactory	5-Good
Not comfortable providing services to members of minority communities.	Comfortable but does not have any experience providing services to members of minority communities.	Comfortable and has experience providing services to members of minority communities.

3.

A client asks you for personal information. What do you do next?		
KSAOs being measured: Professional ethical boundaries, legal and ethical issues, communicate in verbal and written form with clients, know when to use different interview skills, and work with diverse types of clients.		
1-Failing	3-Satisfactory	5-Good
Answers the client's question without asking the client for any other information.	Asks the client for more clarification on the question. Determines if it is appropriate for them to answer the client.	Asks the client for more clarification on the question. Determines if it is appropriate for them to answer the client and talks about boundaries with the client.

4.

Tell me about a time when you had to seek out consultation/supervision for a client. Who was involved? Any ethical issues? What was the outcome?		
KSAOs being measured: Cultural competency, know when to seek consultation about a particular legal/ethical issue, able to maintain therapeutic boundaries, legal and ethical issues, and professional ethical boundaries.		
1-Failing	3-Satisfactory	5-Good
Reports never seeking out consultation.	Gives details on what happened and why they sought to go to consultation or supervision. Identifies ethical issues that they were facing at the time. Provides details on the outcome.	Gives details on what happened and why they sought to go to consultation/supervision. Identifies ethical issues. Provides details on the outcome and how they were able to learn from the experience.

5.

<p>You meet a client in the intake session. What is your process for diagnosing a client? What are the questions that you ask? What clarifying questions?</p>		
<p>KSAOs being measured: Mental health diagnoses, psychological theories, interview skills, determine mental health diagnosis, communicate in a verbal and written form with clients, work with diverse types of clients, oral comprehension and expression,</p>		
1-Failing	3-Satisfactory	5-Good
<p>Does not provide any detail on how to diagnose a client.</p>	<p>Provides details on how to diagnose a client. Diagnosing a client would include asking about the timeframe of symptoms, severity, and previous symptomatology.</p>	<p>Provides details on how to diagnose a client. Diagnosing a client would include asking about the timeframe of symptoms, severity, previous symptomatology, and familial history of mental health illness.</p>

6.

<p>Tell me about a time when you referred a client to additional mental health resources.</p>		
<p>KSAOs being measured: Community resources for different mental health needs, mental health diagnoses, professional ethical boundaries, determine a proper treatment plan, communicate in a verbal and written form with clients, determine when to refer clients to different mental health resources, interview skills, and cultural competency.</p>		
1-Failing	3-Satisfactory	5-Good
<p>Did not allow the client to ask for resources. Does not know about additional mental health resources.</p>	<p>Allowed the client to tell them about their needs. Knows about additional mental health resources in the city and gave client needed resources.</p>	<p>Allowed the client to tell them about their resource needs. Knows about mental health resources in the city, gave the client the needed resources and asked if the client needed help contacting these resources.</p>

7.

<p>An established client tells you about their medication and how it is adversely affecting them. What do you do next?</p>		
<p>KSAOs being measured: Professional ethical boundaries, legal and ethical issues, communicate in a verbal and written form with clients, interview skills, able to maintain therapeutic boundaries, and work with diverse types of clients.</p>		
1-Failing	3-Satisfactory	5-Good
<p>Allows the client to tell them about the medication issues and offers advice on the medication.</p>	<p>Tells the client that, since they are not a prescriber, they will not be able to help with any problems related to medication.</p>	<p>Tells the client that, since they are not a prescriber, they will not be able to help with any problems related to medication. Encourages client to call and seek a consultation with their prescriber as soon as possible to discuss problems.</p>

8.

<p>How do you explain confidentiality to clients?</p>		
<p>KSAOs being measured: Mandatory reporting for distinct types of abuse, self-harm, and harm to others, HIPAA laws, confidentiality rules in the therapeutic environment, and interview skills.</p>		
1-Failing	3-Satisfactory	5-Good
<p>Does not explain confidentiality to the client. Does not explain when confidentiality should be broken. (Confidentiality is broken only when there is a risk to self or others with a plan and intent.)</p>	<p>Explains confidentiality to clients. Explains that confidentiality needs to be broken in the cases of risk of suicide and risk of homicide with intent and plan. Explains that they will involve an emergency contact, supervisor, and law enforcement if needed.</p>	<p>Explains confidentiality to clients. Explains that confidentiality needs to be broken in the cases of risk of suicide and risk of homicide with intent and plan. Explains that they will involve an emergency contact, supervisor, and law enforcement if needed. Asks clients if they understand confidentiality and if they have any questions.</p>

9.

A family member of an adult client calls and wants information about the client. What do you do?		
KSAOs being measured: HIPAA laws, confidentiality rules in the therapeutic environment, professional ethical boundaries, legal and ethical issues, communicate in a verbal and written form, interview skills, able to maintain therapeutic boundaries, and work with diverse types of clients.		
1-Failing	3-Satisfactory	5-Good
Gives the family member confidential information about the client.	Tells the family member that they cannot release any information about the client. Does not tell the client about this interaction.	Tells the family member that they cannot confirm or deny that the client is a client of theirs due to HIPAA protections. Tells the client about the interaction and talks to client about boundaries.

10.

Tell me about a time when you used your preferred therapeutic modality to help a client with their issues.		
KSAOs being measured: Psychological theories, therapeutic principles, and modalities, administer desired therapy modality to clients, interview skills, and work with diverse types of clients.		
1-Failing	3-Satisfactory	5-Good
Does not base therapy in one or two therapy modalities. Not able to verbalize how therapy modality helped the client.	Bases therapy in their preferred therapeutic modality and can give examples of how this therapy improved patient outcomes.	Bases therapy in their preferred therapeutic modality and improved patient outcomes. Also recognizes the need to change therapy modalities if the client is not accomplishing their goals.

11.

Tell me about a time when a client had a mental health crisis in your session. What steps did you take? Who was involved? Do not start with this question.		
KSAOs being measured: Psychological theories, therapeutic principles, and modalities, mandatory reporting for different types of abuse, self-harm, and harm to others, legal and ethical issues, steps to take in a crisis, remain calm under a crisis, and able to maintain therapeutic boundaries.		
1-Failing	3-Satisfactory	5-Good
Disregard the client's talk about safety concerns. Disregarded mental health crisis potentially endangering the life of the client. Did not do a safety plan with the patient.	Listened to the client's problems, asked about safety concerns, and established if there was a need for hospitalization. Did a safety plan with the client. If needed, involve emergency contact or law enforcement.	Listened to the client's problems, asked about safety concerns, and established if there was a need for hospitalization. Did a safety plan with the client. If needed, involve emergency contact or law enforcement. Followed up with the client after the crisis.

APPENDIX D:

INTERVIEW RATING FORMS

Individual Rating Form

Candidate Name:		Date of Interview:			
<p>Instructions: Rate each candidate by circling the appropriate number in accordance with the BARS scales for each question. Comments should only contain specific quotes that the candidate said during the interview. Please take the mean of all questions and write it in the Mean section. Finally, sign this form, discuss your scores with the lead psychologist, and give your form to the lead psychologist.</p>					
Questions					
Q1	1	2	3	4	5
Q2	1	2	3	4	5
Q3	1	2	3	4	5
Q4	1	2	3	4	5
Q5	1	2	3	4	5
Q6	1	2	3	4	5
Q7	1	2	3	4	5
Q8	1	2	3	4	5
Q9	1	2	3	4	5
Q10	1	2	3	4	5
Q11	1	2	3	4	5
Add Columns					
Mean of questions					

APPENDIX E:

SAMPLE LESSON PLAN FOR INTERVIEW TRAINING COURSE (ADAPTED FROM THE OFFICE OF PERSONNEL MANAGEMENT, 2008)

Lesson 1: Introduction

- Interview Reliability and Validity
- Court Challenges and the Importance of adding Structure to the Interview Process
- Relationship of the Interview to the Total Hiring Process

Lesson 2: Interview Material

- General Interview Guidelines
- Awareness of Interviewer Biases and Mistakes
- KSAO Definitions and Job Information
- Interview Questions (Behavior Interview or Situational Interview)
- Behavioral examples Responses
- Rating Forms and Procedures
- Sample Rating Forms

Lesson 3: Interview Process and Practice Exercises

- Interview Procedures
- Checklist of “Do’s and Don’ts” for Conducting the Interview
- Critiqued Practice Using Role Play
- Security of Interview Materials

APPENDIX F:
COMMON RATING ERRORS AND INTERVIEWING MISTAKES (ADAPTED
FROM THE OFFICE OF PERSONNEL MANAGEMENT, 2008)

To minimize rating errors, interviewers need to be aware of the most common types of bias and errors. The most common errors are summarized below:

1. **Rater Bias:** Allowing prejudices about certain groups of people or personalities to interfere with being able to fairly evaluate a candidate's performance. Interviewers should refrain from considering any non-performance-related factors when making judgments.

2. **Halo Effect:** Allowing ratings of performance in one competency to influence ratings for other competencies. For example, allowing a high rating on Oral Communication to bias the rating on Problem Solving, irrespective of the candidate's performance on Problem Solving.

3. **Central Tendency:** A tendency to rate all competencies at the middle of the rating scale (for example, giving all "3s" on a 5-point scale). When hesitating over making a high rating, interviewers should realize such a rating does not indicate perfect performance; it means demonstrating more of the competency than is generally exhibited. Similarly, when hesitating over a low rating, interviewers should realize it does not mean the candidate does not possess the competency; it means he/she did not demonstrate much of the competency in his/her interview responses.

4. **Leniency:** A tendency to give high ratings to all candidates, irrespective of their actual performance. There may be candidates who could benefit from further development in certain areas. Interviewers should allow their ratings to reflect these intra- and inter-individual differences.

5. **Strictness:** A tendency to give low ratings to all candidates, irrespective of their actual performance. There may be outstanding candidates whose demonstration of competencies warrants high ratings. Interviewers should allow their ratings to reflect these intra- and inter-individual differences.

6. **Similar-to-Me:** Giving higher than deserved ratings to candidates who appear similar to you. People have a natural tendency to prefer others who are similar in various ways to themselves. Interviewers should concentrate on the responses given by the candidate in making evaluations, rather than on the outward characteristics and personality of the candidate.

Interviewers can minimize these rating errors by thoroughly understanding the competencies being assessed and by learning to compare the behaviors exhibited in the interview with the behaviors anchoring the proficiency-level ratings for each competency.

Common Interviewing Mistakes

1. **Relying on First Impressions:** Interviewers tend to make rapid decisions about the qualifications of a candidate within the first few minutes of the interview based on minimal information. Interviewers should reserve their judgment until sufficient information on the candidate has been gathered.

2. **Negative Emphasis:** Unfavorable information tends to be more influential and memorable than favorable information. Interviewers should avoid focusing on negative information to the exclusion of positive information.

3. **Not Knowing the Job:** Interviewers who do not have a comprehensive understanding of the skills needed for the job often form their own opinion about what constitutes the best candidate. They use this personal impression to evaluate candidates. Therefore, it is important to make sure interviewers fully understand the requirements of the job.

4. **Pressure to Hire:** When interviewers believe they need to make a decision quickly, they tend to make decisions based on a limited sample of information, or on a small number of candidate interviews. Interviewers should adhere to the established interview procedure and timeline with each candidate to avoid making erroneous decisions.

5. **Contrast Effects:** The order in which the candidates are interviewed can affect the ratings given to candidates. While making ratings, interviewers should refrain from comparing and contrasting candidates to those who have been previously interviewed.

6. **Nonverbal Behavior:** Interviewers should base their evaluation of the candidate on the candidate's past performance and current behavior as it relates to the competency being evaluated and not just on how the candidate acts during the interview.

Questions and probes relating to the competencies of interest will usually direct the interviewer to the important information.

APPENDIX G:
PERFORMANCE APPRAISAL FORM

Clinician Name:

1.

Clinical Skills		
Clinical competence, assessment, and diagnosis- Demonstrates proficiency in therapeutic techniques and interventions. Conducts thorough assessments and accurate diagnostic evaluations.		
<p>Demonstrates limited understanding of therapeutic techniques and interventions as evidenced by lack of rationale in the documentation and monthly staffing meetings.</p> <p>Struggles to conduct thorough assessments and often overlooks important details during assessment as evidenced by lack of proper documentation and monthly staffing meetings.</p> <p>Struggles to accurately diagnose clients presenting problems/symptoms. Misinterprets symptoms and diagnosis criteria.</p> <p>Requires extensive oversight</p>	<p>Consistently demonstrates understanding of therapeutic techniques and interventions as evidenced by documentation and monthly staffing meetings.</p> <p>Consistently conducts comprehensive assessments as evidenced by proper documentation and monthly staffing meetings.</p> <p>Consistently interprets the client's presenting problems/symptoms and provides accurate diagnosis.</p> <p>Demonstrates a solid understanding of symptoms and diagnosis criteria.</p>	<p>Exhibits exceptional expertise in therapeutic techniques as evidenced by documentation and monthly staffing meetings. Able to use therapeutic techniques in new and complex ways to help clients progress.</p> <p>Exhibits exceptional skills in conducting assessments as evidenced by detailed documentation and feedback in monthly staffing meetings.</p> <p>Exhibits exceptional in diagnosing clients' presenting problems/symptoms as evidenced by understanding the small intricacies in diagnosis criteria.</p>

	Does not need any oversight.	Provides helpful feedback to other clinicians in monthly staffing meetings.
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What do you think you need to improve?

How can the organization support you in improving these skills?

2.

Treatment Planning and Goal Setting		
*Develops realistic treatment plan goals in collaboration with clients. Documents progress or lack of progress in progress notes.		
<p>Sets unrealistic or vague goals in treatment plans.</p> <p>Misses important information in treatment plans.</p> <p>Rationale for goals do not match with client's presenting problems.</p> <p>Does not document any progress or lack of progress in follow-up notes.</p>	<p>Ensures that goals are aligned with the client's strengths and preferences.</p> <p>Writes specific, measurable, attainable, relevant, and time bound (SMART) goals in treatment plan.</p> <p>Documents progress or lack of progress in follow-up notes.</p>	<p>Ensures that goals are aligned with the client's strengths, weaknesses, and preferences.</p> <p>Writes specific, measurable, attainable, relevant, and time bound (SMART) goals in treatment plan.</p> <p>Documents progress or lack of progress in follow-up notes.</p>

		Documents adjustments to goals depending on client progress or lack of progress throughout treatment.
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What do you think you need to improve?

How can the organization support you in improving these skills?

3.

Empathy and Rapport Building		
*Establishes and maintains a strong therapeutic alliance with clients. Uses empathetic language in monthly staffing meetings.		
<p>Rarely uses empathic language when discussing clients in monthly staffing meetings.</p> <p>Comments about clients may be perceived as impersonal or insensitive.</p> <p>Documents the client's resistance in a negative way.</p>	<p>Consistently uses empathic language when discussing clients in monthly staffing meetings.</p> <p>Comments about clients demonstrate empathy, sensitivity, and understanding of client problems.</p> <p>Documents the client's resistance in an empathic way.</p>	<p>Uses empathic language when discussing clients in monthly staffing meetings.</p> <p>Demonstrates knowledge of how to build rapport in staffing in monthly staffing meetings.</p> <p>Comments about clients demonstrate empathy, sensitivity, and understanding of client problems.</p>

		Documents client's resistance in an empathic way and documents adjustments to verbiage to make the client feel comfortable in the session.
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What do you think you need to improve?

How can the organization support you in improving these skills?

4.

Cultural Competence		
*Recognizes and respects cultural differences in therapeutic relationships. Demonstrates cultural competence in peer consultation/supervision by using appropriate, respectful verbiage.		
Does not document differences in culture, gender, sexuality, and religion. Shows reluctance to explore cultural differences in monthly staffing meetings. May inadvertently use language or concepts that are insensitive or culturally biased as well as showing	Consistently documents differences in culture, gender, sexuality, and religion. Shows a willingness to explore and learn about cultural differences in monthly staffing meetings. Uses respectful and inclusive language about cultural	Consistently documents differences in culture, gender, sexuality, and religion. Documents on how these differences are important aspects to client's presenting problem. Shows a willingness to explore and learn about cultural differences in monthly staffing meetings.

resistance to feedback regarding cultural competence in monthly staffing meetings.	differences in monthly staffing meetings. Seeks feedback regarding possible cultural competence biases or barriers in monthly staffing meetings.	Actively seeks out cultural competence continuing education units (CEUs).
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What do you think you need to improve?

How can the organization support you in improving these skills?

5.

Informed Consent		
*Documents informing clients about consent, confidentiality, and limits of confidentiality.		
Fails to document informed consent and confidentiality in therapy notes.	Adequately documents informed consent and confidentiality in therapy notes.	Adequately documents informed consent and confidentiality in therapy notes. Documents any questions that the client may have about consent and confidentiality.

What do you think you need to improve?

How can the organization support you in improving these skills?

6.

Peer Consultation		
<p>Seeks consultation when appropriate. Demonstrates openness to feedback while in the monthly staffing meetings.</p>		
<p>Never seeks out peer consultation to talk about unfamiliar client situations, symptoms, or problems.</p> <p>Displays defensiveness or resistance to feedback during the monthly staffing meetings. Dismisses or minimizes others' perspectives.</p>	<p>Actively seeks out peer consultation to talk about unfamiliar client situations, symptoms, or problems.</p> <p>Demonstrates openness to feedback during monthly staffing meetings, listens, and understand colleagues' perspectives.</p>	<p>Actively seeks out peer consultation to talk about unfamiliar client situations, symptoms, or problems.</p> <p>Actively researchers in academic journals or clinical journals for best practices when dealing with unfamiliar client situations.</p> <p>Demonstrated openness to feedback during monthly staffing meetings, listens, and understand colleagues' perspectives.</p> <p>Demonstrates commitment to ongoing professional development as evidenced by seeking out continuing education units (CEUs).</p>

What do you think you need to improve?

How can the organization support you in improving these skills?

7.

Crisis Intervention and Risk Management		
Effectively handles crisis situations and assesses risk factors. Documents if someone is having a crisis. Implements appropriate safety interventions and collaborates with emergency contacts and other professionals as needed.		
<p>Fails to document crisis situations.</p> <p>Feels overwhelmed when facing a crisis situation.</p> <p>Fails to document risk factors and misses warning signs associated with crisis situations.</p> <p>Fails to document safety planning strategies and does not collaborate with emergency contact or emergency medical personnel as needed.</p>	<p>Documents crisis situations appropriately.</p> <p>Maintains composure in crisis situation and actively seeks out help from colleagues, if needed.</p> <p>Identifies and documents risk factors and engages therapeutic interventions to reduce the risk of a crisis situation.</p> <p>Adequately documents safety planning strategies and collaborates with emergency contact or emergency medical personnel as needed.</p>	<p>Documents crisis situations appropriately.</p> <p>Documents follow-ups with client after crisis situation.</p> <p>Maintains composure in crises and actively seeks out help from colleagues, if needed.</p> <p>Identifies and documents risk factors and engages therapeutic interventions to reduce the risk of crisis situation.</p> <p>Adequately documents safety planning strategies and collaborates with emergency</p>

		contact or emergency medical personnel as needed. Follows up with the client or family of the client after a crisis situation.
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What do you think you need to improve?

How can the organization support you in improving these skills?