



Psychiatry
Behavioral Health
Weight & Wellness

Postdoctoral Fellowship Program in Clinical Psychology Brochure

2027-2028

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Overview

The Postdoctoral Fellowship Program in Clinical Psychology at SCP offers advanced training in evidence-based assessment and intervention across individual, couples, families, and group modalities. Grounded in a Scholar-Practitioner model, the program is designed to prepare fellows for independent clinical practice. Set within a private group practice modeled after an academic medical center, the program combines the clinical depth and integration of research and practice characteristic of an academic medical center with the flexibility and innovation of a private group practice. The program aims to cultivate well-rounded clinicians who are equipped to deliver high-quality, compassionate, evidence-based care to diverse populations while contributing meaningfully to the field of psychology.

Fellows receive intensive training in third-wave behavioral approaches, with a primary emphasis on Acceptance and Commitment Therapy (ACT), which is supported by a robust and growing body of empirical evidence. Through a combination of direct clinical work, supervision, and didactic instruction, fellows develop proficiency in applying the ACT model across a range of clinical presentations.

The Postdoctoral Training Program offers two specialized tracks designed to prepare emerging psychologists for advanced practice in outpatient and higher levels of care:

Track 1: Outpatient Psychotherapy with a Specialty in Couples and Family Therapy

This track provides comprehensive training in individual, couples, and family psychotherapy within a general outpatient setting. Fellows receive in-depth training in Acceptance and Commitment Therapy for work with individual patients, applying its flexible, values-driven framework to a broad range of clinical presentations. In their work with couples and families, fellows receive in-depth instruction and supervision in the McMaster Approach, a systemic, empirically supported model that guides assessment and intervention across key domains of family functioning.

Track 2: Acceptance and Commitment Therapy/Third Wave Behavioral Treatment in the General Intensive Outpatient Program (IOP)

Fellows in this track gain specialized experience in the higher-acuity setting of the General Intensive Outpatient Program, where they provide both individual and group psychotherapy to clients with a wide range of clinical presentations. The General IOP curriculum is centered on Acceptance and Commitment Therapy as the primary treatment modality, with integration of Dialectical Behavior Therapy, Exposure and Response Prevention, and other evidence-based approaches as appropriate to patients' presenting concerns. Fellows have the opportunity to facilitate ACT-informed groups, maintain a caseload of individual patients, and work within a multidisciplinary treatment team to provide high-quality patient care. Training emphasizes conceptualizing patients through the ACT framework and tailoring interventions to the unique challenges of higher levels of care, including patients with multiple comorbidities or treatment-resistant presentations.

Both tracks provide:

- Weekly individual and group supervision from licensed psychologists
- Didactic seminars focused on specialized topics in clinical psychology
- Opportunities for interdisciplinary collaboration and case consultation

- Training that emphasizes evidence-based care and the integration of research and clinical practice
- A strong focus on professional development and the fellow's individual career goals

Fellows graduate from the program with advanced clinical skills, a strong foundation in cutting-edge, empirically supported interventions, and an expanded capacity to deliver meaningful, compassionate care within multidisciplinary treatment settings.

The Professional Setting

The Postdoctoral Fellowship Program is housed within SCP, a dynamic private group practice that combines the rigor and structure of an academic medical center with the flexibility and innovation of community-based care. Most clinical services are delivered through telehealth, including the fully virtual Intensive Outpatient Program (IOP), although opportunities for in-person outpatient work may also be available. Fellows must be able to commute to SCP if telehealth regulations change. The program provides a clinically rich training environment that emphasizes evidence-based practice, interdisciplinary collaboration, and a developmental approach to professional growth. Training is designed to prepare psychologists for advanced clinical roles in both academic healthcare and outpatient mental health settings.

Communities Served

The practice serves adult patients across the lifespan and reflects the demographic characteristics of Rhode Island. The state has a population of approximately 1.11 million residents, with a relatively older age distribution than the national average. Nearly 20% of residents are age 65 or older, approximately 18% are under age 18, and women comprise about 51% of the population (<https://www.census.gov/quickfacts/fact/table/RI/PST045224>). The population is predominantly White (approximately 82%), with substantial representation of Black or African American residents (about 9 to 10%) and Hispanic or Latino residents (approximately 19%), as well as individuals from a broad range of other racial, ethnic, and cultural backgrounds (<https://www.census.gov/quickfacts/fact/table/RI/PST045224>). Rhode Island also has the highest proportion of residents of Portuguese ancestry in the United States, representing approximately 8% of the state's population (<https://www.census.gov/library/stories/state-by-state/rhode-island-population-change-between-census-decade.html>).

Consistent with these demographic patterns, the patient population is diverse and broadly representative of the communities served. Patients present with a wide range of socioeconomic backgrounds, educational experiences, and clinical concerns. Most patients access treatment through private insurance or public insurance programs, including Medicaid and Medicare. As a result, fellows gain experience working within real-world healthcare systems while developing competence in documentation requirements, insurance processes, and issues related to access to care and continuity of treatment.

SCP is actively expanding clinical services beyond Rhode Island into select regions of Massachusetts and Vermont. This growth is intended to increase access to behavioral healthcare across New England while providing fellows with exposure to diverse healthcare systems, regulatory environments, and patient populations.

Training at SCP

The training philosophy of the fellowship is based on the scholar-practitioner model, emphasizing the integration of clinical expertise with research and the highest standards of evidence-based practice. Fellows receive intensive training in third wave behavioral approaches, primarily focused on Acceptance and Commitment Therapy (ACT), that are supported by a robust and growing body of empirical evidence. A combination of direct clinical work, supervision, and didactics allow fellows to develop proficiency in working within the ACT model.

Training Goals and Objectives

Goals	Objectives/Competencies
1 - Communication and interpersonal skills	- Demonstrate effective interpersonal skills and manage difficult conversations well - Develop and maintain effective working relationships with a wide variety of individuals, including colleagues, supervisors, and patients receiving services - Produce written documentation that is informative and timely - Demonstrate a thorough grasp of professional and appropriate language in communication - Demonstrate appropriate professional boundaries
2 - Ethical and legal standards	- Demonstrate knowledge of and behavior consistent with: - the APA Ethical Principles of Psychologists and Code of Conduct, and - relevant laws and regulations governing psychologists at the state and federal level - Recognize ethical dilemmas as they arise and apply appropriate decision-making processes in pursuit of resolution - Conduct self in an ethical manner in professional activities
3 - Diversity and individual differences	- Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in clinical service - Demonstrate awareness and knowledge of cultural and individual differences in their professional rolesDemonstrate an understanding of how their own personal history/cultural identities may impact how they understand and interact with others - Demonstrate the ability to work effectively with individuals whose identities, group membership, demographics, or worldview are inconsistent or in conflict with their own

4 - Professional development, values, and attitudes	- Reflect the values of psychology, which include a spirit of lifelong learning, integrity, concern for the welfare of others, accountability, and professionalism - Engage in self-reflection about their personal and professional functioning - Demonstrate commitment to self-care and their own well-being, in service of their professional effectiveness - Build supportive professional and personal connections to serve as a protective factor against burnout - Demonstrate openness and responsiveness to supervision and feedback from peers - Engage professionally with complex situations with increasing independence over the course of the training year
5 - Consultation and multidisciplinary skills	- Demonstrate knowledge and respect for the roles of other professions - Engage appropriately and meaningfully in case consultation with other therapists - Consult with psychiatrists and other prescribing clinicians - Coordinate care and consult with clinicians across different levels of care, as appropriate
6 - Assessment*	- Demonstrate knowledge and skill in diagnosis and differential diagnosis through systematic use of DSM-5 and ICD-10 nosology - Review and integrate Structured Clinical Interview for DSM (SCID) reports, using them as a foundation for careful diagnostic reasoning and the generation of thoughtful differentials - Develop precision and clarity in case formulations - Document the rationale for their diagnoses in clinical notes and reports, ensuring that their conclusions are well-supported, transparent, and clinically useful <u>Outpatient and Family Therapy</u> - Conduct a comprehensive McMaster assessment of couple and family functioning - Conduct a comprehensive individual initial assessment <u>Intensive Outpatient Program</u> - Conduct an intake assessment focused on appropriateness for the IOP level of care and presenting concerns
7 - Intervention*	- Establish and maintain effective working relationships with patients - Demonstrate the ability to apply relevant research

	literature to guiding clinical decisions - Adapt intervention goals and methods consistent with ongoing evaluation of intervention effectiveness <u>Outpatient and Family Therapy</u> - Formulate individual therapy cases using third wave behavioral approaches - Deliver individual therapy, and end treatment when treatment is complete - Formulate couple/family cases using the McMaster Model - Set tasks and guide treatment using the McMaster Approach - Disclose closure and termination with couples and families <u>Intensive Outpatient Program</u> - Formulate individual therapy cases using Acceptance and Commitment Therapy model - Deliver individual therapy consistent with the ACT model, with integration of other evidence-based third wave behavioral approaches as indicated
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Didactic Opportunities

Fellows participate in a monthly didactics series featuring a rotating schedule of SCP clinicians and other experts who present on specialized topics in clinical psychology. The curriculum includes both broad clinical topics, such as non-suicidal self-injury and psychopharmacology for non-prescribing clinicians taught by a psychiatrist, and more specialized areas of practice, such as psychotherapy for sexual dysfunction. An example of a previous SCP didactics schedule is provided in Appendix B.

Salary and Benefits

Fellows are full employees of SCP, with access to salary and benefits. The annual salary for the fellowship is \$65,000 a year, with health, dental, and eye coverage. Fellows get the equivalent of 4 weeks (20 days) of paid time off in the form of “flex” days, which can be used for vacation, sick, or professional days.

SCP observes five holidays as a practice (New Years Day, July 4th, Labor Day, Thanksgiving, and Christmas), with an additional 5 days of floating holiday time. Note: The floating holidays need not be taken on a specified holiday, they function similarly to the aforementioned flex paid time off days to provide maximum flexibility to clinicians.

Fellows will be provided with a laptop, keyboard, and wireless mouse for work-related use. The provision of care within both the outpatient and IOP departments is primarily virtual, and as such, fellows are welcome to work remotely from the comfort of their home should they have sufficient privacy to maintain a confidential environment. If a fellow would prefer to work from an office environment or does not have the privacy to work remotely, they will be granted access to an office at one of SCP’s locations in the Rhode Island area. Should

telehealth requirements change during the course of the training year, fellows will be expected to commute to one of SCP's locations in Rhode Island.

Application Process

In order to be eligible for the Postdoctoral Fellowship Program at SCP, applicants must have completed all of the requirements for their doctoral degree prior to beginning their postdoctoral training. Applicants must have completed their doctoral degree from an APA accredited program, and have completed an APA accredited internship or an internship that meets APPIC standards.

To apply, please email the following materials to the Training Director, Dr. Kristin Davidoff, at drdavidoff@scp-ri.com. Please include "Postdoctoral Fellowship Application - [Track Name]" in the subject line, and ensure all files are clearly labeled with your name in the file name (e.g., "KDavidoff_CV").

- Curriculum Vitae
- Letter of interest
- Letters of recommendation (3)
- Transcripts (unofficial)

Deadline: Applications will be accepted until January 8th, and reviewed on a rolling basis as long as the position is available.

Interviews will be held virtually in January and early February.

Track 1: Postdoctoral Fellowship in Outpatient Psychotherapy/Family Therapy

The Outpatient Department at SCP provides medication management and psychiatric services alongside a comprehensive psychotherapy program offering individual, couples, and family therapy. Fellows in the Outpatient Psychotherapy and Family Therapy track gain experience treating a broad range of clinical presentations using evidence-based interventions. Training places particular emphasis on Acceptance and Commitment Therapy (ACT) as the primary individual psychotherapy model and on the McMaster Approach to couples and family therapy. Fellows also develop familiarity with other evidence-based interventions, including selected third-wave behavioral approaches, as clinically indicated. This training prepares fellows for advanced professional roles in outpatient practice and academic medical settings by fostering competence in evidence-based assessment, case formulation, interdisciplinary collaboration, and the delivery of empirically supported psychotherapies across diverse patient populations.

Evidence-Based Approaches

Couple and family therapy is guided by the McMaster Approach to evaluating and treating families. The McMaster Approach requires that couples and families participate in a comprehensive assessment to identify problems and strengths and to identify goals that will guide treatment, as well as concrete actions individuals can take to work toward their goals together. It has a variety of empirically supported tools that guide formulation, and is supported

by decades of research. The McMaster Approach is practical and uses here-and-now interactions to help families develop the kinds of relationships they want to have with each other.

Acceptance and Commitment Therapy (ACT) serves as the primary theoretical orientation for individual outpatient psychotherapy. Fellows receive intensive training in ACT while also gaining exposure to other evidence-based approaches, including selected principles and interventions drawn from Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), and related treatments, as clinically appropriate. Individual therapy is both practical and values driven, emphasizing collaboration, psychological flexibility, and meaningful behavior change. Care is coordinated collaboratively with behavioral health providers both within SCP and throughout the community to promote continuity and quality of treatment. SCP serves patients with a broad range of clinical presentations, including anxiety disorders, mood disorders, trauma-related disorders, and other common psychiatric conditions.

SCP is committed to providing evidence-based, values-driven clinical care and professional training. Although SCP is not affiliated with Brown University, several primary supervisors have held faculty appointments in the Department of Psychiatry and Human Behavior. This academic background contributes to a strong culture of delivering high-quality, empirically supported treatments and translating evidence-based principles into the private practice setting.

The practice includes psychologists with extensive training and expertise in Acceptance and Commitment Therapy (ACT), Exposure and Response Prevention (ERP), geriatric mental health, young adult mental health, and couples and family therapy. Fellows in the outpatient track work with adults ages 18 and older across a broad range of clinical presentations, including young adults, older adults, and general adult outpatient populations. Training includes substantial experience in couples and family therapy using the McMaster Approach, with approximately half of each fellow's caseload consisting of couples and families and the remainder consisting of individual psychotherapy cases. ACT serves as the primary orientation for individual psychotherapy, while fellows also gain exposure to other evidence-based interventions, including ERP and other empirically supported approaches, as clinically appropriate. Fellows may also develop and facilitate psychotherapy groups, particularly in areas of clinical interest.

SCP employs a team-based model of care and is committed to fostering a culture in which consultation is readily available and actively encouraged. Fellows are expected to seek input, ask questions, and work collaboratively through clinical challenges in a supportive learning environment. Supervision emphasizes curiosity, reflective practice, and professional development, with the goal of helping fellows develop confidence and competence as independent psychologists. SCP strives to cultivate and sustain a collaborative, supportive, and values-driven professional community.

Fellowship Aims

1. To provide the fellow with broad post-doctoral training evaluating and treating families using the McMaster Approach.
2. To provide the fellow with opportunities to deliver evidence based individual therapy to patients with a variety of presenting issues using third wave behavioral approaches. There may be flexibility to start and run groups.
3. To enable the fellow to gain experience working with a multidisciplinary team by

providing family and individual therapy and coordinating care with psychiatrists or other prescribing clinicians as well as with individual therapists across the practice.

Clinical Responsibilities (80-85%)

In order to ensure that the fellow receives a high level of clinical training, the following activities will be required during the fellowship:

- Co-Therapy: the fellow can see families and individuals along with supervisors during the week. 5% effort
- Treatment services: the fellow will develop and follow a caseload of 10-20 families and 10-20 individuals that the fellow follows from the assessment phase through closure. 70% effort
- Clinical assessment: the fellow will learn how to conduct a McMaster assessment of family functioning in a semi-structured way. The fellow will also learn to conduct a semi structured individual assessment interview. 10% effort

Research and Scholarly Responsibilities (5%)

The fellow will participate in the following activities:

- The fellow will be provided with a series of readings on the McMaster Approach to evaluating and treating families
- Literature reviews: The fellow will conduct literature reviews on family therapy outcome studies, family functioning, and family interventions in treating illness, as well as any other topics of interest that come up in the course of their work at SCP

Didactics (5%)

McMaster Case conference (1 per month)

Clinical Case Conference (2 per month)

Supervision and Evaluation (5%)

Supervision will be provided in the form of weekly individual supervision, two hours/week (Drs. Mansfield, Sheeran) and bi-weekly case consultation group supervision, 1 hour (full practice).

Core Faculty: Outpatient/Family Therapy Fellowship

Abigail Mansfield Marcaccio, PhD

Thomas Sheeran, PhD

Affiliated Faculty

Holly Schiff, PsyD

Mark Zimmerman, MD

Track 2: Postdoctoral Fellowship in IOP

The Intensive Outpatient Program (IOP) was founded in May 2023 by a group of values-driven psychologists and a psychiatrist with extensive experience providing care at higher levels of treatment. The program is entirely virtual and is currently the only generalist IOP in Rhode

Island. It provides intensive, short-term, acute care for adults experiencing a broad range of mental health concerns.

The IOP training team consists of doctoral-level psychologists, all of whom have held positions within the psychology training consortium at Brown University Medical School. Team members bring extensive experience training psychology and psychiatry fellows, interns, and externs in academic medical settings. The program is committed to providing a values-based, individualized training experience that supports fellows' clinical development.

The IOP was designed around evidence-based care and is grounded primarily in third-wave behavioral therapies. Acceptance and Commitment Therapy (ACT) serves as the foundational treatment approach, with other evidence-based modalities, including Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), and Prolonged Exposure (PE), incorporated as clinically appropriate based on individual patient needs. Applicants should have a strong foundation in cognitive behavioral and behavioral therapies generally, with prior training or experience in ACT or ACT-based principles preferred.

The program emphasizes client-centered care that supports patients in reconnecting with valued living while addressing significant mental health concerns. Care is delivered through a virtual platform designed to minimize disruption to patients' daily lives. Patients participate in a combination of individual therapy, group therapy, and medication management as clinically indicated. The typical schedule includes two 60-minute groups per day, individual therapy two to three times per week, and psychiatric medication management when appropriate. The program operates Monday through Friday from 9:00 AM to 12:30 PM, with an average length of stay of approximately four to six weeks.

With appropriate training and supervision, fellows become integral members of a small interdisciplinary team providing care to approximately 24 patients at a time. Fellows maintain an individual caseload while also participating in group therapy with additional IOP patients. The program structure allows providers to develop meaningful therapeutic relationships with patients while maintaining close communication among team members, supporting a cohesive treatment environment and collaborative clinical decision-making.

Population Served in the Intensive Outpatient Program

The IOP serves a diverse adult patient population (ages 18 and older) representing a range of gender identities, cultural backgrounds, and life experiences. The program is committed to providing culturally responsive, inclusive care that recognizes and respects individual values, identities, and needs. Patient demographics are generally reflective of the broader Rhode Island community. Common presenting concerns include mood disorders, anxiety disorders, suicidality, personality pathology (including borderline personality disorder), post-traumatic stress disorder, obsessive-compulsive disorder, and related clinical presentations.

Exclusion criteria include individuals who are unable to participate meaningfully in an active treatment setting and individuals with primary substance use disorders whose needs would be more appropriately addressed within a specialized dual-diagnosis treatment program.

Clinical Responsibilities (70%)

Fellows' clinical responsibilities include:

1. Completing intake assessments, developing individualized treatment plans, and serving as the individual therapist for a caseload of approximately six patients, each receiving individual therapy two to three times per week.
2. Observing, co-facilitating, planning, and independently leading ACT-based skills and process groups.
3. Functioning as an integral member of the multidisciplinary treatment team through:
 - Participating in daily team consultations and clinical case discussions.
 - Communicating with and providing consultation to colleagues regarding patient care.
 - Supporting consistent implementation of an ACT-based treatment model across clinical services.
 - Contributing to the development and maintenance of an effective, collaborative treatment milieu.
4. Participating in 2 to 4 hours of combined individual and group supervision weekly.

Individualized Training Opportunities (30%)

The remainder of the fellowship is tailored to the individual interests, professional goals, and developmental needs of each fellow. The program is designed to support fellows' growth toward independent practice and facilitate the development of individualized career pathways. Additional training opportunities are available in the following areas, each accompanied by one hour of supervision:

1. Clinical Research:

The Assessment Program at SCP was originally founded more than 25 years ago in collaboration with Brown University as the MIDAS Project (Methods to Improve Diagnostic Assessment and Services), an initiative focused on integrating research methodology into routine clinical practice. The project recently transitioned to a private practice setting at SCP and continues its mission of advancing evidence-based assessment and clinical research. The project represents one of the largest clinical epidemiological studies conducted within routine clinical practice using standardized assessment measures. The database includes more than 9,000 participants across three clinical samples: psychiatric outpatients, partial hospital patients, and individuals undergoing pre-surgical evaluations for bariatric surgery. SCP is currently developing a fourth sample consisting of patients receiving treatment at the intensive outpatient level of care, an increasingly utilized but understudied treatment setting within the U.S. healthcare system. Fellows with an interest in clinical research may participate in ongoing projects and/or develop independent research questions using these data. The program supports the integration of clinical practice and research through opportunities for data analysis, scholarly dissemination, and publication.

2. Outpatient Psychotherapy:

Fellows may pursue additional clinical experiences within SCP's broader outpatient department to expand their training. Opportunities may include participation in aftercare groups for IOP patients and additional clinical experiences with specific patient populations, clinical presentations, or treatment modalities. These opportunities are developed based on fellow interests, training goals, program capacity, and clinical availability.

3. Program Evaluation, Improvement, and Development Projects:

Fellows may initiate projects focused on program evaluation, quality improvement, or clinical program development. Projects are selected based on fellow interests, identified

program needs, and available resources, with the goal of contributing meaningfully to the continued growth and effectiveness of services at SCP and the IOP.

Core Faculty: ACT/Third Wave Behavioral Treatment Fellowship

Kristin Davidoff, PhD
Theresa Morgan, PhD
Molly Meth, PhD
Mark Zimmerman, MD

Affiliated Faculty

Talya Benoff, MD
Shalyn Fava, LICSW
Deirdre Gale, LMHC
Douglas Long, PhD
Dana Morris, PhD
Olga Obraztsova, PhD
Christina Scully, MD

Evaluation

Fellows receive formal evaluations every six months throughout the training period. Evaluations address progress toward individualized training goals, achievement of fellowship learning objectives, and development of competencies expected of advanced trainees. Fellows also complete evaluations of the fellowship program and their supervision experiences every six months to provide feedback regarding the quality and effectiveness of training. In addition to these formal evaluation processes, ongoing informal feedback and performance evaluation are provided regularly through supervision and clinical consultation. Supervisors receive ongoing feedback regarding their supervisory practices through fellow evaluations and the fellowship evaluation process.

If a fellow disagrees with a supervisor's assessment of their performance, SCP has established due process and grievance procedures available to all trainees within the organization (see Appendix A).

Appendices

Appendix A: SCP Training Policies: Due Process and Grievance Procedure

Appendix B: Example Didactic Schedule

Appendix C: Values Statement for Outpatient Track

Appendix D: Values Statement for IOP Track

Appendix A

SCP Training Policies: Due Process and Grievance Procedure

DUE PROCESS PROCEDURE

Trainees are evaluated informally on an ongoing basis, as well as formally before the mid-year and end of year points in the training experience. The training program aims to develop professional competence, and trainees could be seen as not meeting expectations for competence due to: 1) a significant skills or knowledge deficit, or 2) problematic behavior(s) that significantly impact functioning in their professional role. In these cases, the training program will work to help trainees identify these areas and provide remedial training/experiences with the goal of improving performance to the program's satisfaction. The problems identified may be sufficiently serious as to prevent the trainee from receiving credit for the training program unless the problem is rectified.

- 1) If a problem arises that fits the above description and is identified by a faculty supervisor, the trainee and their supervisor should attempt to come to a mutually acceptable solution. When possible, this would require no further action on the part of the training program.
- 2) If a significant problem arises that fits the above description and a mutually acceptable solution is unable to be agreed upon, or if the problem is sufficiently serious that it may potentially prevent the trainee from receiving credit for the program, the Training Director will be responsible for gathering information from relevant parties and providing feedback to the psychology trainee.
 - a) Written documentation of the problem and any remediation plan will be provided to the trainee and also placed in the training record.
 - b) If the problem is sufficiently serious as to potentially prevent the trainee from fulfilling minimum standards of competence, a Training Review Committee will be convened that includes the Training Director, past and current supervisors of the trainee, the track coordinator, and a member of the training faculty who is not involved in the evaluation or supervision of the trainee. If the trainee is an intern or extern, the DCT of their Doctoral Program will also be notified. The Training Review Committee will make recommendations and produce a plan of remediation in order to sufficiently resolve the deficiency.
 - c) The Training Review committee will monitor progress at predetermined intervals. Review of feedback will occur no less frequently than every three months.
- 3) If a remediation plan is recommended by the Training Review Committee, the following methods may be employed to improve the trainee's level of competence to a satisfactory level:
 - a) Increased supervisory contact with the Training Director and/or other training faculty members.
 - b) Additional didactic work, self study, or training
 - c) Repetition of a clinical experience or training
 - d) Other relevant training experience
- 4) In the event of a troubling developmental or psychiatric difficulty, or impairment by alcohol or substance use, a referral for private care will be made for the trainee. Support for the trainee in the form of clinical coverage and/or leave of absence will be offered. In the event that there is a substantial likelihood that the clinical activities of the trainee

would be detrimental to the patients under their care, the faculty supervisor should request immediate suspension of the trainee's clinical activities. The final decision regarding suspension of clinical activities will involve the trainee, the faculty supervisor, the track coordinator, the Training Director, and the Chief of Psychology and Behavioral Health.

- a) The Training Director will consult with HR, which may result in the requirement of an evaluation by occupational health or a qualified health professional indicating the trainee is able to return to work.
 - b) Any suspension of clinical activities will be documented in the trainee's record.
- 5) If the trainee disagrees with the assessment made by the Training Director/Training Review Committee following the recommendation for formal remediation (Step 2), they may make a written appeal to the Training Director. The Training Director may provide mediation, or present the case to the Training Review Committee for further consideration. Appeals will follow the hierarchy for filing appeals and grievances as follows: (1) Training Director, (2) Chief of Psychology and Behavioral Health, and (3) CEO of SCP.
- 6) Should the trainee not successfully complete the remediation plan, the Training Review Committee will proceed with the recommendation that the trainee be terminated from the program. The trainee will be informed in writing of the outcome.

GRIEVANCE POLICY

In situations that arise where a trainee has a grievance with a staff member or faculty member on the training committee, it is requested that the trainee attempt to speak directly with the individual to address the grievance. If this is not feasible or does not resolve the issue, the trainee may speak with their direct supervisor and Training Director. Depending on the concern, it may or may not be possible to maintain the privacy of the trainee and their concern. The Training Director may consult with the Chief of Psychology and Behavioral Health, Human Resources, and the SCP Leadership Team as appropriate. The Training Director will work with the trainee to resolve the situation to mutual satisfaction in a way that maintains the integrity of the training goals. Grievance appeals will follow the hierarchy as follows: (1) Training Director, (2) Chief of Psychology and Behavioral Health, and (3) CEO of SCP.

Appendix B

Example Didactic Schedule

First Wednesday of the Month at 2:30-3:30pm

Date	Topic	Presenter
October 2, 2024	Gender Affirming Care: The Basics	Kristin Davidoff, PhD
November 6, 2024	Non-Suicidal Self-Injury	Tracy Morgan, PhD
December 4, 2024	Risk Assessment/Safety Planning	Molly Meth, PhD
January 8, 2024	Family Therapy/McMaster Model	Abigail Mansfield Marcaccio, PhD
February 5, 2025	Psychopharmacology for Non-Prescribers/Therapists	Christina Scully, MD & Talya Benoff, MD
March 5, 2025	Psychotherapy with Older Adults/Geriatric Population	Tom Sheeran, PhD & Michael Burgard, MD
April 2, 2025	Psychotherapy for Sexual Dysfunction	Abigail Mansfield Marcaccio, PhD
May 7, 2025	Getting the Most Out of a Neuropsych Eval (for Non-Neuropsychologists)	Alyssa Francis, PhD
June 4, 2025	MAKE UP SESSION	

Appendix C

Values Statement for Outpatient Track

Values Statement

We care deeply about providing evidence-based, compassionate care of the highest quality to people in our community who need support when they are hurting the most.

We aim to normalize and reduce stigma in seeking behavioral health treatment. We identify strengths in those we work with, both patients and colleagues, and look for ways to grow and build on those strengths.

We are committed to providing care to individuals from all gender, race, ethnic, and other identities that is integrative, inclusive, pro-social and anti-discriminative in its provision.

We share a dedication to providing a superb, comprehensive, compassionate, and thorough training experience to trainees operating within our team. We aim to help trainees identify and grow into their strengths. We also aim to help trainees develop independence. We value their contributions to our programs as developing providers.

We provide a safe place to ask for help and support, and offer it freely. We believe that growth and learning happens when we are safe enough to grapple with difficult experiences, seek guidance, and learn from moments of uncertainty.

We share a commitment to clinical research and evidence-based practice in both training and provision of clinical care. Because the evidence-base is constantly growing and changing, we are therefore also committed to ongoing learning and growth.

Appendix D

Values Statement for IOP Track

Values Statement

We pledge to make values a consistent touchstone of our clinical practice, training experiences, and professional identities. We aim to hold these values both lightly and seriously, and to not lose our sense of humor in the process.

We care deeply about providing evidence-based, compassionate care of the highest quality to people in our community who need support when they are hurting the most.

We aim to normalize and reduce stigma in seeking mental health treatment, and to provide recovery-based care to people in need.

We believe this care should be widely available and provided with sensitivity to issues of diversity, discrimination, and individual experience. To this end we are committed to providing care to individuals from all gender, race, ethnic, and other identities that is integrative, inclusive, pro-social and anti-discriminative in its provision.

As noted above, we believe these values also apply to the training experience. We share a dedication to providing a superb, comprehensive, compassionate, and thorough training experience to externs and other trainees operating within our team. We value supporting trainees' developing independence, and actively valuing their contributions to our programs as developing providers.

We take care of the team. We look out for each other. We celebrate our individual and collective successes and examine times when we could do better, both as professionals and as people. We provide a safe place to ask for help and support, and offer it freely, genuinely, and wholly.

We actively look out for those who are at risk by dint of their role or designation within an organization or society. We believe the latter often applies to trainees and patients in our care. Therefore, it is our responsibility to advocate for those in training or treatment, knowing they often cannot speak for themselves within the current system.

We share a commitment to clinical research and evidence-based practice in both training and provision of clinical care. It is our belief that as providers, we should strive to consistently deliver treatment that is clearly linked to evidence-based processes of change, in service of patient benefit and values, and consistent with our values as an organization.

Because the evidence-base is constantly growing and changing, we therefore reiterate our commitment to learning and growth, and to holding ourselves accountable to these values as an IOP community.