



MTC POSTDOCTORAL FELLOWSHIP TRAINING BROCHURE

2023-2024

Mind Therapy Clinic

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Fellowship Training Brochure

2023-2024

ABOUT MIND THERAPY CLINIC

Welcome to the Mind Therapy Clinic's postdoctoral training program brochure. This document is intended to orient you to MTC's training mission and the overall goals and objectives for our postdoctoral training program.

Our Mission

The mission of Mind Therapy Clinic (MTC) is to provide exceptional mental health services in an integrative, multidisciplinary team environment across a comprehensive range of outpatient levels of care. With this ethos in mind, our primary goal is to alleviate suffering and enhance the functionality of the clients and families we serve, so that they can get back to the lives they wish to lead.

Clinic Overview

MTC was established after observing a need for high-quality, long-term, comprehensive and multidisciplinary care in our community, which is particularly vital to the recovery of clients with complex mental health concerns.

At MTC we deeply believe that the quality of care improves when providers collaborate with one another. Our multidisciplinary team includes psychiatrists, psychologists, social workers, therapists, dietitians, and trainees in the field of mental health (to name a few). Each provider brings a unique expertise, theoretical orientation, and set of interventions to the treatment team, which enables us to more comprehensively address the diverse needs of each client.

Another way MTC addresses this need for comprehensive and holistic treatment is by offering a continuum of care ranging from stand-alone outpatient services (e.g. individual therapy, medication management, group therapy, or family therapy) through intensive outpatient (IOP) and partial hospital (PHP) treatment programs, and even including supportive housing. This broad array of services means that we are able to meet clients where they are at, provide the structure and support needed for each stage of recovery, and then titrate care as people improve without them losing access to trusted providers.

A detailed description of these levels of care is provided here. Clients are able to flexibly move across this continuum in order to meet their clinical needs:

General Outpatient Services	Intensive Outpatient Program (IOP)	Partial Hospital Program (PHP)	Supported Housing: E Street House
<p>All services offered at MTC are available on an outpatient basis</p> <p>May include:</p> <ul style="list-style-type: none"> • Psychiatry • Individual therapy • Family therapy • Group treatment • Case Management 	<p>3, 4, 5 days per week.</p> <p>All available outpatient services.</p> <p>Group schedule to fit patient needs and goals.</p> <p>Half-day of treatment.</p>	<p>4 or 5 days per week.</p> <p>All available outpatient services at greater frequency.</p> <p>Intensive treatment designed to provide structure, support, and comprehensive care.</p> <p>Full day of treatment.</p>	<p>Psychiatric supportive housing offered as adjunct to programs.</p> <p>Focused on improving independent living skills, social support, and recreation.</p> <p>Less restrictive living environment than residential treatment to support increased autonomy.</p>

Clinic Settings and Population

MTC primarily serves the local Marin County and greater Bay Area communities and our client demographics tend to reflect this population. In our general outpatient services we work with individuals across the lifespan seeking support with any mental health concerns appropriate for this lower level of care. Typically, our clients seek help with life transitions, mood and anxiety disorders, trauma related disorders, substance use disorders and personality disorders.

In our IOP and PHP programs, we work with more complex and higher need adult clients. These clients are often seeking structured, supportive care as they step-down from hospital or residential level care. Alternatively, they may be referred by an outpatient provider seeking more intense treatment to help contain increasingly acute distress in order to prevent the need for hospitalization. Very often the individuals we see are looking for dual diagnosis treatment for mental health concerns and substance abuse, help with multiple comorbidities and life stressors, and trauma-informed or PTSD-specific care.

Clinic Facilities and Fellow Resources

Fellows primarily work in MTC’s outpatient practice location in Corte Madera in the heart of Marin County, just across the bridge from San Francisco. When in the office,

each fellow will have access to a private office in which to see clients (virtually or live) and space to complete administrative tasks. Groups are facilitated in our group treatment room or virtually per the group schedule, with access to office and art supplies to support group work. Fellows will also have use of our communal staff kitchen, the print/fax/mailroom, and any books or manuals in our clinic library (i.e. books in the offices and virtual resources on our google drive). Fellows are permitted to work remotely from their homes one day per week after the first quarter.

Upon onboarding, fellows will be given access to the MTC G-Suite (including MTC email, Google Drive, and Google Meet for virtual sessions). Fellows will also create accounts to use our Electronic Health Record system (with access to several self-report assessment measures), our “MTC App” for client onboarding tasks and group management, and the MTC intranet.

FELLOWSHIP PROGRAM OVERVIEW

The postdoctoral training program at MTC offers specialized training in treating complex individuals within a multidisciplinary care team. Our fellows provide services across levels of care including standard outpatient care, intensive outpatient (IOP), and partial hospital (PHP) programs. Our fellows have the opportunity to provide long-term support to clients as the individual therapist and team lead; responsibilities here include formulating individualized treatment plans, facilitating client transitions between levels of care, and coordinating care across the treatment team. Fellows also have the opportunity to explore the wide range of psychologist roles as they determine their areas of interest and passions for a career in clinical psychology. This includes co-facilitating groups with our experienced staff members, completing comprehensive diagnostic/intake assessment as part of the program admissions team, and learning about the supporting duties required in a private practice setting (e.g. working with outside collateral providers, setting up treatment team meetings, and documenting work).

Successful completion of the postdoctoral fellowship program at MTC fulfills the supervised professional experience component for licensure requirements in the state of California. Postdoctoral training at MTC is typically a full-time, one-year appointment beginning in September (unless other arrangements have been predetermined and agreed upon).

Fellows at MTC go through a sequence of training that builds on their skills providing evidence-based care to individuals presenting with diverse clinical needs and complex family systems. MTC primarily offers training in clinical care for adults. Fellows

function as valued team members contributing to staff meetings, case consultation, and clinic-wide events.

Optional fellowship opportunities also include acting as the family or couple's therapist on the treatment team, seeking deeper didactic instruction and consultation in certain evidence-based treatments (e.g. EBPs for PTSD like CPT and PE), performing case management duties, and completing presentations for clinic staff. When staffing and supervision is available, we also like to collaborate with our fellows to carve out specializations aligned with each fellow's interest.

FELLOWSHIP GOALS, OBJECTIVES AND COMPETENCIES

The goal of the Mind Therapy Clinic Postdoctoral Fellowship program is to train scientifically-minded, culturally attuned, self-reflective psychologists who are competent to work with complex clients and adept at working within interdisciplinary teams.

<i>I. Integration of Science and Practice</i>
<ol style="list-style-type: none">1. Displays necessary self-direction in gathering clinical and research information. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.2. Utilizes research, organization, and communication skills to develop clear presentation materials.
<i>II. Ethical and Legal Standards</i>
<ol style="list-style-type: none">1. Is knowledgeable about specific ethical guidelines and principles and state laws that apply to trainee's profession and governing board.2. Approaches all cases with awareness about the ethical and legal considerations of that trainee's profession that may apply to that case and seeks consultation as needed.3. Keeps an ear out for any changes in risk that could lead to reportable/actionable steps, utilizes consultation, and takes appropriate follow up steps when warranted.
<i>III. Individual and Cultural Diversity</i>
<ol style="list-style-type: none">1. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.2. Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work and practice cultural humility.

IV. Individual Therapy Skills

1. Able to establish a solid therapeutic alliance with clients who remain on caseload until there is a clinically indicated reason to end treatment or switch providers.
2. Able to elicit treatment goals from the patient and establish treatment plans based on those goals and recommendations from the team.
3. Utilization of appropriate, well-timed, evidence-based therapeutic interventions to implement treatment plans.
4. Ability to conceptualize cases through a specific framework and communicate that conceptualization to supervisor and team members.
5. Able to make appropriate recommendations to increase or decrease level of care in response to presenting issues in therapy.
6. Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

V. Group Therapy Skills

1. Able to articulate observations of group process in supervision and consultation.
2. Comes prepared to co-facilitate/facilitate groups and is facile with group material when presenting information to the group.
3. Responds appropriately to group process, including ruptures within the group, calling upon supervision and initiating follow up communication to the treatment team as needed.

VI. Family and Couples Therapy Skills

1. Able to establish a solid therapeutic alliance with family members who remain on caseload until there is a clinically indicated reason to end treatment or switch providers.
2. Able to elicit treatment goals from the family and establish treatment plans based on those goals and recommendations from the team, which may or may not include separate meetings with individual family members.
3. Utilizes appropriate, evidence-based therapeutic interventions to implement treatment plans.
4. Ability to conceptualize cases through a specific framework and communicate that conceptualization to supervisor, team members, and family members.

VII. Diagnosis and Assessment

1. Able to complete formal intake interviews for IOP/PHP, assessing appropriately for risk, diagnosis, and goodness of fit of patient for the clinic.
2. Able to write clear, concise intake reports in a timely manner, including email communication to the team.
3. Able to gather relevant clinical information from collateral contacts during intakes.
4. Utilizes measurement-based care as appropriate for patients on caseload.
5. Appropriately works new information into diagnostic conceptualization of patients over course of treatment.

VIII. Professional Conduct
<ol style="list-style-type: none"> 1. Seeks consultation or supervision as needed, uses it productively, and implements feedback well. 2. Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care. 3. Responsible for key patient care tasks (e.g. scheduling, phone calls, letters, case management) and completes tasks promptly. 4. Consistently completes documentation up to clinic and professional standards (i.e. in a timely manner, clearly written, including all pertinent information). This includes all patient contacts, such as scheduled and unscheduled appointments, phone contacts, risk assessments, and collateral calls. 5. Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.
IX. Professional Consultation and Interprofessional Teams
<ol style="list-style-type: none"> 1. Maintains professional and appropriate interactions with treatment teams, peers, and supervisors, and seeks support as needed. 2. When acting as the treatment team leader, delegates tasks and makes treatment recommendations in a way that respects the autonomy and expertise of other treatment providers. 3. Provides clinically relevant information to the treatment team in a timely, concise, and professional manner. 4. Able to handle interprofessional conflict in a respectful and effective manner. 5. Consults independently and effectively with other professionals and treatment stakeholders (e.g. referrants, outside provider, guarantors, family members, etc.) within and outside of the clinic to coordinate care of their clients. 6. Demonstrates ability to communicate assessment results, intervention outcomes, and/or treatment recommendations to referral source, individual, family members, or team in an understandable and integrative manner.
X. Supervision
<ol style="list-style-type: none"> 1. Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee. 2. Engages effectively with peers and colleagues in consultation groups. Provides appropriate feedback (including praise and alternative ideas) in a respectful manner.

CLINICAL PSYCHOLOGY FELLOWSHIP EXPERIENCE

Clinical Training Experiences

As noted in the Fellowship Program Overview above, the postdoctoral fellowship training program is made up of several components including face-to-face clinical intervention, clinical supervision, didactics, and interdisciplinary consultation. Fellows

will be expected to participate in several mandatory training experiences and may elect to garner additional expertise in several optional rotations. Holistically, the fellowship offerings aim to meet the requirements for postdoctoral training both for an APPIC membership fellowship program and for licensure by the California Board of Psychology.

As staffing or programs may change unexpectedly, not all placements listed below may be available each year. Any substantive changes will be publicized; those that occur after the posting of this brochure will be communicated to applicants via APPIC Late Breaking updates and/or by email.

Mandatory Fellowship Experiences

- Fellows are expected to have approximately 15-20 face-to-face invention hours per week consisting of:
 - Provision of individual therapy to patients in the outpatient level of care
 - Provision of individual therapy to patients in IOP and PHP levels of care, which includes acting as the MTC team lead
 - Co-facilitation of 3-4 groups
 - Recording therapy sessions for review in supervision
- Acting as a member of the Program Admissions Team, including attending required meetings and completing Pre-Admissions Assessments
- Participating in didactics, consultations, and clinical supervision as outlined below
- Preparing a 30 minute didactic presentation to the clinic staff and peers
- Completing administrative work and documentation commensurate with the roles listed above

Optional Fellowship Experiences

- Provision of family therapy to patients in outpatient, IOP, or PHP levels of care
- Intensive PTSD Treatment Rotation - includes didactic training in evidence based psychotherapy for PTSD (CPT and/or PE), weekly consultation meeting in these modalities, providing treatment to clients, and review of session recordings
- Intensive DBT Treatment Rotation - includes didactic training in DBT, weekly DBT Team meeting for consultation, provision of DBT Skills group(s), and providing treatment to clients
- Administration and Leadership Rotation - includes meetings with administrative team and spearheading approved administrative project to benefit clinic
- Group Intensive - includes co-facilitating more weekly groups

Organization of Training Activities

All of the supervision, training activities, and didactic experience in which the fellow participates are designed with a developmental approach. The earliest part of the year will be focused on assessing the trainee's strengths and areas for growth, providing them with foundational training needed to ensure that the clinical tasks are carried out with competency, and identifying the fellow's individual training goals. As the year progresses, fellows will be offered more advanced training in case conceptualization, professional development, and specific interventions of interest, with the goal of increasing the trainee's expertise and autonomy over time. Toward the end of the year, fellows will be supported as they begin to prepare for licensure and independent practice.

Clinical Supervision

Fellows will receive two hours of individual face-to-face supervision from a licensed psychologist in order to meet the requirements of APPIC's Fellowship standards and the CA Board of Psychology for Supervised Professional experience. One hour of supervision will be provided by the fellow's assigned Primary Supervisor. The second hour of supervision will be provided by either the Primary Supervisor or a Delegated Supervisor. Additional supervision may also be provided in individual or group formats depending on the needs of the trainee and the didactic and clinical experiences being assigned. Individual supervision is developmentally tailored, with the goal of fostering greater clinical independence as the training year proceeds. Topics discussed in supervision will remain private between the supervisor and the supervisee, but not confidential. Information will be shared with the Training Committee as needed to ensure competencies are being met and client care is not impacted.

Weekly Learning Activities

<i>Activity</i>	<i>Day</i>	<i>Time</i>	<i>Hours</i>
<i>Staff Meeting**</i>	<i>Every Monday</i>	<i>1:00 PM -2:30 PM</i>	<i>1.5 hours/week</i>
<i>Description: Staff meeting takes place weekly and serves as a place to discuss clinical needs, changes in presentation, and care recommendations for clients enrolled in Intensive Outpatient (IOP) and Partial Hospital (PHP) levels of care. Fellows are expected to present on clients to the team for whom they have completed intakes and lead interdisciplinary discussions for clients for whom they are acting as primary Individual Therapist. Fellows will also provide observations made in the milieu to the interdisciplinary treatment team.</i>			
<i>Case Conference**</i>	<i>Every Monday</i>	<i>11:00 AM - 12:30 PM</i>	<i>1.5 hours/week</i>
<i>Description: Case conference takes place weekly and is attended by all masters and doctoral level trainees. It is facilitated by a licensed psychologist. It serves as a place for trainees to present cases</i>			

<p>each week and look more closely at how they are conceptualizing cases, seek support around interventions, and develop skills in consulting with peers. Topics on professional development are also discussed as requested by the trainees. Fellows are asked to present cases from their caseload and provide feedback to the other trainees. Once per month, this time will be used for didactic presentations (see Monthly Didactic Series below).</p>			
<i>Consultation Group*</i>	<i>Every Thursday</i>	<i>12:00 PM - 1:00 PM</i>	<i>1 hour/week</i>
<p><i>Description:</i> Consultation Group takes place weekly and is attended by any staff members seeking additional consultation. It is facilitated by our Clinical Director who is a licensed psychologist. This group serves as a venue for staff members to consult with peers and talk through more complex cases. This meeting time emphasizes peer support, discussion of group and interdisciplinary team dynamics, and optimally supporting patients within the programmatic structure of MTC.</p>			
<i>PTSD Consultation</i>	<i>Weekly</i>	<i>TBD</i>	<i>1 hour/week for one quarter</i>
<p><i>Description:</i> This group is an optional didactic and supervisory experience focused on learning Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). This rotational didactic begins with learning the fundamentals of PTSD assessment, including the administration of self-report and clinician administered measures. Then fellows will learn the theoretical and research underpinnings of CPT and how to administer the treatment session by session. Supervision will include presenting your CPT case to the other consultees, discussing session content week by week, and playing recorded sessions.</p>			
<i>DBT Consultation Team</i>	<i>Every Thursday</i>	<i>2:00 PM - 3:00 PM</i>	<i>1 hour/week</i>
<p><i>Description:</i> The Dialectical Behavioral Therapy (DBT) Consultation Team functions as part of the Linehan model of DBT and is run by a master's level clinician with DBT expertise. Trainees may elect to drop into the DBT team as needed to consult on DBT cases or hone the teaching of DBT skills. Members of the DBT Consultation Team agree to abide by the Six DBT Consultation Agreements and agree to present cases and provide feedback to peers through a DBT lens.</p>			

*** Training activities marked with two asterisks are required for all fellows*

**Training activities marked with a single asterisk are required for full-time, but not half-time fellows*

Monthly Didactic Series

Occasionally, a didactic seminar will take place during the case conference time slot. This will provide opportunities for fellows, trainees, and other staff members to learn more formally about various topics relevant to the practice of psychology. At the beginning of the training year, these didactics will be more frequent to provide support and instruction as fellows learn critical skills relevant to their experience at Mind Therapy Clinic, such as completing intake assessments, working among interdisciplinary teams, co-facilitating groups, and working with complex clients. After

the first month, fellows will receive didactics monthly on various topics with presentations by MTC staff. For the full didactic schedule, see Appendix A.

Other Possible Learning Activities

In addition to the above training experiences, fellows will be invited to participate in any in-house training provided by Mind Therapy Clinic to its entire staff. These occur approximately 3 times per year. Past topics have included Emerging Therapies with Hallucinogen in Addiction Treatment and The Role of Medication in Psychotherapy.

Training Staff

The members of the training staff together for the Training Committee. Any staff member who provides supervision, mentorship, or didactic training is eligible to participate in the Training Committee. A full designation of Mind Therapy Clinic staff members is available in Appendix B.

Training Director

Sara Drotman, Psy.D. (she/her) is a licensed clinical psychologist (PSY 32094) and the Director of Education and Training at MTC. Dr. Drotman utilizes evidence-based treatments including CBT, ACT, and DBT in her clinical practice and specializes in treating posttraumatic stress disorder within these modalities (i.e. Cognitive Processing Therapy, Prolonged Exposure, and DBT PE). Dr. Drotman provides clinical supervision as a primary or delegated supervisor and oversees the PTSD EBP rotation.

The responsibilities of the Director of Training include:

- Direction and organization the training program in its meeting of all APPIC and CA State requirements
- Ensuring that program is providing training experiences that deliver upon the stated objectives and competencies
- Oversight of the admissions process including collecting fellowship applications, interviewing applicants, guiding fellow selection with the Training Committee, and notification of application status
- Provision of individual and/or groups supervision
- Oversight of the Training Committee and ensuring supervisors are in compliance with APPIC and CA State standards for providing supervision
- Oversight of and adherence to Due Process and Grievance Procedures as outlined in the Fellowship Brochure
- Ensuing all supervisors are properly completing the Fellow Evaluation procedure as outlined in the Fellowship Brochure
- Documentation and maintenance of Fellow's training records
- Development of the didactic curriculum for trainees

- Maintenance of APPIC membership status

Primary Clinical Supervisors

Matt Blagys, Ph.D. (he/him) is a licensed clinical psychologist (PSY 21802) and the Clinical Director at MTC. Dr. Blagys anchors his treatment in psychodynamic theory and thoughtfully integrates techniques from many other therapy modalities to maximize clinical gains. His clinical interests include individual therapy focused on addiction recovery, depression, and relationship issues as well as family and couples therapy. Dr. Blagys provides clinical supervision as a primary or delegated supervisor and oversees the weekly Consultation Group.

Claudia Perez, Ph.D., R.N. (she/her) is a licensed clinical psychologist (PSY 11522). Dr. Perez specializes in the provision of psychodynamic individual, couples, and family therapy. Her clinical expertise includes working with relationship issues, trauma, and life-stage issues. Dr. Perez provides clinical supervision as a primary or delegated supervisor and oversees the weekly Case Conference.

ADMINISTRATION OF THE FELLOWSHIP PROGRAM

Performance Standards and Due Process Procedures

Fellows are evaluated three times per year using a standardized competency rating form (See Appendix C). Specifically, Fellows are provided with feedback at the first quarter, at the mid-year point and at the conclusion of the fellowship year. Fellows meeting expectations will gain increased autonomy commensurate with their increasing competency, knowledge of MTC procedures, and demonstration of sound clinical judgment. If the Fellow is not meeting the standard competencies for that evaluation period, then the *Due Process Procedure* would be initiated (See Appendix D).

Program Feedback and Grievance Procedures

Because continuous growth is also part of our mission as educators and clinicians, the supervisors and members of the training committee will also elicit feedback from trainees on a regular basis through informal supervisory check-ins and via a standardized feedback form (See Appendix E). If at any point a fellow feels as though their feedback about our staff, supervisors, or training program is not being resolved, then they have the right to initiate the fellowship *Grievance Procedure* (See Appendix F).

SELECTION AND RECRUITMENT

Applicant Requirements for Postdoctoral Fellows

Fellows for the Mind Therapy Clinic postdoctoral fellowship position must meet the following criteria:

- 1) Completion of all professional doctoral degree requirements from a regionally accredited institution of higher education or an APA/CPA-accredited doctoral program in clinical or counseling psychology by the start of fellowship.
- 2) Completion of an APA- or CPA-accredited doctoral internship by the start of fellowship.
- 3) Be registered as a Psychological Associate with the California Board of Psychology.
- 4) Able to communicate well in English both verbally and in writing.
- 5) Have proficiency with computer systems for clinical service provision, documentation, and professional communication
- 6) Competent to provide therapy both in person and via telehealth platforms.

Application and Selection Procedure

Applicants interested in pursuing the fellowship program at MTC must submit a completed application to the current Training Director, Sara Drotman, Psy.D. at sdrotman@mindtherapyclinic.com.

A completed application includes:

- A cover letter detailing your interest in the MTC Postdoctoral Fellowship and describing how your clinical experiences have prepared you to work at a setting like MTC
- A current CV
- Three letters of recommendation along with contact information for those references

Applications are due by **December 15, 2023**.

Our interviews will take place in January and February. Interviews will be held virtually and local candidates are welcome to schedule an alternative time to tour our facilities upon request. Our program will abide by APPIC's Postdoctoral Selection Standards and Common Hold Date (CHD).

Stipend and Benefits

The stipend for the full-time fellowship is \$70,000.

The benefits available to the full-time fellow are:

- Health, dental, and vision insurance options with \$100 reimbursement per month from the organization
- Reimbursement on liability insurance
- Two weeks vacation time, eight paid holidays, and paid sick days in pursuant to the regulations required by the State of CA
- 401K after one year's employment should follow continue employment at MTC based on organization's needs
- Insurance options include Health Savings Account eligible plans
- Ability to work one day per week remotely

APPENDIX INDEX

Appendix A - Monthly Didactic Calendar

Appendix B - Current Staff

Appendix C - Fellow Evaluations

Appendix D - Due Process Procedure

Appendix E - Evaluation of Program

Appendix F - Grievance Procedure

Appendix A - Monthly Didactic Calendar

Didactic Calendar

All trainees are required to attend the weekly Fellowship didactic series. Seminars are held from 11:30 AM - 1:00 PM the first Monday of each month and every week in September, virtually. Learning objectives associated with each scheduled presentation will be provided each session and feedback will be elicited.

Date	Topic	Presenter
9/11/23	The Fundamentals of Multidisciplinary Teamwork	Matt Blagys, PhD
9/18/23	Risk Assessment and Crisis Management	Sara Drotman, PsyD
9/25/23	Running Successful Psychotherapy Groups	Matt Blagys, PhD
10/02/23	Clinical Writing Workshop	Sara Drotman, PsyD & Annie Don, LMFT
11/06/23	Treating Complex Clients	Matt Blagys, PhD
12/4/23	Addiction Series: Working with Addiction in Therapy	Julie Sauber, PsyD
01/08/24	Addiction Series: Psychopharmacology for Substance Use Disorder	Jack Van Bezooyen, MD
02/05/24	Addiction Series: Community Support in Recovery	Jacqueline Perlmutter, RAS
03/04/24	Culturally Sensitive Assessment of PTSD	Sara Drotman, PsyD
04/01/24	Understanding Family Systems	Kenneth Perlmutter, PhD
05/06/24	Working with Narcissism in Therapy	Matt Blagys, PhD
06/03/24	The Business Side of Private Practice	Mark Schiller, MD
07/01/24	Postdoc Presentations	Postdocs
08/05/24	Transition to Independent Practice	Matt Blagys, PhD, Claudia Perez, PhD, & Sara Drotman, PsyD

Appendix B - Current Staff

MTC Staff Members

Leadership Team

Medical Director - Mark Schiller, MD

Clinical Director - Matt Blagys, PhD

Director of Education and Training - Sara Drotman, PsyD

Staff Psychologists

Christine Valdez, PhD - Individual Therapist, Group Facilitator

Claudia Perez, PhD - Individual and Family Therapist

Jesse Rentz, PsyD - Individual and Family Therapist, Group Facilitator

Joseph Choy, PsyD - Individual Therapist, Group Facilitator, DBT Specialty

Julie Sauber, PsyD - Individual and Family Therapist, Addiction Specialty

Matt Blagys, PhD - Individual and Family Therapist, Group Facilitator, Addiction Specialty

Neil S. Kobrin, PhD - Individual and Family Therapist, Group Facilitator

Ryan McKim, PsyD - Neuropsychologist

Sara Drotman, PsyD - Individual Therapist, Group Facilitator, Trauma Specialty

Staff Psychiatrists

Jack Van Bezooyen, MD - Addiction Specialty, Individual Therapy, KAP Provider

Jeffrey Devido, MD

Mark Schiller, MD - Addiction Specialty, TMS Specialty

Martin Epton, MD, JD, MTS

Nursing Staff

Deb Bowman, PhD, NP

Other Therapists

Amelia Howard-Smith, LMFT - Individual Therapist, Group Facilitator, Substance Use Disorder Specialty

Annie Don, LMFT - Director of Admissions

Anna Lacey, LCSW - Individual and Family Therapist, Group Facilitator

Betsy Klinger, LPCC - Individual and Family Therapist, Group Facilitator

Emily Clark, LCSW - Individual and Family Therapist, Group Facilitator

Jacqueline Perlmutter, RAS - Case Manager, Group Facilitator, Addiction Specialist

Jessica Lief, LCSW - Individual Therapist, Group Facilitator, Eating Disorder Specialty

Katerine Dittmann, MS, RD - Registered Dietician, Group Facilitator

Mirabai Warkulwiz - Certified Yoga Teacher, Group Facilitator

Shea Knoss, LMFT - Individual Therapist

Stephanie White, LPCC - Individual and Family Therapist, Group Facilitator, OCD Specialty

Appendix B - Current Staff

Administrative Staff

Korina Park - Operations Director

David Loewe - Finance Director

Jasmin Francia - Office Supervisor

Kristi Gauslow - Front Desk

Current Trainees

Sean Traynor, PsyD - Postdoctoral Fellow

Diandra Hilton, PhD - Postdoctoral Fellow

Alina Belohlavek, AMFT - Marriage and Family Therapy Intern

Julie Vaccaro, AMFT - Marriage and Family Therapy Intern

Appendix C - Fellow Evaluation

up steps when warranted. Adhere to APA Ethical Principles of Psychologists and Code of Conduct	
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Competency Area III: Individual and Cultural Diversity

1. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.	
2. Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work and practice cultural humility.	

Competency Area IV: Individual Therapy Skills

1. Able to establish a solid therapeutic alliance with clients who remain on caseload until there is a clinically indicated reason to end treatment or switch providers.	
2. Able to elicit treatment goals from the patient and establish treatment plans based on those goals and recommendations from the team.	
3. Utilization of appropriate, well-timed, evidence-based therapeutic interventions to implement treatment plans.	
4. Ability to conceptualize cases through a specific framework and communicate that conceptualization to supervisor and team members.	
5. Able to make appropriate recommendations to increase or decrease level of care in response to presenting issues in therapy.	
6. Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.	

Competency Area V: Group Therapy Skills

1. Able to articulate observations of group process in supervision and consultation.	
2. Comes prepared to co-facilitate/facilitate groups and is facile with group material when presenting information to the group.	
3. Responds appropriately to group process, including ruptures within the group, calling upon supervision and initiating follow up communication to the treatment team as needed.	

Competency Area VI: Family and Couples Therapy Skills

1. Able to establish a solid therapeutic alliance with family members who remain on caseload until there is a clinically indicated reason to end treatment or switch providers.	
2. Able to elicit treatment goals from the family and establish treatment plans based on those goals and recommendations from the team, which may or may not include separate meetings with individual family members.	
3. Utilizes appropriate, evidence-based therapeutic interventions to implement	

Appendix C - Fellow Evaluation

treatment plans.	
4. Ability to conceptualize cases through a specific framework and communicate that conceptualization to supervisor, team members, and family members.	

Competency Area VII: Diagnosis and Assessment

1. Able to complete formal intake interviews for IOP/PHP, assessing appropriately for risk, diagnosis, and goodness of fit of patient for the clinic.	
2. Able to write clear, concise intake reports in a timely manner, including email communication to the team.	
3. Able to gather relevant clinical information from collateral contacts during intakes.	
4. Utilizes measurement-based care as appropriate for patients on caseload.	
5. Appropriately works new information into diagnostic conceptualization of patients over course of treatment.	

Competency Area VIII: Professional Conduct

1. Seeks consultation or supervision as needed, uses it productively, and implements feedback well.	
2. Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.	
3. Responsible for key patient care tasks (e.g. scheduling, phone calls, letters, case management) and completes tasks promptly.	
4. Consistently completes documentation up to clinic and professional standards (i.e. in a timely manner, clearly written, including all pertinent information). This includes all patient contacts, such as scheduled and unscheduled appointments, phone contacts, risk assessments, and collateral calls).	
5. Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.	

Competency Area IX: Professional Consultation and Interprofessional Teams

1. Maintains professional and appropriate interactions with treatment teams, peers, and supervisors, and seeks support as needed.	
2. When acting as the treatment team leader, delegates tasks and makes treatment recommendations in a way that respects the autonomy and expertise of other treatment providers.	
3. Provides clinically relevant information to the treatment team in a timely, concise, and professional manner.	
4. Able to handle interprofessional conflict in a respectful and effective manner.	
5. Consults independently and effectively with other professionals and treatment stakeholders (e.g. referrants, outside provider, guarantors, family members, etc.) within and outside of the clinic to coordinate care of their clients.	
6. Demonstrates ability to communicate assessment results, intervention outcomes, and/or treatment recommendations to referral source, individual, family members, or team in an understandable and integrative manner.	

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Competency Area X: Supervision

1. Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.	
2. Engages effectively with peers and colleagues in consultation groups. Provides appropriate feedback (including praise and alternative ideas) in a respectful manner.	

Supervisor Comments

Initial Goals:

Summary of Strengths:

Areas of Additional Development:

Future Goals and Plan:

Other Observations:

The signatures below serve as verification that this evaluation has been discussed with the trainee:

Trainee Signature

Date

Supervisor Signature

Date

Appendix D - Due Process Procedure

Due Process Procedure

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 fellowship'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.

Rights and Responsibilities

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

Fellows: The fellow 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 intern to receive support and assistance in order to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the fellow 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 Fellowship 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 fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows 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:

Appendix D - Due Process Procedure

1. the fellow 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 fellow 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 trainee'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 fellow'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 fellow's behavior is becoming problematic or that a fellow 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 fellow 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 fellow's problem behavior persists following an attempt to resolve the issue informally, if a fellow receives a rating of "1" on any competency on a supervisory evaluation, or if a fellow receives more than three ratings below expected performance based on the timing of the supervisory evaluation (e.g. below "2" in the first quarter evaluation, below "3" for the mid-year evaluation) the following process is initiated:

- A. **Notice:** The fellow 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 fellow will be included at the Hearing. The fellow 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

Appendix D - Due Process Procedure

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 fellow;
 - c. that the faculty will work with the fellow 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 fellow 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 fellow 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 fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Remediation Plan will be shared with the fellow 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 fellow's permanent file. If the problem has not been remediated, the Training Director may choose to move 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 fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage in 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 fellow's supervisor and the TD. A written "Suspension Plan" will be shared with the fellow 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.

Appendix D - Due Process Procedure

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 to place the fellow 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 fellow'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 fellow's placement within the fellowship program may be terminated. The decision to terminate a fellow's position would be made by the Training Committee and Mind Therapy Clinic practice owner and would represent a discontinuation of participation by the fellow 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, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend a fellow'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 fellow 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 fellow 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 the training faculty who work directly with the fellow. The fellow may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the fellow'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 fellow is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Clinical Director (CD). If the fellow is dissatisfied with the decision of CD, they may appeal the decision, in writing, to the Mind Therapy Clinic practice owner. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The MTC practice owner has final discretion regarding the outcome.

Appendix E - Evaluation of Program

Mind Therapy Clinic Training Program Evaluation Form

Trainee: _____ Supervisor: _____ Time of Evaluation: Mid-Year
 End-Year
Training Year: _____ Date: _____

At Mind Therapy Clinic we strive to create an environment that supports the needs and fosters the growth of our trainees. We would like to hear from you about the areas of your training that you feel are working well, those that could use improvement, and any new ideas that you have that could enrich the learning opportunities at MTC. We invite you to give your feedback in following areas:

Trainee's Initial Goals for Training Year:

Feedback on Primary Supervisor (i.e. therapeutic competence, supervisory competence, diversity and cultural humility, supervisory alliance, practical knowledge of postdoc):

Feedback on Delegated Supervisor, if applicable (i.e. therapeutic competence, supervisory competence, diversity and cultural humility, supervisory alliance, practical knowledge of postdoc):

Feedback on Case Conference (Mondays):

Appendix E - Evaluation of Program

Feedback on Case Consultation (Thursdays):

Feedback on Specific Training Clinical Duties (i.e. admissions, group facilitation, IOP/PHP caseload, outpatient caseload):

Areas of Additional Program Development, Including Recommendations:

Trainee's Goals for Remainder of Training Year:

The signatures below serve as verification that this evaluation has been discussed with the primary supervisor, Director of Training, Clinical Director, or Medical Director:

Trainee Signature

Date

MTC Staff Member Title

MTC Staff Signature

Date

Appendix F - Grievance Procedure

Grievance Procedure

Grievance Procedures are implemented in situations in which a psychology fellow raises a concern about a supervisor or other faculty member, trainee, or any aspect of the fellowship training program. Fellows 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 fellowship program:

Informal Review

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

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the fellow 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 Clinical Director (CD). The individual being grieved will be asked to submit a response in writing. The TD (or CD, if appropriate) will meet with the fellow and the individual being grieved within 10 working days. In some cases, the TD or CD may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow 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 CD will meet with the fellow 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 CD will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the TD or CD in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or CD will convene a review panel consisting of themselves and at least two other members of the training faculty within 10 working days. The fellow may request a specific member of the training 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 Mind Therapy Clinic practice owner in order to initiate the agency's due process procedures.