



**POST-DOCTORAL PSYCHOLOGY
RESIDENCY HANDBOOK
2023-2024**

**The Post-Doctoral Residency Program is accredited by
The American Psychological Association
Office of Program Consultation and Accreditation
For more information, you may contact
The Commission on Accreditation of the American Psychological Association at
750 First Street, NE, Washington, DC 20002-4242 or (202)-336-5979**

Post-Doctoral Training Faculty

Ana Rivas-Vazquez, Ph.D., ABPP,

Post-Doctoral Training Director

Alexandra Alfonso, PsyD, PMH-C, IMH-E

Clinical Supervisor, Infant Mental Health Mentor-Clinical,
Early Childhood Development (ECD) Program

Dolly Akel-Greer, Psy.D.,

Clinical Supervisor, Outpatient Psychotherapy &
Clinical Coordinator, T.A.C.T. Program

Jussethy Cortina, Psy. D.,

Clinical Coordinator and Supervisor, CATS / SIPP
Program

Robyn Lyn, Psy.D.,

Clinical Coordinator and Supervisor, CATS / SIPP
Program

Lisette Peña, Psy.D.

Clinical Coordinator and Clinical Supervisor, Crisis
Stabilization Unit (CSU) and Juvenile Addiction Receiving
Facility (JARF)

Yunelis Vera, Psy.D., CAPM

Clinical Supervisor, Psychology in Primary Care and
Integrated SUD Experience

Consulting Faculty

Dianne Rosen, Ph.D., ABPP

Training Director of Doctoral Internship Program &
Assistant Clinical Coordinator, Foster Care Plus Program

Madelyn Cabrera, Psy.D.

Assistant Training Director of Doctoral Internship Program
& Staff Psychologist, Outpatient Psychotherapy

Julissa Artiles, Psy.D.

Clinical Supervisor, Primary Care Psychology Services
Coordinator

Stephanie Freiria-Montalvo, Psy.D.

Staff Psychologist, Outpatient Psychotherapy &
Assessment & Evaluation Services (AES)

Dhakhirah Hamin Psy.D.

Clinical Coordinator, STAR Program

Beverly Jean-Jacques, Psy.D.

Staff Psychologist, Families Together Team

Helena Martinez, Psy.D.

Staff Psychologist, Outpatient Mental Health Services

Gihan Omar, Psy.D.,

Clinical Coordinator, Foster Care Program

Ivonne Ruiz, Psy.D.,

Coordinator, Utilization Management

Melina Visser, Psy.D.

Chief Quality Improvement & Compliance Officer

TRAINING PHILOSOPHY AND GOALS

Citrus Health Network, Inc Description: Citrus Health Network, Inc. (CHN) was founded in 1979 as a community mental health center dedicated to serving mentally ill individuals and their families. CHN continues to provide services to adults and children across the spectrum of mental and behavioral health needs. In 2004, CHN also became a Federally Qualified Health Center, expanding its services to include primary health care in addition to mental and behavioral health. CHN takes a total wellness approach with each client, coordinating care across a broad range of health services and community-based programs.

Primary Educational Model and Goals: Citrus Health Network's training philosophy is to promote *practitioners informed by the literature*. We train Residents in a variety of advanced-level evidenced based clinical skills augmented by regular seminars in related subject areas, scientific colloquia, and reviews and discussions of relevant current and past literature. All presentations and discussions must be based on the Empirically Supported Practice Documentation created by the Society of Clinical Psychology, Division 12 APA, the American Board of Professional Psychology (ABPP) and any other professionally recognized organization in the mental health field.

Seminars provide the major exposure to the influence of scientific contributions and in particular empirically supported treatments (ESTs) in the practice of clinical psychology in a manner which allows the training process to be sequential, graded, and cumulative in nature. Seminars and supervision sessions also train Residents in ethical practice with diverse ethnic minority, lesbian, gay, bisexual, transgendered, geriatric and disabled populations with considerations to APA 12, 17, 22, 23, 27, 35, 45 Divisions' research and recommendations.

Each clinical experience begins with an orientation period, where supervisors teach Residents their specific clinical responsibilities including the provision of direct services to clients, supervision of subordinates, management of and participation in multi-disciplinary teams, and the documentation necessary for service provision and program administration. In addition to presentations and formal and informal supervision, faculty supervisors demonstrate these responsibilities using multiple modalities including video, role playing, and/or modeling.

This orientation period also introduces the history, purpose, and populations served by the program; exposure to the daily workings of the program; and an explanation of how science is currently incorporated into the program. Residents will delve into this last orientation point in more detail over the course of their year as they gain competency in the field. Throughout the residency, Residents are expected to function more independently, and supervision will focus on the more subtle aspects of case material with the ultimate goal of preparing Residents for the ethical and effective practice of clinical psychology.

Residents are expected to reach minimum levels of achievement related to these aims, competencies and outcomes, as described in the “Performance Evaluation” section in this handbook.

- I. AIM I. To increase and refine resident's ability to integrate clinical theory and practice in the application of knowledge, assessment, and clinical skills in the practice of psychology.

COMPETENCY A: Integration of Science and Practice:

Outcome: Understands research methodology, biological and cognitive-affective bases of behavior, lifespan development, and contributes knowledge/research to the field using application of scientific method to practice. Integrates evidence-based practice in the assessment and treatment of patients, and related consultations.

- II. Aim II: To use critical thinking to identify and respond to diversity.

COMPETENCY B: INDIVIDUAL AND CULTURAL DIVERSITY

Outcome: Relates effectively and meaningfully with individuals, groups, and/or communities as demonstrated by interpersonal relationships, affective skills, and expressive skills used in the assessment and treatment of patients, and related consultations.

- III. Aim III. To heighten the resident's sense of professionalism.

COMPETENCY C: ETHICAL AND LEGAL STANDARDS AND POLICY

Outcome: Professional values, attitudes, behavior, and comportment that reflect respect for individual and cultural diversity, ethical standards, and reflective practices.

COMPETENCY D: EDUCATION

Outcome: Provides instruction, disseminates knowledge, and evaluates acquisition of knowledge and skill in professional psychology.

COMPETENCY E: SYSTEMS

Outcome: Demonstrates knowledge of key issues and concepts in related systems, manages direct delivery of services, and advocates for empowerment and system change.

- To master advanced knowledge, application, and supervision of multiple therapeutic modalities with an emphasis on evidence-based practices.
- To train Residents in adequate documentation and risk-management skills.
- To train Residents in adequate ethical and professional behavior and to help them develop sensitivity to cultural and individual differences.
- To train Residents in the fundamentals of program development and evaluation and assist them in the development of a sound administrative model.
- To ascertain Residents' effective use of supervision.
- To ascertain Residents' effective provision of supervision/mentoring.
- To ascertain Residents' effective integration of policies, procedures, and client and staff needs while participating in the administration of their program and/or the larger agency.
- To maximize Residents' productivity and timeliness.
- To monitor distal outcomes of the CHN residency program.

We have defined specific objectives, competencies, activities, and desired measurable outcomes for each of the training goals. Periodic evaluations of residency performance will be performed in relation to these parameters—the In Vivo, Mid-Term and End-Year-Term Evaluation Forms are included in this Handbook.

Finally, we also expect Residents to provide valuable feedback to the program on a regular basis. This Residents' Program Evaluation occurs in an anonymous manner. A copy of the anonymous form can be found in this Handbook.

OVERVIEW OF RESIDENCY ACTIVITIES

CORE EXPERIENCES

Throughout the training year, Residents will have the opportunity to provide a significant amount of direct client care. The emphasis of training will focus on Residents' mastery of the defined training goals with knowledge of empirically supported behavioral treatments and special attention to culturally diverse and individually different clients.

Residents will be offered didactics, colloquia, and supervision in a manner to allow for learning and application of researched treatment techniques and evidence-based treatments in a clinical setting. As part of the training requirements, Residents will be responsible for identifying an interest area within which they will conduct research and develop a presentation for the symposium held toward the end of the training year.

The programs listed herein are offered as a representation of those services currently provided by Citrus Health Network, Inc., which may be available for training purposes; however, due to continuing changes in mental health care management, the shift from a fee-for-service system to a capitated arrangement, and foster care privatization, these clinical programs may cease to exist or their scope may be subject to change without prior notification.

PROGRAM DESCRIPTIONS

CHILD CRISIS STABILIZATION UNIT (CCSU)

The Residential position offered at the Children's Crisis Stabilization Unit (CCSU) at Citrus Health Network, Inc. (CHN) offers a diversity of clinical, supervisory, administrative, training, and research opportunities. The CCSU is a locked facility which houses a child and adolescent program to treat children in need of immediate intervention due to suicidality, aggressive acting out, and psychosis. The CCSU is the treatment facility for all child Baker Act orders in Miami-Dade and Monroe counties. It also serves adolescents in need of substance abuse assessment and treatment as a Juvenile Addictions Receiving Facility (JARF) as identified by the Courts.

The CCSU provides a valuable experience with a professional, cohesive, and knowledgeable multidisciplinary treatment team, consisting of a psychiatrist, nurses, case managers, team leaders, interns, social work practicum students, and technicians. The psychology Resident can be intimately involved in the care of each patient via morning multidisciplinary rounds, group and individual therapy, family meetings, assigning and supervising the cases of other clinical team members (masters-level therapists and interns), conceptualizing and discussing cases, and creating as well as supervising individualized treatment plans for each patient. Notably, the resident will also gain valuable exposure and knowledge regarding community agencies, including but not limited to CHN outpatient and inpatient programs, the Department of Children and Families (DCF), the Department of Juvenile Justice (DJJ), Miami Dade Police Department Threat Management Division, among others. The Resident is considered an important and esteemed part of the treatment team and is informed about critical patient care issues even after hours.

The psychology Resident has an opportunity to ensure the optimal care of the patients, as well as log didactic training during the Post-Doctoral year, by offering basic clinical trainings for the technicians who provide the children with 24-hour supervision. There are also monthly opportunities to provide didactic trainings for all new CHN staff members. In summary, CHN offers their CCSU Resident a unique and unparalleled opportunity to work with severe child psychopathology, to provide support to children and their families, and to function as a coordinator and supervisor of integral clinical services and trainings while receiving professional support and supervision.

ADULT CRISIS STABILIZATION UNIT

The Residential position offered at the (ACSU) at CHN provides considerable clinical, supervisory, administrative, training, and research opportunities. The ACSU is a 26-bed, locked facility which houses female and male adults who manifest a diverse range of pathology in an acute/crisis state. The ACSU is one of the adult treatment facilities for Baker Act orders in Miami-Dade County.

The population served at the ACSU is multi-ethnic, although the majority of patients are Hispanic. The ACSU provides a valuable experience with a professional, cohesive, and knowledgeable multidisciplinary treatment team consisting of a psychiatrist, nurses, case managers, team leaders, interns, practicum students, and technicians. The functions of the Resident include but are not limited to: conducting individual, group, and family therapy; case conceptualization; participation in case staffing; and morning multidisciplinary rounds, participating in staff meetings, assigning and supervising the cases of other clinical team members (masters-level therapists and interns), and completing treatment plans. The Resident is considered an important and esteemed part of the treatment team and is informed about critical patient care issues. Each of these duties allows the Resident to develop his or her potential as a knowledgeable clinician, team player, and a respected colleague.

The psychology Resident also has an opportunity to ensure the optimal care of the patients and log didactic training during the post-doctoral year by offering basic clinical trainings for the technicians who provide the adults with 24-hour supervision. In addition to training others, the ACSU Resident is provided with opportunities to expand his/her own professional and clinical knowledge through weekly individual and group case discussion with other Residents and faculty, educational seminars, and an opportunity for independent research to be presented at a symposium at the end of the post-doctoral year.

In summary, CHN offers the ACSU Resident a unique and unparalleled opportunity to work with severe adult psychopathology while receiving professional support and supervision.

STATEWIDE INPATIENT PSYCHIATRIC PROGRAM (SIPP)

The SIPP programs provide Residents with the opportunity to work with adolescents in a structured, multidisciplinary mental health program in a secured setting. Citrus currently has a SIPP program in Broward County. The Broward County SIPP is a co-ed facility in the Pembroke Pines area. Clients range in age from 13-17 years of age who often exhibit a variety of emotional and behavioral issues; and have not been able to function successfully in less intensive and structured placements whether in group homes, foster homes, or in the community. Depending on the client's clinical presentation Residents may have the opportunity to work with clients diagnosed with disruptive behaviors, mood disorders, anxiety, psychosis, or clients diagnosed with co-occurring substance related problems as well as trauma related issues. There is also a specialized track dedicated to working with commercially sexually exploited female adolescents.

Residents in the SIPP will be a part of a multidisciplinary team consisting of Board Certified Psychiatrists, Licensed Clinical Psychologists, Licensed Clinical Social Workers, Mental Health Clinicians, a Certified Behavior Analyst, Licensed Occupational Therapists, a Pediatrician, and Nursing Staff with both LPN and RN credentials. The Psychology Resident serves as an on-site therapist for the unit and provides primarily individual and group therapy, as well as crisis management to the clients, and participates in program development. Other opportunities include supervising and training Mental Health Technicians, providing crisis intervention, collaborating with treatment team members and individuals from outside agencies, including the Department of Children and Families, the Department of Juvenile Justice, the Guardian Ad Litem Program, the Attorney Ad Litem Program, and local and out-of-county court systems.

OUTPATIENT PSYCHOTHERAPY

Through the Outpatient Mental Health Program (OMHP), Psychology Post-Doctoral Residents are exposed to a diverse cultural population of equal proportions of children, adolescents, and adults with a variety of psychological and psychiatric presentation. The goals of the Psychotherapy Service Program are twofold in nature with the awareness of cross-cultural and individual difference issues that pertain to the client to further enhance diagnostic interview skills, refine psychotherapeutic skills, ranging from conceptualization, formulation, and diagnosis of the client's presenting symptoms to goal setting and implementation of specific interventions. Additionally, residences advance their consultative skills which consists of assessing a client's capacity to benefit from ongoing psychotherapeutic services and collaborating on treatment dispositions and interventions with clinical supervisors, and, if applicable, the multidisciplinary treatment team (psychologists, psychiatrists, and case managers.)

Post Doc Residents deliver psychotherapy, based primarily on a short-term, psychoeducational, solution-focused, and maintenance approach. Because of the nature of the client population served, and the tremendous life difficulties and circumstances that they tend to face on a daily basis, it is impractical to restrict one's

therapeutic approach to traditional, purely psychodynamic, behavioral, cognitive-behavioral, and/or family system approaches; rather, a flexible approach which incorporates several theoretical models is encouraged, after conscientious review of the intervention repertoire and familiarity with empirically supported treatments

Besides the delivery of Psychotherapy interventions, Post-Doctoral Residents are also involved in the assessment, triaging, and diagnosing of patients in a psychiatric emergency room. Post-Doctoral Residents spend a full day once a week in the Assessment and Emergency Department (AES) completing comprehensive Bio- Psychosocial Evaluations with children, adolescents and adults and providing crisis intervention geared at reducing acute levels of psychological distress. They can enhance their clinical skills while interviewing thoroughly and efficiently, diagnosing client's conditions appropriately, arriving at an accurate disposition, and referring them to the appropriate clinical programs and treatment modality.

PSYCHOLOGY IN PRIMARY CARE - Adult

The Primary Care Post-Doctoral Resident would work in a primary care setting providing integrated care with a focus on psychological co-morbidities of physical health problems. Areas of focus may include depression, anxiety, sleep problems, hypertension, cardiac disease, obesity, cancer, diabetes, and HIV/AIDS, as well as manualized treatment for chronic pain and smoking cessation. The Primary Care Resident will be responsible for conducting diagnostic interviews and assessing patients identified by primary care staff who are in need of behavioral health services (assessments may also include psychometric instruments). The Resident will arrive at an appropriate diagnosis and disposition and make recommendations to primary care staff as to the most effective integration of behavioral health services. In addition, the resident will organize interventions and provide individual therapy sessions geared towards managing illness, psychological symptomatology, and improving overall quality of life. The Resident will work in conjunction with physicians, social workers, and psychiatrists to provide comprehensive care in patient evaluation and treatment, determining factors affecting health, and developing tailored therapies for individuals struggling with biopsychosocial stressors. The resident will also have the possibility to provide supervision/consultation to the psychology interns rotating in primary care. Further, the resident will have the opportunity to lead Wellness Groups in CHN's Adult Crisis Unit and Children's Crisis Unit, these groups are offered on an ongoing basis with topics focusing on stress management and lifestyle modifications.

PSYCHOLOGY IN PRIMARY CARE – Maternal/Pediatrics

The Primary Care Post-Doctoral Resident would work in a primary care setting providing integrated care alongside pediatric physicians and advanced practitioners to address any mental health concerns that are captured during the patient's medical visit. Experiences provides a focus on psychological co-morbidities of physical health problems, including neurodevelopmental disorders of childhood including Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), learning disabilities, conduct disorders, adjustment disorders, mood disorder, eating disorders, diabetes, and weight management. The Primary Care Resident will be responsible for conducting diagnostic interviews and assessing patients identified by primary care staff who are in need of behavioral health services, including mothers of infants identified with post-partum depression. Assessments for may include use of psychometric instruments – e.g. Edinburgh Postnatal Depression Scale (EPDS) and Modified Checklist of Autism in Toddlers (M-CHAT). The Resident will arrive at an appropriate diagnosis and disposition and make recommendations to primary care staff as to the most effective integration of behavioral health services. In addition, the resident will organize interventions and provide individual therapy sessions geared towards managing illness, psychological symptomatology, and improving overall quality of life. The Resident will work in conjunction with physicians, social workers, and psychiatrists to provide comprehensive care in patient evaluation and treatment, determining factors affecting health, and developing tailored therapies for individuals struggling with

biopsychosocial stressors. The resident will also provide informal supervision/consultation, as needed, to the psychology interns rotating in primary care. Further, the resident will have the opportunity to lead Wellness Groups in CHN's Adult Crisis Unit and Children's Crisis Unit; these groups are offered on an ongoing basis with topics focusing on stress management and lifestyle modifications.

EARLY CHILDHOOD DEVELOPMENT PROGRAM (ECD)

The Early Childhood Development (ECD) Program provides Psychology Post-Doctoral Residents with specialized training in the birth through five population. The goal is to enhance the Resident's knowledge and skills in: Infant and Early Childhood Mental Health (IECMH), dyadic interventions, consultative practices, early childhood development, reflective supervision, screening and assessment of Autism and related developmental disabilities, and community-based resources. At ECD Residents learn to adopt an approach that is relationship-based, trauma-informed, and centered around diversity, equity, and inclusion.

In our clinical program, Residents learn to use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) to enhance clinical skills in assessment, conceptualization, diagnosis, and intervention planning for infants and young children. Residents carry a clinical caseload and are exposed to a variety of evidence-based interventions including Child Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), Circle of Security Parenting (COSP) and Trauma-Focused Cognitive Behavior Therapy (TF-CBT). They are also involved in behavioral health screening and triage of incoming referrals. Residents receive weekly individual and group supervision and participate in bi-weekly didactics to build reflective capacity and clinical skills in IECMH.

Through our School Readiness program, Residents gain skills in IECMH consultation and the early detection of developmental delays. In this context, Residents work as part of a multidisciplinary team of Early Intervention Specialists to provide developmental screening follow up and supports in Early Learning centers across Miami-Dade County. Residents participate in activities such as caregiver and teacher consultations, classroom observations, administering screeners and assessments, brief strategic interventions, development and implementation of classroom wide support plans, community referrals and developmental monitoring/rescreening. Further, the Resident has the opportunity to lead quarterly Wellness trainings for Early Learning Professionals with topics focusing on stress management and IECMH.

INTEGRATED SUBSTANCE USE DISORDER (SUD) EXPERIENCE

In 2022, Citrus Health Network was awarded the HRSA-22-043 GPE grant award and participates in the HRSA Graduate Psychology Education Program. The purpose of this program is to train doctoral health service psychology students, interns, and Post-Doctoral residents in integrated, interdisciplinary behavioral health for placement into community-based primary care settings in high need and high demand areas. The program also supports faculty development in health service psychology.

The Primary Care Post-Doctoral Residents and Outpatient Psychotherapy Residents are involved in the Integrated SUD Experience. Residents will have the opportunity to work closely with CHN's HOPE Program which is designed to serve individuals 18 years of age and older with moderate to severe Substance Use Disorder (SUD) and Opioid Use Disorder (OUD). HOPE is an outpatient Drug Addiction Treatment Act (DATA-waived) Medication Assisted Treatment (MAT) program. The Resident will also use screening tools such as the NIDA Quick Screener, NIDA Modified-Assist, and the AUDIT to help guide appropriate referral to treatment. The Resident will provide individual therapy designed to enhance motivation, address underlying issues that contribute to substance use, build coping skills, and eventually lead to abstinence from substances, or reduction in the use of alcohol or drugs. The Resident will attend the HOPE program's bimonthly Clinical Rounds with the interdisciplinary team and will have an additional hour of SUD-focused supervision.

WORK SCHEDULE

Normally, Residents' clinical activities can typically occur weekdays between the hours of 8:00am and 6:00pm unless otherwise specified by program needs and scheduling. The resident will be working an average of at least 40 hours/week. The following is a general example of weekly hours in each activity:

Direct Services	26.0	hrs/wk
Indirect Services	8.0	hrs/wk
Individual Supervision	2.0	hrs/wk
Group Supervision	1.0	hrs/wk
Seminars / Colloquia	0.5	hrs/wk
Grand rounds	0.25	hrs/wk
Program Development/Meetings	0.25	hrs/wk
Research	1.0	hrs/wk
Supervision of others	1.0	hrs/wk
<i>Total</i>	40	hrs/wk

SUPERVISION

The director of the post-doctoral residency program is the primary supervisor for all psychology residents. The director is charged with integrating the training of the residents in a cohesive experience. The secondary supervisor is the placement faculty who coordinates the resident's clinical experience in the placement setting. All required clinical supervision of Residents is provided by faculty who are licensed professional psychologists. Supervisors from other disciplines may provide administrative direction and clinical input. APA's basic supervision requirements are satisfied by having a minimum of three (3) hours of supervision weekly: two (2) – 1-hour individual supervision session with two different supervisors; and one (1) hour of group supervision which also contributes to the professional identity of the residents and enhances the interaction between them. It is important to note that all faculty members have an open-door policy and invite residents to seek supervision as needed.

Outside of the primary and placement supervisors, residents also have access to a strong, knowledgeable, dynamic, and accessible faculty. Many of the faculty, as described below, have strengths in different treatment settings and with specific sub-populations, including culturally diverse clients.

Residents will also be involved in the supervision/consultation of others as appropriate, including interns, master level clinicians, practicum students, behavioral health technicians, and team leaders. Through this opportunity, Residents should demonstrate mastery of advanced-level skills and the ability to effectively execute supervisory responsibilities.

SEMINARS

In addition to the learning that occurs through supervised practice, Residents at Citrus Health Network also benefit from an extensive array of structured didactics, colloquia, and grand rounds experiences. The residency program provides opportunities for didactic exposure to scientific literature and the discussion thereof, through several seminars, most of which occur weekly throughout the year. In the event that a Resident wishes to add to

the training experience by bringing additional literature, he/she is welcome to do so. These seminars also focus on video tape review of clinical cases and role plays.

Most seminars offer graded, sequential, and cumulative objectives with introduction to advanced levels of clinical material and specialized EST training. All seminars are underpinned by sensitivity to cross-cultural and individual differences and encourage the ethical application of learned material which will be re-addressed in weekly supervisions, as needed. The syllabi for each seminar are included in this handbook.

Ethics and Professional Development: In this seminar, there are presentations of a variety of topics having to do with various ethical and professional dilemmas, including breaches of confidentiality, dual relationships, professional fees, supervision of others, and dealing with managed care. In this seminar residents are also given the opportunity to learn from professionals in the community about innovative practice opportunities.

Research Seminar: The purpose of this seminar is to provide the resident with a forum for discussing and receiving feedback on an original research project. Residents are expected to identify an area of interest in professional clinical psychology, to conduct research, and to present their findings at the year-end symposium. This seminar will be in conjunction with the psychiatry residency and child adolescent psychiatry fellowship programs and will offer an additional opportunity to collaborate across disciplines.

We hope to enrich the quantity and quality of research conducted with minority status, individually different, and culturally diverse populations through this opportunity. Residents will find that the large and varied patient populations at CHN can provide subjects for a range of scientific inquiries. Residents also have access to joint research opportunities with other residents and academic institutions.

The symposium offers the Residents the opportunity to present their research finding and conclusions, broaden their awareness in the presented topics, and provide an educational opportunity to our community. More detailed information related to the symposium is included in this handbook.

Integrated Grand Rounds: In this interdisciplinary monthly conference residents are exposed to topics related to research, advances in the professions of psychology, psychiatry, and primary care. Participation include center trainees, faculty, clinicians, staff as well participants from the community and affiliated programs.

Integrated Quality Improvement (QI) Rounds: In this interdisciplinary monthly conference, residents interact with psychology doctoral interns, psychiatry residents and child adolescent psychiatry fellows, as well center-based faculty and clinicians to review, present and discuss root cause analyses, sentinel events, Uniform Data System (UDS) and other benchmark and quality data. Learning activities include trainee led case presentations, modules in health care disparities and cultural sensitivity, quality improvement projects, and peer review. This conference is facilitated by the center's Chief Quality Improvement & Compliance Officer.

RESIDENT FORUMS

Residents across placement sites have an opportunity to come together monthly in a relaxed atmosphere to discuss any issues and concerns they may have as a group. A post-doctoral resident representative, elected by their peers will sit on the Graduate Psychology Education Committee and serve as the liaison between the residents and the program. A combined forum with psychiatry residents takes place quarterly to further expand the opportunity to build professional relationships across disciplines.

PERFORMANCE EVALUATIONS

Residents are given verbal feedback on their work on an ongoing and continuous basis via supervision (progress is documented in weekly supervision forms) and seminars. Performance evaluations are conducted by supervisors involved with a given resident upon in-vivo supervision to determine baseline skills, at the beginning of the year and at the end of six, and twelve months. A program-wide rating form is used where each aspect of a resident's functioning, according to our training goals, objectives, and competencies, is evaluated. In order to successfully complete the Post-Doctoral Residency, the resident must obtain a score of 3 or higher on the Mid-Year Evaluation on each competency, and a score of 4 or higher on the End-Year Evaluation on each competency. If a resident scores 2 or lower on any competency in the Mid-Year Evaluation, a remedial plan will be developed for that specific competency. If additional administrative action is required, Citrus Health Network Personnel Policies and Procedures are followed. Documentation of all meetings and actions taken will be kept in the resident's file in the Human Resources Department.

It is also extremely valuable to the Center and the residency program to receive ongoing feedback from residents regarding our operations, resources, policies, and residents' opinions about the content, process, and quality of the training here. This usually occurs through the frequent communications residents have with supervisors on a nearly daily basis. Formal feedback is provided by the Residents through the bi-yearly anonymous feedback process. Informal feedback is provided by the Residents during the monthly departmental meeting. The minutes from these meetings are to be addressed in a meeting within the monthly faculty meeting. Each quarter, residents will be asked to complete an anonymous evaluation form consisting of liker-type items and comment areas for the residency program's strengths and weaknesses. These documents are compiled by the Quality Improvement Department to maintain anonymity. The typed consolidation of the information provided by the residents is then reviewed by the faculty. The faculty, consisting of all designated supervisors with the Training/Clinical Director, will meet and formulate feedback, resolutions and a plan of implementation for the identified problem areas. These decisions are to be discussed in a timely manner with the residents in supervision or the monthly departmental meeting, as deemed appropriate, and documented as part of the residency program evaluation record.

VACATION & EDUCATIONAL LEAVE

Taking leave from one's duties at the Center must be planned carefully and in full coordination with supervisors to ensure the delivery of services in all areas continues responsibly and as smoothly as possible. Currently, all psychology residents are entitled to standard employee benefits, which include 80 hours paid time off and six paid holidays, in addition the center will grant 40 hours paid educational leave.

Citrus Health Network policy for psychology residents to obtain approval for leave requests are as follows:

1. You may be able to use your Paid Time Off (P.T.O.) immediately after hire.
2. At least two weeks (preferably one month or more) prior to the dates requested, a resident must submit a Leave Request Form available in the Human Resources Department to each clinical supervisor for coverage arrangements, approval and signature.
3. Following this, the signed Leave Request Form will be given to the Clinical/Training Director for approval and signature. The Leave Request Form will be delivered by the Clinical/Training Director to the Human Resources Department for processing and filing in the resident's personnel file.
4. In the event that you run out of P.T.O. hours, time requested may be taken but without pay and with supervisor approval.
5. You are also required to report the amount of P.T.O. electronically using the Client Charge Input Form.

Once fully approved, residents are *required* to produce a memorandum detailing the dates of departure and return to Citrus Health Network. This memo must be distributed to appropriate supervisors and staff in your program and to the Psychology Department. Any arrangements you have made for coverage during your absence should be detailed in this memo.

Each program is unique; therefore, residents' schedules will be assigned based on program needs. If you find it necessary to not be at CHN during certain hours, approval must be obtained from both the Clinical/Training Director and supervisor(s). In addition, please be advised that vacation/educational leave should be taken prior to the month of August barring any extraordinary circumstance.

In the event that a resident calls in for unexpected leave, please contact the Clinical/ Training Director and Supervisor(s) as soon as possible. Residents must be ready to provide as much information as possible with respect to the duties that they will not be able to perform. As per CHN Personnel Policies and Procedures, upon the day of return to the Center, residents must complete a leave form and deliver it to the Clinical/Training Director for processing. For additional reporting requirements, please refer to CHN's Personnel Policies and Procedures Manual.

SUPPORTING DOCUMENTATION FOR TRAINING ACTIVITIES

Psychology Residents must accurately report hours spent on training activities in a timely fashion: They are required to:

- 1) Document Direct and Indirect services performed,
- 2) Use KRONOS, a time management software that is provided by the program, and
- 3) Maintain a Supervision Log.

The process for reporting will vary by placement. Residents will receive training on how to report these hours during the Resident Orientation. Failure to comply with this requirement and/or failure to submit all required documentation stated above may result in placement of a hold on the Resident's file and a possible delay in receiving a letter of completion at the end of the program.

DISCIPLINARY ACTIONS & GRIEVANCES

Psychology Residents are CHN employees, with the same rights and responsibilities as any other employee. At times it is necessary for the training faculty to issue a Supervisory Feedback when a problem is initially identified. If a problem is identified as ongoing, a formal Disciplinary Action Form will be issued to the resident. The decision for this action shall result from discussion of the matter of concern among the faculty. The disciplinary action itself may take one of several forms:

1. A meeting between at least two faculty members and the resident to discuss the concerns, to be documented and placed in the resident's personnel file at Citrus Health Network, Inc.
2. If the matter is deemed a serious enough violation, a written recommendation to terminate the resident from the residency program can be made, which may include written communication to the appropriate local or state agencies.

These policies will be strictly observed, to protect the rights and privileges of all concerned. These policies are detailed (below) and provide ample opportunity for residents to express concerns and preserve their legal rights.

There may also be occasions when residents feel they need to request a grievance towards another Center employee or supervisor. In this instance, there are "Grievance and Appeals" policies and procedures in CHN's Personnel Policy and Procedures Manual, provided at time of hire, that are available to all employees to help provide guidance in processing these concerns.

GRIEVANCE AND APPEALS

A grievance is defined as any dissatisfaction that occurs when an active staff member who has successfully completed the three (3) month orientation period thinks or feels that any condition affecting his/her employment is unjust or inequitable, a hindrance to effective operation, or creates other serious problems affecting the staff member and his/her work. The purpose of a grievance procedure is to provide a procedure for the prompt review, impartial consideration, and equitable disposition of grievances presented by individual staff members of CHN.

Once a grievance has been expressed, both the grieving staff member and his/her immediate supervisor must

submit, in writing, details of all conversations, decisions, and results associated with the grievance. Written documentation must be submitted to the Personnel Office and should be presented for each of the various grievance steps.

A two-part grievance procedure shall be followed by all staff members involved in this process. The procedure is as follows.

A. Grievance dealing with matters other than terminations:

1. Initially, the staff member shall present his/her grievance in writing to his/her immediate supervisor no later than five (5) working days from the onset of factors precipitating the grievance. The staff member may, if desired, select one other staff member to assist and/or translate for him/her in the grievance procedure. The staff member initiating the grievance must be present, however, at each grievance step. The immediate supervisor must schedule a meeting to discuss the grievance with the staff member within five (5) working days of notification of the grievance. The immediate supervisor may have another member of the staff present at that meeting. The immediate supervisor must inform the staff member, in writing, of a decision regarding the disposition of the grievance either at the meeting or within five (5) working days after the meeting is concluded.

The staff member, after receiving the immediate supervisor's reply, has five (5) working days to respond in writing whether he/she is satisfied, and if not, whether he/she wishes to continue the grievance. (The staff member is entitled to present the grievance directly to the Chief Executive Officer if his/her grievance has not been acknowledged by his/her immediate supervisor within five (5) working days of submitting the grievance. The Chief Executive Officer may have one member of the administrative staff present at that meeting.)

If the grievance is not settled, the immediate supervisor is obligated within five (5) working days to schedule a meeting with the Grievance Committee. At this point, step 2 is initiated.

2. The members of the Grievance Committee will be selected from the staff of the Center in the following manner:

One (1) representative chosen by the Supervisor; one (1) representative chosen by the staff person initiating the grievance, and one (1) representative from the Administrative Staff to be appointed by the Chief Executive Officer or Chief Operating Officer. The representative may not be a relative of any of the parties involved in the grievance. The Personnel Manager will serve only as a resource person and cannot be chosen as a committee member.

The grieving staff member and supervisor cannot be members of the Grievance Committee.

Upon receiving written notification of the grievance, the Grievance Committee may, if it so desires, investigate the grievance further prior to meeting with the staff member. Whether the committee chooses to investigate or not, a meeting must be scheduled with the staff member within five (5) working days of notification of the grievance.

The Committee must give the Chief Executive Officer a written report of its findings and conclusion within five (5) working days after the meeting is concluded. A copy of this report will be given to the grieving staff member.

The Chief Executive Officer will render a final written decision based on the Committee's findings within five (5) working days after receipt of the Committee's report. The Chief Executive Officer's decision will be considered final.

B. Appeals Dealing with Termination:

1. Upon receiving notice of termination from a Supervisor an employee wishing to appeal such decision, will have 24 hours to request, in writing, a grievance hearing or present to the Chief Executive Officer verifiable facts why he/she should not be terminated. The immediate supervisor is obligated to schedule a meeting with the Grievance Committee within five (5) working days of receiving the employee's request.

At this point, the steps outlined in Part A will be followed with the Chief Executive Officer's decision being final except in cases where the employee to be terminated is a Department Head or reports directly to the Chief Executive Officer. Should this be the case, the grievance meeting must be scheduled directly with the Board's Personnel Committee. Upon notification of an employee's desire to grieve his/her impending termination, the Personnel Committee shall schedule a meeting to review the facts presented by both the Chief Executive Officer and the grieving staff within five (5) working days following the meeting. The decision of the Committee shall be considered final.

The Board Committee's should be considered as satisfying the Center's obligation regarding the consideration of the staff member's grievance.