



CEBT

Center for Evidence
Based Treatment

Dialectical Behavior Therapy (DBT)
Practicum Training Manual

2026-2027

Center for Evidence Based Treatment
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Our Vision

“The 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.”

Table of Contents

Table of Contents	3
Introduction	4
Training Program	4
Training Structure.....	5
Training Resources	8
Training Committee	9
Miscellaneous Information.....	12
Office Space.....	12
Support Services.....	12
Electronic Devices.....	12
Background Checks.....	12
Non-Discrimination Policy	13
Compensation and Benefits.....	13
Application Process and Trainee Selection	14
Trainee Evaluation	15
Practicum Evaluation	15
Due Process Policy.....	16
Grievance Policy	18

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 the DBT practicum is designed to be completed in a hybrid remote/in-person fashion.

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

CEBT's DBT practicum is a 1-year, 20 hour/week placement designed to provide thoughtful, planned, and sequential training in promoting the growth and skills needed for preparing doctoral-level psychology trainees to be effective DBT practitioners. Training at CEBT provides a unique opportunity in a group practice setting to not only be trained in evidence-based transdiagnostic care, but also in diagnosis-specific (eating disorder) care. Supervisory staff operate from a developmental approach to supervision and continually monitor the progress of each trainee throughout the placement.

Training Structure

In order to attain competence in delivering an entire course of DBT, CEBT's practicum spans one calendar year, beginning in the Fall and completing at the end of the Summer. In order to support the development of well-rounded DBT practitioners, trainees will be expected to work with clients from across the lifespan (primarily adolescents and adults). Below is a typical practicum/internship week (20 hours), encompassing of intervention, supervision/training and administrative time.

- Intervention (10 hours)
 1. Individual/family therapy (6 hours)
 2. Group therapy (4 hours)
 3. Telephone skills coaching (for DBT clients) (PRN)
 4. Intake assessment assistance (PRN)
- Supervision (3-4 hours)
 1. Individual supervision (1 hour)
 2. DBT consultation team (2 hours)
 3. Group case consultation (0-1 hours)
- Didactic training (0-3 hours)
 1. DBT Individual Therapy seminar (1 hour, 18 weeks)
 2. DBT Skills Group Co-lead seminar (1 hour, 6 weeks)
 3. DBT Skills Group Lead seminar (1 hour, 26 weeks)
 4. Eating Disorder seminar (1 hour, 12 weeks)
- Administrative time (3-7 hours)
 1. E.g., documentation, care coordination, professional reading

Intervention

Individual/family therapy

Trainees will provide individual DBT psychotherapy to clients across the lifespan (primarily adolescents and adults) throughout the course of placement, as well as family DBT psychotherapy/parent coaching adjunctively within the context of a primary individual therapy relationship (e.g., when working with a minor or young adult). When full, individual/family therapy should comprise approximately 6 direct hours per week.

Group therapy

Trainees will co-facilitate two DBT skills groups (one adult and one adolescent/multi-family), amounting to 4 hours/week. 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 placement, trainees will assume the “co-lead” role in their groups, and will then transition to the “lead” role for the remaining six months.

Telephone skills coaching

Trainees 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 trainee’s direct office extension, which will re-route to the trainee’s personal phone via a HIPAA-compliant app that will be made accessible. If a trainee 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.

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). Particularly prior to development of a full therapy caseload, trainees will likely serve as a “scribe” (completing clinical documentation and assisting with related administrative tasks) for intake assessments conducted by licensed staff.

Supervision

Individual Supervision

Trainees will receive one hour of individual supervision each week from a licensed psychologist. This supervisor is responsible for the trainee's clinical caseload and co-signing clinical documentation. This supervisor will also review session recordings with the trainee (trainees 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. Trainees have the opportunity to practice giving and receiving clinical consultation to clinicians of all career stages.

Group Case Consultation

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

Didactic Training

Trainees participate in a variety of learning activities throughout the placement. Trainings specifically focus on building clinical skills within the domain of DBT and applications of DBT to specific conditions (e.g., eating disorders) in which CEBT specializes.

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, trainees 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 trainees 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.

Administrative Time/Professional Development

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

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

Training Resources

Trainees receive treatment manuals/texts (e.g., DBT skills workbook, etc.) from the practice. All didactic seminar materials (and didactic recordings) are stored on a shared drive that is accessible to trainees for the duration of the placement.

Training Committee

- Dean Malec, PhD, *Training Director, 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: *Didactic Seminar Instructor, Licensed Professional Clinical Counselor*
- Hannah Heffner, LPCC-S: *Didactic Seminar Instructor, Licensed Professional Clinical Counselor*

Dean Malec, Ph.D.

Dr. Malec 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 (he/him) 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 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 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.

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.

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.

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. Trainees will be assigned a designated office within HPC to use throughout their placement. 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 trainee 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. Trainees 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 trainees may have personal preferences for certain electronic devices and accordingly requires trainees to use their own personal electronic devices (i.e., laptop, tablet, smartphone, etc.) for work purposes. Trainees 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. Placement offers may be contingent upon a satisfactory background check.

Non-Discrimination Policy

Discriminatory behavior is prohibited from coworkers, supervisors, managers, owners, and third parties, including clients. Any trainee 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 practicum is an unpaid position; however, we seek to transition trainees into paid staff positions following the end of placement, including the summer months, when possible.

Application Process and Trainee Selection

Applicants must be enrolled in a doctoral-level clinical/counseling psychology program.

CEBT accepts practicum applications and conducts interviews beginning in February of each year and aims to extend offers by mid-March.

To apply, applicants should submit the following to Dr. Dean Malec at dmalec@cebtohio.com.

- Cover letter
- Curriculum vitae (CV)

Selected applicants will be contacted by email to schedule a virtual interview. Interviews are conducted with Dr. Malec and other members of the Training Committee.

Trainee Evaluation

In order to facilitate ongoing professional and personal growth, trainees are provided informal feedback throughout the placement, and formal feedback from their clinical supervisor at the frequency and manner as designated by their graduate training program.

Practicum Evaluation

Practicum Supervisor Feedback

Trainees are also encouraged to provide informal feedback about placement/supervision to their supervisor and the Director of Training throughout the placement, and provide formal feedback at six-month intervals during the placement. This evaluation aims to gather valuable feedback on the trainees' experiences in order to improve the overall training program.

Didactic Feedback

In order to continually improve the quality of didactics offered, trainees 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.

Due Process Policy

CEBT strives to establish fair and transparent procedures for addressing concerns regarding the performance, conduct, or professionalism of practicum trainees. This policy seeks to ensure that trainees 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:

- Trainees will receive clear expectations regarding their performance, conduct, and responsibilities.
- Trainees will be notified in writing of any concerns or deficiencies.
- Trainees 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 trainees subject to adverse actions.

Trainees' performance will be reviewed at the end of each academic term through formal evaluations. If deficits are identified, the following steps will be taken:

A. Informal Resolution

1. The trainee 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 trainee will receive a formal written notice outlining the concerns and required improvements.
2. **Opportunity to Respond** – The trainee 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 trainee, their clinical supervisor and the Training Director. If the trainee's behavioral concerns resolve according to the parameters of the Remediation Plan, then the trainee may exit this remediation program.
4. **Probation** – If improvement is not achieved, the trainee 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 trainee's behavioral concerns resolve within

this probationary period according to the parameters of the remediation plan, then the trainee may exit probation.

5. **Suspension / Dismissal** - A trainee may be suspended or dismissed from the practicum 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 trainee 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.

Trainees 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 trainee 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 trainee's appeal.
 - a. In the event of a conflict of interest between the trainee 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 trainee.

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

Trainees 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.

Grievance Policy

CEBT strives to provide a structured and transparent process for practicum trainees 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 placement experience.

Principles of Grievance Resolution:

- Trainees 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 trainee is unsatisfied with the resolution.

Trainees 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 trainee's grievance pertains to the Training Director), the trainee 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 trainee may submit a formal grievance as follows:

1. **Written Submission** – The trainee 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 trainee 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 trainee's grievance pertains to the Training Director), the trainee 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 trainee 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 trainee's appeal.
3. **Final Determination** – Clinic Leadership's decision will be final and communicated in writing to the trainee.

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

No trainee 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.