MetroHealth

Devoted to Hope, Health, and Humanity

MetroHealth Medical Center's
Doctoral Residency in Psychology

Residency Handbook
2026-2027

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Dear Psychology Resident:

Congratulations on being part of the **2026-2027 class** of the MetroHealth System (MetroHealth) Doctoral Residency in Health Service Psychology! This residency has the distinction of being the first hospital-based, pediatric primary care APA residency program in Northeast Ohio. On top of that, this program is the ONLY such residency in the region that focuses on working with an underserved population.

For more than 170 years, MetroHealth has provided quality health care to a diverse patient population. The MetroHealth System is one of the largest, most comprehensive health care providers in Northeast Ohio and includes: MetroHealth Medical Center, MetroHealth Center for Rehabilitation, MetroHealth Center for Skilled Nursing Care, The Elisabeth Severance Prentiss Center for Skilled Nursing Care at MetroHealth, and several outpatient facilities offering primary and specialty care. Medical services include rehabilitation, trauma, emergency medicine, women's and children's health care, surgical specialties, mental health, oncology, family health, internal medicine, community outreach, and long-term care.

MetroHealth Medical Center—Cleveland's first hospital and a principal teaching center of the Case Western Reserve University School of Medicine (CWRU)—is the flagship unit of The MetroHealth System and includes a Level I trauma center, a regional burn center, and Metro Life Flight, the country's second-busiest emergency air transport system.

At MetroHealth, we are committed to providing a superb educational experience in a unique, supportive environment designed to further the professional growth of each resident. Residents are part of a team that is dedicated to excellent and compassionate care. The close links formed between faculty and residents offer the optimal situation for clinical training.

We hope you enjoy living in Cleveland as much as we do! Take time to be a tourist and explore all that Cleveland has to offer. By now, you know that Cleveland is situated on Lake Erie and is experiencing a renaissance that began with sports venues downtown and continues with revitalized historical neighborhoods on the west side and a burgeoning corridor between the city's center and the east side. Cleveland also boasts numerous colleges and universities, art museums and theaters, and is surrounded by the Emerald Necklace, an extensive system of nature preserves and parks. The various reservations, which largely encircle the city of Cleveland, tend to follow the rivers and creeks that flow through the region.
http://en.wikipedia.org/wiki/Cleveland_Metroparks

Welcome to MetroHealth. We hope your experience here is a beneficial start to your professional career, filled with learning and long-lasting relationships.

Sincerely,

Erin Lea, Ph.D.	Lisa Ramirez, Ph.D. ABPP	Megan Shiles, Ph.D.
Training Director	Associate Training Director	Associate Training Director

Acknowledgements:
The faculty of the Psychology Residency program at MetroHealth Medical Center would like to thank:

Karen Grouse, PhD (Lurie Children's Hospital, Chicago), APPIC Mentor, for her guidance and support in navigating the residency development process.

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2013 recipient of the American Psychological Association Grants for Residency Programs

Case Children's Access Now (CaseCAN), a workforce development program funded by the Ohio Department of Medicaid, Medicaid Technical Assistance and Policy Program (MedTAPP) Healthcare Access (HCA) Initiative SFY 14 and SFY 15 - Continuation and Expansion.

APPLICATION FOR RESIDENCY

The residency will participate in Phase I of the match. Applications should be submitted through the AAPI Online process administered by the Association of Psychology Postdoctoral and Residency Centers (APPIC). For those applying to the adult health tracks: A de-identified psychological evaluation of an adult should be submitted with your APPI. For those applying to a child or adolescent track: A de-identified psychological evaluation of a child or adolescent should be submitted with your APPI.

In your letter of interest, which is part of the Standard online application, please indicate **your training track preferences**. Put this information in **bold print** near the top of your cover letter. This will allow us to ensure you meet the lead faculty of your preferred training track(s). Additionally, at the end of interview day, residents will have an opportunity to indicate their preference for training tracks. **All training tracks are ranked separately, and individuals can indicate an interest in multiple tracks without penalty.**

Program Number	Track
229711	**Pediatric Psychology Track**
229712	**Neurodevelopmental Disabilities Track**
229713	**Trauma & Community Health Track**
229714	**Health Psychology Track**
229716	**Serious Mental Illness Track**

Note that we have 2 different funding sources. These funding sources are as follows:

1. The Pediatric Psychology Track (4 slots), Neurodevelopmental Disabilities Track (1 slot) and Trauma and Community Health Track (1 slot) are funded by the MetroHealth System.
2. The Adult Health Psychology Track (2 slots) is funded by the MetroHealth System.
3. Adult SMI Track (2 slots) was funded in part by a Health Resources Services Administration Graduate Psychology Education Grant; the class of 2027 will be funded by the MetroHealth System.

The deadline for applying is November 1, 2026. Details are available at the APPIC website (www.appic.org). Previously, interviews were conducted in person when possible and by telephone or WebEx/other videoconferencing when an in-person interview was not feasible. All interviews for the 2026-2027 training year will be via video conference.

All applications are screened by members of the Residency Faculty, with supervisors for specific tracks reviewing applicants for those tracks. Residency Faculty conduct interviews and provide ratings and feedback to the Residency Training Director, Track Leads, and other faculty. Ranking decisions are made by consensus during a faculty review of interviewees. The Training Director is responsible for the final ranking decision and submits the rankings to the National Matching Service.

Every effort is made to ensure diversity in selected trainees. Selections are non-discriminatory based on age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation, disability, and socioeconomic status.

Once residents are matched to the site, a letter of agreement is sent to selected residents within 1 week of the match results announcement. This letter includes information about start and end dates, residency salary, contact information for the Training Director, and other relevant information about the residency. Residents will complete pre-employment screening at MetroHealth that includes a background check and drug testing.

The residency is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.

Accreditation Status

The Psychology Residency program at MetroHealth Medical Center is Accredited as a Psychology Internship by the American Psychological Association. Questions about the training may be emailed to the Training Director, Dr. Erin Lea (elea1@metrohealth.org)

Requirements for Selection

An applicant must have completed all on-campus requirements in an APA-accredited, degree-granting clinical, counseling, or school psychology doctoral program in the United States by the time the residency is scheduled to begin. The applicant must also have been awarded a Master's Degree during their training. The applicant must have successfully completed supervised practicum experiences and graduate coursework in health service psychology, including individual intelligence assessment, learning and development, psychotherapeutic interventions, and research/statistical analysis. Experience working on medical teams is beneficial but not required. For those interested in the Pediatric Psychology, Neurodevelopmental Disability, or Trauma/Community Health Track experiences, working with children and adolescents across a range of ages is expected. For the Adult Health Track experience, working with adults across a range of ages is expected, and working with medical teams or with specific health conditions is preferred. For the Adult Serious Mental Illness track, experience working with a range of psychiatric disorders is recommended. Experience working on an inpatient psychiatric unit is beneficial but not required.

Questions specifically related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org

Start and End Dates

The residency begins on July 1, 2026 and ends on June 30, 2027.

Background Check and Drug Testing

Prior to being hired, Residents are subject to the Human Resources policy on criminal background checks and drug testing. Residents must complete pre-employment screening and drug testing through MetroHealth's Employee Health Clinic. MetroHealth's Drug-Free Workplace and Substance Abuse Policy applies regardless of any state or other laws permitting the use of medical or recreational marijuana. Such laws permit employers to prohibit marijuana in the workplace. Accordingly, the presence of marijuana in one's system remains prohibited by the MetroHealth System, even where use is pursuant to prescription. If a resident is taking a prescription drug or other medication, they may be required to provide prescription information or other medical justification if the substance is detected in the drug screen. Medical personnel may examine them and/or contact the resident's physician, pharmacist, or other appropriate medical care provider to verify the use of a prescription or medication, the medical justification for it, and that the use of the medication is consistent with the prescribed use. All positive tests will be confirmed through a Medical Review Officer

(MRO) retained by the MetroHealth System. A positive drug test may result in disciplinary action, up to and including termination.

Salary and Benefits

Residents receive a salary of $43,888 annually. Residents will receive a bank of paid time off (coded as GME-PTO) that will cover: 7 required Federal Holidays (New Year's Day, Memorial Day, Juneteenth, 4th of July, Labor Day, Thanksgiving Day, Christmas Day); 4 "floating" holidays (Martin Luther King Day, Presidents' Day, Indigenous Peoples Day and Veterans Day); 10 days of vacation, and 14 days of sick leave. Residents will also receive 2 Continuing Education days for professional development; these days are separate from the GME-PTO bank and are subject to approval. Residents are eligible for health insurance and dental/vision insurance through the MetroHealth System. Residents will also receive $1000 in educational funds to support travel conference attendance. Residents contribute to the Ohio Public Employee Retirement System (OPERS).

INTRODUCTION

The purpose of this handbook is to introduce new residents to MetroHealth's Psychology Residency Program. Critical information regarding policies and procedures is contained in this handbook. If you have any questions on a specific clinical section of this handbook, please talk to your supervisor or director of training.

Program Overview

MetroHealth's Doctoral Residency in Health Service Psychology operates within MetroHealth's Department of Psychiatry, in the Division of Psychology. All supervising psychology faculty are employees of MetroHealth and hold academic appointments at Case Western Reserve University School of Medicine. There are currently twelve doctoral-level licensed psychologists in the Division of Child and Adolescent Psychiatry and Psychology. There are eleven health psychologists (nine full-time) in the Department of Psychiatry, six in the Department of Physical Medicine and Rehabilitation, three psychologists at the Behavioral Health Hospital, and one psychologist at the county correctional facility.

The psychologists in the Division of Psychology have provided training for over 30 years and believe that training is a central part of their professional identities. Training represents an integral facet of the Division and the mission of the hospital. Academic affiliation with Case Western Reserve University fosters training activities hospital-wide through a well-established residency program.

Central to the mission of MetroHealth is a focus on service, knowledge, and teamwork, with an emphasis on providing quality services to individuals in the community regardless of insurance coverage. The MetroHealth residency program adheres to the belief that thoughtful training in diversity issues is crucial in developing a professional identity that values and pursues excellence in clinical practice. MetroHealth psychology residents will be referred to as Psychology Residents and will work under the supervision of licensed psychologists. Psychology Residents will function as a member of the interprofessional team. All primary supervisors have a doctoral degree in psychology and are licensed psychologists in the state of Ohio. Supervisors are clinically and professionally responsible for services provided by residents.

This innovative doctoral residency was developed to meet the training needs of clinical psychology doctoral students and to meet the mental health needs of the diverse, underserved, and low-income individuals in the community. In addition to providing training for a cohort of residents each year, the residency contributes to the workforce by providing highly-trained doctoral-level mental health providers to meet the mental health needs of low-income children and families.

The MetroHealth doctoral residency program provides training in assessing and treating a wide range of psychological problems for children, adults and families in integrated primary care, integrated specialty care, outpatient therapy, adult inpatient behavioral health and intensive outpatient therapy. Residents' training experiences vary by track and may span different locations, including MetroHealth's Main Campus and various satellite locations.

The goal of the residency program is to prepare residents to be health service psychologists comfortable treating a range of mental health issues of patients from diverse, underserved, and low-income backgrounds. Residents will gain these skills and competence training rotations that vary by track. For Pediatric, Trauma and Community Health and Neurodevelopmental residents, the primary rotations are: 1) psychology outpatient rotation and 2) pediatric primary care rotation. For residents in the Health Psychology track, primary rotations include: 1) Bariatrics and Weight Management, 2) Oncology 3) Integrated Behavioral Health and 4) Pride Clinic. For residents on the SMI Track, primary rotations include: 1) intensive outpatient program and 2) Behavioral Health Hospital rotation. Residents will also participate in specialty care clinics during their training within the MetroHealth System.

Training Locations

The MetroHealth Residency Program has a number of training sites throughout the Cleveland area. Below is a list of training sites, the training experiences offered at the sites and the demographics of the patient population at that site.

MetroHealth Medical Center Main Campus
Training experiences offered:

Child and Adolescent Psychology and Psychiatry (CAPP)

- Outpatient Therapy
- Pediatric Primary and Specialty Care Clinics
    - Integrated Primary Care
    - Foster Care Medical Home
    - Pediatric Sleep Medicine
    - Kidz Pride
    - Endocrinology
    - Gastroenterology
    - School Based Health Clinic (mobile unit)

Adult Psychiatry Department

- Adult Primary and Specialty Care Clinics
    - Bariatric surgery and Obesity Medicine
    - Consultation/ Liaison

MetroHealth Medical Center Main Campus is a 708-bed general medical, surgical facility and a Level I Trauma Center and serves as the safety net hospital for Cuyahoga County, Ohio. MetroHealth Main Campus provides outpatient psychiatry and psychology services, pediatric primary care, pediatric and adult specialty care clinics. MetroHealth draws from all socioeconomic classes in Cuyahoga County, attracting patients from the city of Cleveland, its suburbs, and patients from rural towns outside of Cuyahoga County. In Cuyahoga County, 30.3% of the population is Black/African American; 3.9% Asian, 7.5% Hispanic or Latinx and 2.8% identify at multiracial. Approximately 14.9% of people are below the poverty level in Cuyahoga County, 7.0% do not have health insurance, and 11.5% of individuals under 65 years of age report a disability (US Census Bureau State and County Quick Facts, 2025). Of Cleveland residents, 30% earn below the poverty

line, 16.5% of individuals under 65 years of age report a disability and 9.3% of residents do not have health insurance (US Census Bureau State and County Quick Facts, 2025).

Patients seen in the Outpatient Child and Adolescent Psychiatry and Psychology (CAPP) Department represent a diverse sampling of patients ages 0-25 years of age. Thirty-three and a half percent (33.5%) of visits in the CAPP outpatient clinic are by children who are identified as being Hispanic and 16% of visits by patients who indicate a preference for speaking Spanish. A quarter of visits (25.51%) are by children identified as being Black/African American.

The patients seen in the Pediatric Primary Care and Specialty Clinics at MetroHealth (ages 0-25 years) are 22.35% Hispanic/Latinx, with 3.57% identifying Spanish as their preferred language. Approximately 33% of pediatric primary care or specialty care patients are Black/African American and 40% identify as Caucasian.

MetroHealth Old Brooklyn Medical Center

Training Experiences Offered:

- Geriatrics
- Pain Management
- Physical Medicine and Rehabilitation Adult Neuropsychological Assessment
- Motivation & Engagement Clinic (MEC): Walk in Clinic for Medication for Opioid Use Disorder

The Old Brooklyn Medical Center offers a range of medical in-patient and ambulatory services including Physical Medicine and Rehabilitation for brain injury, spinal cord injury and orthopedic injury (inpatient and outpatient), neuropsychological assessment, and the Senior Health Outpatient Program, including geropsychology.

MetroHealth Parma Medical Center

Training Experiences Offered:

- MetroHealth Autism Assessment Clinic/Assessment Clinic
- Outpatient Adult Psychology
- Bariatric Surgery and Obesity Medicine
- Pain Management

The Parma Medical Center offers a range of medical in-patient and ambulatory services including primary care, weight-loss management, and MAAC clinic which psychology residents have exposure to depending on rotational experiences. This medical center serves the community with the following self-reported patient make up by race: 24.5% Black/African American, 65.2% White, 2.4% Asian, 0.3% Native Hawaiian/Pacific Islander, and 0.4%, American Indian/Alaskan Native, and 6.2% declined to answer. Patient-reported preferred language is: 92.6% English, 3.4% Spanish, 0.8% Arabic, 1% Ukrainian/Russian/Romanian, 0.2% Chinese/Mandarin/Vietnamese/Cantonese, and 2% reported as Other/None of the Above.

MetroHealth Broadway Health Center

Training Experiences Offered:

- Family Medicine Integrated Primary Care

MetroHealth Broadway Health Center treats patients' primary care needs, urgent care and behavioral health needs that arise across the life span. Medical providers and medical residents regularly conduct preventative care and manage chronic health issues amongst a similarly diverse range of families and individuals. At the Broadway Health Center self-reported patient make up by race is: 69.9% Black/African American, 22.5% White, 4% Asian, 0.1% Native Hawaiian/Pacific Islander, and 0.2%, American Indian/Alaskan Native, and 2.7% declined to answer. Patient-reported preferred language is: 94.2% English, 3.4% Spanish, 0.8% Arabic, 1% Ukrainian/Russian/Romanian, and 3% Chinese/Mandarin/Vietnamese/Cantonese.

MetroHealth Ohio City Health Center

Training experiences offered:

- Family Medicine Integrated Primary Care
- Outpatient Child and Adolescent Therapy
- Hispanic Clinic

The Ohio City Health Center (previously at McCafferty Health Center), which opened its doors in July 2020, serves the community with the following self-reported patient make up by race: 27.7% Black/African American, 56.4% White, 1.8% Asian, 0.3% Native Hawaiian/Pacific Islander, and 0.4%, American Indian/Alaskan Native, and 12.4% declined to answer. Patient-reported preferred language is: 84.5% English, 12.3% Spanish, 0.6% Arabic, 0.6% Ukrainian/Russian/Romanian, and 0.4% Chinese/Mandarin/Vietnamese/Cantonese.

MetroHealth Cleveland Heights Medical Center

Training Experiences Offered:

- Adult Behavioral Sleep Medicine
- Geriatrics
- Behavioral Health Hospital: Severe Mental Illness/Substance Use Disorders Inpatient and Intensive Outpatient Program

The Cleveland Heights Medical Center offers a range of ambulatory services including primary care, sleep medicine, and behavioral health which psychology residents have exposure to depending on rotational experiences. This medical center serves the community with the following self-reported patient make up by race: 69.4% Black/African American, 24.6% White, 1.6% Asian, 0.2% Native Hawaiian/Pacific Islander, and 0.4%, American Indian/Alaskan Native, and 3.1% declined to answer. Patient-reported preferred language is: 97.1% English, 0.9% Spanish, 0.2% Arabic, 0.3% Ukrainian/Russian/Romanian, 0.3% Chinese/Mandarin/Vietnamese/Cantonese, and 1.2% reported as Other/None of the Above.

MetroHealth Beachwood Health Center

- Bariatric Surgery and Obesity Medicine

MetroHealth Beachwood Health Center offers a range of ambulatory services including primary care, weight loss surgery and weight management clinics, nutrition, and behavioral health.

Specialty Clinics:
In addition to the above, MetroHealth has a number of unique clinics providing care to diverse populations. These specialty clinics include:

- The Hispanic Clinic (i.e., OSCAR clinic): Focuses on caring for Spanish-speaking children and families at MetroHealth.
- Pride and Kidz Pride Clinics: MetroHealth Medical Center offers clinical services for adults and children identified as LGBTQ. MetroHealth Medical Center has one of the few clinics in the region focused on providing medical and mental health care for transgender children.
- Cuyahoga County Corrections Center: Provides medical and psychiatric/psychological care for individuals incarcerated at the Cuyahoga County jail.
- MetroHealth Autism Assessment Clinic: Provides assessment for children and adolescents presenting with Neurodevelopmental Disabilities. This multidisciplinary team (Psychologist, Social Worker, Developmental Behavioral Pediatrician, Speech Language Pathology) and innovative program also offers an assessment clinic for Spanish-speaking children and families with Spanish-speaking psychologists, social workers and speech language pathologists.

MetroHealth System Mission

The MetroHealth System commits to leadership in providing outstanding health care services, which continually improves the health of the people of our community. We offer an integrated program of services provided through a system, which encompasses a partnership between management and physicians and reflects excellence in patient care supported by superior education and research programs. We are committed to responding to community needs, improving the health status of our region, and controlling health care costs. We hold as a core value the provision of service to any resident of Cuyahoga County regardless of ability to pay.

MetroHealth System Mission:

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

Vision

MetroHealth will be the most admired public health system in the nation, renowned for our innovation, outcomes, service and financial strength.

Values

• Service to Others
• Teamwork
• Accountability
• Respect
• Inclusion and Diversity
• Quest for Excellence

Six Pillars

1. Dedicated Employees and Volunteers
2. Patient Experience and Engagement
3. Clinical Excellence
4. Operational and Financial Effectiveness
5. Community Impact
6. Education and Research

Residency Training Mission

The primary focus of MetroHealth's Doctoral Residency in Health Service Psychology is providing care for a diverse, underserved population. The residency program provides professional training following a scientist-practitioner model and is designed to promote specific areas of competence in professional psychology. Those who successfully complete the residency will exemplify high standards of legal, ethical, and professional conduct. The goal of the residency is to help residents develop working relationships with patients, their families, and other professional staff, and enhance their communication, interviewing, and consultation abilities. Residents successfully completing the residency program will be able to provide a wide variety of clinical services, including evidence-based assessment and intervention with patients from diverse ethnic, cultural, and social backgrounds in outpatient and integrated primary care settings.

Training Aims and Competencies

Our residency is designed to accomplish the following aims:

Prepare residents for the practice of Health Service Psychology while working with patients from diverse ethnic, cultural, and social backgrounds, and an underserved population.

The competencies for residency training include the 9 profession-wide competencies of: Research; Ethical and Legal Standards; Individual and Cultural Differences; Professional Values, Attitudes, and Behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Interprofessional/Interdisciplinary Skills. Clear behavioral anchors tied to readiness for entry into practice are defined for each competency being measured. These goals will be used in documenting resident progress and for providing direct feedback to the resident.

Research

Goal #1: Resident demonstrates knowledge of scientific literature related to clinical practice in supervision, seminars, journal club, and case conferences.

Goal #2: Resident demonstrates ability to integrate scientific knowledge into clinical practice during supervision, case conferences, case consultation and presentation to multidisciplinary teams.

Goal #3: Resident effectively presents current literature or research findings to accommodate multiple audiences (e.g., other psychologists, medical professionals, patients, community providers, and funding agencies).

Ethical and Legal Standards

Goal #4: Resident conducts self professionally and abides by legal and professional ethical guidelines in all professional activities.

- Resident has knowledge of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct and relevant laws, regulations, and policies governing health services at the organizational, local, state, regional, and federal levels and relevant professional standards and guidelines.
- Resident demonstrates knowledge about legal issues associated with health care practice (e.g., compliance with documentation and billing practices, follows state laws related to abuse reporting, etc.)

Goal #5: Resident recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.

- Resident follows appropriate procedures for reporting and documenting ethical and legal concerns.
- Resident identifies and addresses the distinctive ethical issues encountered in primary care and other clinical settings (e.g., dual relationship matters, confidentiality, informed consent, boundary issues, team functioning, and business practices).
- Resident demonstrates the ability to communicate ethical and legal concerns with team members.

Individual and Cultural Differences

Goal# 6: Resident is sensitive to issues of diversity and exhibits awareness of the extent to which the lives of others can differ from their own.

- Resident incorporates awareness of a patient's diversity in rapport building, case conceptualization, and intervention.
- Resident works with individual and, as appropriate, family to develop treatment goals that are consistent with the diverse needs and priorities of the patient and/or family.
- Resident demonstrates self-awareness regarding their own cultural backgrounds and beliefs and potential impact on delivery of patient care.

Goal #7: Resident identifies and appreciates the impact of individual differences on a patient's daily life experiences, as well as how that experience may impact assessment, treatment, and/or response to therapy.

- Resident demonstrates familiarity with relevant literature concerning cultural competence and the ability to integrate that knowledge into case conceptualization.
- Resident demonstrates skills in intervention with patients of diverse backgrounds and, as appropriate, their families.
- Resident uses culturally-sensitive measures and procedures when conducting research, evaluation or quality improvement projects.

Goal # 8: Resident addresses issues of individual differences or diversity with patients, families, or care team when relevant.

- Resident demonstrates ability to discuss available resources with individuals and families.
- Resident demonstrates ability to utilize an interpreter when necessary.
- Resident modifies interventions for behavioral health change in response to social and cultural factors.

Professional Values, Attitudes, and Behaviors

Goal #9: Resident behavior reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for welfare of others.

- Resident takes initiative to educate oneself regarding areas of practice with which they are less familiar.
- Resident uses problem-solving strategies to resolve any difficulties that may arise.

Goal #10: Resident engages in self-reflection regarding one's personal and professional functioning and engages in activities to maintain and improve performance, well-being and professional effectiveness.

- Resident understands and supports importance of reflection (e.g., manages stress associated with patient care by actively consulting with other psychologists and supervisors).
- Resident understands and supports importance of self-assessment across settings (e.g., evaluates own competencies and determines needs for education/training; acts in best interest of patient by seeking consultation and support when needed for services that exceed level of professional competence).
- Resident understands importance of health professional self-care (e.g., actively promotes self-care opportunities including psychotherapy, exercise, psychiatric consultation, marriage and family therapy, etc.)

Goal #11: Resident actively seeks supervision when needed and uses it productively. Resident is responsive to feedback.

- Resident is prepared for supervision.
- Resident sets goals and priorities for supervision.
- Resident is open and responsive to supervisor feedback.

Communication and Interpersonal Skills

Goal #12: Resident develops rapport and forms and maintains a therapeutic alliance with patients and, as appropriate, their family/caregivers.

- Resident effectively collaborates with patients and caregivers to identify intervention goals that focus on functional outcomes and symptom reduction in a targeted manner.
- Resident demonstrates an awareness of how differences between the therapist and patient may impact the therapeutic relationship.

Goal #13: Resident adapts communication with patients, families, interprofessional care team, and community agencies regarding the role of development, behavior, cognitive status, emotional functioning, health, and environment on psychological functioning.

Goal #14: Resident presents diagnostic findings or assessments in verbal form or in a comprehensive written and appropriately tailored report for various consumers in an Electronic Health Record (EHR).

- Resident effectively communicates findings to patients and/or families and interdisciplinary team members.
- Resident completes notes and reports with appropriate content and attention to detail in a timely manner.
- Resident describes ethical and privacy considerations for sharing information and documentation in the electronic health record (EHR), and as a member of an interdisciplinary care team.

Assessment

Goal #15: Resident can evaluate and diagnose the range of developmental, behavioral, and emotional problems that would benefit from intervention, including normal variations, problems, and disorders.

- Resident understands normative, adaptive, and maladaptive emotional, cognitive, social, behavioral and physical development in the larger context of bio-psycho-social and environmental factors.
- Resident evaluates and uses strengths, resilience, and wellness factors to inform understanding of patient needs and to promote health.
- Resident demonstrates knowledge of internalizing, externalizing, pervasive developmental, and psychiatric disorders in patients, and assigns appropriate DSM-5 diagnoses.

Goal #16: Resident conducts clinical diagnostic interviews and evaluations with individuals and/or families that are appropriate for the clinical setting in which they practice (i.e., outpatient therapy, primary care, specialty care, or consult service).

- Resident effectively uses multiple methods of interview (e.g., structured, semi-structured, brief problem-focused, etc) to address presenting concerns in ways that are responsive and respectful of the diverse needs of individuals and referral sources.
- Resident incorporates multiple informant perspectives and sources to inform case conceptualization, recommendations for intervention, and treatment planning.

Goal #17: Resident selects and applies assessment methods that draw from the best available empirical literature and that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified referral question, as well as diversity characteristics of the patient.

Intervention

Goal #18: Resident implements and evaluates evidence-based treatments to inform treatment planning, program development, and modifications in treatment, as well as to evaluate patient outcomes and effectiveness of program implementation.

- Resident effectively uses current evidence-based interventions appropriate for the setting to treat health and mental health-related issues.
- Resident uses outcome data on patients to assess progress, formulate changes in treatment plans, and evaluate effectiveness of programs.

- Resident demonstrates ability to provide justification/support for interventions selected.
- Resident demonstrates the ability to evaluate treatment outcomes.
- Resident demonstrates understanding of ecological/developmental theory applied to intervention.
- Resident demonstrates skills in intervention with individuals of diverse backgrounds.

Goal #19: Resident formulates a biopsychosocial treatment plan appropriate for the setting (e.g., brief, problem-focused versus long-term therapy)

- Resident offers interventions that are inclusive of the patient's family system (e.g., parent-training, family problem solving).
- Resident develops a case conceptualization to guide appropriate and effective treatment planning.
- Resident demonstrates ability to conduct comprehensive diagnostic assessments across functional domains.
- Resident demonstrates ability to conduct brief, problem-focused assessments that prioritize integrated care treatment goals.
- Resident demonstrates understanding of adjustment to acute or chronic illnesses and developmental, social and health behavior factors associated with poor health outcomes (e.g., impact of poverty, nonadherence to medical regimens).
- Resident demonstrates ability to collaborate with other disciplines in intervention planning and implementation for problems related to relevant medical conditions.
- Resident bridges appropriately between behavioral services offered in primary care and specialty mental health and community resources/services.

Supervision

Goal #20: Resident applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals (e.g., role-played supervision, peer supervision, etc).

- Resident describes models of supervision.
- Resident demonstrates understanding of different supervision roles.

Goal #21: Resident applies the supervisory skill of observing in direct or simulated practice.

Goal #22: Resident applies the supervisory skill of evaluating in direct or simulated practice.

Goal #23: Resident applies the supervisory skill of giving guidance and feedback in direct or simulated practice.

Consultation and Interprofessional/Interdisciplinary Skills

Goal #24: Resident effectively collaborates with professionals in an interdisciplinary setting.

- Resident demonstrates respect for other disciplines and perspectives within an interprofessional care team.
- Resident recognizes when and how to effectively advocate with other members of the health care team.

- Resident demonstrates ability to work with all members of a multidisciplinary team in primary care and/or specialty care clinics and on consultation/liaison service.

Goal #25: Resident participates in interprofessional training and case presentations, and presents psychology lectures for pediatric residents, psychiatry residents, family medicine residents, and/or physical medicine and rehabilitation residents.

- Resident demonstrates ability to teach learners of a variety of different levels and disciplines about behavioral, developmental, emotional, or social factors affecting their presentation in a medical setting.
- Resident demonstrates an understanding of how interprofessional teams collaborate for teaching and training purposes.

MetroHealth System

Training Program

MetroHealth's training program was developed to help residents learn to assess, create treatment plans, and intervene with patients in primary care clinics, psychology outpatient therapy, behavioral health hospital, and in specialty care clinics. The residents are involved with face-to-face delivery of professional psychological service under the supervision of licensed psychologists and are required to participate in regular didactic seminars and grand rounds. For Spanish-speaking residents, there is opportunity for bilingual supervision with our Spanish-speaking psychologists. Residents will learn to tailor their practice so that it is appropriate for the setting in which they are practicing.

Overview of Training Experiences and Electives

Residents in all 3 pediatric tracks will spend 60% of their time in two core, year-long child-focused experiences (30% in Pediatric Psychology Outpatient Clinic and 30% in Integrated Pediatric Primary Care Clinics). Residents in all 3 pediatric tracks will be assigned to at least one half-day resident continuity clinic throughout the year. Other primary care tracks will be determined by the Track the resident is assigned to (see Track Description list of other primary care tracks for trainees). Residents will spend 10% of time in their choice of two 6-month-long rotations in a specialty care clinic.

Residents on the Adult Health track will spend 60% of their time in two core experiences: 30% in Health Psychology Specialty Clinics (two 1.5-day rotations which switch at the half year mark) and 30% in Integrated Primary Care (yearlong rotation). Residents on the Adult Health tracks will spend 10% of their time in their half-day assessment focused rotation for 6 months and then may either continue in that clinic or select a different specialty care clinic for the second semester.

Residents on the Severe Mental Illness (SMI) track will spend 60% of their time in two core, 6-month long experiences (3 days per week for 6 months Behavioral Health Hospital Rotation and 3 days per week for 6 months Intensive Outpatient Programming Rotation). Residents on the SMI track will spend up to 20% of their time in their choice of two 6-month long rotations in a specialty care clinic.

Residents can petition for a different specialty care clinic for the second semester. Petitions need to be submitted to the curriculum committee by the end of October for consideration. Determination is based on training goals, competency, and availability.

Ten percent of the residents' time will be spent participating in clinical supervision and didactics. Residents are allotted 20% of their time for administrative tasks such as note writing, report writing or professional development activities such as participating in additional training activities or working on their dissertation. However, for Pediatric Residents and individuals selecting more intensive minor rotations (e.g., WLSMWC, Neuropsychology, C/L), this time may be reduced. Additionally, administrative time may be reduced if needed to supplement clinical experiences to address competency gaps. See Appendix A for a sample schedule for each Track.

All residents are expected to have a minimum of 15 billable patient contact hours per week on average, with the expectation that clinical load will be lighter at the beginning of training and increase overtime. This will help accommodate for no-show rates and vacation time. If residents are falling below 15 billable patient contacts per week, the Training Director will work with the Resident to adjust their schedule to increase

access to billable patient care experiences. This plan may include requiring the Resident to use administrative/Flex time to make up for those patient contacts.

Track Descriptions

Pediatric Psychology Track (4 Residents) Kelsey MacDougall, Psy.D., Track Lead:

Core Training Experiences: Year-Long

Pediatric Psychology Outpatient Clinic: 1.5 days per week (30%). Residents will provide assessment and interventions for children and adolescents for medical, developmental, and behavioral issues.

Residents are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. Individual assessments are also provided, and can include psychoeducational (e.g., intelligence and academic achievement, etc.) and developmental (e.g., autism, developmental delay, etc.) evaluations.

Integrated Pediatric Primary Care Clinics: 1.5 days per week (30%). Residents will be assigned to a Resident Continuity Clinic and either an Adolescent Medicine Clinic, Family Medicine Clinic, or Hispanic Clinic (for Spanish-speaking Residents). Clinic availability may vary based on staffing changes.

- Resident Continuity Clinic: Residents on the Pediatric Psychology Track will be assigned to at least one half-day resident continuity care primary care teams and will provide brief, problem-focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics, and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practices. Other primary care clinic assignments may include clinics focusing on subspecialty populations such as adolescents, adults, or Spanish-speaking families:

- Adolescent Medicine: Residents will provide brief, problem-focused intervention with adolescents and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding adolescent medicine clinics, and will help educate pediatric residents about basic interventions that can be implemented with adolescents and families. At present, this clinic is not available for the 2025-2026 Training year.

- Family Medicine: Residents will provide brief, problem-focused intervention in the Family Medicine Department working with patients of all ages, with the majority of patients being adults. Residents will have the opportunity to work with Family Medicine residents. Residents function as a member of the interprofessional team during clinic visits and during team meetings.

- Hispanic Clinic: Spanish-speaking residents interested in this clinic will provide brief, problem-focused intervention with adolescents and families. Residents will provide consultation to and collaborate with physicians and other health care providers. Residents function as members of the interprofessional team during clinic visits and during team meetings. The residents will be competent to screen and assess monolingual or bilingual children and families and provide recommendations regarding mental health needs. Residents may be able to take on outpatient therapy cases in this rotation.

Specialty Care Rotation Experiences: pick 2 rotations, 0.5 days per week for 6 months each (10%). See Description of Specialty Care rotations below (page 25-28).

NeuroDevelopmental Disabilities Track (1 Resident) Melissa Armstrong-Brine, Ph.D., Track Lead:

Core Training Experiences: Year-Long

Pediatric Psychology Outpatient Clinic: 1.0 days per week (20%). Residents will provide assessment and interventions for children and adolescents for medical, developmental, and behavioral issues.

Residents are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. Individual assessments are also provided, and can include psychological (MMPI-A, PAI-A, etc.), psychoeducational (e.g., intelligence and academic achievement, etc.) and developmental (e.g., autism, developmental delay, etc.) evaluations. While other pediatric interns do 1.5 days of outpatient therapy, to ensure that residents participate in neurodevelopmental activities all year long, one half day of outpatient time will be devoted to assessment activities. For the NDD resident, at least 10 assessments are expected in each 6-month semester.

NeuroDevelopmental Disabilities Primary Care Clinics: 1.5 days per week (30%). Residents will be assigned to a Resident Continuity Clinic and the Comprehensive Care Clinic or Developmental Behavioral Pediatrics Clinic.

- Resident Continuity Clinic: Residents on the Neurodevelopmental Track will be assigned to at least one (possibly two) half-day resident continuity care primary care teams and will provide brief, problem-focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practices. Other primary care clinic assignments may include:

- Comprehensive Care Clinic: Residents will be assigned to at least one half-day of the comprehensive care clinic, which is a primary care clinic for children with multiple complex medical or developmental problems. Residents will provide brief, problem-focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics, complex medical and developmental delays and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practice.

- Autism Primary Care: Residents will be assigned to at least one half-day in developmental behavioral pediatrics clinic. Residents will provide brief, problem-focused assessment and intervention with children and adolescents who present with developmental or behavioral problems. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues. Additionally, psychology residents will have opportunity to gain experience with Autism screening and the medical needs of patients with Autism and their siblings. Residents will help educate pediatric residents about basic interventions that can be implemented with children, adolescents and families.

Specialty Care Rotation Experiences: 1.0 day per week for 6 months each. Residents on the Neurodevelopmental Disabilties Track **must choose either the Autism Assessment Clinic or the Neuropsychological Assessment Clinic**. Residents may choose to do two assessment rotations (e.g., neuropsychological and ASD, two neuropsychological rotations, etc.) or choose an alternate rotation from the list of specialty rotations. See Description of Specialty Care rotations below on page 25-28.

Trauma and Community Health Track (1 Resident) Mary Dooley, Ph.D., Track Lead:

Pediatric Psychology Outpatient Clinic: 1.5 days per week (30%). Residents will provide assessment and interventions for children and adolescents for medical, developmental, and behavioral issues.

Residents are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. Individual assessments are also provided, and can include psychoeducational (e.g., intelligence and academic achievement, etc.) and developmental (e.g., autism, developmental delay, etc.) evaluations.

Integrated Primary Care Clinics: 1.5 days per week (30%). Residents will be assigned to one Resident Continuity Clinic and two clinics in the Medical Home for Children in Foster Care.

- Resident Continuity Clinic: Residents on the Trauma and Community Health Track will be assigned to one half-day resident continuity care primary care team and will provide brief, problem-focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practices.

- Medical Home for Children in Foster Care Clinic: Residents on the Trauma and Community Health Track will be assigned to 2 half-days of Foster Care Clinics and provide brief assessment & problem-focused intervention with children and foster families. In collaboration with Cuyahoga County Department of Children and Family Services, MetroHealth provides a Medical Home to all youth in foster care. Residents will provide assessment and consultation for children recently placed in foster care and will participate in interdisciplinary team staffing meetings providing recommendations regarding mental health needs of children in foster care. Residents will be competent in the role that abuse and neglect play in the physical and mental health of children. Additionally, residents will be familiar with Trauma-Focused CBT and will provide brief individual therapy to children placed in foster care.

Specialty Care Rotation Experiences one half-day per week. Residents on the Trauma & Community Health Track **must participate in the School-Based Health Clinic Rotation and the Government Relations/Advocacy Rotation**. Residents on this rotation will have the opportunity to shadow other medical specialty clinics and engage in community experiences shadowing in community volunteer organizations.

- The School-Based Health Clinic (3x/month) is a medical clinic that serves school districts in the Greater Cuyahoga County region. Psychology residents will serve as behavioral health consultant in a school-based primary care health clinic. Residents will gain exposure to an innovative method for delivery of health care to underserved school-aged children, their families, and school staff.

- Government Relations/Advocacy Rotation (1x/month): Residents will meet with members of MetroHealth's Government Relations Department to learn about advocating for children and families with government agencies around mental health agencies. Residents will gain an understanding of strategies to use when advocating with children and families. The Community Advocacy Program is a Medical Legal Partnership between MetroHealth and the Legal Aid Society. Residents will have opportunities to shadow the community advocates as they work with our patients to obtain special education services, public benefits, and deal with housing issues.

Child/Pediatric Specialty Care Rotations: Residents will choose **two** 6-month rotations in pediatric specialty care clinics. Preference for some Specialty Care Clinics may be given to residents on specific tracks; however, an effort will be made to give residents experience in that clinic or with that patient population.

"P": Priority is given to Pediatric Psychology Resident.

"N": Priority is given to the NeuroDevelopmental Disability Resident.

Choose up to 2:

- **Autism Assessment Clinic** [N]
  - **Location**: MetroHealth Parma Hospital
  - **Responsible Faculty**: Melissa Armstrong-Brine, PhD, Michelle O'Connor, PsyD
  - **Description**: Resident will participate in the MetroHealth Autism Assessment Clinic (MAAC). As a member of this interprofessional team, residents will participate in the assessment of children suspected of having an autism spectrum disorder. The resident will choose opportunities to participate in either assessment clinic of younger children (under 6 years) or older children (6 years and over). The resident will become competent in the administration and interpretation of standardized assessments for autism spectrum disorders (including but not limited to the ADOS-2, ADIR, and CARS-2) and learn to document autism-related symptoms in progress notes and/or psychological reports.

- **Assessment** [N]
  - **Location**: MetroHealth Parma Hospital
  - **Responsible Faculty**: Melissa Armstrong-Brine, PhD, Kimberly Bodner, PhD
  - **Description**: Residents will conduct psycho-educational, neuropsychological and/or developmental assessments with children and adolescents. Residents will be competent in identifying appropriate assessments to answer the referral question. The resident will write comprehensive reports summarizing the findings of their evaluations and provide recommendations to schools and parents. The resident will also be able to explain findings to children and families. The expectation is that the resident will complete at least 10 reports over the 6-month rotation. The 10 reports include the 2 reports expected of all interns during the semester; however, during the semester not on assessment rotation, the resident will still be expected to complete 2 additional reports.

- **Endocrine/Diabetes**[P]
  - **Location**: Main campus, Area I Peds clinic
  - **Responsible Faculty**: Primary Care Faculty (Dooley/Myers/MacDougall/Pajek/Ramirez)
  - **Description**: Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the Endocrinology Clinic. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding disorders in endocrinology and will help educate pediatric residents about basic interventions that can be implemented with children, adolescents, and families.

- **Constipation Clinic**[P]
  - **Location**: Main Campus, Area I Peds clinic

- **Responsible Faculty**: Primary Care Faculty
- **Description**: Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the Constipation Clinic. Residents will be a part of an interdisciplinary team of gastroenterology and nutrition providers working to co-manage chronic constipation in children and adolescents. Residents will provide psychoeducation and cognitive/behavioral intervention to families seen in Constipation Clinic. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge and comfort regarding disorders in gastroenterology.

- **Muscle Clinic[N]**
  - **Location**: Main campus, Area 1 Peds Clinic
  - **Responsible Faculty**: Primary Care Faculty
  - **Description**: Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the Muscle Clinic. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge and comfort regarding neuromuscular disorders. Residents will help educate pediatric residents about basic interventions that can be implemented with children, adolescents, and families.

- **Nutrition Exercise and Wellness (NEW)/Obesity Clinic[P]**
  - **Location**: Main campus, Area II Peds clinic
  - **Responsible Faculty**: Julie Pajek, PhD
  - **Description**: Residents will provide brief, problem-focused assessments and intervention with children and adolescents who are followed in the NEW Clinic. There will be opportunities for conducting group psychoeducational interventions for children and families. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge and comfort in managing difficult-to-change behaviors.

- **Kidz Pride Clinic [P]**
  - **Location**: Main Campus
  - **Responsible Faculty**: Kelsey MacDougall, PsyD
  - **Description**: Residents will participate in the Kidz Pride team, an interprofessional team working with children who are experiencing gender dysphoria. Residents will participate in team meeting and participate in the Gender Non-Conforming Group and the Gender Dysphoria Parent Support Group. Residents will gain an understanding of issues of the formation of gender identity, the impact of gender dysphoria on a child's mood and behavior and the impact this has on family members.

- **Pediatric Headache Clinic**
  - **Location**: Main campus, Area I Peds clinic
  - **Responsible Faculty**: Brittany Myers, PhD
  - **Description**: Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the outpatient Pediatric Headache Clinic. Residents will conduct shared visits together with the pediatric neurologist to provide collaborative interdisciplinary evaluation and treatment of chronic headaches. Psychology residents will assess and address mood, anxiety, sleep, nutrition, and other lifestyle factors that may be

related to headaches and will provide brief cognitive and behavioral interventions to help patients manage chronic pain. Additionally, psychology residents will expand their knowledge and comfort regarding other common disorders in neurology that may be associated with headaches.

- **Pediatric Sleep**
  - **Location**: Main campus, Area I Peds clinic
  - **Responsible Faculty**: Brittany Myers, Ph.D.
  - **Description**: Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the outpatient pediatric sleep clinic. Residents will shadow and conduct visits together with the pediatric sleep medicine specialist to provide behavioral sleep intervention to children and adolescents with sleep concerns. Psychology residents will expand their knowledge and comfort regarding other common sleep disorders in childhood, like sleep apnea, delayed sleep phase, insomnia, narcolepsy, and parasomnias.

- **Foster Care Clinic**
  - **Location**: Main Campus
  - **Responsible Faculty**: Mary Dooley, Ph.D.
  - **Description:** Medical Home for Children in Foster Care Clinic: Residents on the Trauma and Community Health Track will be assigned to 2 half-days of Foster Care Clinics and provide brief assessment & problem-focused intervention with children and foster families. In collaboration with Cuyahoga County Department of Children and Family Services, MetroHealth provides a Medical Home to all youth in foster care. Residents will provide assessment and consultation for children recently placed in foster care and will participate in interdisciplinary team staffing meetings providing recommendations regarding mental health needs of children in foster care. Residents will be competent in the role that abuse and neglect play in the physical and mental health of children. Additionally, residents will be familiar with Trauma-Focused CBT and will provide brief individual therapy to children placed in foster care.

- **School-Based Health:**
  - **Location**: Schools in Northeast Ohio Region
  - **Responsible Faculty**: Lisa Ramirez, Ph.D., ABPP
  - **Description**: The School-Based Health Clinic is a medical clinic in Cleveland Municipal School District public school buildings/parking lots in a mobile unit. Psychology residents will observe a school-based health clinic. Residents will gain exposure to an innovative method for delivery of health care to underserved school-aged children.

***Additional Available experiences*:** Child/Peds residents will be offered the opportunity to shadow other clinics as a way to gain exposure to other medical clinics and professional roles of psychologists. They may choose from specialty care rotations listed in this handbook, or other medical clinics that are not currently part of our specialty care rotations (e.g., rheumatology, hematology, etc). *Time for experiences listed below will come from Resident's Flex Time.*

- Consultation and Liaison: Residents will have opportunities to participate in a Consultation and Liaison service covering the Pediatric Intensive Care Unit, Pediatric Medical Floors, and the Burn Unit. Residents will provide brief, problem-focused assessments and interventions with children and adolescents who are hospitalized for a variety of medical disorders. Residents will provide

consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge of the role psychological and behavioral factors play in the presentation of children and families in inpatient medical floors. Residents will provide recommendations to the interprofessional staff and as needed and will consult with the team around brief problem-focused interventions. The time required for this service varies based on the patient census in the hospital.

- Neonatal Intensive Care Unit (NICU): Residents interested in the NICU experience will each be assigned 2 or more babies and families in the NICU to observe and follow and possibly provide forms of therapeutic support and intervention. Resident will learn about the impact of preterm birth on child development outcomes.

Adult Health Psychology Track (2 Residents) Sarah Benuska, MS, PhD, Track Lead

Core Training Experiences: To cultivate both depth and breadth of health psychology experiences, Residents will complete four major rotations – each 6 months in length. At present, Residents complete Bariatrics and Family Medicine concurrently and Psych Oncology and Pride Network concurrently, switching halfway through the year.

Bariatrics & Metabolic Surgery and Obesity Medicine Clinic (Required): 1.5 days per week (30%). Supervisors: Erin Lea, Ph.D., Stacy Caldwell, Ph.D., Aynette Ramos, Ph.D., & Mollie Goldfinger, Ph.D.

Residents will conduct pre-surgery psychological evaluations and brief behavioral interventions to facilitate behavioral change for adult patients seeking bariatric surgery through MetroHealth's Bariatric and Metabolic Surgery clinic. Evaluations will include objective screeners and semi structured interviews assessing psychological functioning and history, health behaviors, capacity for medical decision making and substance use. When indicated, more formal personality or cognitive testing may be completed. Residents will also provide pre-surgical individual treatment for problematic eating behaviors (e.g., emotional eating, binge eating, night eating) and co-lead pre- and post-surgical support groups as well as post-op appointments to address various psychosocial challenges that may present following surgery. Residents will have opportunities to shadow interdisciplinary team members including in Surgery Clinic, Obesity Medicine Clinic and observe a Bariatric surgery (if interested). Residents will also have opportunities to attend interdisciplinary meetings such as monthly Weight Management team meetings and Difficult Case Conference. Residents will participate in 1:1 supervision and a Bariatric specific journal club.

Family Medicine Integrated Primary Care (Required) 1.5 days per week (30%). Supervisors: Eric Berko, Ph.D., ABPP; Aynette-Ramos-Cardona, Ph.D. and Sheerli Ratner, Ph.D.

Residents will provide brief, problem-focused assessment and intervention (e.g., warm hand-offs/consultation, goal-focused psychotherapy) in the Family Medicine Department working with patients of all ages. Residents will have the opportunity to work with a range of medical providers and trainees (medical students, family medicine residents, psychiatry residents, nurse practitioner trainees). Psychology residents function as a member of the interprofessional team during clinic visits and, as able, during team meetings.

Pride Network: 1.5 days per week (30%). Supervisors: Kathleen Alto, Ph.D. & Sarah Benuska, MS, Ph.D.

This rotation is embedded within MetroHealth's Pride Network, a collaboration of primary care and specialty providers focused on gender and sexual minority health. Rotation will include mental health assessment, brief

solution focused interventions, traditional outpatient psychotherapy, and surgical readiness assessment for gender affirming surgery. Common reasons for referral include differential diagnosis, psychiatric symptoms, and coping with minority stress. Residents collaborate closely with interdisciplinary team members from primary care, psychiatry, and surgery. Depending on scheduling, residents may participate in interprofessional team meetings (e.g., Primary Care. Gender Affirming Lower Surgery), opportunities to shadow the surgical team, gender surgery psychoeducational group, and facilitate in-patient hospital liaison post-operative support.

Psycho-Oncology: 1.5 days per week (30%). Supervisors: Kathleen Ashton, Ph.D., ABPP

This rotation is embedded within the MetroHealth Cancer Center and focuses on psychosocial treatment of patients with cancer. The rotation will include psychodiagnostics evaluation, evidenced-based individual therapy for oncology patients, consultation-liaison psycho-oncology (inpatient), and group interventions as available. Residents will also have the opportunity to complete pre-transplant evaluations for patients seeking Blood and Marrow Transplant (BMT) including structured interviews, screening measures, and measures of transplant readiness. Residents will shadow oncology team members including surgical, medical, and radiation oncology and participate in tumor board multidisciplinary meetings. Residents are encouraged to engage in program development such as creating and implementing group protocols. Goals include proficiency in at least one evidence-based treatment for patients with cancer such as Meaning Centered Psychotherapy, Conquer Fear (ACT), or Cognitive Behavioral Stress Management for Breast Cancer (CBSM). Residents will participate in 1:1 supervision and have opportunity to attend Cancer Center Grand Rounds and journal club.

Adult Specialty Care Rotation Experiences: Trainees from the Adult Health Track will complete an assessment focused rotation one half-day a week in geropsychology, county corrections, consultation liaison, and bariatric rotations.) See Description of Specialty Care rotations below (page 30-34).

If a resident has interest in switching to a different specialty rotation, this request will be considered by the Curriculum Committee and based on the resident's competence in the current rotation, training goals and staff/rotation availability. Resident should inform TDs of request prior to the ending of the first semester.

Adult Serious Mental Illness SMI Track (2 Residents) Tyffani Monford, PsyD, Track Lead:

Core Training Experiences: Year-Long

Residents will spend half the year primarily providing short-term therapy services at the Behavioral Health Hospital and half the year primarily providing short-term therapy services in the Intensive Outpatient Program (IOP). Therefore, each semester, residents will spend 3 days (60%) of their time at their core rotation (BHH or IOP). Both rotations are located on the MetroHealth Cleveland Heights campus. Supervisors: Michelle Mandel, Psy.D., Tyffani Monford, Psy.D. Megan Shiles, Ph.D.

Behavioral Health Hospital:
Behavioral Health Hospital: Residents will gain direct care experience with a variety of patients ranging from new onset of diagnoses to individuals struggling with severe and chronic mental health presentations. Residents will have the opportunity to spend part of the rotation providing dual-diagnoses services if that is an area of interest. Working within an interdisciplinary team model, the resident will engage in assessment, crisis therapy, brief psychotherapy, family therapy and inpatient group programming. As a part of professional development, residents will have the opportunity to provide umbrella supervision and training to

mental health support staff. As a part of the ever-evolving nature of the Behavioral Health Hospital, residents will have the opportunity to assist in program development and implementation.

Intensive Outpatient Program (IOP):
Intensive Outpatient Program (IOP): Residents will gain direct care experience with a variety of patients ranging from new onset of diagnoses to individuals struggling with severe and chronic mental health presentations. Working within an interdisciplinary team model, the resident will have the opportunity to provide individual therapy, facilitate and co-facilitate group therapy, diagnostic evaluations, crisis assessments, safety planning, inpatient consultation, discharge planning/care coordination, and assessments. As part of the ever-evolving nature of the IOP, residents will have the opportunity to assist in program development and implementation.

Assessment: All Psychology Residents are required to complete a minimum of 4 assessment batteries with accompanying integrative reports. Minimum information sources: Clinical Interview, Records Review, **at least one+** Objective or Projective measure(s) (e.g., MMPI-3)

Health Psychology Residents: Complete the 4 assessments as part of an assessment-focused clinical rotation. This rotation is half day a week for months of residency. Possible rotations are listed below.

- Geropsych Assessments (Pearman)
- Integrated Behavioral Health Assessments (Berko)

Adult SMI Residents: Complete the 4 assessments as part of their core rotations with most of the assessments occurring in the first half of the training year.

- Psych Assessment at Behavioral Health Hospital and IOP(Mandel)

Adult Specialty Care Rotation Experiences:

- **Neuropsychological Assessment Clinic**
    - **Location:** MetroHealth Old Brooklyn Campus
    - **Responsible Faculty**: Felicia Fraser, Ph.D.
    - **Description**:**^: Residents will conduct cognitive, neuropsychological and personality assessments with adults presenting with neurological difficulties from traumatic brain injury, stroke, suspected neurodegenerative disease, etc. Residents will be competent in identifying appropriate assessments to answer the referral question. The resident will write comprehensive reports summarizing the findings of their evaluations and provide recommendations to patients and families. This rotation is demanding and fast-paced. Thus, it will require an initial review by the supervising psychologists if expressed as an interest for a specialty care rotation. This rotation will also "borrow" a half day a week from integrative behavioral health (for Health Psych residents) or a primary rotation (for SMI residents).
    - **Nb. This rotation is not available during the 2026-2027 year**

- **Behavioral Medicine HIV Clinic***
    - **Location:** Metrohealth Main Campus
    - **Responsible Faculty**: TBD

- **Description:** Residents will provide assessment and brief, targeted interventions for adults with HIV/AIDS and will become familiar with psychological aspects that often present with HIV disease, including adjusting to diagnosis, dealing with social stigma, adherence to medication and medical care, substance use, trauma, depression, anxiety, personality disorders, concerns regarding sexuality/sexual identity, etc.
- **Nb. This rotation is not available during the 2026-2027 year.**

- **Behavioral Sleep Medicine Outpatient Clinic**

  - **Location**: Metrohealth Cleveland Heights Hospital
  - **Responsible Faculty:** Mollie Goldfinger, Ph.D.
  - **Description:** Residents will provide assessment and brief, targeted interventions for adults with sleep disorders, including insomnia, circadian rhythm disorders, CPAP adherence issues, night eating, and nightmare disorder. Residents will become familiar with the use of Cognitive Behavioral Therapy for Insomnia (CBT-I) and other behavioral approaches to treat sleep disorders. Residents will also have the opportunity to attend monthly Multidisciplinary Sleep Team meetings and weekly Sleep Grand Rounds.

- **Correctional Psychology*^:**

  - **Location**: Cuyahoga County Corrections Facility
  - **Responsible Faculty:** Robert Hammond, Psy.D.
  - **Description:** Residents will conduct therapy with incarcerated individuals. Residents will gain experience working with patients who are experiencing a range of mental health issues including trauma and substance use and are coping with complex psychosocial histories.

- **Family Medicine Integrated Care Clinic:**

  - **Location:** Ohio City Clinic, Broadway Clinic
  - **Responsible Faculty:** Eric Berko, Ph.D., ABPP, Sheerli Ratner, Ph.D., Aynette-Ramos-Cardona, Ph.D.
  - **Description:** Residents will provide same-day consultations and/or warm hand-offs for resident and attending physicians and other health care providers. In this rotation psychology residents will expand their knowledge and comfort regarding assessment for and facilitation of brief behavioral interventions for behavioral health concerns. Inter-professional consultation, rapid assessment and collaborative learning are core elements of this experience. Psychological diagnostic assessment opportunities are also available.

- **Geropsychology Clinic (Outpatient):**

  - **Location:** Old Brooklyn Senior Health Outpatient Program, Cleveland Heights MetroHealth Clinic – Family Medicine
  - **Responsible Faculty:** Ann Pearman, Ph.D., ABPP
  - **Description:** Geropsychology practice involves helping older adults and their families achieve well-being, overcome problems, and realize maximum potential during later life. Residents have the opportunity to learn several aspects of geropsychological care including geriatric assessments, therapy with older patients (including integrated behavioral health care), and interdisciplinary collaboration and consultation. In this rotation, residents will expand their

knowledge and comfort in working with older adults and their families with mental health challenges and the use of brief behavioral interventions and assessments to understand and deal with these challenges.

- **Motivation and Engagement Clinic (MEC) for Opioid Use Disorder:**

    - **Location:** Broadway Clinic
    - **Responsible Faculty:** Kathleen Alto, Ph.D.
    - **Description:** Residents will complete level of care assessments and brief interventions for patients at the Motivation and Engagement Clinic (MEC), a walk-in clinic that offers initiation of MOUD and continuity care. A goal of the clinic is to increase access to MOUD for patients with barriers to care including medical mistrust, transportation, and housing and food insecurity. Common concerns addressed in clinic include concurrent stimulant use, HCV treatment, and involvement with the legal system. This rotation involves close collaboration and consultation with the interdisciplinary Office of Opioid Safety team, which includes advanced practice nurse practitioners, addiction medicine doctors, addiction counselors, and patient navigators. In this rotation, residents will build competency related to medication adherence, motivational interviewing, dual diagnosis, harm reduction and overdose prevention.

- **Outpatient Mental Health:**

    - **Location:** Various
    - **Responsible Faculty:** Kathleen Alto, Ph.D.; Sarah Benuska, MS, Ph.D.; Eric Berko, Ph.D., ABPP; Stacy Caldwell, Ph.D.; Frank Kenner, Ph.D.; Erin Lea, Ph.D.; Sheerli Ratner, Ph.D.
    - **Description:** Residents will provide assessment and psychotherapy interventions for patients with mental health issues often compounded by complex medical presentations. Residents are exposed to a wide range of patient presenting problems and psychosocial stressors. Individual assessments including diagnostic clarification and some neuropsychological evaluation may be included in this rotation. Residents may have the option to facilitate individual or group trauma treatment as part of this rotation.

- **Pain Clinic:**

    - **Location:** MetroHealth Parma Hospital
    - **Responsible Faculty:** Frank Kenner, Ph.D.
    - **Description:** Residents will provide assessment and brief, targeted interventions for adults with chronic pain. Residents will become familiar with the use of Cognitive Behavioral Therapy for Pain and other behavioral approaches to treat pain disorders.

- **Pride Network:**

    - **Locations:** Brooklyn and/or Parma
    - **Responsible Faculty:** Kathleen Alto, Ph.D.; Sarah Benuska, MS, Ph.D.
    - **Description:** This rotation is embedded within MetroHealth's Pride Network, a collaboration of primary care and specialty providers focused on gender and sexual minority health. Rotation will include mental health assessment, brief solution focused interventions, traditional outpatient psychotherapy, and surgical readiness assessment for gender affirming surgery.

Common reasons for referral include differential diagnosis, psychiatric symptoms, and coping with minority stress. Residents collaborate closely with interdisciplinary team members from primary care, psychiatry, and surgery. Depending on scheduling, residents may participate in interprofessional team meetings (e.g., Primary Care. Gender Affirming Lower Surgery), opportunities to shadow the surgical team, gender surgery psychoeducational group, and facilitate in-patient hospital liaison post-operative support.

- **Psychosocial Oncology Outpatient Clinic:**

    - **Location:** Metrohealth Main Campus
    - **Responsible Faculty:** Kathleen Ashton, Ph.D., ABPP
    - **Description:** Residents will provide assessment and brief, targeted interventions for patients across the spectrum of cancer diagnosis, treatment, and survivorship process. A specific focus on coping with cancer and its physical and psychological impact, including adjustment disorders, disease specific concerns, non-adherence, and end of life questions will be relevant along with more general health psychology topics such as chronic pain, eating concerns, and sleep. Residents will also have the opportunity to attend multidisciplinary team meetings and the Survivorship Committee meeting.

- **Consultation Liaison Psychology:**

    - **Location:** MetroHealth Main Campus / Glick
    - **Responsible Faculty:** Sarah Benuska, MS, Ph.D.
    - **Description:** Residents will provide bedside diagnostic assessments and interventions for patients and their families/support systems during in-patient medical stay. Patients under Trauma and General Surgery and Burn Service are prioritized, though referrals can come from a range of hospital service lines. Residents also participate in consultations with the medical and care team, and have an opportunity to attend department rounds and do other collaborative multidisciplinary work (e.g. on the Trauma Recovery Center team, Addiction Medicine, Psychiatry CL; as possible, Surgery follow up out-patient clinic).

- **Bariatric and Metabolic Surgery and Obesity Medicine Clinic:**

    - **Location:** MetroHealth Main Campus or MetroHealth Beachwood (Park East)
    - **Responsible Faculty:** Stacy Caldwell, Ph.D., Erin Lea, Ph.D., & Aynette Ramos, Ph.D.
    - **Description:** Residents will conduct pre-surgery psychological evaluations and brief behavioral interventions to facilitate behavioral change for adult patients seeking bariatric surgery through MetroHealth's Bariatric and Metabolic Surgery clinic. Evaluations will include objective screeners and semi structured interviews assessing psychological functioning and history, health behaviors, capacity for medical decision making and substance use. When indicated more formal personality or cognitive testing may be completed. Residents will also provide pre-surgical individual treatment for problematic eating behaviors (e.g., emotional eating, binge eating, night eating) and co-lead pre- and post-surgical support groups as well as post-op appointments to address various psychosocial challenges that may present following surgery. Residents will have opportunities to shadow interdisciplinary team members including in Surgery Clinic, Obesity Medicine Clinic and observe a Bariatric surgery (if interested). Residents will also have opportunities to attend interdisciplinary meetings such as monthly Weight Management team meetings and Difficult Case Conference. Residents will

participate in 1:1 supervision and a Bariatric specific journal club.

Serious Mental Illness (SMI)^: Residents will spend half the year primarily providing short-term therapy services at the Behavioral Health Hospital AND/OR providing short-term therapy services in the Intensive Outpatient Program (IOP).

- Behavioral Health Hospital: Residents will gain direct care experience with a variety of patients ranging from new onset of diagnoses to individuals struggling with severe and chronic mental health presentations. Residents will have the opportunity to spend part of the rotation providing dual-diagnoses services if that is an area of interest. Working within an interdisciplinary team model, the resident will engage in assessment, crisis therapy, brief psychotherapy, family therapy and inpatient group programming. As a part of professional development, residents will have the opportunity to provide umbrella supervision and training to mental health support staff. As a part of the ever-evolving nature of the Behavioral Health Hospital, residents will have the opportunity to assist in program development and implementation.

- Intensive Outpatient Program (IOP): Residents will gain direct care experience with a variety of patients ranging from new onset of diagnoses to individuals struggling with severe and chronic mental health presentations. Working within an interdisciplinary team model, the resident will have the opportunity to provide individual therapy, facilitate and co-facilitate group therapy, diagnostic evaluations, crisis assessments, safety planning, inpatient consultation, discharge planning/care coordination, and assessments. As part of the ever-evolving nature of the IOP, residents may have the opportunity to assist in program development and implementation.

* SMI Residents have priority for these rotations.
^ Elective is a full day.
**These rotations require an initial review of CV by the supervising psychologist(s) to review relevant previous experience and training goals. They MAY be 1-1/2 day per week or otherwise adjusted.

- ***Additional Available experiences*:** Adult residents will be offered the opportunity to shadow other clinics as a way to gain exposure to other medical clinics and professional roles of psychologists. They may choose from specialty care rotations listed in this handbook, or other medical clinics that are not currently part of our specialty care rotations (e.g., sleep clinic, rheumatology, hematology, urology, women's health etc) or our SMI track offerings. *Time for experiences listed below will come from Resident's Flex Time, and are contingent on scheduling availability of clinic providers / faculty.*
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Supervision, Mentoring and Didactics

The residency is an organized training program. Supervision and regular participation in the didactic seminars are required components of the residency. For Spanish-speaking residents, there is opportunity for bilingual supervision with our Spanish-speaking psychologists. In a typical week, each resident participates in:

1. More than 2 hours of individual supervision per week with a licensed psychologist, see details below:
   a. Pediatric Primary Care Supervision: One and a half hours (1.5 hours total = 30 minutes of individual supervision in each of the 3 Primary Care Clinics)
   b. Specialty Care Clinic Supervision: a minimum of 30 minutes per week per ½ day clinic

    c. Peds Outpatient Clinic: One hour per week
    d. Health Psych Rotations: ½ hour for half day and one hour for full day rotations. At times, this may include some umbrella supervision with a postdoctoral fellow
    e. IOP and Inpatient: 2 hours a week of individual supervision
2. Individual supervision for assessment batteries as needed to prepare for evaluation, report writing and feedback. A minimum of two hours of supervision **per assessment case**.
3. One hour group supervision per week
    a. For child/pediatric residents: a rotation of primary care supervision, assessment, or outpatient therapy supervision
    b. For adult residents: all adult residents 1st and 3rd weeks; focused group supervision within track (e.g., Health Psychology & SMI supervision) on the 2nd and 5th weeks
    c. For all residents across all 5 tracks: an all-hands group supervision on the 4th week
4. Two hours of didactic training or seminars.

Following APA guidelines, it is required that at least 50% of your supervision is face-to-face (IRL). As a training program and faculty, we value the benefits of meeting with trainees face-to-face and developing a strong training relationship with them.

Supervision

Supervision is an integral part of the training experience which involves mentorship. Residents will participate in more than 2 hours of individual supervision with licensed psychologists per week as described above.

Residents will participate in case conferences to discuss issues and concerns of interesting or difficult cases. Residents will participate in one hour of group supervision (see above for specifics). For primary care, there will be a clinic supervisor who is there to provide direct supervision of your clinical cases (you will send your progress notes to that individual to sign).

Residents will also participate in group supervision. Group supervision provides an opportunity for peer supervision from other residents and fellows, as well as feedback from other faculty. Group supervision concentrations will rotate and include supervision focused: on Assessment, Outpatient and Primary Care for Pediatric residents and General vs Track Specific (e.g., Health or SMI) for Adult residents. Group supervision is also an opportunity to focus on cultivating competency in supervision skills. As such, feedback from Group supervision leaders (e.g., faculty) will provide feedback for the supervision competency portion of the mid- and end-of-year evaluations.

Mentoring

Mentoring is ongoing throughout the training year. Residents get professional mentoring in didactics during Professional Development Didactics and personal mentoring during individual supervision. Residents may request an individual mentor to augment their training experience. Clinical faculty offer mentoring in academics by giving opportunities for mentored journal reviews, participating in research, teaching, and presentations. Most importantly, the faculty are invested in the success of trainees beyond residency and continue to mentor former trainees well beyond the completion of the residency.

Didactics

Residents will participate in 2 hours of psychology-specific didactics weekly. In addition to these psychology didactics, residents will have opportunities to participate in other training around the hospital, including: Pediatrics Grand Rounds, Psychiatry Grand Rounds, Addiction Medicine Grand Rounds and BioEthics at Noon, and the Graduate Medical Education Office Educational Initiatives. Periodically, residents will

participate in interprofessional training with pediatrics, family medicine, or addiction residents on topics related to health and mental health topics.

- Psychology Didactics: Residents will attend weekly presentations on issues relevant to assessment, treatment, ethics, and professional development. Some specific areas include:
  - Professional Development Series: Faculty will meet with residents to discuss issues around residents' development as health service psychologists. This will include topics such as working in an academic health setting, grant writing, finding a professional mentor, and dealing with ethical dilemmas in psychology.
  - Cultural Competency and Humility Series: The series will focus on the broad individual and cultural differences that may relate to our lives, the lives of our patients, or that may be impacting the community, city, or country.
  - Journal Club Series: Resident-led discussion of an interesting or relevant journal article. Each resident will present once.
  - Supervision Series: Throughout the year, residents will participate in didactics designed to build their own competency to supervise and to develop their own supervision style. Residents will participate in at least one live peer-to-peer supervision session. Residents will be paired up, and each resident will present a case for live peer supervision from their partner. Residents in the "peer supervisor" role will reflect on the experience of supervising, and will receive feedback from peer supervisee, fellow resident observers, and attending psychologists on their peer supervision session.
  - Resident Meeting with Training Director: to discuss progress of residency, issues and concerns. The residency coordinator may also join these meetings to discuss administrative issues and concerns.

Additional Didactic Experiences

- Pediatrics Grand Rounds: weekly academic presentations focused on issues related to pediatric care.
- Psychiatry Grand Rounds: weekly presentations focused on issues related to psychiatry and mental health.
- Addiction Medicine Grand Rounds: presented biweekly focused on issues related to the prevention, assessment, and treatment of opioid use disorders.
- BioEthics at Noon: a monthly education series presented by MetroHealth's Department of BioEthics on a variety of topics related to ethical issues that arise in a medical setting.
- A poverty simulation may be held during the year to help residents understand the lives and struggles of our patients who are living at or near the poverty level.

Additional Training Experiences

- Simulated Patient Training (sim): Residents will also participate in a simulated clinical experience at least once during the year. This rich training opportunity involves observing residents during 2-4 brief clinical interactions with trained actors presenting as simulated, standardized patients to create a controlled environment. While the simulated training is not formally included in your mid- or end-of rotation evaluations, each vignette is observed by 1-2 faculty and residents are provided feedback.
- Additional training experiences may be required as part of specific rotations, such as Morning Report (Peds Primary Care) and Obesity Medicine Didactics.

Estimated Weekly Schedule

Residents are expected to be present from 8am – 5pm Monday – Friday, unless otherwise agreed upon by the training director. In a typical week, residents will spend 3 days at their core rotations. The remaining weekdays will be dedicated to specialty care rotations, assessments, individual and group supervision, weekly didactic presentations, and professional development. An approximation of a resident's weekly training activities is shown below. Specific clinical activities vary among residents according to their focus areas and rotation placement.

Estimated Weekly Schedule

SERVICE ACTIVITIES	**Length of Rotation**	**Hours/Week**
Child Psychology Outpatient Clinic	12 months	12
Adult Health Specialty Clinic	12 months	12
Primary Care Clinic	12 months	12
Specialty Care Clinic (2 per year)	6 months (peds) 12 months (adult)	4
TRAINING ACTIVITIES	**Day of Week**	**Hours/Week**
Seminars/didactic training	Thurs 3-5 pm	2
Individual Supervision	Supervision	2-3
Group Supervision	Thursday 2-3 pm	1
Pediatric Group Supervision	Assessment: 1st Outpatient: 2nd week, Peds Primary Care: 3rd week, Combined outpatient and primary care: 4th week	1
Adult Group Supervision	General Adult: 2nd & 4th Track Specific Supervision: 1st & 3rd	1
ADDITIONAL TRAINING OPPS	**Day of Week**	**Hours/Week**
Pediatrics Grand Rounds	Thurs 12:00 -1:00 pm	1
Psychiatry Grand Rounds	Wed 12:00-1:00 pm	1
BioEthics at Noon	1st Thursday of Month 12:00-1:00 pm	Monthly
OTHER ACTIVITIES		
Flex/Administrative Time		

Faculty

Taylor Abounader, Psy.D. -- Pediatric Psychology
2024, Wright State University
Assistant Professor, Case Western Reserve School of Medicine
Integrated behavioral health, habit reversal, exposure-based interventions, tourette syndrome, mood/anxiety disorders, enuresis/encopresis, adjustment to chronic illness and pain.

Kathleen Alto, Ph.D. -- Counseling Psychology
2019, University of Akron
Assistant Professor, Case Western Reserve University School of Medicine
Motivation & Enhancement Clinic (MEC) in Addiction Medicine and PRIDE Network
Areas of interest: integrated care, gender/sexuality, social determinants of health, empowerment, multicultural competency, women's health, LGBTQ+.

Melissa Armstrong-Brine, Ph.D. - Pediatric Neuropsychology
2009, Saint Louis University
Associate Professor, Case Western Reserve University School of Medicine
Pediatric neuropsychological evaluation, Autism Spectrum Disorders, craniofacial conditions, prevention and intervention for childhood obesity, transition to adulthood in ASD and other neurodevelopmental conditions, treatment of emotional and behavioral concerns in children and adolescents with neurodevelopmental disorders and/or chronic illness.

Kathleen Ashton, Ph.D., ABPP – Clinical Health Psychology / Counseling Psychology
2002, The Ohio State University
Associate Professor, Case Western Reserve University School of Medicine
Lead Psychologist, Blood and Marrow Transplant
Areas of interest: psychosocial impact of cancer and hereditary risk of cancer, integrated care, pre-transplant/pre-surgical evaluation, women's health, ethics and integrated care

Sarah E. Benuska, M.S., Ph.D. – Counseling Psychology
2009, Illinois Institute of Technology; 2016, The University of Akron
Assistant Professor, Case Western Reserve University School of Medicine
Adult Health Psychology Track Lead
Outpatient Psychiatry and Trauma Recovery Services, psychotherapy, psychological assessment, and case consultation; program development, training and supervision of medical and psychology residents/students.
Areas of interest: collaborative care, provider wellness, behavioral health competency development, consultation liaison, trauma/PTSD, LGBTQ+.

Eric H. Berko, Ph.D., ABPP - Health Psychology, Geropsychology
1994, SUNY Albany
Assistant Professor, Case Western Reserve University School of Medicine
Co-located care in the department of Family Medicine - service provision and training of physicians, psychologists, counselors, social workers. Areas of interest: health psychology, collaborative care, geriatrics, anxiety disorders, depression, chronic disease management, neurocognitive disorders, Family Medicine education.

Kimberly Bodner, Ph.D. - Pediatric Neuropsychology
2016, University of Missouri
Assistant Professor, Case Western Reserve School of Medicine

Pediatric neuropsychology, neurodevelopmental disorders, complex medical conditions, Autism Spectrum Disorders, Hispanic Autism Assessment Clinic

Stacy Caldwell, Ph.D. – Counseling, Health Psychology
2010, The Ohio State University
Assistant Professor, Case Western Reserve University school of Medicine
Integrated behavioral health and primary care, brief behavioral health interventions, self-management interventions for mental health, reducing mental health disparities

Kristen D'Eramo, Ph.D. - Psychology
2001, University of Delaware
Assistant Professor, Case Western Reserve School of Medicine
Areas of interest/clinics: Neurodevelopmental disorders, Autism Spectrum Disorders, Attention Deficit Hyperactivity Disorders, Specific Learning Disorders, Autism Assessment Clinic

Mary E. Dooley, Ph.D. - Pediatric Psychology, Clinical Child/Adolescent Psychology
2020, University of North Carolina at Chapel Hill
Assistant Professor, Case Western Reserve University School of Medicine
Integrated primary care, substance use and abuse, trauma, risky behaviors, anxiety, depression, management of behavior problems in children and adolescents.

Felicia Fraser, Ph.D. –Neuropsychology, Rehabilitation Psychology
2012, Fordham University
Assistant Professor, Case Western Reserve University School of Medicine
Neurocognitive disorders, spinal cord injury, traumatic brain injury, optimizing adjustment to medical conditions and chronic illness, depression, anxiety disorders.

Mollie Goldfinger, Ph.D. – Health Psychology
2024, University of Miami (FL)
Assistant Professor, Case Western Reserve University School of Medicine
Sleep medicine, weight management/bariatrics

Robert Hammond, Psy.D. – Corrections
1998, Wright State University
Forensic Psychology, Health Psychology, psychotherapy, psychological assessment, case consultation, lifestyle factors that improve mental health, the interaction of Mental Illness and Criminogenic Factors, the use of EBPs

Frank Kenner, Ph.D. –Neuropsychology, Rehabilitation Psychology
2011, Kent State University
Assistant Professor, Case Western Reserve University School of Medicine
Pain management, physical medicine and rehabilitation, geriatrics, trauma, consultation liaison.

Erin Lea, Ph.D. - Clinical Health Psychology
2013, Case Western Reserve University
Residency Training Director
Adjunct Assistant Professor, Case Western Reserve University Department of Psychological Sciences
Clinical Health Psychology evaluations, bariatric and metabolic surgery, weight management, enhancing interdisciplinary integration, harm reduction and novel interventions to manage complex medical and psychological factors, advocacy and interprofessional education.

Kelsey MacDougall, Psy.D. –Pediatric Psychology
2020, Pacific University
Assistant Professor, Case Western Reserve University School of Medicine
Integrated pediatric primary care, specialty care for gender diverse and transgender youth, behavioral sleep medicine, mood/anxiety disorders, parent training, and early childhood development

Michelle Mandel, Psy.D. - Inpatient, Clinical Psychology
2020, University of Indianapolis
Assistant Professor, Case Western Reserve University School of Medicine
Recovery oriented care for individuals with SMI, psychosis including first-episode psychosis (FEP), clinical high risk for psychosis (CHR), the utility of personality assessment in practice, stigma, gender and sexuality in an SMI population, program development, and addressing barriers to care for individuals with SMI.

Tyffani Monford, Psy.D. – Inpatient, Clinical Psychology
2000, Wright State University
Associate Professor, Case Western Reserve University School of Medicine
Culturally informed therapy practices, family therapy, children and adolescents with sexual behavior problems, intersection of social justice, SDOH, and mental health within historically excluded communities, SPMI adults, trauma, cluster b personality disorders, consultation, adjusting to chronic illness, anxiety, depression, management of behavior problems in children and adolescents.

Brittany Myers, Ph.D., Pediatric Psychology
2017, University of Illinois at Chicago
Assistant Professor, Case Western Reserve School of Medicine
Integrated pediatric primary care, Spanish/English bilingual therapy and assessment services, adolescent mood/anxiety disorders, community violence/trauma, and sleep disorders.

Britt A. Nielsen, Psy.D., ABPP-Pediatric Psychology
2001, Indiana State University
Chief of Psychology
Professor, Case Western Reserve School of Medicine
Pediatric consultation, coping with medical crises, traumatic brain injury, spinal cord injury, adjusting to chronic illness, anxiety, depression, management of behavior problems in child and adolescents.

Michelle O'Connor, Psy.D., NCSP – Pediatric Psychology

2018, Duquesne University
Assistant Professor, Case Western Reserve School of Medicine
Pediatric psychology, neurodevelopmental disorders, autism spectrum disorders, early childhood development, parent training

Julie Pajek, Ph.D. - Pediatric Psychology
2014, Case Western Reserve University
Assistant Professor, Case Western Reserve University School of Medicine
Integrated pediatric primary care, program development, early childhood development, sleep, feeding, parenting, developmental assessment

Ann Pearman, Ph.D., ABPP - Clinical GeroPsychology

2003, Washington University in St. Louis

Associate Professor, Case Western Reserve University School of Medicine
Clinical geropsychologist embedded in Geriatric Medicine clinics. Service provision and training of psychologists. Areas of interest: geriatric mental health, collaborative care, integrated behavioral health, neurocognitive disorders, depression, anxiety, memory complaints, and caregiving.

James Pontau Jr., Ph.D., Rehabilitation Psychology
2015, University of Akron
Assistant Professor, Physical Medicine & Rehab, Case Western Reserve School of Medicine
Traumatic brain injury, spinal cord injury, adjusting to injury, pain, neuropsychology, and forensic psychology.

Lisa Ramirez, Ph.D., ABPP - Pediatric Psychology
2011, Case Western Reserve University
Associate Professor, Case Western Reserve School of Medicine
Integrated pediatric primary care, program development, school-based health clinics, early childhood development, interventions for behavioral problems in children and adolescents, parent training, adjustment to chronic illness and disease management.

Sheerli Ratner, Ph.D. –Clinical, Health Psychology
2010, Walden University
Assistant Professor, Case Western Reserve School of Medicine
Integrated Behavioral Health in Family Medicine, psychotherapy, brief behavioral health interventions, case consultation and warm hand-offs; training and supervision of psychology fellows, social workers, counselors, medical residents and students. Areas of interest: trauma/PTSD, anxiety disorders, depression, interventions for behavioral problems in children and adolescents, parent training, adjustment to chronic illness and disease management.

Aynette Ramos Cardona, Ph.D. - Health Psychology
2022, Albizu University
Assistant Professor, Case Western Reserve School of Medicine
Integrated behavioral health, Spanish/English bilingual therapy, weight management/bariatrics, multicultural competency, adjustment to chronic illness and disease management, and mood/anxiety disorders.

Megan Shiles, Ph.D.
2011, The University of Akron
Assistant Professor, Case Western Reserve School of Medicine
Individual and group psychotherapy, psychological assessments, program development, trauma/PTSD, trauma-informed care, case consultation, training and supervision of psychology residents

Policies and Procedures

Policies and procedures for the doctoral residency are established by the **Residency Curriculum Committee**. The Residency Curriculum Committee consists of the Training Director, Associate Training Directors, Track Leads from each of the 5 training tracks and an informatics liaison.

Current Residency Curriculum Committee Members:

Committee Members	Program Role
Dr. Lea	Training Director
Dr. Ramirez	Child Associate Training Director
Dr. Shiles	Adult Associate Training Director
Dr. Benuska	Health Psych Track Lead
Dr. MacDougall	Pediatric Psychology Track Lead
Dr. Armstrong-Brine	Neurodevelopmental Disability Track Lead
Dr. Dooley	Trauma & Community Health Track Lead
Dr. Monford	SMI Track Lead
Dr. Alto	Informatics Liaison
Dr. Pajek	Fellowship Training Director

The Residency Training Director and the Associate Training Directors manage daily operations and routine decisions pertaining to the residency - including scheduling, personnel matters, and coordination of the didactic schedule. Dr. Lea serves as the liaison with APPIC and ensures that the training program follows all APPIC and APA guidelines and regulations. The Residency Curriculum Committee oversees programmatic issues, including policies, goals of training, ongoing self-study, review of residents' progress, interviews of potential residents, and resident ranking. The Residency Curriculum Committee meets via videoconference monthly in addition to email communication, as well as additional meetings as determined by the Residency Training Director.

Orientation to Residency

In 2026: residents will be required to complete, prior to July 1, a series of online pre-employment learning modules, followed by an in-person appointment with Graduate Medical Education and Employment Health for pre-employment health screenings and benefits enrollment. (Residents are paid for their time spent completing these pre-employment activities). Wednesday, July 1, 2026 is an in-person hospital orientation day.

Orientation to the residency will take place for the first 2 weeks of July after the first day of hospital orientation. Residents will begin their rotations on or around the 3rd week of July. Residents will begin initially shadowing psychology faculty and interdisciplinary team members to understand the flow of the clinics, observe other providers' individual styles, and to foster appreciation for roles of interdisciplinary team members. Additionally, in the primary care clinics, residents will observe medical providers in clinic to understand the basic components of a medical visit and shadow the psychology attendings during consultations. Supervisors will then either co-lead sessions or observe residents in sessions to assess their baseline competence and begin to identify training needs.

Residency Completion Criteria

To successfully complete the doctoral residency, residents are expected to fulfill the following requirements and demonstrate competence in each of the areas described in this manual.

1. A minimum of **2000** hours of program participation, including at least **500 hours** of direct clinical work. This should equate to an average of 15 billable hours/week. Residents are encouraged to check with the individual states in which they hope to get licensed, in case more hours are required.
2. **Residents are expected to track their hours through Time2Track throughout the year**. A summary of your hours should be provided to your track lead at least quarterly, though residents may be asked to provide them more frequently if faculty or residents express concerns about number of hours.
3. **Two to three** hours of weekly individual supervision.
4. **One** hour of group supervision per week.
5. Completion of a minimum of **four** assessment batteries.
6. Competency Evaluations:
    a. MIDYEAR: It is expected that the resident's performance is rated as a 3 for each global competency (average across items 2.5-3). Receiving <2 on any of the global competencies, or a 1 on an individual item triggers a remediation plan.
    b. END OF YEAR: It is expected that residents' performance is rated as a 4 for each global competency (based on an average of the individual items) and that no individual item rated as lower than a 3.

Upon satisfactory completion of the residency program residents will receive a residency certificate. See Appendix C for sample certificate.

Self-Study

The Training Director and the Residency Curriculum Committee will review the training experiences offered to residents as part of the self-study process. This includes reviewing resident formal evaluations and informal feedback regarding training opportunities.

Academic Integrity

According to the APA Ethics guidelines, "Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally." This guideline applies to all work submitted in this program (electronic, written or oral). Submission of oral presentations or written work that includes plagiarized material (text or data) is a serious infraction. Residents who plagiarize will be subject to disciplinary action, which may include being dismissed from the program.

Diversity Training Statement:

The MetroHealth doctoral residency is committed to a training process that ensures graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When residents' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally-competent manner with all patients. For some trainees, integrating personal beliefs or values with professional competence in working with all patients may require additional time and faculty support. Ultimately, though, to complete our program successfully, all residents

must be able to work with any client placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, residents do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

Evaluations

Residents will be given frequent feedback from supervisors based on their professional work. This includes feedback presented informally / verbally in supervision. Residents will also be given a formal written progress evaluation twice during the year. Residents will additionally receive written evaluations of progress mid-rotation and/or if a training need has been identified. Residents are encouraged to review this form prior to meeting with their supervisor and be prepared to develop competency-based goals for the residency year.

Procedure for mid-year and year-end evaluations:

1. The Training Director requests that the rotation supervisors fill out the mid-rotation progress evaluation and the end-of-rotation competency-based evaluation forms through the MedHub system.
2. After receiving the supervisors' evaluations, the Training Director provides the resident with aggregate feedback at mid year and the end of the year.
3. The evaluation is reviewed with the resident and the resident is given opportunity to provide a written response.
4. All evaluations and resident responses become part of the resident's file, are reviewed by the Residency Curriculum Committee, and are provided to the Director of Clinical Training at the resident's doctoral training program.

Maintenance of Records

The MetroHealth Residency maintains evaluations and other documentation related to a resident's training electronically. Records are maintained in a secured drive on the Graduate Medical Education server, in a file for the Psychology Residency Program. Only GME staff, Training Director and Program Coordinator have access to these files. Any paper documents that are received are scanned and saved in the Psychology Residency Program file. Evaluations are currently completed using MedHub, a confidential service that allows for electronic completion of evaluations of didactics, trainees, faculty and program.

Clinical Suitability Concerns

The MetroHealth Residency recognizes the rights of residents to be treated with courtesy and respect. In order to maintain the quality and effectiveness of residents' learning experiences, all interactions among doctoral students, residents, faculty and staff should be collegial and conducted in a manner than reflects the highest standards of the scholarly community and of the profession (see APA Ethical Principles of the psychologists and Code of Conduct). The residency program has an obligation to inform residents of these principles and of their avenues of recourse should problems arise with regard to them. Listed below are guidelines that are intended to assist residents through disagreements that may arise.

Due Process Guidelines:

Due process guidelines are followed by the training program. These procedures are used to evaluate all residents in training and serve as guidelines in developing remediation contracts. It is important that decisions made about the resident are not arbitrary or based on personal biases.

The guidelines for due process are:

Residents receive a written copy of training goals, objectives, and expectations at the beginning of the training year in the Residency Manual. They also receive a copy of evaluation procedures and forms at the beginning of the training year. Residents receive a copy of the Resident Evaluation Form at the beginning of the year. Evaluations are completed in a timely manner by supervisors who directly observe the residents' performance. A description of what is expected from residents to successfully complete the training program is outlined.

Residents receive copies of all policies related to residents' rights (Remediation of Performance Difficulties and Problematic Behavior, Due Process, and Grievance Procedures; Grievance Procedure; Sexual Harassment and Harassment). These policies describe the program procedures regarding management of residents with performance or problematic behavior. Grievance and appeals procedures are also described in these materials.

Remediation contracts between a resident and the training program define the performance difficulties and/or problematic behavior and include timelines for remediation, expected outcomes, and consequences if the expected outcomes are not achieved.

An appropriate amount of time is allowed for the resident to respond to actions taken by the program.

Sponsoring graduate programs are notified when any significant concerns arise regarding their resident during the training year.

Written documentation of program actions regarding residents is shared with all relevant parties.

Remediation of Performance Difficulties and Problematic Behavior, Due Process, and Grievance Procedures

The training program has developed a set of procedures to be implemented if a resident has performance difficulties or problematic behavior as defined below. If a resident has performed below expectations in competencies (e.g., clinical abilities, professional conduct, ethical and legal matters, etc.), this is noted in writing on the supervisor's quarterly progress evaluation form entitled "Midrotation Residency Evaluation of Skill Progress" or Mid-year or end-of-year evaluation form entitled "Psychology Resident Evaluation" for that resident, or if noted earlier than the quarterly evaluation period, as appropriate.

1. PURPOSE: This document provides Psychology residents with a definition of problematic behaviors, problematic performance, a listing of sanctions, and an explicit discussion of the due process and grievance procedures.

2. POLICY: It is the policy of the Psychology Division to use due process to ensure that decisions about residents are not arbitrary or personally-based. Due process requires that the Training Program identify specific evaluative procedures which are applied to all residents and provide appropriate appeal procedures.

3. DEFINITIONS:

A. Problematic behaviors: When supervisors perceive that a resident's behavior, attitude, or characteristics are disrupting: the quality of their clinical services; their relationship with peers, supervisors, or other staff; or their ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."

B. Problematic performance: An interference in professional functioning that renders the resident unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency, or unable to control personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning.

C. Evaluation criteria describing particular professional behaviors are incorporated in the resident mid-year and end-of-year evaluation form titled "Psychology Resident Evaluation." Alternatively, they can be described in narrative or quantitative form on the "Midrotation Residency Evaluation of Skill Progress," which is completed by the supervisors mid-rotation (i.e., at the end of the first quarter and at the end of the 3rd quarter) during the residency year.

1. MIDROTATION Evaluation (Oct 1): Receiving 3 or more 1s at the first midyear evaluation (e.g., 3 month evaluation) prompts a review of the resident's progress by the Curriculum Committee and may result in a learning plan. Receiving a 0 on any of the competencies prompts a review of the resident's progress by the Curriculum Committee and a learning plan.

2. MIDYEAR: It is expected that the resident's performance is rated as a 3 for each global competency (average across items 2.5-3). Receiving <2 on any of the global competencies, or a 1 on an individual item triggers a remediation plan.

3. MIDROTATION Evaluation (April 1): Receiving more than one 1 at the second midyear evaluation (e.g., 9 month evaluation) prompts a review of the resident's progress by the Curriculum Committee and may result in a learning plan. Receiving a 0 on any of the competencies prompts a review of the resident's progress by the Curriculum Committee and a learning plan.

4. END OF YEAR: It is expected that resident's performance is rated as a 4 for each global competency (based on an average of the individual items) and that no individual item rated as lower than a 3. Receiving scores lower than this will result in unsuccessful completion of the residency.

More specifically, behaviors typically become identified as problematic when they include one or more of the following characteristics:

1) The resident does not acknowledge, understand, or address the problem when it is identified by supervisors.
2) The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3) The quality of services delivered by the resident is significantly below expectations or negatively affected by the behavior of concern.
4) The problem is not restricted to one area of professional functioning.
5) The problem interferes with relationships with peers, supervisors, or other staff.
6) A disproportionate amount of attention by training personnel is required.
7) The resident's behavior does not change as a function of feedback, remediation, efforts, and/or time.

*Difficulties with appropriate and timely completion of clinical documentation are first recognized as a training issue and will be addressed informally by supervisors and the Training Director. This may include

being pulled from clinical duties, reduced clinical schedules, and/or regular check-ins to ensure work is completed within the expected timeline. Residents with a persistent pattern of late notes (e.g., more than a week late, multiple weeks in a row) will be subject to the residency Due Process Policy (e.g., verbal warning and formal remediation) and can appeal under that policy. Egregious violations related to the timeliness of documentation that are not resolved after the remediation process will be subject to Administrative Disciplinary Action.

4. PROCEDURES:

A. During the orientation period:

1) This policy will be presented to residents, in writing and verbally, as well as the program's expectations related to professional functioning.
2) Procedures for evaluation will be explained, including when and how evaluations will be conducted.
3) The various procedures and actions involved in making decisions regarding the problem behavior or concerns will be articulated.
4) Written procedures will be provided to the resident to describe how the resident may appeal the program's action. Such procedures are included in this Residency Manual, which is provided to residents and reviewed during orientation.

B. Training Director Responsibilities:

1) The Training Director will communicate early and often with graduate programs, when applicable, about any suspected difficulties with residents and, when necessary, seek input from these academic programs about how to address such difficulties.
2) A remediation plan for identified problematic behavior or performance will be instituted when appropriate, including a time frame for expected remediation and consequences of not rectifying the problematic behavior or performance.
3) The Training Director will ensure that residents have sufficient time to respond to any action taken by the program.
4) The Training Director will obtain input from multiple professional sources when making decisions or recommendations regarding the resident's performance.
5) The resident's University Graduate Program will be contacted regarding any plan of action for remediation of a resident. Information and recommendations from the resident's Graduate Program will be welcomed by the Training Committee.
6) The resident will receive copies of the correspondence between the two programs.
7) The actions taken by the program and its rationale will be documented in writing and given to all relevant parties.

C. Responding to Problematic Resident Performance or Behavior:

0) At any time, a resident may be given verbal feedback—considered a verbal warning—that they are not performing up to expected standards. In particular, at the quarterly evaluation periods, supervisors are expected to give a verbal warning if they believe the resident is not performing up to expected standards, if the resident is likely to be rated below the expected level on any of the competencies evaluated. If the resident addresses the feedback appropriately and brings their performance up to the expected standard, then no further action is necessary.
1) If a resident fails to address the feedback and is not able to improve their performance to the expected standard or if a resident receives ratings below the expected level for a rotation/training experience, the following procedures will be initiated:

a) Within five (5) working days of receipt of the training rating or observation of concerns, relevant members of the Residency Curriculum Committee will meet to discuss the ratings and determine what action needs to be taken to address the problem reflected by the ratings.
b) The resident will be notified verbally and/or in writing, immediately upon receipt of the ratings or report of problematic performance, that such a review is occurring, and the Residency Curriculum Committee will receive any information or statement from the resident related to his/her response to the rating.
c) In discussing the inadequate ratings or problematic performance, and the resident's response, the Residency Curriculum Committee may adopt any one or more of the following methods or may take another appropriate action and may issues a(n):
    i. Written or verbal notice that no further action is necessary.
    ii. "Acknowledgement Notice" which states in writing:
        a) That the Residency Curriculum Committee is aware of and concerned with this rating or observation.
        b) That the rating has been brought to the resident's attention.
        c) That the Residency Curriculum Committee will work with the resident to remediate the problem or skill deficit addressed by the rating.
        d) That the behavior(s) associated with the rating are not serious enough to warrant more serious action.

d) When the Residency Curriculum Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Remediation is time-limited and focused on enhancing residency competency through training/learning-oriented intervention. Possible remedial steps include (but are not limited to) the following:
    i. Increased supervision, either with the same or other supervisors.
    ii. Change in format, emphasis, and/or focus of supervision.
    iii. Reducing the resident's clinical or other workload. The length of a schedule modification period will be determined by the Residency Curriculum Committee. The termination of the schedule modification period will be determined, after discussions with the resident, by the Residency Curriculum Committee.
    iv. Requiring additional reading, literature review, or specific academic coursework.
    v. If the Training Director, Chair of the Division, Department Chairperson, or Residency Curriculum Committee suspect that psychological, medical, or physical problems may be interfering with the resident's ability to meet the expected standards of performance, the resident may be asked to undergo an appropriate medical or psychological evaluation and intervention as a contingent for continuation of the training appointment. In these instances, the resident will be referred to the Employee Assistance Program at no cost to the resident as outlined in the MetroHealth System Medical Assistance Program Policies and Procedures. If the resident has MetroHealth Insurance, they may also seek services at LifeStance (216) 468-5000.
e) After delivery of an Acknowledgement Notice, the Training Director and other members of the Residency Curriculum Committee will meet with the resident to review its recommended action. The resident may choose to accept the conditions or

may choose to challenge the action. The procedures for challenging the action are described in Resident Grievance Procedures of this document. Once the Residency Curriculum Committee has issued an Acknowledgement Notice, the problem's status will be reviewed within 3 months' time, at the next formal evaluation or sooner, if deemed necessary.

2) Failure to Correct Problems: When the intervention does not rectify the problematic performance or behavior within a reasonable period of time, or when the resident seems unable or unwilling to alter his/her behavior, the Residency Curriculum Committee may need to take further formal action. The Residency Curriculum Committee will conduct a formal review and then inform the resident in writing that the conditions for revoking of the remediation plan have not been met. The Residency Curriculum Committee may then elect to take any of the following steps or other appropriate action:

    a) Modify or continue the Remediation Plan for a specified period of time.
    b) Suspend the resident for a limited time from engaging in certain professional activities until there is evidence that the problematic performance/behavior in question has been rectified. Suspension beyond a specified period of time may result in termination or failure to complete residency successfully.
    c) The Residency Curriculum Committee may specify to the graduate program and/or licensing board those settings in which the former resident can and cannot function adequately.
    d) The Residency Curriculum Committee will make a formal recommendation of immediate termination of the resident to the Chairperson of the Department of Psychiatry. The resident's University Graduate Department Training director and the resident will be informed of the recommendation. Following the approval of the Chairperson, the resident will be terminated.
    e) Dismissal from Residency involves the permanent withdrawal of all MetroHealth Medical Center responsibilities and privileges as determined by the MetroHealth Medical Center Policies and Procedures. Either administrative leave or dismissal may be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client/patient is a major factor, or the resident is unable to complete the residency due to difficulties in performance or problematic behavior.
    f) Recommend a career shift for the resident when the Curriculum Committee's deliberations lead to conclusions that a resident is not suited for a career in professional clinical practice. Residents will receive a list of resources for legal aid, financial assistance, and psychotherapy or counseling.

D. Resident Appeal Procedures: Residents who receive an Acknowledgement Notice or Probation Notice, or who otherwise disagree with any Residency Curriculum Committee decision regarding their status in the program, are entitled to challenge the committee's actions by initiating a grievance procedure. Throughout this process, due process procedures will be implemented and there will be appropriate documentation of all decisions and actions. Information will be shared with the resident, the resident's University Graduate Program Training Director, and all appropriate parties.
Within 10 working days of receipt of the Residency Curriculum Committee's notice or other decision, the resident must inform the Training Director in writing that they disagree with the Committee's action and provide the Training Director with information as to why they believe the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable

withdrawal of the challenge. Following receipt of the resident's appeal, the following actions will be taken:

1) Upon receipt of the written notice of appeal, the Training Director will convene the Curriculum Committee as defined above. The resident retains the right to hear all allegations and the opportunity to dispute them or explain his or her behavior.
2) Within 10 days of receipt of the written notice of appeal by the resident, an Appeal Hearing will be conducted, chaired by the Training Director, or another appropriate chairperson in which the appeal is heard and evidence is presented. The resident can request clarification of issues if needed during this review. Decisions made by the Curriculum Committee must be made by majority vote. Within 10 days of the hearing, the Curriculum Committee will submit a written report to the Director of the Division of Psychology, including recommendations. These recommendations will detail goals, objectives, assessment techniques, expected outcomes and timelines for improvement by the resident.
3) Within 5 working days of receipt of the Curriculum Committee's report, the Director of the Division of Psychology will either: accept the Curriculum Committee's action, reject the Curriculum Committee's action and provide an alternative, or refer the matter back to the Curriculum Committee for further deliberation. In the latter case, the Curriculum Committee then reports back to the Psychology Division Director within 10 working days of the receipt of the request for further deliberation. The Chief of Psychology then makes a final decision regarding what action is to be taken.
4) Within 10 working days of the final decision, recommendations will be communicated to the resident, their sponsoring University's Graduate Program Training Director, and any other appropriate individuals, in writing.
5) Upon receipt of the Curriculum Committee's decision, the resident can choose to accept the Curriculum Committee's decision or appeal. The policy is as follows:

If a resident has been disciplined, the resident has within 10 working days of the action to appeal the disciplinary action to the Director of the Division of Psychology. The Division Director has 3 working days to respond in an effort to achieve a mutually-satisfactory resolution prior to beginning the formal grievance process. If the complaint is not resolved informally by the discussion between the resident and the Director of the Division of Psychology, the resident can request a referral to the MetroHealth Committee on Residents/House Officers Association (HOA) for a more formal hearing. The Institution Level Due Process is outlined below:

Description of Institution Level Due Process

1. When informal mediation and written plans/warning at the program level are not sufficient, the matter is referred to the hospital's Committee on Residents/HOA.
2. The Committee on Residents/HOA will serve as a forum for the review of resident complaints and grievances which cannot be resolved at the program level. The following protocol will be followed:
   a. Residents must seek to resolve complaints and grievances with the Program (Training) Director and/or departmental chairperson prior to petitioning the Committee on Residents.
   b. In the event that these issues cannot be resolved at the program/departmental level, then the residents may petition the Chairperson of the Committee on Residents for a hearing.
   c. The Chairperson of the Committee on Residents/HOA will discuss the issue with the departmental chairperson to determine whether or not the issue has been reviewed at the program level.
   d. If the issue remains unresolved, the Chairperson of the Committee on Residents/HOA will appoint a Chairperson for a Grievance Subcommittee. The Grievance Subcommittee will consist of the

chairperson, two resident members and two other faculty members, all not from the involved department.

e. The Grievance Subcommittee will hold an informal hearing, inviting presentations from the departmental chairperson, program director, departmental faculty, and residents in the involved program. The Grievance Subcommittee will prepare a report, briefly reviewing the relevant materials, and outlining its recommendations for its resolution of the problem. Those recommendations will be provided to the residents in the involved program, along with the departmental chairperson, program director, faculty and Chairperson of the Committee on Residents/HOA. The recommendations of the Grievance Subcommittee will be advisory to the program director and will not be binding on the program director.
f. There will be no further appeals after the Grievance Subcommittee has held its hearing.

Complaints and Grievance Procedures Initiated by Residents

Residents may have complaints or concerns about the training program. Policies established to resolve such difficulties, should they arise, are discussed below.

1. PURPOSE: To establish basic policy, principles, and procedures for the presentation and consideration of resident complaints and grievances. There is a different and separate process entitled "Remediation of Problematic Performance and Behavior Problems, Due Process, and Grievance Procedures," that describes the resident's rights to due process. Due process procedures are to be followed when a resident requests formal review of an action taken against them. If the resident has a complaint/grievance about working conditions, treatment by a supervisor, etc., then the following procedures below should be adhered to. If the complaint is about harassment, it is handled as discussed in the Section on Harassment Policy.

2. POLICY: It is the policy of the Division of Psychology to identify, prevent, and make reasonable and proper efforts to correct the causes of the resident's concern and dissatisfaction as related to the training program. Every effort will be made to resolve all disputes informally, if possible. However, the filing of a formal grievance may be necessary and is the final and essential means of resolving disputes. A resident, in presenting their grievance, is entitled to communicate with and seek advice from any of the following officials:

- A supervisor at a level above the immediate supervisors; or
- Association of Psychology Postdoctoral and Internship Centers; or
- The American Psychological Association, Committee on Accreditation

3. DEFINITION:

A. Grievance: Request by a resident, or by a group of residents, for personal relief in a matter of concern or dissatisfaction relating to the supervisor or training program.

B. Curriculum Committee: The members of the Curriculum Committee will review grievances. If the grievance involves a member of the Curriculum Committee, that member will recuse themself from the process and an additional faculty member will be asked to step into to review the grievance.

4. PROCEDURES:

A. Informal Procedure: The resident must complete the informal procedure before undertaking the formal procedures. A resident may present a grievance under this procedure either orally or in writing. Normally, the resident should discuss their grievance with the immediate supervisor first. However, if the nature of the

grievance is such that the resident considers it not to be in their best interest, they may discuss it with the Training Director or other psychology faculty. The resident's request for informal adjustment of a grievance must be made **no later than 5 working days after the date of the incident or action occurred or was first learned.** A resident may present a grievance concerning a continuing practice or condition at any time. The time limit may be extended when the resident shows good cause.

Based on careful consideration and review of all the facts, the supervisor who has authority to resolve the grievance informally will answer the resident, in writing, **within 5 working days from the date of the request for informal consideration.** The answer will include

a) the decision,
b) the reason(s) on which the decision is based, and
c) a statement of the resident's right to present the grievance under the formal procedure, if they are not satisfied with the informal decision.

B. Formal Procedure: If a resident is not satisfied with the informal answer, they are entitled to present the grievance in writing, under this formal procedure, to the Curriculum Committee for resolution. The formal grievance must be submitted within **5 working days after the date they are informed of the answer under the informal procedure**. The time limit may be extended when the resident shows good cause. The formal grievance must be in writing and contain the following information:

1) The specific action or incident on which the grievance is based, including the date the action or incident occurred and the date the resident first learned of the action or incident.
2) The reason(s) on which the resident based their belief that the action or incident was unjustified or that they were treated unfairly, and/or the specific policy, written agreement, or provision that was violated and how it affected the resident.
3) The corrective action requested by the resident.

Grievances will be handled in the following manner:

1. Grievances should be written and/or sent to the Residency Training Director.
2. The Training Director communicates the complaint to the Curriculum Committee within five working days of receipt of the complaint.
3. The Curriculum Committee gathers necessary information from all relevant parties (e.g., other residents, supervisors, clients, etc.)
4. The Curriculum Committee may conduct interviews to obtain additional information. This is not a litigious process, and attorneys should not be involved at this level.
5. The Curriculum Committee recommends a decision within 10 working days of the grievance being presented to the Committee.
6. The Training Director notifies the student of the recommendation in writing within three working days.

C. Decision on the Grievance: The supervisory official in the chain of command will attempt to settle the grievance. If a satisfactory resolution cannot be obtained, the formal grievance will be forwarded to the Director of the Division of Psychology. The Division Director will review the resident's grievance and relevant documentation and render a final decision within 5 working days.

D. The Psychology Training Director and/or the Director of the Division of Psychology will be responsible for administering the grievance procedure and for bringing it to the attention of the residents during their

orientation period.

E. Supervisors: Supervisors are responsible for listening to resident complaints and attempting to clarify and make reasonable adjustments to address problems that arise in daily relationships with residents. The supervisors having authority to adjust the issue(s) involved in a particular grievance are responsible for:

1) Maintaining a fair and objective attitude toward all residents in an effort to encourage an informal adjustment to the complaint(s) and/or grievance(s).
2) Being alert to any evidence or complaints of resident dissatisfaction, inquiring into the reasons for such dissatisfaction, and resolving issues and misunderstandings in an expeditious manner before the problem becomes a grievance.
3) Displaying an attitude of willingness to listen and to consider a resident's problem.
4) Giving prompt, thorough, and impartial consideration to a resident's grievance and for making a fair decision based on the facts related to the issue(s).
5) Timely and carefully documenting her/his efforts to settle each grievance as it arises.

5. RESPONSIBILITY:

A. Management: The Residency Training Director and Associate Training Directors will be responsible for administering the grievance procedure and for bringing it to the attention of the resident during their orientation period.

Sexual Harassment Policy

The MetroHealth Doctoral Residency in Health Service Psychology endorses—and residents, faculty, and supervisors must comply—with Section 1.11 and 1.12 of the *Ethical Standards of Psychologists and Code of Conduct*, which state:

1.11 Sexual Harassment

(a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile work place environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

(b) Psychologists accord sexual-harassment complaints and respondent's dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

1.12 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

Tracking Training Activities

Residents are expected to track their residency training activities in Time2Track and submit monthly reports to track leads to verify their training activities. Instructions are below for trainees who already have a Time2Track account. If residents do not have a Time2Track account, they should let the Training Director know and they will be provided with an access code to create a new account.

Instructions for Time2Track Members with an Account:

1. Click here and sign in using your current login & password. Or navigate to Time2Track.com
2. Once logged in, click the gear icon in the upper right corner of your screen, then click "Profile" in the dropdown menu.
3. In your Profile, make sure Your School is "**Metrohealth Psychology Residency**". If it is not, start typing the name of your program in the box and select the correct name in the list that appears. Your School must show "**Metrohealth Psychology Residency**" EXACTLY or you will not be connected with your program's account.
4. While you are still in your Profile, you should check to make sure your Program Level is correct.
5. Click Save at the bottom of the screen.

You are now ready to set up your Placement.

1. Once again, click on the gear icon in your account and select Placements. For detailed information and screenshots that will help you with this step click here.
2. We also offer a Quick Start Guide that will help you with the basics of getting started with Time2Track. Click here to download the Time2Track Quick Start Guide (make sure to select the guid0e that is appropriate for your program).

If you run into any problems, you can contact us at support@time2track.com.

Instructions for New Time2Track Members:

1. Click here and enter your information. Your School must show "**MetroHealth Psychology Residency** " EXACTLY or you will not be connected with your program's account.
2. Click "Next".
3. Follow the prompts to select your subscription plan and enter your payment information.
4. Once you have created your account, you will need to set up your Placement. For detailed information and screenshots that will help you with this step click here
5. Our Quick Start Guide will help you with the basics of getting started with Time2Track. Click here to download the Time2Track Quick Start Guide (make sure to select the guide that is appropriate for your program).

If you run into any problems, you can contact us at support@time2track.com.

Daily Business

Working Hours

Working hours, established by the Training Director, are typically 8am – 5 pm with a 1-hour lunch break, Monday through Friday; however, some rotations or locations may have a different start and end time.

Residents are asked to be flexible in their scheduling where possible, as some patient care clinics may vary in length depending on the complexity of the patients. Residents are not required to be available nights, weekends, or during vacation.

Vacation and Sick Leave

As of 7/1/2026, Residents will receive a bank of 280 hours of leave which includes coverage for vacation, sick time, and holidays (see page 9). It is very important that leave requests are considered wisely throughout the year to account for emergencies, illness, inclement weather, and mandatory holiday coverage. When calling off sick, please notify the relevant parties -- including immediate supervisor, program coordinator, Training Director and any clinic specific individuals -- as far in advance as possible to allow the faculty to plan for any clinical or administrative impact. If you call off during a scheduled day, it is expected that your time off begins at the time of call off – not in advance. While we realize urgent issues that require leave may arise, managing leave is considered a professional competency. If a resident's leave consistently impacts participation in a clinical rotation, experience, or didactics, the resident may be asked to use flex time to supplement the missed clinical or learning experiences to ensure clinical competencies, program requirements and hours are met. This decision would be made with input from the rotation supervisor, Track Lead, and Curriculum Committee and/or may result in a remediation plan.

To help plan accordingly, residents must reserve at least 40 hours of leave in their bank as of 4/1/2027. It is expected that residents do not take planned vacation in the last two weeks of residency to provide adequate time for completing clinical and administrative tasks before clearance. If residents exhaust their leave and an urgent issue arises, residents will be required to take unpaid leave and, per APPIC policy, extend residency to ensure clinical hours and competences are met. Specific plans will be determined in conjunction with relevant parties, including but not limited to: the resident, Curriculum Committee, Graduate Medical Education, Human Resources, and the resident's training program.

In addition to the GME PTO bank, residents will have up to 2 professional development days to use for conferences and/or fellowship interviews (coded as "Continuing Education.") These must be approved in advance in order to be used. Residents are asked to submit requests for leave via UKG at least 45 days before scheduling vacation leave. Travel requests must be submitted at least 60 days in advance. Please refer to information provided by Katie Atkinson during the orientation.

Residents are encouraged to take time off as needed to ensure their own health as well as the health of clients and other staff.

Residents should call **216-957-1555** when they need to take time off for illness. **Additionally, Residents should call or text both their direct supervisor for that day, the psychology coordinator and training director when calling off.**

Extended Absence

A resident may be excused from service for parental leave, severe illness (physical or emotional), or other legitimate reasons. Extended absences do not reduce the overall number of hours required for completing the

residency. In rare cases, a resident may need to extend the length of training in order to fulfill all required training hours. The resident and the Training Director will meet to discuss the leave and review accumulated hours to determine if training needs to be extended.

Secretarial/Technical Support
Secretarial support for scheduling patients and taking patient messages will be provided by the secretarial staff in the clinics for which they are assigned. Patient service representatives will schedule, reschedule and take messages for providers and send to them via the electronic health record. Technical Support for computer problems will be provided by the Information Services Department at MetroHealth Medical Center. The number to the IS Help Desk is 216-957-3280.

Hospital Information:

Case Western Reserve University Library Access
Residents will be provided with access to Case Western Reserve University Library and MetroHealth's Brittingham Library. They will be able to access the electronic database, online journals, and other resources of the Case Library System. Residents must activate their CWRU account in order to have access – GME sends an email at the beginning of the training year. Access must be activated within a certain time frame.

Parking: Residents will be registered for parking at the time of orientation, and access to the appropriate lot will be tied to your MetroHealth badge. The cost for parking is deducted from the residents' bi-weekly paycheck. Current cost of parking on Main Campus and Old Brooklyn is $2.50 per day for a maximum charge of $10.00 per week. Most other satellites have free parking. Parking at the Cuyahoga County Correctional Facility is not controlled by MetroHealth and may be priced higher.

Dress Code

Residents are expected to present a professional appearance. This does not mean residents should buy new clothes, but we ask that they be neat, clean, and covered. A few "no-no's":

- No flip-flops (in patient care areas, especially medical clinics: closed-toed shoes are required.)
- No jeans, no denim **with the exception of Thursdays and Fridays. Denim should not be ripped or frayed.**
- Nothing low-cut/revealing, including having no skin show between shirt and pants/skirt/bottoms, especially when sitting.

Department Information

Contact Information:

The secretaries and supervisors in the department need to have your phone number in case there is a need to contact you. These numbers will **not** be shared with patients and YOU SHOULD NOT DO SO EITHER.

***Phones and Computer Information*:**

Do not give your direct office number to patients! Give them the department number listed for your assigned clinic.

Internal MetroHealth prefixes include 778-xxxx and 957-xxxx (recent addition of 952-xxxx). To dial internal phone numbers you only need to dial the last digit of the prefix and remaining 4 digits of the number. eg 8xxxx or 7xxxx.

To call outside phone numbers, dial "9" then the number if it is the same area code (216). At the MetroHealth Parma Medical Center dial "99" for an outside line. For long distance numbers (anything but 216; 440 and 330 are other local area codes) dial "9" and then 1+ the phone number with area code. These calls will show up as "MetroHealth" on the other party's phone.

Computers:

When walking away from any computer, it should either be **"Locked" or "Logged off completely"** for security purposes. If you are walking away from a computer for more than 20 minutes—(using your best judgement) **you should log completely off so another person can use the computer.** Otherwise they will force you to log off and any unsaved work may be lost.

The computer has to be left on at night in order to update the system and get virus protection, etc. At the end of each day, be sure to **log off**.

Use of offices:

When using offices or therapy rooms, it is imperative that you clean up any mess you make. If you use another provider's office, be respectful of that provider's belongings and return the office back to the way you found it.

Food

A refrigerator and a microwave are available for your use in clinical locations; your supervisor will orient you to those spaces when you start your clinical rotations. Please clean up after yourself when you use the microwave and remember to throw away old food.

There are several places in the main hospital complex in which you can purchase food. These include:

a. Cafeteria: First floor of Glick hospital. You can put money on your ID, or arrange to have the cost of your purchase taken out of your paycheck.

b. Café (First floor near gift shop of Glick hospital). Also takes "cash-less" ID system.

c. C Market on the ground floor of the old hospital main campus, across from Radiology, is a Marketplace for employees that is monitored by video camera. Employees create an account and add money to their account for purchase of drinks, snacks, and other essentials.
d. Cedarland Outpost on the second floor of the Outpatient Pavilion. Also takes "cash-less" ID system.
e. Outside of the main campus within walking distance are Half Moon Bakery, Cedarland, Garano's, and Subway.

For rotations occurring at satellite clinics, please discuss with supervisors at your clinical sites other options for eating at your location.

Community Aspirations

MetroHealth strives to provide a respectful and collegial atmosphere. Every effort is made to provide an optimal training environment for doctoral students and doctoral interns.

Residency is a time of transition, providing opportunity for trainees to further develop skills learned during earlier years of graduate training while also preparing for entry into professional psychology as a career. We hope this residency provides many opportunities for personal and professional development.

Residents are valued colleagues. Please feel free to bring your questions, comments and concerns to faculty, staff, and supervisors.

We hope you enjoy your residency year!

Things to Do in Cleveland

Located on Lake Erie, Cleveland is a midsized city with historical neighborhoods on the west side and a burgeoning corridor between the city's center and the east side. Cleveland is also known as the Forest City due to our incredible trail systems and abundance of nature.

In addition to being the home to 3 major-league sports teams, Cleveland also boasts an extensive Metroparks system and a celebrated arts scene, including multiple museums, the 2nd-largest performing arts center in the country (Playhouse Square), and a world-renowned orchestra (Cleveland Orchestra). Additionally, Onya Nurve the WINNER of RuPaul's Drag Race (Season 17) is from Cleveland, where we have a thriving drag scene.

Websites and Instagram Accounts for Events/Things To Do:
This is Cleveland
The Cleveland Bucket List

Parks, Beaches, Towpaths:
Cleveland Metroparks (includes Zoo and public beach information): http://www.clevelandmetroparks.com
Erie Canal Towpath: http://www.nps.gov/cuva/planyourvisit/ohio-and-erie-canal-towpath-trail.htm

Arts/Theatre/Museums:
Cleveland Museum of Art: http://www.clevelandart.org/
Museum of Contemporary Art, Cleveland: http://www.mocacleveland.org/
Playhouse Square: http://www.playhousesquare.org/
Cleveland Play House: http://www.clevelandplayhouse.com/
Cleveland Public Theater: http://www.cptonline.org/
Cleveland Orchestra: www.clevelandorchestra.com

Faculty, trainees, and staff were asked for their favorite things. Here are our faves!

Favorite Restaurants:

Sarita, A Restaurant	Siam Cafe	Mia Bella	Yours Truly	Jack's Deli
Literary Tavern	Mabel's BBQ	Il Rione	Hecks	LA Pete's
Sapphire Winery	Agave and Rye	Fat Cats	Ninja Sushi	Cozumel
Thyme x Table	Hofbrauhaus	The Harp	Edwin's	Never Say Dive
Rowley Inn	LJ Shanghai	Good Company	Cordelia's	Cloak and Dagger
CentroVilla 25	Blue Pointe	Grumpy's	Dante	Erawan
Lucky's	Cleveland Bagel	Amba	JuneBerry	Marble Room
Zhug	West Side Market	Avo	SOHO Chicken	Kelsey Elizabeth
Herb'n Twine	BigMouth Donut	Terrapin Bakery	and Whiskey	Philomena Bakeshop
Humble	Goldie's Donuts	Forest City	Gather	

Favorite Local Stores/Shopping:

Cleveland Curiosities	Gordon Square	Van Aken District	Salty but Sweet
Salvaged Boutique	Beachwood Place	Urban Orchid	Spellbound
Downtown Chagrin Falls	Pinecrest	Peninsula Ohio	Funktiniland
Thrift stores (flower child, paradise galleria, all things for you, sweet lorain)	Crocker Park	On Main St in Hudson	Outlets in Aurora
	Recreational Pots and Plants	Oceanne	Ohio City
		Fount	Legacy Village

Favorite Dive Bars/Breweries:

Hail Mary's	Jukebox	The Annex	Park View Nite Club
Porco's	Thirsty Parrot	Sirna's	Treehouse
Jolly Scholar	McGinty's	Birdietown	Rowley Inn
Collision Bend	Happy Dog	Never Say Dive	Mars Bar
Lakewood Truck Park	BrewDog	The W Sports Bar	

Favorite Basic Weekend Activities:

Holden Arboretum	Lake Erie beaches	Plays at Playhouse Square	Find a festival
Stan Hywet Hall and Gardens	Cleveland Metroparks Zoo	Concerts at Blossom Music Center	Harness Cycling
Botanical Gardens	Biking/Hiking in Metroparks	Guardians games	One of the many museums
Window shopping in Ohio City/Lakewood	Szalay's fruit stand		
	3rd Fridays at 78th St Studios		

Favorite Places 2-3 hours out of the city:

Pittsburgh	Geneva on the Lake	Skiing @ Holiday Valley	Mohican Treehouses
Vermillion	Niagara on the Lake	Grandpa's Cheese Barn	Put-In Bay
Hocking Hills	CedarPoint	Detroit	Columbus

Favorite Festivals/Big Events:

Parade the Circle Uncorked at the Science Musem Blossom Orchestra with Movies or Fireworks Summer Solstice Party at CMA Cleveland Marathon (cheering or running)	Puerto Rican Festival Fresh Fest Cleveland Indie Film Fest Art Fairs all Summer 4th of July all over city	Feast of Assumption Mix at the Museum Taste of Tremont Air show AsiaFest

Favorite Hiking/Outdoorsy Spots:

Cuyahoga Valley National Park Rocky River Metropark Lakewood Park/Solstice Steps Edgewater Park Mentor Headlands Run with the Winners run club	Squire Castle Brandywine Falls Towpath Trail Kayaking on River North Chagrin Reservation South Chagrin Reservation	The Ledges SUP at Punderson Bridal Vail Falls Beaver Marsh CVNP Brecksville Nature Reserve 2nd Sole run club

Favorite Coffee shops:

Blackbird Bakery Algebra Tea House Rising Star 27 Club Coffee Edda Dahlia	Phoenix Coffe Co. Brewella's Propaganda Roasted AffoGATO (Cat cafe)	Lekko Ready Set Coffee Roasters Root Cafe Duck-rabbit coffee Six shooter

Appendix A

Sample Pediatric Psychology Track Resident Schedule

Time		Monday	Tuesday	Wed	Thursday	Friday
7am	:00				**Pediatrics**	
	:30				Grand Rounds	
8am	:00	**Outpatient rotation**	**Primary Care rotation**	**Outpatient rotation**	**Primary Care Rotation**	**Admin/Prof Development**
	:30					
9am	:00					
	:30				Supervision	
10am	:00				Staffing in clinic	
	:30					
11am	:00		Supervision			
	:30		Staffing in clinic			
12pm	:00	**Lunch**	**Lunch**	**Psychiatry**	**Bioethics @ noon**	**Lunch**
	:30			Grand Rounds	1x Month	
1pm	:00			**Specialty Rotation**		**Supervision**
	:30					
2pm	:00				**Group Supervision**	**Admin/Prof Development**
	:30		Supervision			
3pm	:00		Staffing in clinic		**Psychology Didactics**	
	:30					
4pm	:00				Seminar Series	
	:30					

Sample Neurodevelopmental Disability Track Resident Schedule

Time		Monday	Tuesday	Wed	Thursday	Friday
7am	:00				**Pediatrics**	
	:30				Grand Rounds	
8am	:00	**Outpatient rotation**	**Primary Care rotation**	**Assessment Rotation**	**Primary Care - TEAM**	**Admin/Pro Development**
	:30					
9am	:00					
	:30					
10am	:00					
	:30					
11am	:00		Supervision			
	:30		Staffing in clinic			
12pm	:00	**Lunch**	**Lunch**	**Psychiatry**	**Bioethics @ noon**	**Lunch**
	:30			Grand Rounds	1x Month	
1pm	:00			**Assessment Rotation**		**Supervision**
	:30					
2pm	:00				**Group Supervision**	**Admin/Pro Development**
	:30		Supervision			
3pm	:00		Staffing in clinic		**Psychology Didactics**	
	:30					
4pm	:00				Seminar Series	
	:30					

Sample Trauma/Community Health Track Resident Schedule

Time		Monday	Tuesday	Wed	Thursday	Friday
7am	:00				**Pediatrics**	
	:30				Grand Rounds	
8am	:00	**Outpatient rotation**	**Foster Care**	**Outpatient rotation**	**Primary Care Rotation**	**Admin/Pro Development**
	:30					
9am	:00					
	:30				Supervision	
10am	:00				Staffing in clinic	
	:30					
11am	:00		Supervision			
	:30		Staffing in clinic			
12pm	:00	**Lunch**	**Lunch**	**Psychiatry**	**Bioethics @ noon**	**Lunch**
	:30			Grand Rounds	1x Month	
1pm	:00		**Foster Care**	**School Based Health Clinic**		**Supervision**
	:30					
2pm	:00				**Group Supervision**	**Admin/Pro Development**
	:30		Supervision			
3pm	:00		Staffing in clinic		**Psychology Didactics**	
	:30					
4pm	:00				Seminar Series	
	:30					

Sample Adult Health Track Resident Schedule

Time		Monday	Tuesday	Wed	Thursday	Friday
8am	:00					
	:30					
9am	:00	Weight Management	Integrated Primary Care	Integrated Primary Care	**Assessment Rotation**	Weight Management
	:30	Beachwood			Integrated Primary Care	Main Campus
10am	:00	Satellite	Broadway	Broadway	Ohio City	
	:30					
11am	:00					
	:30					
12pm	:00	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
	:30					
1pm	:00				**Travel Time**	Weight Management
	:30					Main Campus
2pm	:00		IPC		Group	
	:30	Flex		Flex	Supervision	
3pm	:00	(Admin/Prof		(Admin/Prof	Didactics	
	:30	Development)		Development)		
4pm	:00				Didactics	
	:30					

Sample Adult Health Track Resident Schedule – SPMI Track

Time		Monday	Tuesday	Wed	Thursday	Friday
8am	:00					
	:30				Flex	
9am	:00	Specialty Care: MAT/SUD	Inpatient Rotation	Inpatient Rotation	(Admin/Prof Development)	Inpatient Rotation
	:30	Broadway	Cleveland Heights BH Hospital	Cleveland Heights BH Hospital		Cleveland Heights BH Hospital
10am	:00					
	:30					
11am	:00					
	:30					
12pm	:00	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
	:30					
1pm	:00	Flex (Admin/Professional Development)	Inpatient Rotation	Inpatient Rotation		Inpatient Rotation
	:30		Cleveland Heights BH Hospital	Cleveland Heights BH Hospital		Cleveland Heights BH Hospital
2pm	:00				Group Supervision	
	:30					
3pm	:00				**Didactics**	
	:30					
4pm	:00				Didactics	
	:30					

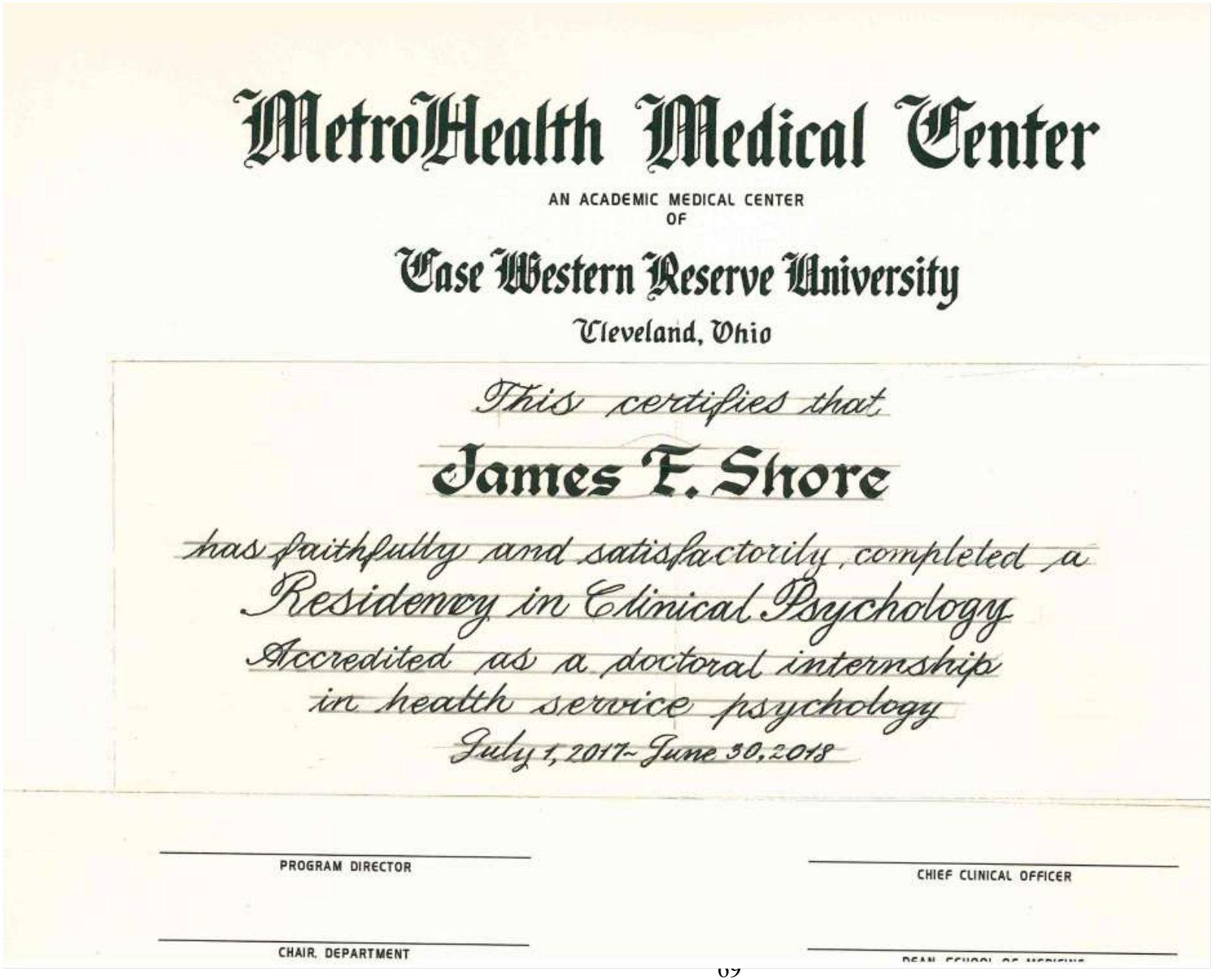
Appendix B **Sample Didactics Schedule**

Psychology Doctoral Residency Program
2024-2025 Didactic Topics and Facilitators

1. **Professionalism & Self Awareness:** Resident Wellness, Dr. Angela Capuano-Fant
2. **Professionalism & Self Awareness:** Tips & Tricks, Fellows
3. **Cultural & Individual Diversity:** Poverty SIM
4. **Intervention:** Motivational Interviewing Part 1, Dr. Berko
5. **Intervention:** Telehealth 101, Dr. Murray
6. **Assessment:** CSSRS & SAFET, Dr. Myers
7. **Cultural & Individual Diversity:** Social Determinants of Health, Dr. Ramirez
8. **Ethics & Legal Standards:** CAP Series: Special Ed Law, J. Baaklini, JD
9. **Cultural & Individual Diversity:** Gender-affirming/LGBTQ-affirming care across the lifespan, Drs. McCann & MacDougall
10. **Interpersonal Communication Skills:** Teams & Interpersonal Communication, Dr. Nielsen
11. **Cultural & Individual Diversity:** Hispanic/Latinx families in the clinical setting, Dr. Ruiz Acosta
12. **Ethics & Legal Standards:** CAP Series: school discipline law; homeless students; bullying; J. Baaklini, JD
13. **Intervention:** Trauma-Informed Care, Dr. Benuska
14. **Intervention:** Recovery-Oriented Care, Dr. Mandel
15. **Intervention:** Eating Disorders & Trauma, Dr. Cynthia Shih
16. **Assessment & Diagnosis:** Peds Child Psych Intake, Deb Casciato, LISW-S
17. **Assessment & Diagnosis:** SUD ASAM criteria, Dr. Alto
18. **Assessment & Diagnosis:** Billing & Coding of Assessment, Dr. Armstrong
19. **Assessment & Diagnosis:** Diagnostic Interviewing, Dr. Lea & Shiles
20. **Assessment:** Peds SUD, Dr. Dooley
21. **Professionalism & Self-Awareness:** Applying for post-doc, Dr. Pajek
22. **Professionalism & Self-Awareness:** Community Wellness Event-Trunk or Treat
23. **Cultural & Individual Diversity:** Weightism, Dr. Caldwell
24. **Assessment & Diagnosis:** Differential Diagnosis, Dr. Mandel
25. **Assessment & Diagnosis:** Intellectual Developmental Disability, Dr. Bodner
26. **Ethics & Legal Standards:** Public Benefits/Medicaid/Food Stamps/PRC, J. Baaklini, LISW-S
27. **Intervention:** CBT-I, Dr. Burger
28. **Scientific Knowledge & Methods:** Developmental Milestones, Dr. Pajek
29. **Assessment & Diagnosis:** Assessment of Bilingual Patients, Drs. Acosta & Bodner
30. **Intervention:** Mindfulness, Dr. Shiles
31. **Intervention:** Motivational Interviewing Part 2, Dr. Berko
32. **Intervention:** Cognitive Processing Therapy & Prolonged Exposure Therapy, Dr. Benuska
33. **Ethics & Legal Standards:** CAP Housing & Utilities, J. Baaklini, JD
34. **Scientific Knowledge & Methods:** Early Intervention, Dr. Pajek
35. **Intervention:** Parenting Interventions, Dr. Pajek

36. **Scientific Knowledge & Methods:** middle childhood, Dr. Nielsen
37. **Intervention:** Behavioral Activation, Dr. Alto
38. **Scientific Knowledge & Methods**: Adolescence, Dr. Dooley
39. **Ethics & Legal Standards:** CAP child SSI, J. Baaklini, JD
40. **Supervision:** Intro to Supervision Part 1, Dr. Myers
41. **Cultural & Individual Diversity:** Redlining Exhibit: Community Engagement Event
42. **Supervision:** Intro to Supervision Part 2, Dr. Myers
43. **Supervision:** Supervision InVivo, Drs. Myers/MacDougal/Benuska/Ramos-Cardona
44. **Supervision:** Supervision Wrap-Up, Dr. Myers
45. **Scientific Knowledge & Methods:** Autism, Dr. Armstrong
46. **Consultation:** Integrated Care, Dr. Ratner
47. **Professionalism & Self-Awareness:** Program Development, Dr. Lea
48. **Scientific Knowledge & Methods:** Eating Disorders, Dr. Caldwell
49. **Assessment & Diagnosis:** Sexual Health, Dr. Spille
50. **Intervention:** OCD, Dr. Mauro
51. **Intervention:** Tics, Dr. Abounador
52. **Intervention:** Mindfulness Part 2, Dr. Shiles
53. **Scientific Knowledge & Methods:** Late Adulthood; Dr. Pearman
54. **Scientific Knowledge & Methods:** Clinical, Actuarial, & Structured Professional Approaches to Decision-Making/Risk Assessment, Dr. Pontaue
55. **Intervention:** Binge Eating, Dr. Goldfinger
56. **Professionalism & Self-Awareness:** Giving & Receiving Feedback, Dr. Reeves
57. **Scientific Knowledge & Methods:** Perinatal mood and anxiety, Dr. Pajek
58. **Intervention:** Treatment Resistant Depression, Dr. Herrold
59. **Professionalism & Self-Awareness:** EAP
60. **Professionalism & Self-Awareness:** Professional Identify Development & Transitioning to Early Career Psychologist, Dr. Ramos-Cardona

Appendix C Mock up Completion Certificate



MetroHealth Medical Center

AN ACADEMIC MEDICAL CENTER
OF

Case Western Reserve University

Cleveland, Ohio

This certifies that

James F. Shore

has faithfully and satisfactorily completed a
Residency in Clinical Psychology
Accredited as a doctoral internship
in health service psychology
July 1, 2017 - June 30, 2018

PROGRAM DIRECTOR

CHIEF CLINICAL OFFICER

CHAIR, DEPARTMENT

DEAN, SCHOOL OF MEDICINE

Appendix D. Evaluation:

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Appendix E

Policy Acknowledgement of Diversity Policy

As articulated in our program training statement, we are committed to a training process that ensures that residents develop the knowledge, skills, and attitudes, beliefs, and values to work effectively with members of the public who embody intersecting demographics. Our training program is committed to providing an inclusive and welcoming environment for all members of our community. Consistent with this principle, clinic policy requires that supervisors and residents do not discriminate on the basis of age, sex, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status in the services provided at the residency training sites.

In some case, tensions may arise for a resident due to differences in beliefs or values with clients. Because the residents will have to navigate these sorts of clinical situations in their future practice careers, the program has a responsibility to prepare residents to do so in a safe and ethical manner. The program will respectfully work with students as they learn how to effectively practice with a broad range of clients. Thus, residents should expect to be assigned clients that may present challenges for them at some point in training.

If residents do not feel comfortable or capable of providing competent services to a client because it conflicts with the resident's beliefs or values, it is the trainee's responsibility to bring this issue to the attention of this/her supervisor. Because client welfare and safety is always the first priority, decisions about client assignment and reassignment are the responsibility of the faculty/supervisors.

I have reviewed the above and agree.

Resident Signature Date

Faculty Signature Date

Click here to enter text.

Appendix F.

Acknowledgement of Receipt of Training Aims and Objectives, Residency Completion Criteria Due Process Policy, Grievance, and Sexual Harassment Policy.

I agree that faculty have reviewed the Training Goals and Objectives, Residency Completion Criteria Due Process Policy, Grievance, and Sexual Harassment Policy during orientation. I also acknowledge that I received a copy of these policies in my Residency Handbook. I have opportunities to ask questions and understand that if other questions arise I can ask the Training Director(s) or a faculty member.

Resident Signature Date

Faculty Signature Date

Click here to enter text.