



# **MTC POSTDOCTORAL FELLOWSHIP TRAINING BROCHURE**

2025-2026

## **Mind Therapy Clinic**

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# Fellowship Training Brochure

## **ABOUT MIND THERAPY CLINIC**

Welcome to the Mind Therapy Clinic (MTC) postdoctoral training program brochure. This document is intended to orient you to MTC's training aims and to provide an overview of the program's policies, expected competencies, and learning elements.

### **Our Mission**

The mission of Mind Therapy Clinic 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 wellness 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 (see Table 1 below) ranging from stand-alone outpatient services 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, increasing or decreasing care, in order to meet their clinical needs.

Table 1:

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"> <li>• Psychiatry</li> <li>• Individual therapy</li> <li>• Family therapy</li> <li>• Group treatment</li> <li>• Case Management</li> </ul>	<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 if they meet the expected competencies.

Upon onboarding, fellows will be given access to the MTC G-Suite (including MTC Gmail, 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, conducting family and/or couple’s therapy, 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 requirements for licensure in the state of California. Postdoctoral training at MTC is typically a full-time, one-year appointment (2,080 hours) beginning in September unless arrangements for a half-time position or alternative start-date have been predetermined and agreed upon.

Fellows at MTC go through a sequence of training that builds upon 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 consultations, and clinic-wide events.

Additional fellowship opportunities also include intensive practice 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 program milieu 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 interests.

## **FELLOWSHIP AIMS, COMPETENCIES, AND LEARNING OUTCOMES**

The primary aim 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. The relevant competency domains and specific expected learning outcomes are detailed below:

<b><i>I. Integration of Science and Practice</i></b>
<ol style="list-style-type: none"><li>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.</li><li>2. Utilizes research, organization, and communication skills to develop clear presentation materials.</li></ol>
<b><i>II. Ethical and Legal Standards</i></b>
<ol style="list-style-type: none"><li>1. Is knowledgeable about specific ethical guidelines and principles and state laws that apply to trainee's profession and governing board.</li><li>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.</li><li>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.</li></ol>
<b><i>III. Individual and Cultural Diversity</i></b>
<ol style="list-style-type: none"><li>1. Is sensitive to the cultural and individual diversity of patients; and is committed to providing culturally sensitive services.</li><li>2. Is aware of own background and its impact on clients; and is committed to continuing to explore own cultural identity issues and relationship to clinical work and practice cultural humility.</li></ol>
<b><i>IV. Individual Therapy Skills</i></b>
<ol style="list-style-type: none"><li>1. Establishes a solid therapeutic alliance with clients who remain on caseload until there is</li></ol>

<p>a clinically indicated reason to end treatment or switch providers.</p> <ol style="list-style-type: none"> <li>Elicits treatment goals from the patient and establishes treatment plans based on those goals and recommendations from the team.</li> <li>Utilizes appropriate, well-timed, evidence-based therapeutic interventions to implement treatment plans.</li> <li>Conceptualizes cases through a specific framework and communicates that conceptualization to supervisors and team members.</li> <li>Makes appropriate recommendations to increase or decrease level of care in response to presenting issues in therapy.</li> <li>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.</li> </ol>
<b>V.    <i>Group Therapy Skills</i></b>
<ol style="list-style-type: none"> <li>Articulates observations of group process in supervision and consultation.</li> <li>Comes prepared to co-facilitate/facilitate groups and is facile with group material when presenting information to the group.</li> <li>Responds appropriately to group process, including ruptures within the group, calling upon supervision and initiating follow up communication to the treatment team as needed.</li> </ol>
<b>VI.    <i>Family and Couples Therapy Skills</i></b>
<ol style="list-style-type: none"> <li>Establishes a solid therapeutic alliance with family members who remain on caseload until there is a clinically indicated reason to end treatment or switch providers.</li> <li>Elicits treatment goals from the family and establishes treatment plans based on those goals and recommendations from the team, which may or may not include separate meetings with individual family members.</li> <li>Utilizes appropriate, evidence-based therapeutic interventions to implement treatment plans.</li> <li>Conceptualizes cases through a specific framework and communicates that conceptualization to supervisor, team members, and family members.</li> </ol>
<b>VII.    <i>Diagnosis and Assessment</i></b>
<ol style="list-style-type: none"> <li>Completes formal intake interviews for IOP/PHP, assessing appropriately for risk, diagnosis, and goodness of fit of patient for the clinic.</li> <li>Writes clear, concise intake reports in a timely manner, including email communication to the team.</li> <li>Gathers relevant clinical information from collateral contacts during intakes.</li> <li>Utilizes measurement-based care as appropriate for patients on caseload.</li> <li>Appropriately works new information into diagnostic conceptualization of patients over course of treatment.</li> </ol>
<b>VIII.    <i>Professional Conduct</i></b>
<ol style="list-style-type: none"> <li>Seeks consultation or supervision as needed, uses it productively, and implements feedback well.</li> </ol>

<ol style="list-style-type: none"> <li>2. Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.</li> <li>3. Is responsible for key patient care tasks (e.g. scheduling, phone calls, letters, case management) and completes tasks promptly.</li> <li>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.</li> <li>5. Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.</li> </ol>
<b>IX. Professional Consultation and Interprofessional Teams</b>
<ol style="list-style-type: none"> <li>1. Maintains professional and appropriate interactions with treatment teams, peers, and supervisors, and seeks support as needed.</li> <li>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.</li> <li>3. Provides clinically relevant information to the treatment team in a timely, concise, and professional manner.</li> <li>4. Is able to handle interprofessional conflict in a respectful and effective manner.</li> <li>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.</li> <li>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.</li> </ol>
<b>X. Supervision</b>
<ol style="list-style-type: none"> <li>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(s).</li> <li>2. Engages effectively with peers and colleagues in consultation groups. Provides appropriate feedback (including praise and alternative ideas) in a respectful manner.</li> </ol>

## CLINICAL PSYCHOLOGY FELLOWSHIP LEARNING EXPERIENCES

### 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 learning 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**

- Full-time fellows are expected to have approximately 15-20 face-to-face intervention hours per week and half-time fellows are expected to have approximately 8-10 face-to-face intervention hours consisting of:
  - Provision of individual, couples and family therapy to patients in the outpatient level of care
  - Provision of individual, couples and family therapy to patients in IOP and PHP levels of care, which includes acting as the MTC team lead
  - Co-facilitation of groups
  - Recording therapy sessions for review in supervision
- Acting as a member of the Program Admissions Team, including attending required meetings, completing Pre-Admissions Assessments, and participating in program milieu responsibilities
- Participating in didactics, consultations, and clinical supervision as outlined below
- Preparing one 60-minute didactic presentation for the clinic staff and peers
- Completing administrative work and documentation commensurate with the roles listed above

### **Optional Fellowship Experiences**

- **Intensive Family Therapy Rotation** - provision of couples or family therapy to patients in outpatient, IOP, or PHP levels of care, with more of the fellow's caseload dedicated to family cases and progression to working with more complex families and systems
- **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
- **Administration and Leadership Rotation** - includes meetings with administrative team and spearheading an approved administrative project to benefit clinic

- **Supervision Rotation** - includes presenting supervision materials for residential staff at E Street House in collaboration with house's Clinical Supervisor; when non-doctoral trainees are present at the clinic, informal clinical supervision and formal supervision-of-supervision may take place
- **Group Intensive Rotation** - includes co-facilitating more weekly groups and working towards independent facilitation of groups later in the training year
- **Custom Rotation** - when opportunities and supervision permit, trainees may work with staff to carve out a specific rotation particular to their interests

## Organization of Training Activities

All of the supervision, training activities, and didactic experiences 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 (SPE). 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>Clinical Staff Meeting*</i>	<i>Every Monday</i>	<i>1:00 PM -2:30 PM</i>	<i>1.5 hours/week</i>
<p><i>Description:</i> The clinical 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 to the team on clients for whom they have completed intakes and lead interdisciplinary discussions on clients for whom they are acting as Individual Therapist. Fellows will also provide observations made in the milieu to the interdisciplinary treatment team.</p>			
<i>Family Therapy Case Conference*</i>	<i>Every Thursday</i>	<i>9:00 AM - 10:00 AM</i>	<i>1 hour/week</i>
<p><i>Description:</i> Family Therapy Case Conference takes place weekly and is attended by all doctoral level trainees and is open to staff members of the clinic. It is facilitated by a licensed psychologist. It serves as a place for trainees to present family therapy cases each week. Foundational skills in family and couples therapy, systems approaches to clinical work, and understanding the role of the family therapist on the interdisciplinary treatment team will be taught. Fellows are asked to present cases from their caseload and provide feedback to the other trainees and staff. Formal FT centered didactics will occur during this time as well.</p>			
<i>Individual Therapy Case Conference*</i>	<i>Every Other Thursday</i>	<i>10:00AM - 11:00AM</i>	<i>1 hours/week</i>
<p><i>Description:</i> Individual Therapy Case Conference takes place weekly on weeks when didactics are not scheduled. It is attended by all doctoral level trainees and is open to staff members of the clinic. It is facilitated by a licensed psychologist. It serves as a place for trainees to present individual therapy cases each week and look more closely at how they are conceptualizing cases, seek support around interventions, and develop skills in consulting with peers and across the interdisciplinary team. 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 and staff.</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/PE and how to administer the treatment session by session. Supervision will include presenting your CPT/PE case to the other consultees, discussing session content week by week, and playing recorded sessions.</p>			

*\*Training activities marked with an asterisk are required for all fellows*

## **Didactic Series**

The didactic seminar will take place twice per month on Thursdays and will provide opportunities for fellows, trainees, and other staff members to learn more formally about various topics relevant to the practice of psychology in an outpatient setting. 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 and risk assessments, working among interdisciplinary teams, co-facilitating groups, and working with complex clients. After the first month, fellows will receive didactics at least monthly on various topics with presentations by MTC staff. For an example of a didactic schedule, see Appendix A.

## **Other Possible Educational 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 “When Trauma Recovery Stalls...What’s Next?”

## **Training Staff**

The members of the training staff together form 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.

Any staff member who serves as a primary supervisor to a trainee will be available to the supervisee by phone during all the supervisee's working hours, even if the staff member is not a full time employee. There will also always be a staff member on site serving as a support for immediate crisis management. When a supervisor is away on vacation, a designated supervisor will be appointed during the supervisor’s absence.

## **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, DBT, and Gottman Method Couple’s Therapy 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, co-facilitates groups, 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 the program is providing training experiences that deliver upon the stated objectives and competencies, including collecting feedback from trainees
- 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 group 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
- Ensuring 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

### **Training Committee Members**

***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, co-facilitates groups, and oversees the weekly Individual Therapy Consultation Group.

***Neil Kobrin, Ph.D.*** (he/him) is a licensed clinical psychologist (PSY 11778). Dr. Kobrin specializes in the provision of individual, couples, and family therapy. His clinical expertise includes helping clients achieve wellbeing by integrating aspects of mindfulness with Western and Eastern psychology, neuroscience, consciousness, and spirituality.

***Julie Sauber, Psy.D.*** (she/her) is a licensed clinical psychologist (PSY 30179). Dr. Sauber provides both individual and family therapy, integrating psychodynamic, CBT and DBT techniques into her work with clients. She specializes in providing support to individuals and family systems struggling with addiction. Dr. Sauber provides clinical supervision as a primary or delegated supervisor and oversees the weekly Family Therapy Case Conference.

*Christine Valdez, Ph.D., ABPP* (she/her) is a licensed clinical psychologist (PSY 28590). Dr. Valdez specializes in the provision of empirically supported treatments for trauma-related issues, including post-traumatic stress, depression, and anxiety. Dr. Valdez serves as a co-facilitator for group therapy and as a supervisor for our fellows.

*Laureen Worden, Ph.D.*, (she/her) is a licensed clinical psychologist (PSY 19614) and the Assistant Clinical Director at Mind Therapy Clinic. Dr. Worden specializes in treating addiction and uses integrative approaches that focus on self-acceptance. Dr. Worden provides clinical supervision as a primary or delegated supervisor, co-facilitates groups, and is a presenter for the didactic program.

## **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). In order to successfully complete the fellowship, a competency rating of at least “4” is required for each learning outcome on the evaluation.

### **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 twice per year 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 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) Able to communicate well in English both verbally and in writing.
- 4) Have proficiency with computer systems for clinical service provision, documentation, and professional communication
- 5) Competent to provide therapy both in person and via telehealth platforms.
- 6) Preference will be given to applicants with some experience working in program-based or hospital settings providing individual and group therapy to adults across the lifespan. Ideal candidates have strong experience with evidence-based practices or specialized populations (e.g. substance use, eating disorder, PTSD/trauma, SMI).

## **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 [trainingdirector@mindtherapyclinic.com](mailto:trainingdirector@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 14, 2025**.

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 fellowship is \$72,000.

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 fellow 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

For half-time fellows, vacation benefits will be prorated and health insurance benefits are not available.



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Appendix G - Receipt of Handbook Acknowledgement

## Appendix A - Monthly Didactic Calendar

### Didactic Calendar 2024-2025

All trainees are required to attend the didactic training series. Seminars are held from 10:00 AM - 11:00 AM the first Thursday of each month and every week for the first 4 weeks, virtually. Learning objectives associated with each scheduled presentation will be provided each session and feedback will be elicited.

Date	Topic	Presenter
9/19/24	A Framework for Risk Assessment	Sara Drotman, PsyD
9/26/24	Writing about Risk and Crisis Response	Sara Drotman, PsyD
10/03/24	The Fundamentals of Multidisciplinary Teams	Matt Blagys, PhD
10/10/24	Running Successful Psychotherapy Groups	Matt Blagys, PhD
11/14/24*	Working with “Resistance”	Matt Blagys, PhD
12/05/24	Deep Dive into TMS	Mark Schiller, MD
01/09/25*	Applied Therapy Skills: Behavior Chain Analysis	Helen Chao, LCSW
02/06/25	Psychopharm 101: Part 1	Sally Huang, MD and Martin Epton, MD
03/06/25	Deep Dive into Ketamine Assisted Therapy	Karen Palamos, LMFT
04/03/25	Psychopharm 101: Part 2	Sally Huang, MD and Martin Epton, MD
4/21/25* (9-11 AM)	Introduction to CPT	Sara Drotman, PsyD
05/01/25	Applied Therapy Skills: Using Socratic Dialogue in Treatment	Sara Drotman, PsyD
06/05/25	Working with Addiction in Therapy	Matt Blagys, PhD
07/10/25*	Brief Strategic Family Therapy	Jennifer Zanolli, PsyD
08/07/25	Transition to Independent Practice	Matt Blagys PhD and Sara Drotman, PsyD
08/14/25*	Postdoc Presentation	Mina Dailami, PhD
08/21/25*	~ Graduation Celebration ~ (in person, 9-11 AM)	

\*Note dates that are not on the first of the month due to holidays/schedule changes

### **MTC Staff Members**

#### **Leadership Team**

**Medical Director** - Mark Schiller, MD

**Clinical Director** - Matt Blagys, PhD

**Assistant Clinical Director** - Laureen Worden, PhD

**Director of Education and Training** - Sara Drotman, PsyD

#### **Staff Psychologists**

**Alexandra Del Prete, PsyD** - Individual and Family Therapist, Group Facilitator

**Christine Pappas, PsyD, CEDS** - Individual and Family Therapist, Group Facilitator, Addiction and Eating Disorder Specialty

**Christine Valdez, PhD** - Individual Therapist, Group Facilitator, Trauma Speciality

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

**Laureen Worden, PhD** - Individual and Family Therapist, Group Facilitator, 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 and Couples Therapist, Group Facilitator, Trauma Specialty

#### **Staff Psychiatrists**

**Alison May, MD**

**Jeffrey Devido, MD**

**Martin Epsom, MD, JD, MTS**

**Rachel Gluck, MD**

**Rebecca Quezada, MD**

**Sally Huang, MD**

#### **Nursing Staff**

**Deb Bowman, PhD, NP**

#### **Other Therapists**

**Alina Belohlavek, LMFT** - Marriage and Family Therapy Intern

**Amelia Howard-Smith, LMFT** - Individual Therapist, Group Facilitator, Addiction Specialty

**Annie Don, LMFT** - Director of Admissions

**Betsy Klinger, LPCC** - E Street Supervisor, 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

## **Appendix B - Current Staff**

**Karen Palamos, LMFT - KAP Specialist**

**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**

### **Administrative Staff**

**David Loewe - Finance Director**

**Isabella Juarez - Medical Receptionist**

**Korina Park - Operations Director**

**Raleigh Howard - Office Operations Assistant**

### **Current Trainees**

**Lauren Lucitt, PsyD - Postdoctoral Psychology Fellow**

**Mina Dailami, PhD - Registered Psychological Associate**

**Wallace Gustafson, PsyD - Postdoctoral Psychology Fellow**

Trainee: \_\_\_\_\_ Training Year: \_\_\_\_\_ Time of Evaluation:    First Quarter  
   Mid-Year  
Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_    End-Year

_____	Direct Observation	_____	Review of Documentation
_____	Videotape	_____	Review of Raw Test Data
_____	Audiotape	_____	Discussion of Clinical Work
_____	Case Presentation	_____	Comments from Other Staff

1	<b>Significant Development Needed</b>	Significant improvement in functioning is needed to meet expectations; remediation required.
2	<b>Developing Skill Level</b>	Expected level of competency pre-fellowship and in first quarter; close supervision required on most cases.
3	<b>Intermediate Skill Level</b>	Expected level of competency for fellow by mid-point of training program; routine or minimal supervision required on most cases.
4	<b>Advanced Skill Level</b>	Expected level of competency for fellow at completion of training program; fellow able to practice autonomously.
5	<b>Seasoned Professional Skill Level</b>	Rare rating for fellowship; functions autonomously with a level of skill representative of experience.
N/A	<b>Not Applicable</b>	Competency not observed or not applicable to postdoctoral tasks

## Competency Area I: Integration of Science and Practice

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.	

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	

## 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. Is sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.	
2. Is 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. Establishes a solid therapeutic alliance with clients who remain on caseload until there is a clinically indicated reason to end treatment or switch providers.	
2. Elicits treatment goals from the patient and establishes treatment plans based on those goals and recommendations from the team.	
3. Utilizes appropriate, well-timed, evidence-based therapeutic interventions to implement treatment plans.	
4. Conceptualizes cases through a specific framework and communicate that conceptualization to supervisor and team members.	
5. Makes 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. Articulates 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. Establishes 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. Elicits 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. Conceptualizes cases through a specific framework and communicate that	

## Appendix C - Fellow Evaluation

conceptualization to supervisor, team members, and family members.	
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### Competency Area VII: Diagnosis and Assessment

1. Completes formal intake interviews for IOP/PHP, assessing appropriately for risk, diagnosis, and goodness of fit of patient for the clinic.	
2. Writes clear, concise intake reports in a timely manner, including email communication to the team.	
3. Gathers 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. Is 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.	

## Appendix C - Fellow Evaluation

### 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*



### 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,

## Appendix D - Due Process Procedure

- d. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation 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.

### Mind Therapy Clinic Training Program Evaluation Form

Trainee: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Time of Evaluation: \_\_Mid-Year  
\_\_\_\_\_End-Year  
Training Year: \_\_\_\_\_ Date: \_\_\_\_\_

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*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*

### 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.

### Acknowledgement Form

Please sign this acknowledgement page and return to the fellowship Training Director.

#### **Acknowledgment**

I acknowledge that I have received and reviewed the Fellowship Brochure, including the Due Process and Grievance procedures of the Mind Therapy Clinic Fellowship Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

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Print Name

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Signature

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Date