



CEBT

Center _{for} Evidence
Based Treatment

Postdoctoral Psychology Fellowship Training Manual

2025-2027 Training Cycle

Center for Evidence Based Treatment
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Mission Statement:

“Center for Evidence Based Treatment was founded with clients in mind. We believe that clients and families deserve the peace of mind that comes from knowing that our interventions are supported by research that demonstrates their effectiveness. We strive to train the next generation of evidence-based practitioners and look forward to working alongside those who hold the same values around research-based interventions.”

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Introduction

Center for Evidence Based Treatment (CEBT) is an outpatient practice that provides evidence-based therapy, supervision and training for a range of psychological concerns. Our practice is physically located in Cleveland, Ohio, and we serve clients both in-person and remotely throughout the state of Ohio, and other states where our staff are licensed. Please note that local residence is not required for fellows. We welcome applicants who would complete the fellowship locally, or remotely, within or outside of the state, pending approval from your jurisdiction's licensing board.

We treat a wide range of psychological conditions (e.g., anxiety disorders, eating disorders, trauma/stressor disorders, personality disorders, mood disorders) utilizing evidence-based treatments, primarily within a cognitive-behavioral orientation. We offer comprehensive DBT programming (individual therapy, skills group, and phone coaching) for adults and adolescents/families, along with a DBT consultation team. We specialize in the treatment of complex/co-morbid eating disorders with dialectical behavior therapy (MED-DBT) and our practice is led by a clinician/researcher (Dr. Lucene Wisniewski, Ph.D., FAED) who has spearheaded this treatment approach.

Training Program

Consistent with its value of providing clinical training in evidence-based treatments, and the growing need for quality postdoctoral psychology fellowships, CEBT developed a formal postdoctoral fellowship, and began accepting postdoctoral fellows, in 2020.

The aims of CEBT's postdoctoral fellowship are to provide thoughtful, planned, and sequential training experiences aimed at promoting the growth and skills needed for preparing psychologists-in-training for entry-level independent practice and licensure. Training at CEBT provides a unique opportunity in a group practice setting to not only be trained in evidence-based transdiagnostic care, but also specialize in diagnosis-specific treatment approaches and modalities. Supervisory staff operate from a developmental approach to supervision and continually monitor the progress of each fellow throughout the fellowship.

CEBT's postdoctoral fellowship is designed to meet all of the below requirements for post-internship training in Ohio:

1. The post-internship training occurs in a practice, agency, institution, or other setting which has among its functions the provision of psychological or school psychological services.
2. The post-internship training is a planned, structured, and programmed sequence of professionally supervised experiences during which: the primary training method is experiential (supervised psychological service delivery); the training includes socialization

into the profession; and, the training is augmented by modalities such as mentoring, didactic exposure, role-modeling, and observational learning.

3. A clearly designated licensed psychologist or school psychologist at the placement site is directly responsible for the integrity and quality of the training experience, and specifies training objectives in terms of the competencies expected of those completing a training placement.
4. The training site has at least one licensed psychologist or school psychologist who serves as the primary supervisor of the trainee with an obvious presence in the agency, clear availability to the trainee's clients/patients, and responsibility for cases being supervised.
5. On average, no less than twenty-five per cent of the weekly placement time is scheduled as face-to-face patient/client contact.
6. On average, weekly individual face-to-face supervision devoted to the trainee's cases is provided at a ratio of no less than one hour per twenty hours on site.
7. A minimum of 75% of the individual face-to-face supervision is provided by a supervisor who is a licensed psychologist or school psychologist licensed by the psychology licensing board in the state, territory, the District of Columbia, or Canadian province in which the supervised experience occurred, or when the psychologist or school psychologist was practicing legally in the jurisdiction (e.g. a federal employee licensed in another jurisdiction).
8. No more than 25% of the individual face-to-face supervision is provided by licensed allied mental health professionals as deemed appropriate by the designated doctoral level psychologist or licensed school psychologist specified above in #3, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, a post-doctoral trainee eligible for licensure as a psychologist and conducting supervision under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist.
9. There is on average at least one additional hour per week in learning activities such as: additional face-to-face individual supervision; group supervision; case conferences or grand rounds; didactic consultations with psychologists, school psychologists, or other appropriate mental health professionals; guided professional readings; seminars; or, co-therapy with a licensed psychologist or school psychologist, or other appropriate professional.

Thus far, all previous postdoctoral fellows have successfully obtained psychology licensure in Ohio, along with other states (including the Authority to Practice Interjurisdictional Psychology/PSYPACT), when applicable.

Finally, CEBT fellows are valued members of the CEBT team and are encouraged to apply for full-time positions following fellowship.

Training Goals and Competencies

CEBT's training goals and objectives are derived from the APA Commission on Accreditation's Profession-Wide Competencies (PWCs). CEBT evaluates postdoctoral fellows' progress on these various competencies at the middle and end of each training year. With the primary aim of training competent, professional psychologists, CEBT fellows should demonstrate improvement in their knowledge and understanding of each competence, and an ability to integrate their complexities. Throughout the training year, fellows should increasingly develop independence to adequately function with the knowledge and skills necessary for entry-level independent practice and licensure. All fellows are given a copy of the fellow evaluation form at orientation. The following are the postdoctoral fellowship's goals and objectives in accordance with APA's PWCs:

1. RESEARCH

a. Goal

- i. Display understanding of research and respect for scientifically-derived knowledge

b. Objectives/Learning Elements

- i. Demonstrate independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- ii. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

2. ETHICAL & LEGAL STANDARDS

a. Goal

- i. Apply ethical concepts and display awareness of legal issues regarding professional activities

b. Objectives/Learning Elements

- i. Demonstrate advanced knowledge of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
- ii. Spontaneously and consistently identify ethical/safety issues and effectively resolve issues using consultation and supervision, as needed

3. INDIVIDUAL & CULTURAL DIVERSITY

a. Goal

- i. Display awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities

b. Objectives/Learning Elements

- i. Independently monitor and apply knowledge of self and others as cultural beings (e.g., attending to values/strengths, privilege/oppression, structural determinants of health, etc.) in assessment, treatment, and consultation. Convey ease in working with clients of diverse identities.

4. PROFESSIONAL VALUES, ATTITUDES & BEHAVIORS

a. Goal

- i. Display professional values and attitudes as evidenced in behavior and comportment that reflect the values and attitudes of psychology, including self-awareness of competencies, personal reflection and appropriate self-care

b. Objectives/Learning Elements

- i. Display consolidation of professional identity as a psychologist; demonstrate thorough knowledge about issues central to the field.
- ii. Accurately self-assess competence in all competency domains. Recognizes limits of knowledge/skills and independently seek out growth opportunities.
- iii. Take initiative in ensuring that key tasks are accomplished. Complete all documentation promptly.
- iv. Display consistent and effective use of career-sustaining behaviors (e.g., self-care) such that impact of stressors on professional practice is limited to subtle effects. Promptly intervene if any disruptions should occur.

5. COMMUNICATION & INTERPERSONAL SKILLS

a. Goal

- i. Relate effectively and meaningfully with individuals, groups and/or communities

b. Objectives/Learning Elements

- i. Develop effective working relationships with a diverse group of clients, colleagues, organizations and communities; skillfully approach any conflicts that might arise.
- ii. Engage in informative, articulate, succinct, sophisticated, and well-integrated verbal, nonverbal, and written communications; demonstrate thorough grasp of professional language and concepts

6. ASSESSMENT

a. Goal

- i. Display competence with assessment and diagnosis of problems and capabilities

b. Objectives/Learning Elements

- i. Independently administer a variety of assessment tools, including objective self-report measures and clinical interview. Integrate results, including data from loved ones/referral source(s), to accurately evaluate/diagnose presenting concerns and formulate treatment plan.
- ii. Communicate results in written and verbal form clearly, constructively and accurately in a conceptually appropriate and timely manner

7. INTERVENTION

a. Goal

- i. Deliver interventions designed to alleviate suffering and to promote health and well-being

b. Objectives/Learning Elements

- i. Independently plan interventions; case conceptualizations and intervention plans are specific to case and context
- ii. Display strong clinical skills and judgment with a wide variety of clients in various contexts (e.g., individual therapy, group therapy, family therapy)
- iii. Implement interventions with fidelity to empirical models and flexibility to adapt where appropriate
- iv. Independently evaluate treatment progress and modify planning as indicated, even in the absence of established outcome measures

8. SUPERVISION

a. Goal

- i. Display competence with supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others

b. Objectives/Learning Elements

- i. Understand the ethical, legal and contextual issues of the supervisor role
- ii. Demonstrate knowledge of supervision models and practices; demonstrate knowledge of and effectively address limits of competency to supervise
- iii. Provide effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

9. CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

a. Goal

- i. Identify and interact with professionals in multiple disciplines and demonstrate the ability to provide expert guidance or professional assistance in response to another's needs or goals

b. Objectives/Learning Elements

- i. Actively initiate, and participate in, interdisciplinary collaboration/consultation directed toward treatment goals.
- ii. Demonstrate knowledge of, and respect for, common and distinctive roles, professional standards and contributions of other professionals across contexts and systems

Training Structure

In order to attain competence with a variety of evidence-based treatments and professional psychology tasks, CEBT's fellowship spans two years. In order to support the development of well-rounded evidence-based practitioners, fellows will also be expected to work with clients from across the lifespan (primarily adolescents and adults). Below is a typical fellowship week, encompassing of intervention, supervision/training and administrative time/professional development.

- Intervention (20 hours)
 1. Intake assessments (PRN)
 2. Individual/family therapy (14-16 hours)
 3. Group therapy (4 hours)
 4. Telephone skills coaching (for DBT clients) (PRN)
 5. Supervision of psychology trainees / Umbrella supervision (when available) (1-2 hours)
- Supervision (5-6 hours)
 1. Individual supervision from licensed psychologist (2 hours)
 2. DBT consultation team (2 hours)
 3. Peer supervision (1 hour)
 4. Group case consultation (0-1 hours)
- Didactic training (0-6 hours)
 1. Year 1: Evidence-based transdiagnostic treatments
 1. Unified Protocol seminar (1 hour, 17 weeks)
 2. Unified Protocol-Adolescent seminar (1 hour, 17 weeks)
 3. DBT Individual Therapy seminar (1 hour, 18 weeks)
 4. DBT Skills Group Co-lead seminar (1 hour, 6 weeks)
 5. DBT Skills Group Lead seminar (1 hour, 26 weeks)
 6. Eating Disorder seminar (1 hour, 12 weeks)
 2. Year 2: Evidence-based treatments for eating disorders
 1. Family-Based Therapy (FBT) seminar (1 hour, 12 weeks)
 3. Continuing Education courses on a range of clinical/professional topics (~6x/year)
- Administrative time/professional development (8-16 hours)
 1. E.g., documentation, care coordination, professional reading
 2. Professional development seminar (1 hour, 1x/month)

Intervention

Intake assessments

The initial appointment for any incoming CEBT client is an intake assessment (1 hour for adults, 1.5 hours for young adults/minors). Fellows will be responsible for conducting thorough intake assessments and will have the opportunity to integrate objective data (prospective clients complete a battery of self-report screeners) along with subjective report, often from multiple sources (client, parent/guardian, other treating professionals, etc.). Fellows will formulate clinical diagnoses, along with an evidence-based treatment plan and therapist assignment, integrating client factors (e.g., preferences, etc.). To aid in training, particularly during the initial stages of fellowship, fellows will likely serve as a “scribe” (completing clinical documentation and assisting with related administrative tasks) for intake assessments conducted by licensed staff.

Individual/family therapy

Fellows will provide individual psychotherapy to clients across the lifespan (primarily adolescents and adults) throughout the course of fellowship, as well as family psychotherapy/parent coaching adjunctively within the context of a primary individual therapy relationship (e.g., when working with a minor or young adult). During the initial year of fellowship, fellows will deliver transdiagnostic evidence-based treatments (e.g., DBT, Unified Protocol) to clients with a range of presenting concerns (e.g., anxiety disorders, mood disorders, personality disorders, eating disorders), informed by fellows’ clinical interests. During the second year of fellowship, fellows will learn to provide more specialized evidence-based treatment to clients with eating disorders (e.g., FBT for adolescent/young adult EDs). When full, individual/family therapy should comprise approximately 16 direct hours per week.

Group therapy

Fellows will co-facilitate two DBT skills groups (one adult and one adolescent/multi-family), amounting to 4 hours/week, for the duration of their initial year of fellowship, at minimum. DBT skills groups are typically co-facilitated by a licensed clinician (designated as the “lead”) and a pre-licensed trainee (designated as the “co-lead”). Leads are responsible for conducting homework review and teaching the skills lesson. Co-leads are responsible for facilitating the opening mindfulness activity and generally managing group milieu. For the initial six months of the initial year of fellowship, fellows will assume the “co-lead” role in their groups, and will then transition to the “lead” role for the remaining six months.

Based on availability and fellow’s interests, other group therapy opportunities (e.g., parent support groups) may be present.

Telephone skills coaching

Fellows will provide telephone skills coaching to their individual caseload of DBT clients and to select parents in the multi-family DBT skills group that they co-facilitate. Telephone skills coaching functions to help clients implement in their natural environment the skills being taught in group, to avert crises (including suicide), and to repair rupture in the therapy relationship, if needed. To utilize coaching, clients can call the fellow's direct office extension, which will re-route to the fellow's personal phone via a HIPAA-compliant app that will be made accessible. If a fellow wishes to utilize text/message as a channel for skills coaching, this can be done via the practice's EHR secure messaging portal, which has a downloadable app version. Telephone skills coaching is designed to be brief (e.g., 10-15 minutes) and solution-oriented. Clients are oriented to a general timeframe (~2 hours max.) in which they can expect to receive return contact. All DBT clinicians at the practice agree to provide 24/7 availability for telephone skills coaching, with variable limits (e.g., reserving late-evening/early-morning coaching for life-threatening emergencies only) that allow coaching to be sustainable for each clinician.

Supervision of Psychology Trainees / Umbrella Supervision

Beginning in the second year of fellowship, fellows will have the opportunity (pending availability) to provide primary or umbrella (pending fellow's licensure status at that time) supervision to a psychology trainee (either a 1st-year postdoctoral fellow or a doctoral-level psychology trainee enrolled in CEBT'S DBT practicum placement).

Supervision

Individual Supervision

Fellows will receive two hours of individual supervision from a licensed psychologist each week for the duration of fellowship. This supervisor is responsible for the fellow's clinical caseload and co-signing clinical documentation. This supervisor will also review session recordings with the fellow (fellows are asked to record all individual therapy sessions to maximize training opportunities).

DBT Consultation Team

All DBT clinicians at CEBT attend a weekly, virtual DBT Consultation Team meeting on Fridays from 8-10am. DBT Consultation Team functions to increase all members' clinical capacities and adherence in delivering DBT as well as manage/decrease stress and burnout. Fellows have the opportunity to practice giving and receiving clinical consultation to clinicians of all career stages.

Peer Supervision

All clinicians at CEBT attend a weekly, virtual peer consultation meeting on Tuesdays from 11am-12pm. Clinicians can bring any clinical challenges, ethical dilemmas, and/or professional issues in need of consultation. Fellows have the opportunity to practice giving and receiving clinical consultation to clinicians of all career stages. This meeting can also serve as an informal “staff meeting” with which to communicate practice-wide news.

Group Case Consultation

During portions of most didactic seminars, fellows will have the opportunity to present relevant clinical needs to the group (seminar facilitator and trainee cohort) for consultation.

Didactic Training

Fellows participate in a variety of learning activities throughout the fellowship. Trainings specifically focus on building clinical skills within the domain of transdiagnostic evidence-based treatments, and applications of EBTs to specific conditions (e.g., eating disorders) in which CEBT specializes.

YEAR 1:

Unified Protocol seminar

The Unified Protocol seminar is a 17-week series, facilitated by a Level 2-trained Unified Protocol clinician, reviewing the framework and evidence base for the treatment, as well as provide a walk-through of one full administration of the protocol. Readings include the Unified Protocol therapist manual and client workbook. Meetings are one hour in length and are divided between didactic training and group case consultation. This seminar is modeled after the Level 2 therapist training offered by the Unified Protocol Institute.

Unified Protocol-Adolescent seminar

The Unified Protocol-Adolescent seminar is a 17-week series, facilitated by a Level 2-trained Unified Protocol clinician, reviewing the framework and evidence base for the treatment, as well as provide a walk-through of one full administration of the protocol. Readings include the Unified Protocol-Adolescent therapist manual and client workbook. Meetings are one hour in length and are divided between didactic training and group case consultation. This seminar is modeled after the Level 2 therapist training offered by the Unified Protocol Institute.

DBT Individual Therapy seminar

The DBT Individual Therapy seminar is an 18-week didactic series, predominantly facilitated by DBT-Linehan Board Certified clinicians, reviewing the theory and practice of DBT, with a primary focus on how these principles apply to individual therapy. Readings include the DBT and DBT-A treatment manuals.

DBT Skills Group Co-lead seminar

The DBT Skills Group Co-lead seminar is a 6-week didactic series, facilitated by a DBT-Linehan Board Certified clinician, reviewing the theory and practice of DBT skills groups (adult and adolescent/multi-family), with a primary focus on the roles of the co-lead. Special focus is placed on managing group milieu, including common client/facilitator therapy-interfering behaviors. Readings include the DBT and DBT-A skills training manuals.

DBT Skills Group Lead seminar

The DBT Skills Group Lead seminar is a 26-week experiential training, facilitated by a DBT-Linehan Board Certified clinician, on the roles of the lead. Specifically, fellows will rehearse, and receive feedback on, homework review and teaching for all lessons in the DBT and DBT-A skills curricula. Readings include the DBT and DBT-A skills training manuals and handouts/worksheets.

Eating Disorders seminar

The Eating Disorders seminar is a 12-week series, facilitated by a Certified Eating Disorder Specialist Consultant, providing foundational psychoeducation on eating disorders so fellows can deliver effective care broadly to this population. Seminar topics include eating disorder diagnoses, levels of care, medical considerations, and ethical issues. Readings include selections from various relevant texts. Meetings are one hour in length and are divided between didactic training and group case consultation.

Continuing Education presentations

CEBT is an APA-approved Continuing Education sponsor and so fellows have access to relevant continuing education programs at no cost. Recent presentations have included such topics as the application of DBT principles in eating disorder treatment and effective practice with clients with eating disorders during pregnancy and motherhood.

YEAR 2:

Family-Based Therapy (FBT) seminar

The FBT seminar is a 12-week series, facilitated by a CEBT eating disorder specialist, reviewing the framework and evidence base for the treatment, as well as provide a walk-through of a full administration of the treatment through Phases 1 and 2. Readings include the FBT therapist manual. Meetings are one hour in length and are divided between didactic training and group case consultation. This seminar is modeled after an FBT training study offered through a partnership between Stanford University and the University of California-San Francisco.

Continuing Education presentations

See above.

Administrative Time/Professional Development

Fellows may use the remainder of their weekly hours for various administrative tasks (e.g., clinical documentation, care coordination, professional reading, preparation for licensure, etc.).

Fellows will also attend a monthly Professional Development meeting facilitated by the Director of Training. The primary focus of this meeting during the initial year of fellowship is to aid with successful adjustment to the fellowship, development of professional identity and career-sustaining behaviors (e.g., self-care) and preparation for licensure (e.g., studying for EPPP/jurisprudence exam). During the second year of fellowship, fellows will identify and complete a project related to an area of professional practice/identity in which they would like to specialize (e.g., developing/offering a clinical service in an evidence-based modality not currently represented at the practice, serving on a professional committee in an area of interest, etc.)

Throughout fellowship, fellows are also encouraged to participate in any practice-wide initiatives of interest (e.g., Diversity Committee).

Training Resources

Fellows receive treatment manuals/texts (e.g., Unified Protocol manual/workbook, DBT skills workbook, etc.) for the therapy modalities in which they receive training. All didactic seminar materials (and didactic recordings) are stored on a shared drive that is accessible to fellows for the duration of fellowship. CEBT is an APA-approved Continuing Education sponsor and so fellows can attend all continuing education presentations offered during their fellowship at no cost. CEBT is also a member of a DBT private practice consortium and so fellows have access to relevant continuing education programs at no cost.

Training Committee

- Dean Malec, PhD, *Director of Training, Licensed Psychologist*
- Lucene Wisniewski, PhD, FAED, *Owner/Chief Clinical Officer, Psychologist Lead/Chief*
- Cindy Pikus, PhD, CEDS-C: *Didactic Seminar Instructor, Licensed Psychologist*
- Amy Kalasunas, LPCC-S, CCMHC, DBT-LBC: *Didactic Seminar Instructor, Licensed Professional Clinical Counselor*
- Hannah Heffner, ATR-BC, LPCC-S, DBT-LBC: *Didactic Seminar Instructor, Licensed Professional Clinical Counselor*

Dean Malec, Ph.D.

Dr. Malec (he/him) is a licensed psychologist and Director of Training at CEBT. He completed his doctorate in counseling psychology from Cleveland State University in August 2020.

Dr. Malec has received intensive training in Dialectical Behavior and Cognitive Behavioral therapies and is a Level 2-trained Unified Protocol clinician. He has worked with clients in settings such as university counseling centers, community based mental health, and eating disorder specialty clinics. He treats adolescents and adults with a variety of presenting problems, including eating disorders, anxiety and mood disorders, and difficulties with emotion regulation. Valuing evidence-based practices within the context of cultural humility, Dr. Malec welcomes working with people of all identities and life experiences.

As the Director of Training, Dr. Malec oversees CEBT's practicum/internship and fellowship programs and provides clinical supervision to trainees. Dr. Malec has several years of experience collaborating and training with members of the CEBT leadership team. In his spare time, he enjoys spending time with family and friends and watching (and quoting) episodes of "The Golden Girls."

Lucene Wisniewski, PhD, FAED

Dr. Wisniewski (she/her) is an internationally recognized leader in eating disorder treatment and Dialectical Behavior Therapy (DBT), with almost 30 years of clinical, research and training experience. An Adjunct Assistant Professor of Psychological Sciences at Case Western Reserve University, Dr. Wisniewski has taught hundreds of workshops and continuing education seminars around the world and has authored numerous articles in peer-reviewed journals and invited book chapters.

Dr. Wisniewski has pioneered the use of DBT in the treatment of multi-diagnostic eating disorders (MED) and is a sought-after authority on this empirically founded method of treatment, providing consultation and training to clinics around the globe. She is the co-author of the MED-DBT Treatment Manual to be published in 2025 with Guilford Press.

Dr. Wisniewski has earned some of the highest awards and accreditations in the field. She has been elected fellow by the Academy for Eating Disorders (AED), where she has served on the board of directors and as the co-chair of the borderline personality disorder special interest group. In 2013 the AED awarded Dr. Wisniewski the Outstanding Clinician Award to acknowledge her leadership in the field and her commitment to providing the best solutions for those with eating disorders. In 2023, she was recognized as Association for Behavioral and Cognitive Therapies (ABCT) Champion for her exceptional dedication, influence, and social impact through the promotion of evidence-based psychological interventions. In 2024 Dr. Wisniewski was honored with the Fulbright Specialist Award, through which she served at Comenzar de Nuevo AC, a non-profit eating disorder facility in Monterrey, Mexico.

Dr. Wisniewski is the founder and Chief Clinical Officer of the Center for Evidence Based Treatment, which offers therapy, training, and consultation in evidence-based approaches to mental health conditions via traditional and teletherapy platforms.

Cindy Pikus, Ph.D., CEDS-C

For more than 25 years, Dr. Cindy Pikus (she/her) has worked with children, adolescents and adults with eating disorders at all levels of care, as well as teens and adults with mood or anxiety disorders. She also has extensive experience in program development, leading interdisciplinary treatment teams and providing clinical supervision.

Dr. Pikus received her B.A. and Doctorate in Clinical Psychology from UCLA and completed a post-doctoral fellowship at the UCLA Neuropsychiatric Hospital. She joined the UCLA hospital staff as a therapist in the UCLA Eating Disorder Program and later served as Associate Director of that program. From 2013 to 2018, Dr. Pikus was the Senior Clinical Director of an adult inpatient and residential eating disorder unit in Colorado. She moved to New Jersey in 2018 to help design and open the first residential eating disorder program in the state and served as Executive Clinical Director of that program. She has received the Certified Eating Disorder Specialist and Supervisor

designation from the International Association of Eating Disorders Professionals (iaedp) and is a member of iaedp, the American Psychological Association and the Academy for Eating Disorders. Dr. Pikus currently offers virtual sessions for individuals and families living in PSYPACT-participating states, and California.

Amy Kalasunas, LPCC-S, CCMHC, DBT-LBC

Amy Kalasunas (she/her), LPCC-S, CCMHC, is a behaviorist with over 20 years of experience working within evidence-based treatment models. She has extensive training in Dialectical Behavior Therapy (DBT) and its sub-specialty area of DBT for Eating Disorders, as well as DBT-Prolonged Exposure, and supervision and consultation team adherence practices.

Ms. Kalasunas is a DBT-Linehan Board of Certification Certified Clinician, functions as co-chair of the DBT LBC Publications Committee and serves on the DBT-LBC Communications Committee. A sought-after presenter, she consistently achieves the highest evaluation scores when presenting two- and three-day workshops on the topics of Dialectical Behavior Therapy, DBT and Complex Eating Disorders, and DBT-Prolonged Exposure and Eating Disorders. Amy has also developed and piloted interventions for parents of multi-diagnostic adult children using an adaptation of the SPACE protocol (Supportive Parenting for Anxious Childhood Emotions) and DBT.

Her clinical work has included developing, implementing, and evaluating program outcomes across the spectrum of clinical milieus, including inpatient psychiatric hospitals, Partial Hospitalization Programs, Intensive Outpatient Programs, community mental health agencies, specialty practice clinics, and private practice offices.

Hannah Heffner, ATR-BC, LPCC-S, DBT-LBC

Hannah Heffner, ATR-BC, LPCC-S, DBT-LBC, (she/her) is a licensed professional clinical counselor and board-certified art therapist. She is intensively trained in Dialectical Behavior Therapy and is a DBT-LBC Certified Clinician. She has extensive history working with adolescents, young adults and their families who have presenting concerns such as depression, suicidality/self-harm, anxiety, autism, low self-esteem and trauma.

Ms. Heffner uses evidence-based modalities such as DBT, DBT-PE, CBT and TF-CBT. Heffner is also a Supportive Parenting for Anxious Childhood Emotions (SPACE) provider. SPACE is an evidence-based treatment for parents of children/adolescents/young adults with anxiety disorders. Depending on the client's goals and preferences, these modalities can be combined with art-making interventions to strengthen skills and insight. In addition, she has a passion for working with LGBTQ+ people who are exploring their identities. She holds a post master's certificate in Affirmative Therapy and values using evidence-based approaches such as the AFFIRM model, which focuses on CBT tenets to improve the wellbeing of LGBTQ+ teens and their caregivers.

Ms. Heffner enjoys using humor and irreverence in sessions and believes she is forever learning from her clients. She also finds pleasure in getting messy with art and house projects, kayaking, camping and experimenting in the kitchen with her partner.

Miscellaneous Information

Office Space

While much of CEBT operation and client interaction occurs virtually, CEBT has a physical office at the Hanna Perkins Center (HPC) located at 19910 Malvern Road in Shaker Heights, Ohio.

Locally-residing fellows will be assigned a designated office within HPC to use throughout their fellowship. HPC offers access to high-speed Wi-Fi, printers, and fax machines. Each physical office also has numerous games and other supplies for use with clients. Each fellow will also have access to a HIPAA-compliant virtual platform to conduct telehealth services when appropriate. Many locally-residing CEBT clinicians divide their time between the physical location and their home offices to strengthen practice cohesion and meet community needs

Support Services

CEBT has a designated practice manager who is available between the hours of 9am and 5pm on work days. CEBT prides itself on offering a supportive environment that values collaboration and connection with team members. Fellows are encouraged to not only utilize their supervisors for support, but also other staff/clinicians for informal consultation, when needed.

Electronic Devices

CEBT recognizes that fellows may have personal preferences for certain electronic devices and accordingly requires fellows to use their own personal electronic devices (i.e., laptop, tablet, smartphone, etc.) for work purposes. Employees are expected to maintain professional use of their personal devices during work hours. All CEBT policies in effect pertaining to harassment, discrimination, retaliation, proprietary information, trade secrets, confidential information, and ethics apply to the use of personal devices for and during work-related activities.

Background Checks

As part of the onboarding process, CEBT may conduct a job-related background check. The background check may consist of prior employment verification, professional reference checks, education confirmation, criminal background, and/or credit checks, as permitted by law. Third-party services may be hired to perform these checks. Offers of employment and continued employment are contingent upon a satisfactory background check.

Additional Employment During Postdoctoral Fellowship

Fellows are considered full-time employees of CEBT during their postdoctoral fellowship. Fellows shall not engage in any additional employment outside of CEBT that will impact their ability to function as a full-time fellow. If fellows engage in any outside employment on a minimal part-time basis, it must not interfere with their weekly schedules. Fellows should discuss all additional potential outside employment with the Training Director. Please be advised that any outside employment found to interfere with the fellow's performance during the postdoctoral fellowship may result in disciplinary action.

Equal Employment Policy and Non-Discrimination Policy

It is the policy of CEBT to provide equal employment opportunities (EEO) to all qualified individuals and to administer all aspects and conditions of employment without regard to race, color, age, sex, sexual orientation, gender or gender identity, religion, national origin, pregnancy, military or veteran status, citizenship or immigration status, genetic information, mental or physical disability, marital status, arrest record, housing status, credit report or credit information, domestic violence, or any other class protected by federal, state, or local law.

Discriminatory behavior is prohibited from coworkers, supervisors, managers, owners, and third parties, including clients. Any employee who believes they are being subject to discrimination must immediately report such conduct to a supervisor or through a formal grievance when necessary. CEBT takes allegations of discrimination very seriously and will promptly conduct an investigation when warranted. During the investigation, confidentiality will be preserved to the fullest extent possible without compromising CEBT's ability to conduct a good faith and thorough investigation. Employees found to have engaged in such conduct may face disciplinary action, up to and including, termination.

Compensation and Benefits

CEBT's postdoctoral fellowship includes a stipend of \$55,000 in the initial year. In the second year, fellows can be eligible for an increased stipend based on relevant factors (e.g., obtaining licensure, cost-of-living increases, etc.). Fellowship also includes paid membership to Cleveland Psychological Association (CPA) and Ohio Psychological Association (OPA). Additional funds may be available for professional development activities (e.g., conference attendance, continuing education) that are relevant to fellowship goals.

Postdoctoral fellows are eligible to enroll in the practice's health, dental, and vision insurance plans at the start of fellowship, and in a retirement plan (Simple IRA) with employer match, beginning in the 2nd year of fellowship.

Postdoctoral fellows are afforded 8 standard holidays, 2 flexible holidays and 12 Paid Time Off (PTO) days consistent with CEBT policies. CEBT also provides 12 weeks of unpaid maternity/paternity leave.

Application Process and Postdoctoral Fellow Selection

CEBT has 1 postdoctoral fellow position available for the 2025-2027 training cycle. Applicant qualifications include:

- Completion of all doctoral degree requirements (e.g., coursework, dissertation and APA/CPA-accredited internship) from an APA/CPA-accredited program by start date (required)
- Prior experience providing CBT/DBT to adults, adolescents and/or families (preferred)
- Prior experience working with clients with eating disorders (preferred)

To apply, please submit a cover letter, CV and three (3) letters of recommendation through the APPA CAS Online Portal by December 15, 2025:

<https://appacas.cas.myliaison.com/applicant/deeplink/programSearch/organization/743449951976576100>

Selected applicants will be contacted by email to schedule a virtual interview. Interviews include an initial meeting with Dr. Malec and other members of the Training Committee. Follow-up meetings with other training team members including, but not limited to, CEBT Chief Clinical Officer Dr. Lucene Wisniewski, may be scheduled. We typically conduct interviews during the month of January and aim to extend offers by the end of the month. CEBT adheres to the APPIC Postdoctoral Selection Standards and Common Hold Date (CHD) guidelines.

If you have any additional questions, please contact Dr. Dean Malec, Director of Training at dmalec@cebt ohio.com.

Fellow Evaluation

In order to facilitate ongoing professional and personal growth, fellows are provided informal feedback throughout the fellowship, and formal feedback at six-month intervals during the fellowship, resulting in four formal evaluations. Evaluations are completed by the fellow's primary supervisor and delivered at a meeting attended by the fellow, primary supervisor and Director of Training. The evaluations are presented to each fellow to identify areas of strength and growth. Fellows should be aware that due process may be initiated in the event that they do not perform satisfactorily on an evaluation. Fellows will be given a copy of the evaluation form during orientation at the beginning of the year.

Fellowship Evaluation

Postdoctoral Fellowship/Supervisor Feedback

Fellows are also encouraged to provide informal feedback about fellowship/supervision to their supervisor and the Director of Training throughout the fellowship, and provide formal feedback at six-month intervals during the fellowship, resulting in four formal evaluations. This evaluation aims to gather valuable feedback on the fellows' experiences in order to improve the overall training program. These evaluations are delivered by the fellow at a meeting attended by the fellow, primary supervisor and Director of Training, and occur only after the fellow evaluation has been completed. Fellows will be given a copy of the evaluation form during orientation at the beginning of the year.

Didactic Feedback

In order to continually improve the quality of didactics offered, fellows are asked to evaluate each didactic training they attend. These evaluations are anonymous and provide valuable feedback to the presenter and for the improvement of the training program.



Post-Doctoral Fellow Competency Evaluation Form

Fellow: _____ Supervisor: _____

Period: 0.5 year 1 year 1.5 year 2 year

1. RESEARCH

☐ **Ready for autonomous practice**

- Demonstrates independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

☐ **Needs continued supervision**

- Requires regular supervisory input to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- Has not disseminated research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level, though displays interest.

☐ **Needs remedial work**

- Demonstrates significant deficits in ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- Has not disseminated research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level, and lacks interest.

Comments:

2. ETHICAL & LEGAL STANDARDS

☐ **Ready for autonomous practice**

- Demonstrates advanced knowledge of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
- Spontaneously and consistently identifies ethical/safety issues and effectively resolves issues using consultation and supervision, as needed

☐ **Needs continued supervision**

- Demonstrates adequate knowledge of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
- Mostly recognizes situations where ethical/safety issues might be pertinent. Requires supervisory assistance to handle moderate ethical/safety issues.

☐ **Needs remedial work**

- Demonstrates inadequate knowledge of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
- Often unaware of important ethical issues; disregards or does not elicit supervisory input. Delays/forgets to assess safety issues or makes inadequate assessment/plan.

Comments:

3. INDIVIDUAL & CULTURAL DIVERSITY

☐ **Ready for autonomous practice**

- Independently monitors and applies knowledge of self and others as cultural beings (e.g., attending to values/strengths, privilege/oppression, structural determinants of health, etc.) in assessment, treatment, and consultation. Conveys ease in working with clients of diverse identities.

☐ **Needs continued supervision**

- Requires regular supervisory input to monitor and apply knowledge of self and others as cultural beings in assessment, treatment and consultation. Displays moderate discomfort with some clients of divergent/marginalized identities.

☐ **Needs remedial work**

- Displays significant deficits in monitoring and applying knowledge of self and others as cultural beings in assessment, treatment and consultation. Displays significant discomfort and/or prejudice toward clients.

Comments:

4. PROFESSIONAL VALUES, ATTITUDES & BEHAVIORS

☐ **Ready for autonomous practice**

- Displays consolidation of professional identity as a psychologist; demonstrates thorough knowledge about issues central to the field.
- Accurately self-assesses competence in all competency domains. Recognizes limits of knowledge/skills and independently seeks out growth opportunities.
- Takes initiative in ensuring that key tasks are accomplished. Completes all documentation promptly.
- Displays consistent and effective use of career-sustaining behaviors (e.g., self-care) such that impact of stressors on professional practice is limited to subtle effects. Promptly intervenes if any disruptions should occur.

☐ **Needs continued supervision**

- Displays developing professional identity as a psychologist; demonstrates some knowledge about issues central to the field.
- Largely self-assesses competence accuracy in all competency domains. Requires supervisory input to recognize limits of knowledge/skills and/or seek out growth opportunities.
- Requires supervisory input to accomplish key tasks. Displays some lapses in timeliness of documentation.
- Displays moderate mastery with career-sustaining behaviors (e.g., self-care). Displays occasional disruption in professional practice and/or minor delay in intervention if disruptions occur.

☐ **Needs remedial work**

- Displays weak professional identity as a psychologist; demonstrates poor knowledge about issues central to the field.
- Inaccurately self-assesses competence in many/all competency domains. Requires significant supervisory input to recognize limits of knowledge/skills and/or seek out growth opportunities.
- Requires significant supervisory input to accomplish key tasks. Displays regular lapses in timeliness of documentation.
- Displays poor mastery with career-sustaining behaviors (e.g., self-care). Displays regular disruption in professional practice and/or significant delay/resistance toward intervention if disruptions occur.

Comments:

5. COMMUNICATION & INTERPERSONAL SKILLS

☐ **Ready for autonomous practice**

- Develops effective working relationships with a diverse group of clients, colleagues, organizations and communities; skillfully approaches any conflicts that might arise.
- Engages in informative, articulate, succinct, sophisticated, and well-integrated verbal, nonverbal, and written communications; demonstrates thorough grasp of professional language and concepts

☐ **Needs continued supervision**

- Generally develops effective working relationships with clients, colleagues, organizations and communities; may display occasional difficulty. Requires supervisory input to address any conflicts that may arise.
- Verbal, nonverbal, and written communications are adequate though display minor room for improvement in certain domain(s); demonstrates adequate grasp of professional language and concepts

☐ **Needs remedial work**

- Struggles to form effective working relationships with clients, colleagues, organizations and communities; displays ineffective management of interpersonal conflict, if occurs.
- Verbal, nonverbal, and written communications display significant impairments; demonstrates poor grasp of professional language and concepts

Comments:

6. ASSESSMENT

☐ **Ready for autonomous practice**

- Independently administers a variety of assessment tools, including objective self-report measures and clinical interview. Integrates results, including data from loved ones/referral source(s), to accurately evaluate/diagnose presenting concerns and formulate treatment plan.

- Communicates results in written and verbal form clearly, constructively and accurately in a conceptually appropriate and timely manner
- **Needs continued supervision**
 - Requires some supervisory input regarding the proper administration and interpretation of assessment results/diagnoses and formulation of treatment plan. Occasionally neglects to include data from loved ones/referral source(s).
 - Requires some supervisory input to properly communicate results in written and verbal form (e.g., improper language, typographical errors, etc.). Occasionally neglects to provide feedback in a timely manner.
- **Needs remedial work**
 - Displays significant deficits in administration of assessment tools and integration of results, including formulating diagnoses and treatment plans. Rarely integrates data from loved ones/referral source(s).
 - Displays significant deficits in written/verbal communication and timeliness of assessment results.

Comments:

7. INTERVENTION

- **Ready for autonomous practice**
 - Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
 - Displays strong clinical skills and judgment with a wide variety of clients in various contexts (e.g., individual therapy, group therapy, family therapy)
 - Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
 - Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures
- **Needs continued supervision**
 - Requires regular supervisory input to develop case conceptualizations and plan interventions specific to case and context
 - Displays adequate clinical skills and judgment; requires supervisory input with some clients dependent on presenting concern and/or context (e.g., individual therapy, group therapy, family therapy)
 - Displays minor lapses in implementing interventions with fidelity to empirical

models and/or flexibility to adapt where appropriate

- Requires supervisory input to evaluate treatment progress and modify planning as indicated

□ **Needs remedial work**

- Displays significant deficits in developing case conceptualizations and/or planning interventions specific to case and context
- Displays significant deficits in clinical skills and judgment; requires consistent supervisory input across clients and contexts (e.g., individual therapy, group therapy, family therapy)
- Displays significant deficits in implementing interventions with fidelity to empirical models and/or flexibility to adapt where appropriate
- Requires significant supervisory input to evaluate treatment progress and modify planning as indicated

Comments:

8. SUPERVISION (YEAR 2 ONLY)

□ **Ready for autonomous practice**

- Understands the ethical, legal and contextual issues of the supervisor role
- Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively address limits of competency to supervise
- Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

□ **Needs continued supervision**

- Displays adequate understanding of the ethical, legal and contextual issues of the supervisor role
- Demonstrates adequate knowledge of supervision models and practices; demonstrate adequate knowledge of limits of competency to supervise, with only minor lapses
- Provides adequate supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting; requires regular supervisory input to perform optimally

□ **Needs remedial work**

- Displays poor understanding of the ethical, legal and contextual issues of the supervisor role
- Demonstrates poor knowledge of supervision models and practices; demonstrate poor knowledge of limits of competency to supervise

- Provides inadequate supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting; requires consistent supervisory input to improve performance

Comments:

9. CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

- ☐ **Ready for autonomous practice**
 - Actively initiates, and participates in, interdisciplinary collaboration/consultation directed toward treatment goals.
 - Demonstrates knowledge of, and respect for, common and distinctive roles, professional standards and contributions of other professionals across contexts and systems
- ☐ **Needs continued supervision**
 - Displays moderate initiation of, and participation in, interdisciplinary collaboration/consultation toward treatment goals; requires assistance increasing engagement.
 - Demonstrates minor lapses in knowledge of, and/or respect for, common and distinctive roles, professional standards and contributions of other professionals across contexts and systems
- ☐ **Needs remedial work**
 - Displays poor/infrequent initiation of, and participation in, interdisciplinary collaboration/consultation toward treatment goals; requires significant assistance increasing engagement.
 - Demonstrates significant lapses in knowledge of, and/or respect for, common and distinctive roles, professional standards and contributions of other professionals across contexts and systems

Comments:

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Supervisor Comments

Summary of Strengths:

Areas of Additional Development or Remediation, including Recommendations:

Competency Goal for 0.5-year evaluation: All competency areas will be rated at a minimum level of **Needs continued supervision**.

Competency Goal for 1-year evaluation: All competency areas will be rated at a minimum level of **Needs continued supervision**, with some at **Ready for autonomous practice**.

Competency Goal for 1.5-year evaluation: All competency areas will be rated at a minimum level of **Needs continued supervision**, with most at **Ready for autonomous practice**.

Competency Goal for 2-year evaluation: All competency areas will be rated at **Ready for autonomous practice**.

☐ The fellow HAS successfully completed the above competency goal. We have reviewed this evaluation together.

☐ The fellow HAS NOT successfully completed the above competency goals. We have made a joint remedial plan as written above. We have reviewed this evaluation together.

Supervisor _____

Date _____

Fellow _____

Date _____

Fellowship Due Process Policy

CEBT strives to establish fair and transparent procedures for addressing concerns regarding the performance, conduct, or professionalism of postdoctoral fellows. This policy seeks to ensure that fellows are afforded due process rights in cases of corrective actions, probation, suspension, or dismissal. It covers clinical and professional behavior expectations as outlined in the program's handbook, evaluation forms and employment contract.

Regarding due process:

- Fellows will receive clear expectations regarding their performance, conduct, and responsibilities.
- Fellows will be notified in writing of any concerns or deficiencies.
- Fellows will have an opportunity to respond to concerns and seek remediation before any adverse actions are taken.
- A structured appeal process will be available for fellows subject to adverse actions.

Fellows' performance will be reviewed at six-month intervals through formal evaluations. If deficits are identified, the following steps will be taken:

A. Informal Resolution

1. The fellow will be provided with verbal feedback and guidance from their supervisor.
2. A collaborative plan for improvement will be developed.
3. If the concerns are addressed, no further action will be necessary.

B. Formal Corrective Action - If informal resolution does not resolve the concerns or if the issues are severe, the following progressive steps will be taken:

1. **Written Notice** – The fellow will receive a formal written notice outlining the concerns and required improvements.
2. **Opportunity to Respond** – The fellow will be given an opportunity to provide a written or verbal response within a reasonable timeframe.
3. **Remediation Plan** – A structured plan with specific goals, timeframes, and support resources will be developed collaboratively with the fellow, their clinical supervisor and the Training Director. If the fellow's behavioral concerns resolve according to the parameters of the Remediation Plan, then the fellow may exit this remediation program.
4. **Probation** – If improvement is not achieved, the fellow may be placed on probation with continued monitoring. The probationary period is temporary and the duration will be appropriate for the issue(s) of concern. If the fellow's behavioral concerns resolve within this probationary period according to the parameters of the remediation plan, then the fellow may exit probation.

5. **Suspension / Dismissal** - A fellow may be suspended or dismissed from the fellowship for serious misconduct, ethical violations, or failure to meet above remediation goals. The process includes:
 1. **Hearing (if Applicable)** – A hearing with the Training Director and Clinic Leadership (e.g., Chief Clinical Officer and/or Chief Operating Officer) may be convened for serious cases.
 - a. In the event of a conflict of interest between the fellow and Training Director, the hearing will consist only of Clinic Leadership.
 2. **Final Decision** – The Training Director and Clinic Leadership will issue a final decision in writing.

Fellows have the right to appeal any adverse action (probation, suspension, or dismissal) by submitting a written appeal within 10 business days of the decision. The appeal process includes:

1. **Submission of Appeal** – The fellow must submit a written request for appeal stating the grounds for appeal.
2. **Review Panel** – Training Director and Clinic Leadership will review the case and the fellow’s appeal.
 - a. In the event of a conflict of interest between the fellow and Training Director, the review panel will consist only of Clinic Leadership.
3. **Final Determination** – Clinic Leadership’s decision will be final and communicated in writing to the fellow.

All matters related to performance concerns, corrective actions, and appeals will be handled with strict confidentiality and professionalism.

Fellows who raise concerns in good faith or exercise their right to due process shall not face retaliation. Any acts of retaliation will be addressed by the clinic’s leadership.

This policy will be reviewed annually by the Training Director and may be amended as necessary to ensure fairness and compliance with legal and ethical standards.

Fellowship Grievance Policy

CEBT strives to provide a structured and transparent process for postdoctoral fellows to raise and resolve grievances related to their training experience, including concerns about clinical supervision, evaluations, workload, interpersonal conflicts, discrimination, harassment, or any other aspect of the fellowship experience.

Principles of Grievance Resolution:

- Fellows have the right to raise concerns without fear of retaliation.
- Grievances will be handled promptly, fairly, and confidentially.
- Resolutions will focus on collaboration and fairness.
- A structured appeal process is available if a fellow is unsatisfied with the resolution.

Fellows are encouraged to resolve grievances informally whenever possible:

1. Discuss the concern with the involved party directly in a professional manner.
2. Seek guidance from the Training Director if direct discussion is not feasible.
3. If the issue remains unresolved, request a facilitated discussion or mediation through the Training Director.
4. For any of the above actions, if there is a conflict of interest (e.g., the fellow's grievance pertains to the Training Director), the fellow may seek guidance/mediation from a member of Clinic Leadership (e.g., Chief Clinical Officer and/or Chief Operating Officer).

If informal resolution is unsuccessful, a fellow may submit a formal grievance as follows:

1. **Written Submission** – The fellow must submit a written grievance to the Training Director, outlining the nature of the complaint, relevant facts, and desired resolution.
2. **Acknowledgment & Review** – The Training Director will acknowledge receipt within five business days and initiate a review.
3. **Investigation** – The Training Director or an appointed neutral party will investigate, which may include interviews with relevant individuals and a review of supporting documents.
4. **Resolution Meeting** – The fellow will be invited to discuss their concerns in a formal meeting with the Training Director and any relevant parties.
5. **Final Decision** – A written decision will be provided within ten business days following the resolution meeting.
6. For any of the above actions, if there is a conflict of interest (e.g., the fellow's grievance pertains to the Training Director), the fellow may submit a formal grievance to a member of Clinic Leadership and the subsequent actions will be facilitated by Clinic Leadership, rather than the Training Director.

If the fellow is dissatisfied with the resolution, they may appeal as follows:

1. **Written Appeal Submission** – Submit a written appeal to Clinic Leadership within five business days of receiving the decision.
2. **Review Panel** – Clinic Leadership will review the case and the fellow's appeal.
3. **Final Determination** – Clinic Leadership's decision will be final and communicated in writing to the fellow.

All grievance-related communications and documentation will be kept confidential, except where disclosure is required by law or necessary for resolution.

No fellow will face retaliation for filing a grievance in good faith. Any acts of retaliation will be addressed and may result in disciplinary action against responsible parties.

This policy will be reviewed annually by the Training Director and may be updated as necessary to ensure fairness and compliance with applicable legal and ethical standards.