Health Psychology Postdoctoral Fellowship

Fellowship Brochure

September 1, 2012 – August 31, 2013
**CLINICAL HEALTH PSYCHOLOGY POSTDOCTORAL FELLOWSHIP**
**PROGRAM DESCRIPTION**
**2012-2013**

**Program Director:** Dana Brendza, Psy.D.
**Program Coordinator:** Michelle Skinner

**# of Fellows:** 3 fellows
(Typically, 1-2 fellows are hired each year, dependent on available funding. There are 2 permanently funded positions available through the Department of Psychiatry and Psychology and GME; a third position is currently funded by the Neurological Institute Mellen Center).

**Start Date:** September 1, 2012 (May vary depending upon available dates from fellow and GME)

**End Date:** August 31, 2013 (May vary depending upon available dates from fellow and GME)

**Fellowship Duration:** 1 year (**2 years optional w/ mutual consent, written notice of intent**)  
(Satisfactory completion of 12 months of fellowship training is required for graduate certificate of completion to be issued. The initial 12-month contract may be renewed for a second year of fellowship training, if there is an available position and upon mutual consent with the fellowship supervisory committee. The optional second year of training is contingent upon a fellow’s satisfactory completion of the first year of fellowship and his/her written notification of intent to remain for year 2 of training. **Each fellow must submit a letter of intent to remain for second year OR complete fellowship at end of 12 months to the fellowship Program Director by Feb. 1 of the academic year.**)

**Rotation Hours:** 8-9 scheduled hours per day (40-45 hours per week)

**# of Rotations:**
- **Major:** 3 (Each Major Rotation is 24 hours/week per fellow for 1 year duration)
- **Minor:** 7 (Each Minor Rotation is 4-8 hours/week per fellow for 1 year duration)

**Overview:**

The goal of this Clinical Health Psychology Fellowship is to provide individualized, clinical opportunities for psychological assessment and interventions with adult patients experiencing a wide range of medical and psychological problems. Our fellowship is primarily outpatient-based and includes psychological consultations and diagnostic interviews, short-term psychotherapy, behavioral interventions, group psychotherapy with medical patients, and special programs (e.g. psychological treatment of multiple sclerosis, cognitive behavioral treatment of insomnia, primary care, intensive day treatment of chronic headache, stress management, biofeedback with medical patients, and objective personality assessment). Opportunities are available to pursue special areas of interest (such as medical school teaching, marital and family therapy, chronic pain, program development, and bariatric evaluations).

Many of the patients seen by our personnel have significant medical problems. Others present with a broad variety of personal problems and clinical syndromes including: grief/loss, major depression, bipolar disorder, dysthymia, generalized anxiety, post-traumatic stress, phobias, panic disorder, obsessive-compulsive disorder, chronic insomnia, binge eating disorders, morbid obesity, somatization reactions, adjustment disorders, and coping with chronic medical illness (e.g. multiple sclerosis, headache, and cardiac disease). The postdoctoral fellow will build and maintain an active
caseload of adult patients representing a broad range of diagnostic categories, presenting problems, socioeconomic status, and developmental life stages. The fellow will work under the close supervision of staff psychologists in the various clinical rotations and will receive at least two hours of individual supervision per week.

Many opportunities for participation in research projects exist and fellows typically participate in writing journal articles and chapters, making poster presentations, and presenting at Grand Rounds in a variety of departments. Some time allotments are arranged for research; however, the primary objective of the fellowship is clinical experience. The fellow is expected and encouraged to participate in ongoing research, educative and didactic programs, teaching opportunities with medical students and residents, and to make one organized presentation at the Department of Psychiatry and Psychology didactics or Grand Rounds on a research or clinical topic of their choice.

The fellowship provides a 12-month stipend of approximately $48,500 with an increase in the second year of training. Benefits include: individual supervision for licensure, three weeks of paid vacation, generous individual/family medical benefits (available both years at no cost to you), dental insurance (available in the second year at no cost to you), vision insurance (may be elected and cost would be deducted from each pay), and flexible spending accounts (individual contributions are pre-tax). A stipend for travel/conference attendance may also be available if the fellow is the primary author on the abstract and the presenter at the conference, the research is generated at CC and published during the fellowship, and funding is available from the Institute/Department.

Rotations:

Current Majors:  
#1 – Multiple Sclerosis Treatment  
#2 – Headache Clinic/Interdisciplinary Method for the Assessment and Treatment of Chronic Headache (IMATCH)  
#3 – Cardiac Biofeedback Treatment

Future possibilities¹:  
Chronic Pain Inpatient Clinic/Group Psychotherapy  
Integrated Primary Care Clinic  
Outpatient/Group Psychotherapy Clinics

Current Minors:  
Research in Multiple Sclerosis/Group Psychotherapy  
Research in Headache  
Research in Cardiac Biofeedback  
Research in Pain  
Insomnia/Sleep Clinic  
Primary Care Outpatient Clinic/Family Marital Therapy  
CCLCM Medical School Teaching² - Communication Skills Training

Future possibilities³:  
Umbrella Supervision Clinic  
Research in Bariatrics  
Bariatrics Clinic/Group Psychotherapy

Education/Administrative:  
2 hours of Health Psychology Didactics/Week  
2 hours Research/Week

¹ Italicized major rotations remain in planning stages.  
² CCLCM Medical School Basic and Advanced Communication Skills Courses occur Tuesdays 12:30-3 pm or Wednesdays 1-3 pm. Must be pre-approved by the supervisor(s) of rotations affected and Program Director. The number of preceptor slots for communication skills training fluctuates year to year and is not guaranteed for our fellows.  
³ Italicized minor rotations remain in planning stages.
2 hours Individual Clinical Supervision/Week
1 hour Psychiatry and Psychology Department Grand Rounds/Week

Clinical Supervisors:
Dana Brendza, Psy.D.
Karen Broer, Ph.D.
Michelle Drerup, Psy.D.
Kelly Huffman, Ph.D.
Steven Krause, Ph.D.
Michael McKee, Ph.D.
Christine Moravec, Ph.D.
Ted Raddell, Ph.D.
Amy Sullivan, Psy.D.
Giries Sweis, Psy.D., M.H.S.

Policy on Coverage Issues, Vacation & Conference Time:

Time Away
All time away from clinical responsibilities must be requested 30 days in advance via MedHub unless otherwise instructed by your program. Programs will notify the trainee if the request has been approved or denied.

The Program Director has final approval for time away and due to clinical responsibilities or short notice, may be unable to approve every request.

Vacation Time
Clinical trainees receive three weeks (15 working days) of vacation per academic year. For appointments of less than one year in length, vacation is prorated at the rate of 1.25 days per month worked. Vacation time is not cumulative and should be taken in the year earned; it does not carry over into the next academic year.

USMLE/Other Exam Time
Clinical trainees are permitted two days off to take the USMLE III exam without using their vacation time.

Interview Days
In addition to vacation time, up to five interview days may be given during the program so that clinical trainees may interview for fellowships or practice opportunities.

Leave of Absence & Extension of Training
Please submit leave of absence requests via MedHub for department approval unless otherwise instructed by your department. Requests must be accompanied by documentation of purpose of leave (i.e. doctor’s note, invitation for interview) which should be given to the program.

Some specialties may have specific requirements as to allowable time away during training as specified in The American Board of Medical Specialties (ABMS) guidelines. The Program Director, with input from other faculty members, determines specific guidelines depending upon the specialty, individual’s performance, and any specific needs that relate to an illness. Leave of absence(s) may extend the training period to comply with specific specialty board requirements to complete training, or to reach an acceptable level of performance to
progress to the next graduate level. At the time of request, the Program Director, or his designee, must meet with the trainee to apprise him/her of the requirements and the length of extension to training, if an extension is known to be required at that time. If an extension is required due to a resident’s performance or requirements to successfully complete the current year of the training program, the Program Director must advise the resident immediately.

Medical Leave of Absence
If a clinical trainee is temporarily unable to work due to illness or accident as determined by their primary care physician and is unable to carry on duties and responsibilities as required in the training program, salary and benefits will continue for 90 days, the duration of the illness or the remainder of the contract, whichever is shorter. If the illness continues and the trainee holds a valid appointment he/she will continue to receive Cleveland Clinic benefits, however, in lieu of a salary they will receive payments from the disability plan. Written verification is required from the primary care physician stating duration of leave required as well as medical necessity of the leave. Please refer to the disability benefit for further information.

Personal Leave
It is the policy of the Cleveland Clinic to grant residents and fellows a leave of absence (without pay) for urgent or emergency situations that personally affect the trainee and cannot be handled in any other way. Program Director’s have the final approval for all personal leave of absence requests.

Maternity/Adoption Leave
If a clinical trainee/research fellow is physically able to fulfill their training responsibilities and receives approval from their obstetrician and Program Director, they may work up to the date of delivery.

Six weeks paid leave are given for maternity leave, eight weeks if a caesarian section is necessary. Additional unpaid time (up to 12 weeks in total) may be taken under the Family Leave Act. Mothers are also granted six weeks leave when a child is adopted. Residents and fellows must complete and submit the appropriate forms to the program director at least 90 days in advance to allow arrangements for coverage.

After delivery of your baby, please contact benefits customer service center at 216-448-0600 to add the child onto your benefit health plan within 30 days from the birth of the baby or adoption.

Paternity Leave/Adoption Leave
Two weeks (10 working days) paid paternity leave is offered to our male clinical trainees for the natural birth or arrival of an adopted child. Under certain circumstances, additional time (up to 12 weeks total) may be taken under the Family Leave Act. Paternity leave MUST be taken within 30 days of the child’s birth/adoPTION. Residents and fellows must complete and submit the appropriate forms to the Program Director at least 60 days to allow arrangements for coverage.
Bereavement Leave
Per Cleveland Clinic Policy # 420 Cleveland Clinic Employees are eligible for three (3) bereavement days for a death in the immediate family. Immediate Family is considered spouse, child, stepchild, mother, stepmother, mother-in-law, father, stepfather, father-in-law, sister, brother, grandmother, grandfather or grandchild.

FMLA
Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition
- For a serious health condition that makes the employee unable to perform the employee’s job.

Military Family Leave Entitlements
Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections
During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.
**Definition of Serious Health Condition**
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

**Use of Leave**
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

**Substitution of Paid Leave for Unpaid Leave**
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.

**Employee Responsibilities**
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

**Employer Responsibilities**
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated
as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

**Unlawful Acts by Employers**
FMLA makes it unlawful for any employer to:
- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

**Enforcement**
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**Vacation:**
Three weeks paid vacation/year; all requests must be submitted to the Neurological Institute and Program Director for approval at least 30 days in advance. Fellows are responsible for obtaining any clinical coverage necessary and notifying their supervisors of dates and staffing coverage at least 30 days in advance. Supervisees are responsible for rescheduling missed supervision if necessary given their clinical hours per week such that they will always receive a total of 2 hours of clinical supervision per 40 hours of clinical time.

**Conferences:**
Fellow(s) may claim reimbursement as long as Institute/Department funds are available. Fellows seeking reimbursement must also be the primary author on the abstract and the presenter at the conference. Additionally, the research must be generated at Cleveland Clinic and published during the fellowship. Conference leave time must be approved 45 days in advance by the Program Director and Rotation Supervisors.

**Clinical Coverage:**
Supervisors are responsible for informing Supervisees of their time away, if possible, 30 days in advance. Fellows may provide clinical coverage of a particular area provided supervisory coverage has been arranged by the supervisor and both the Program Director and Supervisee give their approval.

**Goals/Objectives:**
Written objectives will be provided to fellows for each major and minor rotation that take into consideration rotation clinical demands, teaching opportunities, and the fellow’s personal learning goals.

**Evaluations:**
Occur at mid-term and end of fellowship. Computerized evaluations include fellows’ evaluation of program, fellows’ evaluation of didactics, fellows’ evaluation of supervisors and supervisors’ evaluation of fellow performance. Fellows will meet with their Program Director on a semi-annual basis to discuss the evaluations the supervisors have completed on the fellows’ performance.
Grievances:

Initiation of Appeal
The individual house staff member must be formally notified, in writing, that he or she is being placed on performance warning status, not being reappointed, or being dismissed from the program to initiate the appeal process. Normally, the Program Director would issue the formal notification for the actions listed above. Under unusual circumstances, a house staff member may be disciplined or terminated by an authorized Cleveland Clinic official acting on behalf of the training program or the Institution. In those cases, the authorized Cleveland Clinic official may replace the program director in the appeal process. The house staff member may initiate the appeal process by notifying the Director of Graduate Medical Education in writing within 30 days of the house staff member’s meeting with the Director of Graduate Medical Education or his/her designee. Any of the previously noted three actions will precipitate a meeting with the Director of Graduate Medical Education for a discussion regarding the action taken and the options available to the house staff member, if any. The alternate for the Director of Graduate Medical Education for purposes of this House Staff Appeal Process is the Chairman of the Education Institute and vice versa.

Structure
An Appeal Task Force will be formed as a subcommittee of the Graduate Medical Education Council to hear each appeal as it occurs. The Appeal Task Force is a peer review committee within the meaning of the Ohio Revised Code and its members, proceedings, reports and minutes shall be afforded the confidentiality guarantees and protections from discovery and immunities available to hospital peer review and quality management activities. The Appeal Task Force shall consist of five voting members who have no direct conflict of interest by way of being part of the teaching faculty in the house staff’s training program, personal involvement with the house staff or a member of the involved faculty, or any other situation which might cause the member to be prejudiced and have a preexisting opinion. The Chairman of the Graduate Medical Education Council shall guide final composition of the task force and he/she will not be eligible to participate. The membership of the task force shall consist of a member from the Graduate Medical Education Council (serving as chair person), a house staff representative (a house staff committee officer or senior resident), a representative from the Graduate Medical Education Department (as a non-voting member) and the remainder of the task force filled by designation of three other faculty members who are not directly involved in the situation in question. Written documentation submitted to the task force for deliberation, reports and minutes generated by the task force, shall not be made available to either the program director or the house staff member.

If the house staff member engages legal counsel to assist him or her with the preparation of the appeal, such legal counsel may not represent or accompany the house staff member or otherwise appear before the task force at any time. The task force may seek legal advice from the CCF Office of General Counsel as desired, but the Clinic’s attorneys should not serve in a prosecutorial role before the task force.
Preliminary Preparation
Once the task force has been appointed and a chairman selected, the involved house staff member and program director will be solicited for documentation and general information relative to the action under appeal. The program director will be expected to submit documentation that justifies and explains the reason for the action that has been taken and is being appealed. This documentation may include, but is not limited to, summaries of counseling sessions, department and individual evaluations, and anecdotal notes regarding specific incidents, memos or letters from other individuals who have been involved in associated incidents, action minutes of departmental educational committee meetings, or any other information which appears pertinent. The house staff member is asked to submit any information and/or memos that he or she feels may help to explain the grounds for the appeal. Both the program director and the involved house staff member will be asked to provide a list of potential additional information sources at that time. That list may include fellow residents, various members of the faculty, Allied Health personnel, patients, or anyone else who may be in a position to have direct knowledge and eventually have an impact on the appeal process decision. The list must include a brief two or three sentence description of each individual recommended explaining why that person is identified and what their potential input would be to the overall process.

Process
Under the guidance of the designated chairman, the Appeals Task Force will schedule a series of meetings that will comply with the availability of the members, program director and house staff member to afford a prompt and fair resolution of the appeal. The initial meeting may be designated for the program director. The program director will summarize the events, issues, and overall factors that have led to the appealed action. The Appeal Task Force may or may not question the program director at that time for additional facts and information, and may choose to ask him or her to return if that is necessary to complete the information gathering process.

The house staff member will be invited to appear before the task force, which may be either the initial meeting or at the next available scheduled session. The program director and the house staff member will not be present before the task force at the same time. The house staff member will be offered an opportunity to present information in his or her defense. The task force may or may not question the house staff member at that time and may or may not ask them to return to complete the explanation of and/or questioning of the house staff member.

After the initial sessions with the program director and the involved house staff member, the task force will review the list of potential additional information sources and consider receiving testimony from any other individuals. They will then invite and interview those whom they have selected from the list and other relevant individuals. At the discretion of the task force, some of those on the original submitted list may not be called to give information if the reasons for their presence are either excessively redundant or seem inappropriate. At any point throughout this process the program director and/or the
house staff member may be invited to appear before the task force again in order to respond to information that has arisen during the interview of subsequent individuals or to clarify issues.

When the Appeal Task Force feels that it has obtained all of the pertinent information available, it will take the matter under discussion until it is prepared to make a decision. A simple majority of the voting members of the task force present will be required to act on the appeal. That action may either be to sustain the appeal, which in effect negates the action taken by the training program, or reject the appeal and thereby sustain the action taken by the program. As part of its decision the Appeal Task Force may also enter specific stipulations and requirements governing the further involvement of the house staff member in the residency program. This may involve whether or not credit should be given for any or all training that has been done to date, whether or not psychiatric evaluation or counseling is appropriate, and whether or not other means of remedial action should be taken.

Conclusion
When the Appeal Task Force has come to a majority decision, the information will be relayed to the Director of Graduate Medical Education in writing within one week. The Director of Graduate Medical Education will then inform both the house staff member and the program director. Reports and minutes of the meetings of the task force shall be prepared by a designated member of the task force in conjunction with the CCF Office of General Counsel, whereupon such reports and minutes will be maintained within the Department of Graduate Medical Education.

Complaint & Problem Resolution
Occasionally during training, clinical trainees experience problems and/or issues that are unable to be resolved within the channels available in their own training program. Such problems are best handled within the program, and clinical trainees are encouraged to attempt all means of resolution through their chief resident, program director, department chairman, advisor or other designated individuals in the training program before utilizing the following alternative channel. The issues may involve a number of areas including but not limited to perceived harassment, unfair treatment, concerns regarding work environment, program noncompliance with ACGME, RRC and/or CC requirements and/or procedural discrepancies or inequities.

Once the resources and channels within a program have been exhausted, the clinical trainee is encouraged to contact the Graduate Medical Education Department 216-445-5690 to arrange a meeting. They will then have the opportunity to discuss their particular situation in detail with the Director of Graduate Medical Education, Chairman, Education Institute, and/or the Administrator of Graduate Medical Education. Every attempt will be made by the Director and Administrator of Graduate Medical Education to investigate and resolve the reported issues. If a workable solution is not reached by the Director and Administrator of GME, the clinical trainee/re search fellow may choose to bring the matter before the Graduate Medical Education Council. Findings and action taken by the Graduate
Medical Education Council are considered final and binding on all parties involved.

This policy is intended to provide clinical trainees with the opportunity to raise and resolve issues in their training program without fear of intimidation or retaliation.

**Supervisor Meetings:**
Will occur on average of 1/month; TBD by Program Director

**Supervisor Requirements:**
1. Participate in monthly program/supervisor meetings.
2. Complete mid-term and end of year evaluations and provide feedback to fellows in a timely manner.
3. Provide 2 hours of supervision for every 40 hours of fellows’ clinical time.
4. Identify rotation objectives and combine with fellows’ personal learning goals and update as appropriate.
5. Complete State Board of Psychology notification of supervision.
6. Complete Supervisory Plan Sheet (see attached) and submit to Program Director.
7. Adhere to program hours and policies on Vacation, Conferences, and Coverage.

**Recruitment Process:**
Applications are accepted from October through the first week of January of each calendar year. The fellowship program description and application requirements are distributed through various listservs and/or publications such as APA, OPA, CPA, and APA Monitor Online. Applications should be submitted to the Program Director. Applications are reviewed by the Program Director and Supervisors of Major/Minor Rotations using a Standardized Checklist.

Qualified applicants will have completed all requirements for their doctoral degree (Ph.D. or Psy.D.) in clinical or counseling psychology from an APA-approved program including their dissertation defense before the September start date of their first year of fellowship (no exceptions). In addition, they will have graduated from a pre-doctoral internship in adult clinical and/or health psychology (health psychology experience is essential) that is an APA accredited graduate program (preferred) or graduate program that meets the APPIC standards (required). Applications require a letter of interest/intent specifying preferences for major rotation(s), curriculum vitae, official graduate transcript, a clinical work sample, and three letters of recommendation. Applicants must specify all major rotations for which they would like to be considered. There is no penalty for naming more than one rotation of interest. If you have not yet received your doctorate, a letter from your program director attesting to your status as a doctoral candidate, and anticipated dissertation defense as well as anticipated graduation dates are also required.

**Interview Process:**
Interviews for invited applicants are held in a group format in February of each calendar year. All active supervisors will participate, non-participating staff/employees will be invited to participate in any open interview slots or group lunch. Applicant evaluation checklists completed and applicants ranked based on goodness of fit with
available major/minor rotation(s) for coming year by all supervisors/Program Director. Fellows will be asked to rank order their major and minor rotation interests. These will be factored into the rank order listing described above.

**Hiring Decision:**

Preference is given to APA accredited pre-doctoral internships in health psychology however, those applicants meeting APPIC standards will be considered. Prior to beginning the first year of fellowship, fellows are required (no exceptions) to have completed all requirements for their doctoral degree (Ph.D. or Psy.D.) in clinical or counseling psychology from an APA-approved program including their dissertation defense.

Hiring decisions are typically made in the beginning of March of every calendar year. Actual appointments begin in late August/early September. In years where there is an APPIC Uniform Notification Date (UND) for postdoctoral fellowships we adhere to these hiring policies.
The goal of this fellowship is to provide individualized, clinical opportunities for psychological assessment and interventions with adult patients experiencing a wide range of medical and psychological problems. The fellowship is primarily outpatient-based and includes psychological consultations and diagnostic interviews, short-term psychotherapy, behavioral interventions, groups, couples therapy and special programs (e.g. smoking cessation, psychological treatment of multiple sclerosis, psychological treatment of insomnia, weight management, primary care, intensive day treatment of chronic headache, stress management, biofeedback, and objective personality assessment). Opportunities are available to pursue special areas of interest (such as medical school teaching, marital and family therapy, projective testing, chronic pain, program development, and bariatrics evaluations).

Many of the patients seen by our personnel have significant medical problems. Others present with a broad variety of personal problems and clinical syndromes including: grief/loss, major depression, bipolar disorder, dysthymia, generalized anxiety, post-traumatic stress, phobias, panic disorder, obsessive-compulsive disorder, chronic insomnia, binge eating disorders, morbid obesity, somatization reactions, adjustment disorders, and coping with chronic medical illness (e.g. multiple sclerosis, headache, and cardiac disease). The postdoctoral fellow will build and maintain an active caseload of adult patients representing a broad range of diagnostic categories, presenting problems, socioeconomic status, and developmental life stages. The fellow will work under the close supervision of staff psychologists in the various clinical rotations and will receive at least two hours of individual supervision per week.

Many opportunities for participation in research projects exist and fellows typically participate in writing journal articles and chapters, making poster presentations, and presenting at Grand Rounds in a variety of departments. Some time allotments are arranged for research; however, the primary objective of the fellowship is clinical experience. The fellow is expected and encouraged to participate in ongoing research, educative and didactic programs, teaching opportunities with medical students and residents, and to make one organized presentation at the Department of Psychiatry and Psychology didactics or Grand Rounds on a research or clinical topic of their choice.
I. ROTATION DESCRIPTION:
The Headache and Pain Center of the Cleveland Clinic Neurological Institute provides multidisciplinary services to individuals suffering from primary headache disorders. The Center employs seven neurology specialists in headache medicine, one psychologist, two nurse practitioners, six registered nurses, and multiple support staff. Patients receive comprehensive evaluation of the medical etiology of their headaches, leading to the development and implementation of appropriate treatment. When appropriate, patients may receive psychological evaluation to address the psychological consequences of their headaches, psychological co-morbidities interfering with medical care, and/or assessment and treatment of maladaptive behavior patterns that may serve to perpetuate and exacerbate their headaches.

Within the Headache Center, patients may be referred to the IMATCH (Interdisciplinary Method for the Assessment and Treatment of Chronic Headache) Program. This 3-week, full-day, partial hospitalization program is intended for patients suffering from significant impairment of their functioning as a consequence of headaches. Following evaluations by a neurologist, physical therapist, and psychologist, an individualized treatment plan is developed for each patient. Treatment typically includes detoxification from medications contributing to headache, and initiation of appropriate headache preventative medications. Psychological groups address relaxation training including biofeedback, cognitive-behavioral psychotherapy, and training in assertiveness, sleep hygiene, activity pacing, mental pain coping strategies, self-esteem and spirituality. Nursing groups address medication utilization, dietary management, medical communications, and sexuality. All patients attend group physical therapy, and learn to exercise appropriately to improve functional capacity. Patients receive individual visits with nursing, psychology, neurology and physical therapy during their treatment at IMATCH. The Headache & Pain Center maintains a program of outcome assessment and clinical research, and fellows are invited to participate in these efforts.

Goal:
To prepare fellows to provide independent clinical psychological services to individuals and groups suffering from intermittent or chronic headaches.

Time Period:
During this rotation, fellows are expected to work the equivalent of 3 full days a week (in this case, 2 full days and 2 half days) under the direct supervision of their clinical supervisor, Steven Krause, Ph.D., who is a licensed, CCF staff psychologist specializing in chronic headache management, cognitive-behavioral treatment and research.

II. PATIENT CARE GOALS:
The fellow is responsible for the initial evaluation of patients in their caseload, as well as the development of an initial management plan for the patient’s potential participation in the IMATCH headache treatment program and research studies at CCF. Follow up care is scheduled by the fellow as appropriate. Assessments are administered to the patient and test results are entered into the patient’s electronic medical chart on the same day as received by the fellow. Individual and group psychotherapy treatments are provided by the fellow and/or other IMATCH staff to the patients in the fellow’s caseload. Treatment notes are entered by the fellow into the EPIC medical records system on the same day the treatment is provided, then amended and closed by the clinical supervisor. The fellow’s patient care duties will also include writing letters on the patient’s behalf when appropriate, providing family feedback and interventions, as well as taking telephone calls, and making referral recommendations to other specialty areas as appropriate.
III. MEDICAL KNOWLEDGE GOALS:
1. Fellows will demonstrate a thorough knowledge of the medical, physical, and psychological treatment of headaches, including the interaction of these factors in determining patients’ pain experience and functioning.
2. Fellows will be able to apply the above knowledge in the completion of comprehensive evaluations of headache patients.
3. Fellows will develop skill at individual, group, and family psychotherapy for the treatment of headaches, psychological co-morbidities, and associated functional impairments.
4. Fellows will demonstrate the ability to communicate and interact with other professionals appropriately in service of clinical needs and their own professional development.

IV. PRACTICE BASED LEARNING AND IMPROVEMENT GOALS:
1. Fellows are encouraged to identify literature pertinent to their patient caseload and to apply up to date literature to their treatment plans for these patients.
2. Fellows are encouraged to participate in program development and/or facilitation of psychotherapy groups, as required.
3. Fellows will be encouraged to engage in innovative development and/or practice (e.g., creation of program materials, web based programs, headache related relaxation CDs, etc).
4. Fellows will participate in any Headache psychology updates to clinical pathways and evaluation criteria.

V. INTERPERSONAL SKILLS AND COMMUNICATION:
1. Fellows will provide concise, clear communication of diagnostic formulation of new cases, both during individual supervision as well as in multi-disciplinary case staffing.
2. Fellows will complete clinical reports in EPIC, describing relevant clinical information gathered, treatment interventions, and clinical outcomes. These reports will be written with standard English grammar and appropriate formality and professionalism.
3. Fellows will consult with physicians and other professional staff when appropriate to coordinate care for the benefit of patients.
4. Fellows will maintain cordial, mutually respectful relationships with other professional staff.
5. Fellows will demonstrate consistent commitment to the well-being of patients, the improvement of clinical services, and their own professional growth.
6. Fellows will demonstrate developmental and cultural sensitivity and the capacity to identify and address ethical issues pertinent to the evaluation and treatment of Headache patients.
7. Fellows will demonstrate competency in communication and teaching skills with peers and patients.

VI. PROFESSIONALISM GOALS:
1. Responsibility: Fellows will carry out required tasks in a timely manner, follow through on tasks, and keep professional commitments.
2. Comportment: Fellows will display a professionally appropriate demeanor and decorum, emotional maturity, flexibility, a positive attitude, and appropriate personal presentation (including attire) in the workplace.
3. Responsiveness to Supervisor Feedback: Fellows will function effectively under supervision, accepting guidance without defensiveness, and changing targeted behaviors when instructed. Fellows will seek help when appropriate.
4. Ethics: Fellows conduct themselves in accordance with APA ethical principles, Ohio regulations and other codes of professional conduct, and recognize and raise ethical issues when appropriate.
5. Timeliness: Fellow will complete required patient care appointments.
6. Fellows complete documentation and billing for all clinical encounters within required time frame.
7. Fellows attend regular supervision as scheduled, and seek additional supervision when appropriate. Three hours of supervision are provided weekly. Additional guidance is available if the need arises. The clinical supervision is designed to advance their knowledge, skills, and abilities in Health Psychology as well as their ability to function autonomously as a provider yet collaboratively as a part of a team of health care professionals in promoting the health and well-being of our patients. Each case or service provided by the fellow will be reviewed, discussed, and documented as proscribed by Ohio Law and the Ethical Standards for Psychologists.

**VII. SYSTEMS BASED PRACTICE GOALS**

1. Fellows will demonstrate knowledge of other relevant disciplines.
2. Fellows will observe the following:
   a. Physical therapy evaluation and treatment
   b. Neurological evaluation and treatment
   c. Nursing education visits
3. Fellows work when necessary to facilitate patient wellness in non-psychological areas of their health including:
   a. Requesting consultation from other disciplines and departments, both within and outside CCF, when appropriate.
   b. Sharing pertinent patient information when appropriate, in accordance with ethical guidelines, pertinent CCF policies and governmental laws/regulations.
   c. Work to improve care overall at CCF and are actively involved in providing feedback to the CCF system when applicable

**Clinical Supervisor:** Steven Krause, PhD
CLINICAL HEALTH PSYCHOLOGY FELLOWSHIP

BIOFEEDBACK ROTATION

POSTDOCTORAL LEVEL

ROTATION DESCRIPTION: The focus of the rotation is participation in the multidisciplinary care and treatment of patients with cardiovascular and other chronic diseases. The rotation will include training in techniques of biofeedback and biofeedback-assisted stress management, communication with physicians and other members of a multidisciplinary team caring for complex patients, principles of scientific research, data analysis, writing abstracts and manuscripts, and the scientific rigor which must be applied in clinical research settings if valid data are to be obtained. This is a rotation with a predominantly research focus, although one afternoon per week may be spent seeing clinical biofeedback patients, and the acquired skills are certainly applicable in future clinical situations. The fellow may have the opportunity to obtain certification in biofeedback, if not already certified.

Goal: To prepare fellows to apply the biopsychosocial model and clinical health psychology skills to a population of individuals with chronic illnesses and to learn to function as part of a multidisciplinary team utilizing techniques of psychophysiological assessment and treatment.

Educational Objectives for Biofeedback Health Psychology Rotation:
By the end of the rotation, the clinical health psychology fellow will be able to:

1. Complete comprehensive psychophysiological evaluations of complex medical patients.
   a. Fellows will manage an average of 1-2 templated new evaluations per day.
   b. Fellows will demonstrate the utility of psychophysiological testing with at least one patient in each disease category

2. Provide clear, concise written and oral presentation of psychological impressions and recommendations to the supervisor, other health care providers, and their patients.
   a. Fellows will attend regular supervision.
   b. Fellows will complete documentation for all clinical encounters.
   c. Fellows will verbally exchange with other health care providers regarding mutual patients when appropriate.
   d. Fellows will provide a minimum of 1 case presentation a year in weekly section meetings.

3. Demonstrate up-to-date knowledge of the empirical literature regarding psychophysiology and associated psychosocial variables relevant to the psychological assessment and treatment of complex medical patients.
   a. Fellows will complete a minimum of one research project or literature review relevant to this area (topic must be approved by the supervisor, definition of research project may be flexible).
   b. Fellows will be encouraged to engage in innovative development and/or practice (e.g., creation of program materials, web based programs, etc).
   c. Fellows will complete assigned reading list and add at least 2 current articles during their rotation.

4. Demonstrate multidisciplinary knowledge.
   a. Fellows will observe at least one evaluation with a physician in each disease area.
   b. Fellows will engage in observation/experience in each disease area.
   c. Fellows will attend conferences in each clinical specialty which are relevant to health psychology practice.
5. Participate in the development of enduring research materials.
   a. Fellows will participate in data analysis and development of new methods for understanding psychophysio logic data and its relationship to biological data.
   b. Fellows will write at least one abstract and one manuscript during the year of training, with guidance from supervisors.
   c. Fellows will present at a local or national meeting during training.

Professionalism Goals and Objectives
1. Responsibility: Fellows will carry out required tasks in a timely manner, follow through on tasks, and keep professional commitments.
2. Comportment: Fellows will display a professionally appropriate demeanor and decorum, emotional maturity, flexibility, a positive attitude, and appropriate personal presentation (including attire) in the workplace.
3. Responsiveness to Supervisor Feedback: Fellows will function effectively under supervision, accepting guidance without defensiveness, and changing targeted behaviors when instructed. Fellows will seek help when appropriate.
4. Ethics: Fellows conduct themselves in accordance with APA ethical principles, Ohio regulations and other codes of professional conduct, and recognize and raise ethical issues when appropriate.
5. Timeliness: Fellow will complete required patient care appointments.
6. Fellows complete documentation and billing for all clinical encounters within required time frame.
7. Fellows attend regular supervision as scheduled, and seek additional supervision when appropriate. Two hours of supervision are provided weekly. Additional guidance is available if the need arises. The clinical supervision is designed to advance their knowledge, skills, and abilities in Health Psychology as well as their ability to function autonomously as a provider yet collaboratively as a part of a team of health care professionals in promoting the health and well-being of our patients. Each case or service provided by the fellow will be reviewed, discussed, and documented as proscribed by Ohio Law and the Ethical Standards for Psychologists.

Clinical Supervisor: Michael McKee, PhD
Research Supervisor: Christine Moravec, PhD
I. Educational Goals: We designed the fellowship program to provide an intensive, specialized postdoctoral training in the Mellen Center for MS Treatment and Research Center that forms a cornerstone for a rich and multifaceted professional career. The expectation is that, by the end of the fellowship year, a fellow will be able to function competently at an independent level of practice, but to be able to identify when additional training or consultation may be needed in order to practice ethically within the fellow's areas of competence.

Consistent with our internship program training model, the post-doctoral fellowship training program would subscribe to the Practitioner-Scholar (Vail Model) model of psychology training.

II. Medical Knowledge Goals:
1. Fellows will demonstrate a thorough knowledge of the medical, physical, and psychological treatment of multiple sclerosis, including the interaction of these factors in determining patients' pain experience and functioning.
2. Fellows will be able to apply the above knowledge in the completion of comprehensive evaluations of multiple sclerosis patients.
3. Fellows will develop skill at individual, group, and family psychotherapy for the treatment of multiple sclerosis, psychological co-morbidities, and associated functional impairments.
4. Fellows will demonstrate the ability to communicate and interact with other professionals appropriately in service of clinical needs and their own professional development.

III. Practice Based Learning Goals:
1. Fellows are encouraged to identify literature pertinent to their patient caseload and to apply up to date literature to their treatment plans for these patients.
2. Fellows are encouraged to participate in program development and/or facilitation of psychotherapy groups, as required.

IV. Interpersonal Skills and Communication:
1. Fellows will provide concise, clear communication of diagnostic formulation of new cases, both during individual supervision as well as in multi-disciplinary case staffing.
2. Fellows will complete clinical reports in EPIC, describing relevant clinical information gathered, treatment interventions, and clinical outcomes. These reports will be written with standard English grammar and appropriate formality and professionalism.
3. Fellows will consult with physicians and other professional staff when appropriate to coordinate care for the benefit of patients.
4. Fellows will maintain cordial, mutually respectful relationships with other professional staff.
5. Fellows will demonstrate consistent commitment to the well-being of patients, the improvement of clinical services, and their own professional growth.
6. Fellows will demonstrate developmental and cultural sensitivity and the capacity to identify and address ethical issues pertinent to the evaluation and treatment of Headache patients.
7. Fellows will demonstrate competency in communication and teaching skills with peers and patients.

V. Professionalism Goals:
1. Responsibility: Fellows will carry out required tasks in a timely manner, follow through on tasks, and keep professional commitments.
2. Comportment: Fellows will display a professionally appropriate demeanor and decorum, emotional maturity, flexibility, a positive attitude, and appropriate personal presentation (including attire) in the workplace.

3. Responsiveness to Supervisor Feedback: Fellows will function effectively under supervision, accepting guidance without defensiveness, and changing targeted behaviors when instructed. Fellows will seek help when appropriate.

4. Ethics: Fellows conduct themselves in accordance with APA ethical principles, Ohio regulations and other codes of professional conduct, and recognize and raise ethical issues when appropriate.

5. Timeliness: Fellow will complete required patient care appointments.

6. Fellows complete documentation and billing for all clinical encounters within required time frame.

7. Fellows attend regular supervision as scheduled, and seek additional supervision when appropriate. Two hours of supervision are provided weekly. Additional guidance is available if the need arises. The clinical supervision is designed to advance their knowledge, skills, and abilities in Health Psychology as well as their ability to function autonomously as a provider yet collaboratively as a part of a team of health care professionals in promoting the health and well-being of our patients. Each case or service provided by the fellow will be reviewed, discussed, and documented as proscribed by Ohio Law and the Ethical Standards for Psychologists.

VI. Systems Based Practice Goals:
1. Fellows will demonstrate knowledge of other relevant disciplines.
2. Fellows will observe the following:
   a. Physical therapy evaluation and treatment
   b. Neurological evaluation and treatment
   c. Nursing education visits
3. Fellows work when necessary to facilitate patient wellness in non-psychological areas of their health including:
   a. Requesting consultation from other disciplines and departments, both within and outside CCF, when appropriate.
   b. Sharing pertinent patient information when appropriate, in accordance with ethical guidelines, pertinent CCF policies and governmental laws/regulations.
   c. Work to improve care overall at CCF and are actively involved in providing feedback to the CCF system when applicable

Clinical Supervisor: Amy Sullivan, PsyD
CLINICAL HEALTH PSYCHOLOGY FELLOWSHIP

SLEEP DISORDERS CENTER/BEHAVIORAL SLEEP MEDICINE ROTATION

POSTDOCTORAL LEVEL

ROTATION DESCRIPTION: A one day/week rotation working in a multidisciplinary Sleep Disorders Center. The focus of the rotation is evaluation and treatment of patients with sleep disorders from a psychological perspective with emphasis on insomnia, sleep apnea, and circadian rhythm disorders. Fellows will gain an understanding of the etiologies, diagnosis, and treatment of sleep disorders. The rotation will include training in cognitive behavioral therapy, relaxation, biofeedback, and other psychological treatments for sleep disorders. Psychological evaluation, individual, and group psychotherapy are the key activities along with communication with sleep physicians and other disciplines. Fellows should be eligible for Behavioral Sleep Medicine Certification at the completion of the rotation.

Goal: To prepare fellows to apply the biopsychosocial model and clinical health psychology skills to a sleep disorders population.

I. PATIENT CARE GOALS

1. Complete comprehensive Behavioral Sleep Medicine evaluations of sleep disorder patients.
   a. Fellows will manage an average of 2-3 templated new evaluations per day.
   b. Fellows will demonstrate the utility of psychological testing with at least one insomnia patient.

2. Apply knowledge of cognitive behavioral principles to treatment of sleep disorders including insomnia in both individual and group formats.
   a. Fellows will manage a minimum of 2-3 templated established patients per day.
   b. Fellows will observe, when available, biofeedback and group treatment modalities.
   c. Fellows will participate in and/or develop a group treatment program for sleep patients.
      i. Fellows will cofacilitate the Sleep Skills Group (Cognitive Behavioral Therapy for Insomnia group) at least once during rotation and facilitate the group on their own at least once during the rotation.
      ii. Fellows are encouraged to develop a novel or innovative group treatment program for a specific sleep disorder population (e.g., CBT for teens with delayed sleep phase, CBT-I group for specific medical population).
   d. Fellows will demonstrate the utility of biofeedback with at least one insomnia/sleep apnea patient.

3. The fellow should perform follow-up care with established patients in a therapeutic, clinically effective manner.

4. The fellow should integrate psychological assessment data into clinical case formulations, when required or appropriate.

5. The fellow will participate in the education and training of residents/sleep medicine fellows rotating in Behavioral Sleep Medicine. This may involve having rotators observe new evaluations and follow up sessions, as well as engaging in educational discussions with these rotators regarding the practice and implementation of Behavioral Sleep Medicine.

II. MEDICAL KNOWLEDGE GOALS

1. Demonstrate up-to-date knowledge of the empirical literature regarding insomnia and associated psychosocial variables relevant to the psychological assessment and treatment of insomnia and other sleep disorders.

2. Fellows will complete a minimum of one research project or literature review relevant to this area (topic must be approved by their supervisor, definition of research project may be flexible).
3. Fellows will complete assigned reading list and add at least 5 current articles during their rotation.
   a. Insomnia by C. Morin
   b. Behavioral Treatments for Sleep Disorders Edited by Michael Perlis, Mark Aloia, and Brett Kuhn
   c. International Classification of Sleep Disorders - Second Edition
   d. Treating Sleep Disorders: Principle and Practice of Behavioral Sleep Medicine Edited by Michael Perlis and Kenneth Lichstein
   e. Overcoming Insomnia  A Cognitive Behavioral Therapy Approach by Jack Edinger and Colleen Carney
   f. See attached reading list
4. Fellows will attend Journal Club in Sleep Clinic.
5. Fellows will be encouraged to attend SLEEP conference/pursue behavioral sleep medicine certification.
6. Demonstrate multidisciplinary knowledge.
   a. Fellows will attend at least two Sleep Disorders Center Grand Rounds conferences.
   b. Fellows will facilitate at least one Sleep Disorders Center Grand Rounds conference presentation.
7. Fellows will present a minimum of one grand rounds or inservice to psychology staff on a topic relevant to this area.

III. PRACTICE BASED LEARNING AND IMPROVEMENT GOALS
1. Fellows are encouraged to identify literature pertinent to their patient caseload and to apply up to date literature to their treatment plans for these patients.
2. Fellows are encouraged to participate in program development and/or facilitation of psychotherapy groups, as required.
3. Fellows will be encouraged to engage in innovative development and/or practice (e.g., creation of program materials, web based programs, sleep related relaxation CDs, etc).
4. Fellows will provide a minimum of 1 case presentation per year in Sleep Clinic or psychology case conferences.

IV. INTERPERSONAL SKILLS AND COMMUNICATION
1. Fellows will provide clear, concise written and oral presentation of psychological impressions and recommendations to their supervisor, the interdisciplinary team, other health care providers, and their patients.
2. Fellows will verbally exchange with other health care providers regarding mutual patients when appropriate.
3. Relationships: The fellow should have the ability to develop and maintain appropriate, effective work relationships, including fellow’s ability to function as a team player, display appropriate assertiveness, and treat multidisciplinary staff in a cordial, respectful manner.
4. The fellows will participate in multidisciplinary team meetings, didactics, supervision, and other rotation requirements.
5. The fellows will demonstrate cultural sensitivity and the capacity to identify and address ethical issues pertinent to the evaluation and treatment of sleep patients.
6. The fellows will utilize knowledge of lifespan development and cultural diversity issues with patients, as appropriate.
7. The fellow should communicate and collaborate effectively with other medical/treatment providers re: mutual patients.
8. The fellow should demonstrated competency in communication and teaching skills with peers and patients.

V. PROFESSIONALISM GOALS
1. Responsibility: The fellow should display organization, efficiency, strong work ethic, and conscientiousness as demonstrated by fellow’s ability to carry out required tasks in a timely manner, follow through on tasks, and keep professional commitments.
2. Comportment: The fellow should display professionally appropriate demeanor and decorum as demonstrated by fellow’s emotional maturity, flexibility, positive attitude, and personal presentation (including attire) in the workplace.

3. Responsiveness to Supervisor Feedback: The fellow should have the ability to function effectively under supervision, including fellow’s openness to criticism, level of defensiveness, willingness to improve or change targeted behaviors, and knowledge of when to seek help balanced with appropriate levels of autonomy.

4. Ethics: The fellow’s professional behavior should be in accordance with APA ethical principles, state regulations and other codes of professional conduct as demonstrated by fellow’s level of personal integrity and ability to recognize and raise ethical issues, as appropriate.

5. Timeliness: The fellow should complete required number of new and established patient cases per day on rotation days.

6. The fellow should complete documentation and billing for all clinical encounters within required timeframe.

7. Fellows will attend regular supervision.

8. Fellows will complete documentation for all clinical encounters.

VI. SYSTEMS BASED PRACTICE GOALS

1. Fellows will demonstrate knowledge of other disciplines and how to navigate between different providers.
   a. Fellows will shadow a sleep physician for at least one day during rotation.
   b. Fellows will shadow a sleep technician for at least one day, with goal of observing MSLT, CPAP fitting, etc.
   c. Fellows will engage in observation/experience observing sleep study/reading room.

2. The fellow should communicate and collaborate effectively with other medical/treatment providers re: mutual patients.

3. Fellows work when necessary to facilitate patient wellness in other areas of their health including:
   a. Demonstrate knowledge of how to obtain transportation, social work consults, etc.
   b. Demonstrate knowledge of how to appropriately consult.
   c. Work to improve care overall at CCF and are actively involved in providing feedback to the CCF system when applicable.

Clinical Supervisor: Michelle Drerup, PsyD
I. Rotation Description:
The Beachwood family Health & Surgery Center of The Cleveland Clinic consists of a multidisciplinary team of healthcare providers who provide comprehensive assessment and treatment of numerous medical conditions and conduct many different outpatient procedures. At the Beachwood Family Health Center, Primary Care Psychology is treated as a medical subspecialty. During their rotation, fellows gain the opportunity to work collaboratively with 6 Family Medicine Physicians, 5 Internal Medicine Physicians, as well as 4 Pediatricians (should they wish to gain experience in Pediatric Health Psychology). In addition they may receive referrals from one of 80 other physicians in a multitude of subspecialties (Pulmonology, Orthopaedics, Urology, Gastroenterology, Cardiology, Gynecology, etc.). Fellows will treat all referrals deemed appropriate by their clinical supervisor given the fellow’s level of competence and professional goals. Each fellow will be also expected to run or co-lead a Psychoeducational Behavioral Health and Wellness Group under the supervision of the Licensed Psychologist.

II. Educational Purpose:
The primary role of the Primary Care Psychology rotation is to assist the fellow in gaining experience in providing psychological services within a Primary Care setting. They will treat patients of diverse backgrounds, many of who struggle with a dual diagnosis of a medical condition (Diabetes, Hypertension, Insomnia, IBS, etc.) and a concurrent psychological condition (Depression, Marital Problems, Anxiety, etc.) They will learn how these conditions are inter-related and inextricably bound via the mind-body connection. As their understanding of the sophisticated interplay between systems grows, they will learn to use these pathways to promote improvement in functioning and lasting wellness. They will also learn how to work collaboratively with the physicians in developing a behavioral treatment plan, provide the skills training necessary to the patient, and follow-up with the referring physician as necessary in coordinating and reinforcing a maintenance program.

III. Assessment Summary:
With each new patient the fellow will complete a thorough assessment report for the EMR after completing the initial intake session. The intake report will include an overview of the presenting concerns, outline of symptoms, current stressors, MSE, developmental history, family history, diagnosis and treatment plan in conjunction with supervisor, treatment goals, etc. In addition, fellows will use standardized assessment devices, as indicated, to track progress of specific goals, symptoms, or syndromes.

IV. Expectations
The fellow is expected to provide 6 hours of direct client service at Beachwood FHC each week. During their rotation, they will co-lead one 6-12 week Behavioral Wellness Group focusing on an identified need of the Primary Care population that is also commensurate with the trainee’s goals e.g., stress management, sleep hygiene, coping with stress-related medical conditions, diabetes management, relationship issues, etc. The fellow is also expected to create accurate and complete documentation of all services provided in the EMR. The fellow is asked to read books or articles periodically to advance their understanding of a particular health condition or method of treatment.

V. Orientation
The training received during the Primary Care rotation is multimodal in that it draws from several theoretical disciplines. Emphasis is placed on challenging the fellow to learn and utilize empirically validated methods of treatment. The strongest component being cognitive-
behavioral strategies which foster skills that promote lasting improvement in the patient’s health.

VI. Supervision
One hour of supervision is provided weekly. Additional guidance is available if the need arises. The clinical supervision is designed to advance their knowledge, skills, and abilities in Primary Care Psychology as well as their ability to function autonomously as a provider yet collaboratively as a part of a team of health care professionals in promoting the health and well-being of our patients. Each case or service provided by the fellow will be reviewed, discussed, and documented as proscribed by Ohio Law and the Ethical Standards for Psychologists. Special emphasis is placed on cultivating professional development and providing experiences that fit with their individual career goals such as opportunities to develop experience in Couple’s Treatment, Pediatrics, Family Therapy, or special populations.

Time period: The rotation is typically one day per week for one year.

VII. PATIENT CARE GOALS
1. Fellows will demonstrate competency in clinical diagnosis, treatment planning, and multimodal treatment approaches.
2. The fellow should perform follow-up care with established patients in a therapeutic, clinically effective manner.
   a. Fellows will apply knowledge of cognitive behavioral principles to optimize therapy outcomes.
   b. Fellows will develop a group treatment program for Primary Care patients.
   c. Fellows will facilitate at least one Health Psychology support group or community talk per year.
3. The fellow should integrate psychological assessment data into clinical case formulations, when required or appropriate.

VIII. MEDICAL KNOWLEDGE GOALS
1. Fellows will demonstrate up-to-date knowledge of the empirical literature regarding Behavioral Medicine in the treatment of benign chronic illness.
2. Fellows will present a minimum of one grand rounds or inservice to psychology staff on a topic relevant to this area.
3. Fellows will develop and exquisite appreciation for the connection between the mind and body in treating patients with multi-faceted health issues i.e., having physical, cognitive, emotional, interpersonal consequences.

IX. PRACTICE BASED LEARNING AND IMPROVEMENT GOALS
1. Fellows are encouraged to identify literature pertinent to their patient caseload and to apply up-to-date literature to their treatment plans for these patients.
2. Fellows are encouraged to participate in program development and/or facilitation of psychotherapy groups, as required.

X. INTERPERSONAL SKILLS AND COMMUNICATION
1. Fellows will provide clear, concise written and oral presentation of psychological impressions and recommendations to their supervisor, other health care providers, and their patients.
2. Fellows will participate in multidisciplinary clinical team meetings.
3. Fellows will verbally exchange with other health care providers regarding mutual patients when appropriate.
4. Relationships: The fellow should have the ability to develop and maintain appropriate, effective work relationships, including fellow’s ability to function as a team player, display appropriate assertiveness, and treat multidisciplinary staff in a cordial, respectful manner.
5. The fellows will participate in multidisciplinary team meetings, didactics, supervision, and other rotation requirements.
6. The fellows will demonstrate cultural sensitivity and the capacity to identify and address ethical issues pertinent to the evaluation and treatment of Primary Care patients.
7. The fellows will utilize knowledge of lifespan development and cultural diversity issues with patients, as appropriate.
8. The fellow should communicate and collaborate effectively with other medical/treatment providers regarding mutual patients.
9. The fellow should demonstrated competency in communication and teaching skills with peers and patients.

XI. PROFESSIONALISM GOALS.
1. Responsibility: The fellow should display organization, efficiency, strong work ethic, and conscientiousness as demonstrated by fellow's ability to carry out required tasks in a timely manner, follow through on tasks, and keep professional commitments.
2. Comportment: The fellow should display professionally appropriate demeanor and decorum as demonstrated by fellow's emotional maturity, flexibility, positive attitude, and personal presentation (including attire) in the workplace.
3. Responsiveness to Supervisor Feedback: The fellow should have the ability to function effectively under supervision, including fellow's openness to criticism, level of defensiveness, willingness to improve or change targeted behaviors, and knowledge of when to seek help balanced with appropriate levels of autonomy.
4. Ethics: The fellow's professional behavior should be in accordance with APA ethical principles, state regulations and other codes of professional conduct as demonstrated by fellow's level of personal integrity and ability to recognize and raise ethical issues, as appropriate.
5. Timeliness: The fellow should completed required number of new and established patient cases per day on rotation days.
6. The fellow should complete documentation and billing for all clinical encounters within required timeframe.
7. Fellows will attend regular supervision.
8. Fellows will complete documentation for all clinical encounters.

XII. SYSTEMS BASED PRACTICE GOALS
1. Fellows will demonstrate knowledge of other disciplines and how to navigate between different providers.
2. The fellow should communicate and collaborate effectively with other medical/treatment providers re: mutual patients.
3. Fellows work when necessary to facilitate patient awareness of other resources in community that promote and maintain their health including support groups, exercise facilities, health talks, etc.
4. Fellows work to improve care overall at CCF and are actively involved in providing feedback to the CCF system when applicable.

Clinical Supervisor: Ted Raddell, PhD
### Example of a Postdoctoral Fellow’s Schedule Following the Headache Track

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>8:00 AM</td>
<td>Headache Major</td>
<td>Headache Major</td>
<td>Headache Major</td>
<td>Primary Care Minor in Beachwood</td>
<td>Headache Major</td>
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<td>8:30 AM</td>
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<td>Supervision</td>
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<td>Psych Grand Rounds</td>
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<td>12:00 PM</td>
<td>MS Teaching YR 2</td>
<td>Supervision</td>
<td>Primary Care</td>
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<td>Pain Research</td>
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<td>Didactics/Group</td>
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<td>5:00 PM</td>
<td>Didactics/Group</td>
<td>Didactics/Group</td>
<td>Supervision</td>
<td>Didactics/Group</td>
<td>Didactics/Group</td>
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</tbody>
</table>
### Example of a Postdoctoral Fellow’s Schedule Following the Mellen Track

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Mellen Major</td>
<td>MS Teaching YR 2 (12 pm - 3 pm bi-weekly); <em>Mellen Major</em> (1 pm - 3:30 pm when no MS Teaching)</td>
<td>Mellen Major</td>
<td>Mellen/MS Research</td>
</tr>
<tr>
<td>8:30 AM</td>
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<tr>
<td>9:00 AM</td>
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<td>10:30 AM</td>
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<tr>
<td>11:00 AM</td>
<td>Primary Care Minor in Beachwood</td>
<td>Mellen Major</td>
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<tr>
<td>11:30 AM</td>
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<tr>
<td>12:00 PM</td>
<td></td>
<td></td>
<td>Psych Grand Rounds</td>
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<tr>
<td>12:30 PM</td>
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<tr>
<td>1:00 PM</td>
<td>Supervision</td>
<td>Didactics/Group Supervision</td>
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<tr>
<td>1:30 PM</td>
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### Example of a Postdoctoral Fellow’s Schedule
### Following the Biofeedback Track

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Biofeedback Major</td>
<td>Biofeedback Major</td>
<td>Biofeedback Major</td>
<td>Bariatric Minor</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Mellen Minor</td>
<td>Bariatric Minor</td>
<td>Bariatric Minor</td>
<td>Supervision</td>
</tr>
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<td>9:00 AM</td>
<td>Biofeedback Major</td>
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<td>Biofeedback Major</td>
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<tr>
<td>9:30 AM</td>
<td>Supervision</td>
<td>Supervision</td>
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<tr>
<td>10:00 AM</td>
<td>Biofeedback Major</td>
<td>Supervision</td>
<td>Supervision</td>
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<tr>
<td>10:30 AM</td>
<td>Psych Grand Rounds</td>
<td>Supervision</td>
<td>Supervision</td>
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