



Post-doctoral Fellowship in Primary Care Behavioral Health Training Manual

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PostDoctoral Residency

HealthSource of Ohio

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Overview of Training Program

Program Requirements

About HealthSource

HealthSource of Ohio (HSO) is the largest federally-qualified health center in Ohio, serving upwards of 90,000 people in culturally and economically diverse communities spread across rural and semi-rural areas of southwestern Ohio. We offer a wide range of healthcare services at 15 locations housing 28 offices, including family practice, pediatric primary care, ob/gyn, dental, vision, pharmacy, and primary care behavioral health. HealthSource is very active in the community, partnering with other healthcare organizations, hosting and participating in community wellness events, and raising funds for a wide range of charitable activities via our non-profit organization, the HealthSource Foundation.

HSO strives to provide quality healthcare through service and education. We are part of a medical residency consortium, housing a 4-4-4 family medicine residency in our Hillsboro office. In addition to our postdoctoral training program in clinical psychology, we provide practicum placements to third- and fourth-year graduate clinical psychology students through partnership with Xavier University. We will also have an APA accredited Internship Fall 2026. Fellows will have the opportunity to provide umbrella supervision to various trainees, as well as opportunities for cross-training with medical residents completing rotations at HSO.

Location of the Fellowship

HSO's administrative office is located in Milford, Ohio. Our clinical sites are widespread across primarily rural and semi-rural southwestern Ohio, with our most distant site being approximately 1 hour 30 minutes from downtown Cincinnati. Ideally, the bulk of each postdoctoral fellow's experiences will occur at a single site that is chosen jointly between the fellow and PostDoc Primary Supervisor. Many of our locations house multiple practices – for example, both Family Practice and Women's Health are offered at our Mt. Orab location – providing potential for broader clinical opportunities if a fellow and Supervisor include such opportunities in the fellow's training plan. Some of the ancillary experiences described in the future sections may occur at sites other than the fellow's primary site.

Additionally, Cincinnati is a vibrant city that combines rich history, cultural attractions, and ample green spaces along the scenic Ohio River. Residents enjoy a thriving arts scene, renowned spots like the Cincinnati Art Museum and Zoo, and the lively Over-the-Rhine district filled with trendy restaurants, breweries, and shops. Community spirit runs strong with annual festivals like Oktoberfest Zinzinnati, while sports fans rally for the Bengals and Reds. Centrally located in the Midwest, Cincinnati offers a dynamic, connected place to call home. To learn more about the Greater Cincinnati area, visit <https://cincinnatiusa.com/>.

Our Behavioral Health Program

HealthSource of Ohio (HSO) strives to follow the Primary Care Behavioral Health (PCBH) model. The overarching goal of our fellowship program is for fellows to gain immersion and expertise in the PCBH model through clinical practice as a behavioral health consultant (BHC).

An excellent definition of the PCBH model, including a description of the BHC role, is provided by Reiter, Dobmeyer, and Hunter (2018):

"The PCBH model is a team-based primary care approach to managing behavioral health problems and biopsychosocially influenced health conditions. The model's main goal is to enhance the primary care team's ability to manage and treat such problems/conditions, with resulting improvements in the primary care services for the entire clinic population. The model incorporates into the primary care team a behavioral health consultant (BHC), sometimes referred to as a behavioral health clinician, to extend and support the primary care provider (PCP) and team. The BHC works as a generalist and an educator who provides high volume services that are accessible, team-based, and a routine part of primary care. Specifically, the BHC assists in the care of patients of any age and with any health condition (Generalist); strives to intervene with all patients on the day they are referred (Accessible); shares clinic space and resources

and assists the team in various ways (Teambased); engages with a large percentage of the clinic population (High volume); helps improve the team's biopsychosocial assessment and intervention skills and processes (Educator); and is a routine part of biopsychosocial care (Routine)."

At HSO, BHCs are fully integrated into the primary care site. In addition, our BHCs provide services via telehealth for those sites that do not have an on-site BHC, striving to adhere to the spirit of the PCBH model to the extent possible. As described above, *behavioral health* encompasses any condition that is impacted by behavior, including mental health (e.g., depression, anxiety, trauma, etc.) and medical concerns (e.g., diabetes, hypertension, sleep, headaches, etc.). BHCs work with diverse patients across the lifespan (i.e., children/adolescents to geriatric populations; pre-natal care to end of life concerns). In addition to individual visits and consultation with team members, other clinical BHC services might include running group interventions (e.g., chronic pain, pregnancy), developing clinical pathways to systematically address specific concerns (e.g., smoking cessation), and providing preventive services such as parenting education and stress management classes. In addition, a BHC functions as an educator. In short, fellows will be exposed to any and all problems that fall into the health/mental health spectrum, from the straightforward to the very complex. There is no better place than a community health center to gain experience with a wide variety of patient health and wellness concerns!

Due to HSO's emphasis on training, a major component of the fellowship will be providing evidence-based interventions. Fellows will have access to tools (e.g., Online Trainings) that will allow them to quickly identify research regarding specific concerns and interventions. HSO's behavioral health department emphasizes contextual behavioral approaches due to the strong evidence for a variety of concerns, focus on functional improvement rather than symptom reduction, and flexibility in delivery format (e.g., brief visits). Orientations such as Acceptance and Commitment Therapy (ACT), Focused Acceptance and Commitment Therapy (FACT), Mindfulness based stress reduction, behaviorism, Motivational Interviewing and Positive Psychology will be encouraged and emphasized throughout the fellowship year.

Philosophy of Training Program

HealthSource of Ohio seeks to train prospective psychologists to the discipline and practice of clinical psychology by employing an empirically-informed competency-based practitioner-scholar model. The three program aims include the following:

- **Aim 1:** To provide broad and general training in psychology with emphasis on applied empirical knowledge in the primary care setting.
- **Aim 2:** To prepare psychology fellows to competently address the needs of diverse populations, with emphasis on serving an under-served patient population.

- **Aim 3:** To encourage psychology fellows to utilize critical thinking, problem solving, and meaningful self-reflection to facilitate life-long professional development.

The program utilizes these aims to provide experience in clinical learning environments that are responsive to the changing needs of diverse communities.

As psychological practice is inarguably based on science, the program firmly believes the competent, evidence-based practice of psychology requires an integration of both scientific and professional knowledge, skills, and attitudes. Our training philosophy utilizes the local clinical scientist philosophy with an additional focus on acquisition of core competencies for behavioral health consultants. Specifically, this model not only emphasizes the importance of general training in primary care psychology but also prioritizes the integration of science and practice via implementation of the practitionerscholar as a “local clinical scientist.” As described by Trierweiler and Stricker (1992), this perspective emphasizes:

- Being a generalist of knowledge and method;
- Focusing on local realities in which data are gathered as they apply to a particular case but may be limited in the extent to which they generalize to other cases; and
- Developing an active inquiring mind as opposed to concentrating on technical expertise with scientific methods (p. 104).

Fellowship training is guided by values that include:

- Broad and general practice with the opportunities to move into new, emerging areas;
- Multiple ways of knowing, sources of knowledge, and values;
- Commitment to life-long learning;
- Valuing of human diversity;
- Self-awareness, open-mindedness, flexibility, personal integrity, and honesty;
- Guidance by professional ethics and standards of conduct.

These values serve to complement the profession-wide competencies of the Fellowship Program.

Profession-Wide Competencies		
I.	Research	
	Behavioral Objectives	Evaluation Methods

1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	Psychology Fellow Quarterly Evaluation (Research questions 1-3) Weekly Didactics & Readings Discussion Quality Improvement/PostDoc Research Project
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II. Ethical and Legal Standards

Behavioral Objectives	Evaluation Methods
1. Be knowledgeable of and act in accordance with each of the following: <ul style="list-style-type: none"> a. the current version of the APA Ethical Principles of Psychologists and Code of Conduct; b. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and c. relevant professional standards and guidelines. 2. Recognize ethical dilemmas as they arise, and apply ethical decisionmaking processes in order to resolve the dilemmas.	Psychology Fellow Quarterly Evaluation (Ethical and Legal Standards questions 4-7) Discussion of Ethical Dilemmas in Supervision
3. Conduct self in an ethical manner in all professional activities.	

III. Individual and Cultural Diversity

Behavioral Objectives	Evaluation Methods
1. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;	Psychology Fellow Quarterly Evaluation
2. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;	(Individual and Cultural Diversity questions 8-12)
3. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	

4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during fellowship.	
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IV. Professional Values and Attitudes	
Behavioral Objectives	Evaluation Methods
<ol style="list-style-type: none"> 1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. 2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. 3. Actively seek and demonstrate openness and responsiveness to feedback and supervision. 4. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. 	<p>Psychology Fellow Quarterly Evaluation (Professional Values and Attitudes questions 13-16)</p> <p>Solicited Feedback from Interprofessional Staff</p>

V. Communication and Interpersonal Skills	
Behavioral Objectives	Evaluation Methods
<ol style="list-style-type: none"> 1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. 2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. 3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well. 	<p>Psychology Fellow Quarterly Evaluation (Communication and Interpersonal Skills questions 17-19)</p> <p>Solicited Feedback from Interprofessional Staff</p>

VI. Assessment	
Behavioral Objectives	Evaluation Methods
<ol style="list-style-type: none"> 1. Demonstrate current knowledge of diagnostic systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. 2. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural). 3. Demonstrate the ability to apply the knowledge of functional and 	<p>Psychology Fellow Quarterly Evaluation (Evidence Based Practice in Assessment questions 20-24)</p>

<p>dysfunctional behaviors including context to the assessment and/or diagnostic process.</p> <p>4. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</p> <p>5. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.</p> <p>6. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.</p>	<p>Discussion and Review of Appropriate Assessment Selection and Application in Supervision/Chart Review</p>
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VII. Intervention	
Behavioral Objectives	Evaluation Methods
<p>1. Establish and maintain effective relationships with the recipients of psychological services.</p> <p>2. Develop evidence-based intervention plans specific to the service delivery goals.</p> <p>3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</p> <p>4. Demonstrate the ability to apply the relevant research literature to clinical decision making.</p> <p>5. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,</p> <p>6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.</p>	<p>Psychology Fellow Quarterly Evaluation (Evidence Based Practice in Intervention questions 25-28)</p> <p>Discussion and Review of Appropriate Intervention Selection and Application in-Vivo Observation by Supervisor / Chart Review</p>

VIII. Supervision	
Behavioral Objectives	Evaluation Methods
<p>1. Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.</p>	<p>Psychology Fellow Quarterly Evaluation (Evidence Based Practice in Supervision questions 29-31)</p>

	Umbrella Supervision with Practicum Students
IX. Consultation and Interprofessional/Interdisciplinary Skills	
Behavioral Objectives	Evaluation Methods
1. Demonstrate knowledge and respect for the roles and perspectives of other professions. 2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. 3. Demonstrates knowledge and skills in working as a member of a medical team to enhance integrated care.	Psychology Fellow Quarterly Evaluation (Consultation and Interprofessional/ Interdisciplinary Skills questions 32-34) Discussion and Observation by Supervisor during Umbrella Supervision

Supplemental Primary Care Priorities

In addition to the broad aims of the fellowship, HSO strives to prepare future psychologists to work in multiple roles in the primary care setting. Three distinct priorities of the fellowship are including in the objectives below.

1. **Direct Primary Care Behavioral Health Clinical Services** – HSO will provide experiences that allow fellows to operate efficiently and effectively within the Primary Care Behavioral Health model.
2. **Behavioral Scientist Role with Family Medicine Residency** – HSO will provide experiences that allow fellows to implement a robust psycho-social medicine curriculum within the HSO Family Medicine Residency.
3. **Leadership Role of PCBH Clinical and Educational Programs** – HSO will provide experiences that prepare fellows for leadership roles within PCBH clinical and educational programs.

Training Goals/Big Picture

The PostDoc Fellowship year is a unique period in your training trajectory. After years of coursework, research, practicum, and internship experience, the PostDoc Fellowship serves as the final, formal year of training. We consider it an honor to partner with each fellow, supporting them in this last step before independent licensure.

At the beginning of the fellowship year, the PostDoc Fellowship's Primary Supervisor will meet with each fellow to create an Individual Learning and Training Plan (ILTP). This plan outlines the assignments necessary to complete the fellowship and includes both required and elective activities tailored for each fellow. In addition to required activities, the ILTP can encompass areas the fellow may want to 'shore up' before licensure. Since training experiences and needs vary, training goals should be customized for each individual.

When meeting with your primary supervisor, we encourage you to 'dream big.' HSO is a large organization with many patient and community needs, and we aim to work collaboratively to identify the best training opportunities for your PostDoc year. To prepare for the ILTP meeting, please consider the following questions:

- In which area(s) would you like to grow most this year?
- Have you received any past feedback that you'd like to incorporate this year?
- Is there a specific modality or manualized treatment you've wanted to learn but haven't had the chance to yet?
- What skills do you want to refine? (e.g., time management, documentation, consultation, concurrent charting, or evidence-based treatments)
- How are you managing work-life balance, and is it sustainable over the next five years?
- What are your early career goals, and do you need additional training to achieve them?
- Think 'beyond intervention.'

Rotations

Current and Future Training Opportunities

Medical Residency

Over the past three years, HSO's Behavioral Health Team has developed a training partnership with HSO's Medical Residency Program, led by Dr. Michael Dietz (mdietz@hsohio.org) and currently based at HSO's Hillsboro clinic. Typically, the program includes a cohort of four medical residents per year, totaling twelve residents across Year 1, Year 2, and Year 3. PostDoc Fellows will be working with Dr. Ciara Incorvati who leads our psychology fellows through their rotation at Hillsboro.

Current Psychology PostDoc Involvement:

- Travel to the Hillsboro clinic one Wednesday each month for a full day of training activities.
- Shadow medical residents to provide feedback on communication skills and 'bedside manner' and to educate on mental health or behaviorally influenced conditions or concerns that may arise during patient visits.
- Deliver didactic training to medical residents from 1:15 pm to 2:15 pm.
- Co-lead a Balint group with medical residents from 2:30 pm to 3:30 pm.
 - A Balint group is a process-oriented session designed to help medical providers gain greater insight into how their thoughts and emotions influence patient interactions.

Pediatrics

All HSO Behavioral Health Consultants (BHCs) treat patients across the lifespan (ages 0– 99). However, we have a unique opportunity to expand our pediatric services, as Dr. Idalise Suarez-Velazquez is transitioning to a full-time role at HSO. Dr. Suarez-Velazquez has a special interest in pediatric populations and will serve as the Supervising Psychologist for trainees seeking specialized experience and training with pediatric patients. Our goal is to continue developing this rotation so that all interested trainees, including fellows, can access additional shadowing and training opportunities. Please discuss your interest with the Director of Clinical Training (DCT) for more information.

Ob/Gyn

In addition to our Pediatric Rotation, the Behavioral Health Team is enhancing its collaboration with HSO's OB/GYN and Women's Health services. Dr. Stephanie Burkhard, a full-time HSO employee, leads the expansion of Behavioral Health services within Women's Health. Dr. Burkhard has specialized training and interest in Women's Health. Currently, OB/GYN services are located at the Batavia Clinic, Mt. Orab Clinic, and Anderson Clinic, and Dr. Burkhard divides her time between Batavia and Mt. Orab to strengthen

partnerships and facilitate warm hand-offs (WHO) with OB/GYN colleagues. We aim to further develop this rotation, enabling all interested trainees, including fellows, to participate in additional shadowing and training experiences. Please discuss your interest with the DCT for more details.

Practicum Student Umbrella Supervision

Each fellow will engage in umbrella supervision with current practicum students. According to the Ohio Board of Psychology, umbrella supervision is:

'Supervision of a candidate for licensure to help them develop supervisory skills. It occurs when a psychological training supervisee supervises other psychological training supervisees in psychology practices... under the umbrella authority of a licensed psychologist.'

Umbrella supervision is designed to enhance each fellow's supervisory skills in preparation for licensure. HSO currently employs several practicum students: Full-time (20 hours per week) and Supplemental (10 hours per week) practicum students. Our various Licensed Psychologists serve as primary supervisors for practicum students, while each fellow will be assigned a practicum student to provide additional support. This umbrella supervision includes a variety of activities:

- Reviewing documentation
- Conducting one-on-one supervision sessions to discuss direct patient care

Our current structure includes designated weekly times for both individual supervision and group umbrella supervision. During PostDocs first few weeks at HSO, they will work with their primary supervisor to be assigned a trainee and decide on a specific time weekly to meet with their practicum student. This will depend on schedules and locations.

Clinical Schedule

General Expectations & Individualized Plan

PostDoc Training Hours. The Post-Doctoral Residency consists of 40 hours per week, including 28 on-site clinical hours. During clinical hours, the Fellow's primary responsibility is to support the primary care team, consistent with the Behavioral Health Consultant (BHC) role and the Primary Care Behavioral Health (PCBH) model. This includes direct patient care, pre-scheduled visits (e.g., planned follow-ups), and on-demand visits (e.g., 'warm hand-offs').

During non-clinical hours, the Fellow will engage in various activities, including but not limited to:

- Supervision
- Didactics
- Training activities with Family Practice Medical Residents
- Program development and quality improvement projects (e.g., PostDoc Project)
- Preparation for licensure (e.g., studying for the EPPP and board exam)
- Charting / Documentation

While there may be naturally occurring “down time” during the 28 clinical hours, the Fellow is encouraged to use this time for the above activities as needed. However, the Fellow’s top priority during these hours remains supporting the primary care team, including direct patient care or consultation as needed

Starting Schedule

Each fellow’s initial schedule will be determined through discussions with the training team prior to their first clinical day. As HSO continues to grow, we strive to align each fellow’s training goals with HSO’s needs, aiming to find the best fit for both home clinic and weekly schedule to ensure a successful training year.

As outlined in the general expectations, fellows will complete a total of 3 ½ clinical days each week. Additionally, they will have 1 full day (or two half days) dedicated to administrative time for non-clinical tasks, along with a half day for group supervision, and program development activities.

Sample Weekly Schedules

See below for reference: *WFH = work from home/admin time

Options 1 – Full WFH/Admin Day

Monday	Tuesday	Wednesday	Thursday	Friday
AM Patients	AM Patients	WFH	Group Supervision	AM Patients
		Individual Supervision	PostDoc Didactic Review Umbrella Supervision	
Lunch	Lunch	Didactics	Travel to Home Clinic/Lunch	Lunch
PM Patients	PM Patients	EPPP Studying	PM Patients	

		Charting		
				PM Patients

Options 2 – Two ½ WFH/Admin Days

Monday	Tuesday	Wednesday	Thursday	Friday
AM Patients	WFH – EPPP Study	AM Patients	WFH - Charting	AM Patients
	Individual Supervision		Didactics	
Lunch	Lunch	Lunch	Lunch	Travel to Loveland/Lunch
PM Patients	PM Patients	PM Patients	PM Patients	Umbrella Supervision with Prac Students
				Group Supervision
				PostDoc Didactic Conversation

Thursday Morning Schedule

Thursday mornings will be a shared training time for all fellows. Proposed Schedule:

- 8:15 am – 9:00 am - One-on-one Supervision with Fellow & Practicum Students
- 9:00 am – 9:30 am – Umbrella Supervision Review/Debrief
- 9:30 am – 10:15 am – PostDoc Group Review of weekly Didactics with Dr. Burkhard
- 10:15 am – 11:30 am – PostDoc Group Supervision (Case Review, Medical Resident's Planning, PostDoc Program Updates, etc.)
- 11:30 – 11:45 am Review Action Steps & Wrap Up & Travel Time

How to Change Weekly Schedule

As the training year progresses, there may be various reasons to request a change in the weekly schedule, such as engaging in a new rotation or training opportunity or finding a better work-life balance for WFH or administrative days. Schedule change requests will be considered on a case-by-case basis.

The fellow should discuss any desired changes with the DCT, who will assist in taking the appropriate steps to submit a formal request with clinic managers or other HSO staff members as needed. While this process may take time to implement, our priority is to balance the fellow's training goals with HSO's operational needs.

Time Allocation

Psychology fellow's schedule may vary according to site placement and special interests as reflected Individualized Learning and Training Plan. The following example shows a typical fellow's required assignments and commitments:

Required Tasks	Time and/or Commitment
Patient Contact	In clinic 28 hrs. minimum/week
Individual Supervision	1 hr/week (plus 3 hrs with DCT on site every other week)
<ul style="list-style-type: none">- Complete supervision log during supervision time- Review Fellow Direct Pt Questions- Review Umbrella Prac documentation/ pt updates- Use Remaining Time as Needed	
Experiential Learning (i.e. Book Chapter)	1 hr./week
Didactic/Research/Professional Development (i.e. PostDoc Project)	2 hrs/week
Charting / Trainee Chart Review / EPPP Study Time	4 hrs./week
Group Supervision/Consultation	2-3 hrs./week

The remaining time in the fellow's schedule will be designated in the Individualized Learning and Training Plan with consideration of the fellow's interests and chosen elective activities. All

fellows will be required to participate in activities that are designated as APPIC, APA, and state licensure minimum requirements for psychology fellowship training.

Time Off Requests and PTO

HSO has an organization-wide policy that restricts the use of PTO during the first 90 days of employment. Given that the Fellow start date is close to the holiday season, we recommend planning accordingly. If you anticipate needing PTO during your first 90 days, please discuss this with the DCT before signing your contract. We may be able to accommodate such requests on a case-by-case basis. After the first 90 days, you can request time off through ADP. These requests will be handled by your primary clinic's practice manager, who will approve them and adjust your schedule accordingly.

Supervision

Fellow's primary supervision is solely done by licensed psychologists on staff. The Behavioral Health Director is responsible for fellow's training. On average, two hours of face-to-face intensive supervision will be provided each week. Additional "curbside consultation" and supervision is provided throughout the week.

In order to facilitate professional development, supervision may at times focus on "self-asiinstrument." This refers to a close examination of how the fellow's presence in the intervention room contributes to the therapeutic interaction. Fellows are strongly encouraged to self-evaluate and to share that information with their supervisor. They may find it helpful or necessary to volunteer personal information in supervision (i.e., when discussing counter-transference issues). Disclosure of personal information is only required when the information is deemed to be pertinent to the fellow's ability to render services, is deemed to be interfering with patient interactions, or is thought to pose a threat to the fellow or others.

Supervision requirements of the fellowship program are as follows:

- Average of two hours of individual face-to-face supervision (weekly)
- (At least) One additional hour in learning activities (weekly)
- Supervision as outlined in Ohio Laws & Administrative Rules CoA Implementing Regulations C-15(b) (available at <http://www.apa.org/ed/accreditation/about/policies/index.aspx>) • Additional supervision, as needed, for specialty assignments (e.g., treating

new patient population) when not otherwise addressed in the mandatory individual supervision

Individual Supervision

In order to successfully complete the fellowship program, fellows must receive a minimum of 200 total supervision hours, with at least 100 of the hours being individual supervision with a licensed psychologist. The remaining 100 hours are completed using any of the methods described in the previous section. Supervision focuses on profession-wide competencies, relationship building, clinical interview and intervention skills, application of theory to practice, and integration of the aforementioned functions with the fellow's developing professional style. Supervision includes in-vivo supervision, video- or audiotaped supervision, progress notes, and case discussion. The form of supervision chosen by the supervisor depends on the particular fellow's supervision needs. While supervision remains intensive throughout the fellowship year, fellows are afforded more autonomy as their skills progress. The following are examples of topics addressed throughout the fellow's individual supervision:

- Clinical Interview Skills
- Application of theory to practice
- Integration of therapeutic modalities with the developing personal and professional style of the psychology fellow • Development of consultation skills
- Integration of research data into practice

Fellowship Learning Activities

Didactics and More

The fellowship offers several unique program focuses, including direct clinical service with primary care, fulfilling the role of a behavioral scientist within a family medicine residency, and exposure to leadership roles in PCBH clinical and educational programs. HSO provides various activities designed to establish the psychology fellow's competence in engaging in evidence-based practice, serving diverse populations and demonstrating professionalism and ethical decision making. Some of the assignments immerse the fellow in direct service delivery (e.g., brief intervention), while other experiences provide training and support (e.g., individual supervision or didactics), as well as administrative/leadership training. These training activities are structured in terms of sequence, intensity, duration and frequency, allowing the fellow to develop mastery at each step before progressing to the next.

Fellows are provided with activities and experiences during the fellowship to prepare them to deliver a variety of psychological services. Fellows actively participate in the selection of learning activities with respect to the number and intensity of activities completed. Performance in program assignments is monitored and supported through the individual supervision process.

Didactics

The primary focus of didactic training is to enhance fellows' readiness to practice in either an integrative primary care setting or in a rural area. Psychology fellows engage in weekly didactic during their non-clinical assigned hours, and meet for group discussion and review with the Primary Supervisor and/or other HSO staff. The structure of this training fosters the opportunity for more in-depth and comprehensive exploration of topics relevant to clinical practice and fellow socialization. A reference list of literature pertinent to the didactic training is provided to fellows during their orientation. Fellows are expected to become familiar with the current literature and be able to enrich the training activity through participation and clarifying questions. Attendance at the weekly didactic debrief sessions also provides fellows ongoing informal contact with each other so they can share experiences and provide support to each other.

Proposed Didactic Topics:

- Overview of the Primary Care Behavioral Health model
- Behaviorism, theory and interventions
- Ethics
- Motivational interviewing
- Working with Adolescents
- Sleep education and disorders
- Parenting techniques and management of common behavioral issues in children
- Chronic pain, controlled substances issues and interventions
- Supervision: Developing your supervision style in primary care
- Treating behavioral health concerns in primary care
- Psychoneuroimmunology
- Trauma informed care
- Nutrition for behavioral concern
- Cultural competence
- Acupuncture and natural medicine for depression and anxiety
- Working with residents and medical providers
- Integrating brief assessments in primary care
- Obesity, diabetes, hypertension, and smoking cessation
- Drug/EtOH problems
- ACEs and stress-related illness
- EPPP preparation
- Consultation in medical centers
- **Focused Acceptance and Commitment Therapy**

PostDoc Research Project

The HSO residency ascribes to a practitioner-scholar model of training. Understanding research is an important part of practicing ethically and competently as a psychologist. As part of this, the residency year is an opportunity to develop or utilize research skills to address program development as it impacts clinical practice. Residents complete a project during their year that focuses on services within their primary clinic or the BHC team. They will work closely with Primary Supervisor to discuss their research project as well as address research topics in the weekly group supervision meetings. This can include quality improvement projects such as evaluating the effectiveness of a clinical measure for a specific population, developing a group intervention, or assessing a change in workflow. At least 1 hour is allocated for this project on a weekly basis while the project is being completed. Residents are expected to give a professional presentation of their findings at the end of their year to colleagues and/or submit to a local or national conference.

Evaluations/Observations

Evaluations of psychology fellows are ongoing throughout the training year. The format for all evaluations is provided at the outset of the training year during orientation with the Primary Supervisor. There are two required evaluation forms per fellow, with additional quarterly evaluation forms as needed. Required forms include: Mid-year (~ 6 months) and the Final Evaluation of Fellow form to be completed at the end of the training year. The Final Evaluation of Fellow form is required for completion of residency and may be submitted to OBOP as proof of training hours and completion of the Fellowship.

RATINGS ON EVALUATIONS

Ratings are categorical and fellows must achieve a minimum of “Meets Standards” on all items to continue in the residency program at 6 months and to successfully complete their residency at 12 months. Residency is not considered complete and may not be approved by OBOP if the resident does not receive at least a “Meets Standards” by the end of the academic year of the fellowship program.

Outstanding: Consistent, independent high-level demonstration of competency across settings and expertise in a number of areas. Competency and maturity is demonstrated at a level of someone who has expertise or mastery in this domain.

Exceeds Standards: Competency is evident in skills as well as maturity in working flexibly across settings. Competency and maturity is demonstrated at a level of someone who is 2-5 years out of training.

Meets Standards: Competency is evident in the majority of settings and foundation in the majority of skills present, with early expertise demonstrated in focus area. Resident demonstrates ability to utilize skills within their clinical population and able to manage complex clinical cases and situations with maturity and appropriate interventions. By the end of the residency year, this level represents readiness for entry into the psychology profession at the level of an independent practitioner.

Below Standards: Inability to demonstrate appropriate competency as expected for their level of training. Or, development in this competency remains lacking despite focused feedback and frequent review. This level represents continued limited proficiency in this skill and a need for continued supervision.

No Opportunity to Observe: This category can be used during any evaluation outside of End of Year Review. It is to indicate the need for further observation to evaluate this individual's competency level.

Fellows must also keep written documentation of all their supervision hours throughout their training year to submit to Ohio Board of Psychology (OBOP) if requested. See appendix for supervision log form.

Fellows also complete two formal evaluations of their supervisor (Mid-Year & Final Supervisor Evaluation Form) to provide feedback on the supervisory relationship and identify areas for improvement (if necessary). All evaluations are used to inform any necessary changes to the residency program.

Observations

In order to gain appropriate information to complete evaluations, the Primary Supervisor will use a variety of methods to observe each fellow's competency:

Methods for Determining Levels of Competence

- ☐ Direct Observation
- ☐ Discussion of Clinical Interaction
- ☐ Chart Review
- ☐ Reviewing Audio/Video Recording
- ☐ Comments from Staff
- ☐ Co-therapy/Facilitation
- ☐ Case Presentations
- ☐ Supervision Sessions

To facilitate “direct observation,” the Primary Supervisor will shadow fellows in visit during orientation and at least once a month.

Remediation Plan

At HealthSource, we strive to create a feedback-rich environment. As part of each fellow’s training experience, evaluations will be conducted based on specific competencies. If a fellow receives a rating of 'Below Standard,' a remediation plan will be developed. This process begins with an individual meeting with the Primary Supervisor to discuss the areas requiring improvement. Following this meeting, a structured plan will be created in the following format:

Competency Remediation Plan								
Competency Domain/ Essential Components	Problem Behavior	Expectations for Acceptable Performance	Trainee’s Responsibilities /Actions	Supervisor’s Responsibilities/ Actions	Timeframe for Acceptable Performance	Assessment Methods	Dates of Evaluation	Consequences for Unsuccessful Remediation

Additionally, the fellow will be expected to sign the following statement after reviewing the remediation plan with Primary Supervisor.:

“I _____, have reviewed the above competency remediation plan with my primary supervisor, any additional supervisors, and the director of training. My signature below indicated that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (PLEASE NOTE: *If trainee disagrees, comments, including a detailed description of the trainee’s rationale for disagreement, are REQUIRED*).

Trainee Name

Date

Training Director

Date”

Any controversy, dispute, or disagreement arising out of or relating to fellow’s employment with HSO shall be subject to good-faith negotiation. If needed, supervisors/DCT will consult with Head Medical Director, Head of HR, or additional HSO staff members who will support the development/facilitation of a remediation plan. If you have additional questions, please discuss with DCT directly.

Continuing Education Fund at HSO

To support each fellow’s training goals and facilitate the successful completion of their PostDoc year, HSO provides allocated funds for professional development. These funds are available to the fellow upon the start of their training year and are intended to last until they sign a new contract as an independently licensed provider. The current Continuing Education (CE) fund for each fellow is \$2,400.

Approved expense items for the CE fund include:

- **CFHA Conference Expenses:** Each fellow is required to join HSO BH team in attending CFHA Conference during their PostDoc year. Funds from your CE can be used to cover registration fee, flights, hotel accommodations, food expenses, and other travel expenses.
- **EPPP:** Successfully passing the EPPP is one of the top training goals for every fellow. HSO is committed to helping every fellow in accomplishing this task by providing time for studying, and approving the use of any CE fund to go towards purchasing study materials or paying testing fees.
- **Literature/Training Activities:** Every fellow is allowed to use CE fund to purchase psychological literature and or additional trainings that would help them in their role as a BHC and Psychologist. Direct supervisor may require prior authorization for purchases related to training activities – discuss with Training Director as needed.

Requirements for Licensure

Suggested Timeline for Licensure:

Suggested Timeline	Step/Instructions
Orientation	<p>Calculate acquired Hours</p> <p><i>To apply for licensure in Ohio, they require proof of at least 3,600hrs (included internship hrs of at least 1,500 and no more than 2,000)</i></p>
Within first 2 months *See Cost Details	<p>Create online application with Ohio Board of Psychology for "Getting Licensed)</p> <p>Cost: Application fee \$303.50 (HSO reimburses this but Fellows must front the money and submit reimbursement to Jessica Cochran)</p>
With first 2 months	<p>Send Form A & F to previous supervisors after you have completed online application</p> <p>Form A: APA Accredited Internship DCT Form F: APA Accredited Graduate Program DCT</p>
Within first 2 months	Send Graduate Program Transcripts to Ohio Board
Within first 2 Months	<p>Get Approved to Schedule EPPP</p> <p>Email the Board with Q's @ info@psy.ohio.gov</p>
By 3rd Month	<p>Identify EPPP Study Strategy</p> <p>Tip: Workshops are offered certain weekends of the year, PsychPrep & AATBS ~ \$1,000-\$1,500</p>
<p>Before 6 Months</p> <p>*See Cost Details – CE Fund can be used to reimburse</p>	<p>Complete Application to sit for EPPP</p> <p>Cost: Scheduling cost including testing center charge ~ \$691. *You have 12 months to take your test from the time you pay for registration.</p>

Goal: 9 Months	<p>Successfully Pass EPPP (Score => 500)</p> <p>Aspirational Goal: We understand that passing this test can be very difficult for a variety of reasons. Work with DCT for adjusted timeline as needed.</p>
By 10 Months	<p>Complete All Necessary Steps to get Scheduled for Jurisprudence Exam</p> <p>Board Requirements: Submit all required forms verifying 3,600 training hours; Complete Background Check (can take 30 days for Board to receive) Cost ~\$70; Download, Sign, and Submit Copy of Oral Prep Manual; then Schedule Exam (recommended study time ~ 1 month (30-50 hrs)</p>
By 11 Months	<p>Complete Jurisprudence Exam</p> <p>Oral Exam (via Zoom): successfully answer 5 questions (1 from each Domain, 2 from Professional Conduct); Receive notice from the board within 2-5 business days with issued license</p>
Last Month of PostDoc	<p>Discuss New Contract & Complete Paperwork to Get Credentialed for Independent Provider</p>

Appendix

Appendix A: Supervision Log

Postdoctoral Fellow Weekly Supervision Log

Fellow:

Supervisor: Michael R. Bruner, PsyD

Week of: 10/2/2023

Length of Supervision: 2 hours

Log Completed: 9/25/2024

Skills Practiced/Materials Used:

- ☐ Review direct patient care
- ☐ Discussion of professional issues
- ☐ Reading assignments
- ☐ Practice EBP skills (e.g., role play)
- ☐ Case review
- ☐ Direct observation
- ☐ Review recordings
- ☐ Other (explain in comments)

Supervision Topics:

- ☐ Research
- ☐ Ethical/Legal standards
- ☐ Professional issues
- ☐ Communication/Interpersonal skills
- ☐ Assessment
- ☐ Intervention
- ☐ Supervision
- ☐ Management
- ☐ Advocacy

Summary of Supervision Topics (including areas of growth & strengths)

How were cultural factors reviewed?

To be completed by next supervision:

Total number of hours to date:

Total direct hours to date:

Signatures

Fellow:

Supervisor:

Appendix B: PostDoc Weekly Cheat Sheet

PostDoc Weekly Cheat Sheet

Options 1 – Full WFH Day

Monday	Tuesday	Wednesday	Thursday	Friday
AM Patients	AM Patients	WFH	AM Patients	AM Patients
		Individual Supervision		
Lunch	Lunch	Didactics	Lunch	Travel to Loveland/Lunch
PM Patients	PM Patients	EPPP Studying	PM Patients	Layered Supervision with Prac Students
		Charting		Group Supervision
				PostDoc Didactic Conversation

Time Allocation

Admin time & tasks each week:

Required Assignments

Time and/or Commitment

Individual Supervision

1 hr/week

- Pull Supervision Log to complete during supervision time
- Weekly Tracking: Use Excel to count #of pts seen averaged with total hrs (40/week)
- Review PostDoc Direct Pt Questions
- Review Umbrella Prac documentation/ pt updates
- Use Remaining Time as Needed

Experiential Learning (i.e. Book Chapters)

1 hr/week

Didactic/Additional Training Activity (i.e. PostDoc Project)

2 hr/week

Personal Charting & Trainee Chart Review & EPPP study time

4 hrs/week

[Friday] Group Supervision/Consultation

2-3 hrs/week