PSYCHOLOGICAL PROGRAM MANAGER

This class recognizes the dual responsibility of providing direct psychological services at a high level of technical expertise as well as supervising a small program. This is the first level of management in the psychology series and includes some planning, organizing, supervising and training responsibilities for a program component such as children services in a small county or a small county mental health center staffed with an average of 5 to 15 staff including 1 to 3 psychologists, or an area Correctional Mental Health and Diagnostic Center program. Employees serve as program experts in performing advanced testing, assessment, and treatment of complex behavioral, emotional, and learning disorders, independently. Approximately 50 percent of the work is administrative and supervisory in nature.

I. <u>DIFFICULTY OF WORK</u>:

<u>Variety and Scope</u> - Direct service assignments are varied as those identified in the Senior Psychologist I class plus the supervisory accountability includes planning, organizing, supervising, and training responsibilities for a small program or center. Components usually include outpatient services, follow-up, school consultation, day treatment, emergency services, and may include a limited inpatient contract.

<u>Intricacy</u> - Psychological assessments, therapeutic intervention, and consultation assignments are complex and require authoritative clinical expertise as identified in the Senior Psychologist I class; supervisory responsibilities include establishing program priorities, assigning workloads, establishing deadlines, providing on-the-job training, evaluating service delivery, and handling informal employee grievances. Employees grant clinical privileges for psychologists and other clinical staff in program.

<u>Subject Matter Complexity</u> - Supervisory responsibilities require basic knowledge of planning, organizing, budgeting, evaluation, and training techniques; direct services require a thorough knowledge of psychological theories, principles, techniques, and therapeutic skills. Additionally, work in specific programs requires appropriate concentrations of knowledge in psychotherapy, learning behavior programming, development and/or curriculum techniques. Work may require ability to design new testing methods or conduct applied clinical research.

<u>Guidelines</u> - Employees utilize standards of practice established by the American Psychological Association, analyze current scientific literature, as well as integrate new concepts and practices into their knowledge base.

II. <u>RESPONSIBILITY</u>:

<u>Nature of Instructions</u> - Supervisory assignments are usually discussed with area director in ongoing planning and review sessions or management team meetings; direct services are performed with legal independence and considerable program autonomy is exercised in selecting appropriate diagnostic tests, developing intervention goals and approaches, and providing expert consultation. Work is initiated by referrals from various sources within a unit or center or from other agencies. Information on referrals and requested services varies from general to specific.

<u>Nature of Review</u> - Work is reviewed with area director in ongoing planning sessions and supervisory meetings; employees share information and expertise on diagnostic findings and progress with peer professionals and others in staffing and consultation.

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<u>Scope of Decisions</u> - Supervisory decisions affect staff supervised and their client services and community consultation activities; employees' judgment directly affects clients served by the particular program, and influences the course of action taken by other professionals through consultation and training education activities.

<u>Consequence of Decisions</u> - Positions impact on efficiency, quality, and skills of services provided in unit; client adjustment, growth, development, and learning are affected by the effectiveness of the application of advanced testing, therapy, and intervention techniques both directly and through consultation/training provided to other professionals. Decisions and recommendations are regarded as highly authoritative by the judicial system, community agencies, and peers.

III. INTERPERSONAL COMMUNICATIONS:

<u>Scope of Contacts</u> - Works with other program managers, local officials, and a variety of professional disciplines and paraprofessionals in Mental Health/Mental Retardation/Substance Abuse Services, Social Services, Health, Vocational Rehabilitation, Blind Services, Correction, or school programs. Contacts are usually in the work unit or with other agencies serving the same clients.

<u>Nature and Purpose</u> - To set priorities, balance workloads, teach skills and techniques, and interpret policies and objectives to staff as well as share information and expertise on diagnostic findings and progress with peer professionals and others in staffing, and consultation. Work with the client involves gaining rapport and trust in the treatment process. Consultative work involves serving as expert resource to fellow staff and community groups on specialty areas such as neuropsychological testing, forensic assessment, or complicated therapies.

IV. OTHER WORK DEMANDS:

<u>Work Conditions</u> - Settings range from locations in local mental health or developmental evaluation centers to institutions and correctional field units usually in an office environment.

<u>Hazards</u> - In some settings, clients may experience periods of aggressiveness that could result in personal injury to the employee. The degree of exposure depends on the location of the position, type of program or unit, and patients/inmates assigned.

V. <u>RECRUITMENT STANDARDS</u>:

<u>Knowledges, Skills, and Abilities</u> - Thorough knowledge of the theories and practices of the field of psychology including human behavior, learning, and development throughout the life span. Thorough knowledge of the range of special needs of the emotionally and socially distressed, learning disabled, handicapped, and disadvantaged. Thorough knowledge of the causes and effects of atypical and disruptive behavior patterns. Thorough knowledge of the principles of therapeutic intervention, including interpretive therapy and behavior modification or curriculum design. General knowledge of psychological program planning, organizing, coordinating, and evaluating. Thorough knowledge of projective and objective psychological, educational, and developmental tests including those of a complex, comprehensive nature. Advanced skill in the proper application and interpretation of those tests and in preparing and presenting comprehensive and cohesive reports. Skill in communicating expressively and dynamically with others. Ability to supervise and evaluate the work of other employees.

<u>Minimum Education and Experience</u> - Doctoral degree in psychology from an appropriately accredited institution and two years of professional psychological experience, one of which must be postdoctoral. Refer to the law for specifics regarding experience requirements.

Minimum Training and Experience for a Trainee Appointment - Doctoral degree in psychology.

<u>Necessary Special Qualifications</u> - One must fulfill all requirements for licensure in North Carolina as a licensed psychologist under provisions specified by the Psychology Practice Act (G.S. 90.270).

<u>Special Note</u>: This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this class, but may not be applicable to all positions.