

**Dallas-Fort Worth OCD Treatment
Specialists Postdoctoral Fellowship
Consortium**

Training Handbook

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Training Handbook

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DFW OCD Treatment Specialist (DOTS) Postdoctoral Fellowship Consortium

Overview

The Dallas-Fort Worth (DFW) OCD Treatment Specialist (DOTS) Postdoctoral Fellowship Consortium (“DOTS Consortium”) is a collaboration between outpatient psychotherapy practices specializing in cognitive-behavioral treatments for obsessive compulsive disorder (OCD) anxiety, depression and related disorders. The DOTS Consortium fills a specific need for evidence-based and specialized practice in the Dallas area. The DOTS Consortium currently consists of two private group practice training sites: Gayle Psychology, PLLC, and Specialists in OCD & Anxiety Recovery (SOAR), PLLC.

Established in 2022, the DOTS Consortium was founded on the premise of creating an environment of providing excellent care to clients as well as uplifting the next generation of psychologists by providing them with comprehensive clinical training and professional development.

Each member of the DOTS Consortium has both a general expertise in psychology as well as specialized training in specific areas. The hope is to learn from each other’s strengths and support one another’s practice of psychology through collaboration and consultation.

Our Team

Training Director - Crystal Gayle, Ph.D.

Crystal Gayle, PhD, serves as the DOTS Consortium Training Director and primary supervisor for all postdoctoral trainees assigned to the Gayle Psychology, PLLC training site. Dr. Gayle earned her master’s and doctorate degree from the APA-accredited and NASP-approved School Psychology program at the University of Rhode Island. She earned her bachelor’s degree in psychology and educational studies from Emory University. Her doctoral training focused on psychological and educational assessment, as well as utilizing CBT to treat anxiety, depression, behavior problems, stress, anger, and trauma. She has provided therapy and assessments in elementary and high schools located in urban and rural communities in Rhode Island, university treatment programs, juvenile correctional facilities, and children's hospitals. Dr. Gayle completed her pre-doctoral internship at Rutgers University Behavioral Health Care in New Jersey where she conducted child and adolescent assessments, and individual, group, and

family therapy. There she also helped supervise the master-level interns. Dr. Gayle completed her post-doctoral training at Dallas CBT, a private practice that specializes in anxiety disorders, OCD, and psycho-education evaluations. She also helped train and supervise the master's level clinician there. After, she worked at the Great Life counseling center for two years where she was the assessment supervisor and supervisor to many of the practicum students and postdoctoral fellows. Since opening Gayle Psychology in 2022, she also is the primary supervisor for a doctorate-level clinician pursuing independent licensure.

Lead Training Psychologist - Molly Martinez , Ph.D.

Molly Martinez, PhD serves as the DOTS Consortium Lead Training Psychologist and primary supervisor for all postdoctoral trainees assigned to the Specialists in OCD & Anxiety Recovery (SOAR), PLLC training site. Dr. Martinez is a licensed clinical psychologist and Owner and Director Specialists in OCD & Anxiety Recovery (SOAR), a specialist group practice in Dallas, Texas. Dr. Martinez completed her doctoral degree in clinical child and adolescent psychology at The Ohio State University and her internship at Lurie Children's Hospital of Chicago. She is currently licensed in Texas (previously licensed in Hawaii and Ohio) and is credentialed with PSYPACT to provide telehealth services to patients across the United States.

Dr. Martinez is a regular presenter on topics related to OCD at national conferences, including the International OCD Foundation (IOCDF) and Anxiety & Depression Association of America. Her presentations cover various topics related to OCD, developmental considerations in the treatment of children and adolescents, and ethical considerations in the field of mental and behavioral health. In 2023, Dr. Martinez was honored to join the faculty of the IOCDF's Behavioral Therapy Training Institute in 2023, the premier professional training and certification program for the evidenced-based treatment of OCD.

Dr. Martinez is passionate about the evidence-based treatment of OCD and anxiety in children, adolescents, & adults. In addition to serving individuals and families with OCD, she strives to increase understanding and decrease stigma surrounding OCD among professionals and the general public. Dr. Martinez founded and coordinates DFW OCD Treatment Specialists (DOTS), a professional consultation, networking, and advocacy group serving the Dallas-Fort Worth area. She is also past-president of the non-profit Humanitarian Outreach for Migrant Emotional Health (H.O.M.E., homemigration.org), which provides vital documentation of trauma and mental health concerns for immigrants and asylum-seekers to the U.S. in support of their legitimate claims for protection within American borders.

Consortium Sites

1. Gayle Psychology PLLC

Address: 6301 Gaston Ave., Suites 1204 and 1217
Dallas, Texas 75219

Phone: 805-668-4522

Fax: 866-875-4482

General email: Crystal@GaylePsychologyPLLC.com

Website: www.GaylePsychologyPLLC.com

2. Specialist in OCD and Anxiety Recovery, (SOAR), PLLC

Address: 1701 N Collins Blvd, Suite 230,
Richardson, TX 75080

Phone: 214-810-4667

General email: admin@soartgether.net

Website: <https://soartgether.net>

Training Director Responsibilities

The postdoctoral fellowship is overseen by the training director and lead training psychologist. The training director and lead training psychologist are licensed psychologists in the state of Texas with experience in training and supervision of psychology trainees. The training director is directly responsible for ensuring the overall quality of the training program and that the training needs of the trainees are met through the overseeing of training activities, goals, and objectives as well as documentation of the trainee's training record.

Clinical Supervision

The Training Director will serve as the primary supervisor for post-doctoral fellows at the Gayle Psychology, PLLC location and the lead psychologist will serve as the secondary supervisor. The Lead psychologist will serve as the primary supervisor for postdoctoral

fellows at Specialist in OCD and Anxiety Recovery, (SOAR), PLLC and the training director will serve as the secondary supervisor. Other licensed team members or advanced trainees at both sites may also provide supervision and consultation. When needed, other psychologists in the community will be designated as consultants for presenting issues outside of the treatment specialties of the primary supervisor and/or secondary supervisor. Supervision will be provided in compliance with the standards set forth by the Texas State Board of Examiners of Psychology. Individual and/or group supervision will be scheduled and held weekly notwithstanding reasonable scheduling conflicts.

According to the Texas Behavioral Health Executive Council and Texas State Board of Examiners of Psychologists Rules :

A formal postdoctoral program which meets the following criteria will be considered substantially equivalent to an APA accredited or APPIC member program:

- (1) An organized experience with a planned and programmed sequence of supervised training experiences.
- (2) A designated psychologist responsible for the program who possesses expertise or competence in the program's area.
- (3) Two or more licensed psychologists on staff, at least one designated as supervisor with expertise in the area of practice.
- (4) A minimum of 2 hours per week of face-to-face supervision.
- (5) A minimum of 2 additional hours per week of learning activities.
- (6) A minimum of 25% of the fellow's time is spent providing professional psychological services.
- (7) Admission requirements that require the applicant to complete all professional degree requirements and a pre-doc internship, which at a minimum meets Council requirements.
- (8) A requirement that participants use titles such as intern, resident, fellow, or trainee.
- (9) Documentation describing the goals, content, organization, entrance requirements, staff, mechanisms for a minimum of 2 evaluations per year, and a statement that the program meets Texas' licensure requirements.
- (10) At a minimum, an informal due process procedure regarding deficiencies and grievances.
- (11) A written requirement for at least 1500 hours to be completed in not less than 9 months and not more than 24 months.

DFW OCD Treatment Specialist Consortium Values

The DFW OCD Treatment Specialist Consortium team is guided by the following core values:

Transparency: We believe that the best work environment is cultivated by being true to yourself as well as being honest and forthright.

Balance: We show up as our true selves every day as well as to our clients. We support taking care of ourselves so that we can show up as our best selves for the team and our clients.

Excellence: We go above and beyond to treat our clients. We always use evidence based treatments as well as keep up to date on the most effective interventions to ensure that we are giving our clients the best care possible.

Individuality: We play to our strengths and honor the unique attributes and personality of team members.

Accountability: We pride ourselves on holding each other responsible for our words and actions.

Training Goals and Objectives

The overarching goal of the postdoctoral fellow program is to provide advanced training in psychology and prepare the fellow for independent practice as a licensed psychologist with a specialty in the assessment and treatment of OCD, OCD-related disorders, anxiety disorders (and their common comorbidities) in adults, adolescents, and children. Similarly, the goal for the advanced practicum placement is to fine tune the clinicians clinical skills and prepare them for independent practice.

Fellows will be placed based on site availability, fit for the clinical emphases of each site, and in consideration of fellow preference. Whether you are training at Gayle Psychology, PLLC or Specialists in OCD and Anxiety Recovery (SOAR), PLLC, you will be comprehensively trained in Cognitive Behavioral Therapy. You will also be trained in Exposure and Response Prevention and other evidence-based treatments of OCD, anxiety, and related disorders. The goal of the consortium is to train more competent psychologists that specialize in OCD, anxiety, and related disorders to serve the Dallas-Fort Worth area. There is currently a dire need for this type of treatment in the Dallas-Fort Worth area. All postdoctoral fellows will have a chance to be a part of the DFW OCD Treatment Specialists (DOTS), a consultation group founded by Dr. Martinez for specialists who treat OCD, anxiety, and related disorders. This serves as a great networking opportunity for postdoctoral fellows to meet other therapists and psychologists in the area, as well as learn about different employment opportunities in the area to consider at the completion of their postdoctoral fellowship.

The specific goals and objectives of the DOTS Consortium fellowship are as follows.

Goals and Objectives

GOAL 1: Development of professional identity and broad competencies in the field of psychology, as outlined below (see “General Training Competencies”).

GOAL 2: Competence in delivering evidence-based treatment in OCD and anxiety disorders

Objectives

1. Training in cognitive behavioral therapy
2. Training in exposure and response prevention
3. As applicable, training in comprehensive behavioral (ComB) treatment for body-focused repetitive behaviors, comprehensive behavioral treatment for tics and Tourette disorder (CBIT), and other evidence-based protocols

GOAL 3: Preparation and completion of licensure in psychology in the state of Texas

Objectives

1. Passing the EPPP examination
2. Passing of the Texas jurisprudence examination
3. Completion of 1500 or more clinical hours

The primary goal of the DOTS Consortium fellowship is to guide the fellow in developing and strengthening their professional identity and achieving the following general competencies.

General Competencies

1. Competency in providing evidence-based treatment to adult, adolescent and child clients.
2. Ability to formulate and conceptualize clinical cases within an evidence-based framework.
3. The fellow will be able to conduct intake evaluations and formulate treatment plans based on an evidence-based framework.
4. Competence in psychological assessment and diagnosis.
5. The fellow will understand and maintain ethical standards.
6. A foundation in evidence-based practices through the ability to integrate scientific findings with clinical practice.
7. The training program will provide general professional training and guidance as the trainee develops a sense of professional identity in his/her own independent practice.
8. The fellow will be able to readily accept and perform tasks and seek opportunities to improve their knowledge base.

9. The fellow will be able to present him/herself in a professional manner through composure, organization, and confidence.
10. The fellow will be able to demonstrate awareness of personal and professional limitations.
11. The fellow will be able to demonstrate an ability to interact appropriately with clients, supervisors and staff.
12. The fellow will be able to demonstrate sensitivity to others' perception of his/her behavior
13. The fellow will be able to conform to ethical principles in professional work and practice
14. When available, the postdoctoral fellow will provide training and clinical supervision to graduate students, interns, and/or masters level practitioners.
15. The fellow will be able to obtain licensure as a Provisionally Licensed Psychologist in the state of Texas
16. The Fellow will meet all deadlines for submission of application materials to the Texas State Board of Examiners of Psychologists (TSBEP) for required exams and licensure.

General Training Plan

An individual training plan will be developed for each fellow to address specific activities and supervision. In general, training activities will occur at the main office where their primary supervisor is located. However some of the activities listed - such as area workshops, didactics, presentations, etc. will take place outside of the practice. The fellow will always be notified in advance as to when and where these activities will occur.

1. Direct clinical practice with child, adolescent, and adult clients.

The trainee will be assigned cases meeting the needs of the agency as well as the needs of the fellow. This is done through regular meetings with the clinical supervisor. The trainee is generally expected to spend 50% of his/her time in direct clinical practice (that is, 25-30 sessions/per week for a postdoctoral fellow).

2. Clinical supervision.

Clinical supervision will consist of weekly individual supervision for general cases (2 hours, additional time as needed). The primary clinical supervisor will have the opportunity to observe the fellow live (via remote a/v feed) or recordings of sessions. The secondary supervisor will conduct supervision based on areas of specialization and as needed.

3. Co-facilitation of groups with an experienced clinician.

The fellow will have the opportunity to assist experienced clinicians with groups such as the social anxiety group. Responsibility for the group will increase as the fellow's experience increases.

4. Direct observation of other clinicians.

The fellow will have the opportunity to observe other licensed clinicians when discussed in advance with the clinician who will ensure this is acceptable and in the interest of the client.

6. Participation in weekly consult meetings.

The trainee is expected to participate as a full member of the staff and as such will be expected/required to attend and participate in the practice's weekly consult meeting. The weekly hour meeting consists of team announcements, case consultations, and didactic activities.

7. Participation in workshops and professional conferences.

The trainee will have the opportunity to attend professional workshops and conferences sponsored by area partnerships.

8. Development and presentation of workshops, community in-service trainings, and or other presentations.

The fellow may be asked to assist in developing training activities for consult meetings.

Site Specific Training

The DOTS Consortium consists of two training sites: Gayle Psychology, PLLC and Specialists in OCD & Anxiety Recovery (SOAR), PLLC. Fellows will be placed based on

site availability, fit for the clinical emphases of each site, and fellow preference. The clinical emphases of the sites are as follows:

Site 1 (Gayle Psychology, PLLC)

1. The training program will provide training in **Cognitive-Behavioral Therapy**
 - a. General CBT and CBT for depression (1st quarter)
 - b. Exposure therapy (2nd quarter)
 - c. ERP for OCD (3rd quarter)
 - d. Optional training track (4th quarter)
 - e. Optional training experiences include:
 - i. evidence based treatments for Trauma
 - ii. evidence based treatments for trichotillomania and body focused repetitive disorders.
2. Additional site emphasis at Gayle Psychology, PLLC
 - a. multicultural considerations
 - b. ADHD and Psycho-educational Assessments

Site 2 (SOAR, PLLC)

1. First month: Review fundamentals of CBT (qualified candidates will have a solid background in CBT coming into their postdoc)
2. Quarter 1:
 - a. Diagnosis and assessment of OCD/anxiety disorders
 - i. Clinical interview
 - ii. Standardized rating scales
 - iii. Ongoing symptom tracking and assessment
 - b. ERP for OCD
 - c. exposure therapy for generalized anxiety
 - d. Ethical considerations in psychotherapy
3. Quarter 2:
 - a. Focus on challenging comorbidities (mood disorders, depression, trauma, comorbidities, etc)
 - b. Working with children/adolescents
4. Quarter 3:
 - a. OCD-related disorders (eg, BFRBs, BDD, tics/Tourette, health anxiety disorder)

- b. Additional evidence-based therapies for OCD/anxiety (eg, ACT, Inference-Based CBT)
- 5. Quarter 4:
 - a. Complex cases
 - b. Maintenance, relapse prevention, and termination
- 6. Additional site emphasis at SOAR
 - a. Ethics issues in therapy and the profession
 - b. Home-, community-, and school-based therapy and outreach
 - c. Body-focused repetitive behaviors (BFRBs)
 - d. Tic and Tourette Disorders
 - e. Out of network insurance coverage
 - f. Advocacy

Postdoctoral Position and Designation:

Depending on site assignment, the postdoctoral fellow will be considered members of the Gayle Psychology, PLLC team or Specialists in OCD & Anxiety Recovery (SOAR), PLLC team and are expected to participate in meetings and activities as any team member would. The postdoctoral fellowship is a one-year position with the expectation of completing requirements for full licensure in the state of Texas. Upon completion of 1500 hours of clinical and administrative work, as required for licensure in the State of Texas, a certificate will be provided. There is the opportunity for the fellow to stay more than one year if they have not completed all of the requirements for independent licensure in the one year time frame. They will use the additional year or years to further refine their clinical skills and have the opportunity to focus their attention on additional site clinical interests.

The trainees schedule will be set according to the needs and hours of operation of the practice, the needs of the trainee, and the availability of a licensed clinician to be in the office. Prior to licensure, the trainee is expected to ensure that a licensed clinician is in the office and is aware while the trainee is seeing clients. This is for emergencies only, as the other clinician will likely be in session. Once the post-doctoral fellow has obtained licensure for independent practice, this restriction will be lifted.

Requirements and Designations for Postdoctoral Fellows:

Prerequisites for employment as a postdoctoral fellow include completion of an APA doctoral program in clinical, counseling, or school psychology, and APA accredited internship. Applicants who interview prior to completion of their program should provide assurance of diploma completion date prior to the start date of employment at Gayle

Psychology PLLC or SOAR (e.g., letter from DCT verifying completion of degree requirements).

The Postdoctoral Fellow will have the title of “Postdoctoral fellow in Psychology.” The fellow should clearly indicate supervision status on all correspondence (e.g., “Supervised by Crystal Gayle, Ph.D.”), notes and other communications. Notes and correspondence should be signed with the highest degree attained (e.g., Ph.D., Psy.D.) in addition to the appropriate title.

Funding

Both sites (i.e., Gayle Psychology PLLC and SOAR) will offer the postdoctoral fellow a salary commensurate to \$65,000 per year, contingent upon productivity expectations after Month 4. Caseloads will be built over the first four months of the postdoctoral fellowship with no productivity penalty. After Month 4, fellows have a productivity expectation of 100 clients per month. If a fellow does not meet the productivity expectation for two consecutive months, the stipend will be prorated. Prorated stipends will reflect actual productivity (e.g., if a fellow sees 80 clients in a month rather than the 100 client productivity expectation, they would earn 80% of the stipend for the month). In addition, the fellow will receive a monthly stipend for health insurance reimbursement, paid liability insurance, reimbursement for the cost of the EPPP exam, and a \$250 stipend for educational activities.

Evaluation Procedures

The trainee receives a formal evaluation from the clinical supervisor at each 4-month period. The fellow will be evaluated in a variety of competency areas and will be given specific feedback on strengths and areas for improvement. The fellow will also have an opportunity to provide feedback to the Clinical Supervisor at the end of each 4-month period. Formal Due Process and Grievance Procedures are in place for the trainee and practice regarding problem situations.

Due Process Procedure & Policies

At the beginning of the training year, each fellow is provided with the following:

1. A copy of our Due Process policy (see below), which provides a definition of competency standards, a listing of possible measures, and an explicit discussion of the due process procedures; and
2. A copy of our grievance procedures policy (see below), which provides guidelines to assist fellow(s) who wish to file complaints against staff members and explains the process if a supervisor has a concern regarding a trainee that does not fall under the competence standards/adequate performance (see due Process).

General Due Process Guidelines

Due process ensures that decisions made about trainees by the DFW OCD Treatment Specialist Consortium are not arbitrary or personally based. It requires that DFW OCD Treatment Specialist Consortium identify specific evaluative procedures which are applied to all trainees; and have appropriate appeal procedures available to the trainee so that they may challenge an action taken by DFW OCD Treatment Specialist Consortium Training Program, which they do not agree with (see Appeals).

Rights of Postdoctoral Fellows

1. To be informed of the expectations, goals, and objectives of the postdoctoral program
2. To be trained by competent professionals who behave in accordance with APA ethical guidelines
3. To be treated with professional respect in keeping with their advanced level of training

4. To have individual training needs identified and documented in the training evaluations
5. To receive ongoing evaluation that is specific, respectful, and pertinent; and to be informed in a timely manner if they are not meeting post doctoral program standards
6. To engage in ongoing evaluation of the postdoctoral program, including informal surveys once per year
7. To be afforded due process for concerns related to performance standards. Due process procedures will include taking the fellow's viewpoint into account and extending the fellow the opportunity to remediate problems in order to successfully complete the postdoctoral program
8. To utilize grievance procedures to resolve non-evaluation-related problems and disputes that may arise during the training year
9. To be granted privacy and respect for one's personal life including respect for one's uniqueness and differences

Responsibilities of Postdoctoral Residents

1. To function within the bounds of all state and federal laws and regulations, as well as APA ethical and professional practice standards (all fellows are expected to refer to and abide by the APA's Ethical Principles and Code of Conduct)
2. To adhere to the policies and procedures of the DFW OCD Treatment Specialist Postdoctoral Consortium as outlined in this handbook
3. To demonstrate skill proficiency in clinical services and ethical practice as established by the APA.
4. To attend and participate in didactic trainings and seminars, staff meetings, case conferences, and individual and group supervision meetings
5. To maintain professional, collegial interactions in the workplace, including offering constructive feedback and being receptive to feedback

Postdoctoral Program Responsibilities

1. To provide information regarding laws, standards, and guidelines governing the practice of clinical psychology and to provide forums to discuss the implementation of such standards

2. To ensure that staff engage with fellows and each other in a respectful, professional, and ethical manner
3. To promote diversity and inclusion in the workplace
4. To provide high quality clinical experiences, supervision, and didactic trainings and seminars
5. To provide opportunities for fellows to offer input to the postdoctoral program through their supervisory experiences and through meetings with the training director
6. To communicate postdoctoral program expectations, and standards for evaluation, including how fellows will be evaluated and by whom
7. To provide fellows with verbal feedback in weekly supervision meetings and in four month written evaluations so that they may improve their skills and address competency problems in a timely manner
8. To implement due process and grievance procedures for problems related to fellows competencies and professional functioning, postdoctoral program standards, and interpersonal disputes; and to allow fellows sufficient time to appeal decisions with which they disagree
9. To make decisions about fellow remediation, probation, suspension, and termination utilizing multiple sources of information; to develop remediation plans for performance deficiencies with timeframes; and to clearly communicate to fellows the consequences of not correcting the deficiencies
10. To make accommodations for special training needs for fellows who qualify under the American with Disabilities Act

Definition of Problematic Behavior:

A Problematic Behavior interferes with the fellow's professional competence and is defined by:

1. An inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to and/or unwillingness to acquire professional skills in order to reach an acceptable level of competence; and/or
3. An inability and/or unwillingness to control personal stress, psychological problems and/or excessive emotional reactions which interfere with professional functioning.

The training staff at both sites of the consortium should use their professional judgment in determining when a fellow's behaviors, attitudes, or characteristics have become problematic. Problematic Behaviors may include the following features:

1. The fellow does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by clinical or didactic training.
3. The quality of services delivered by the fellow is sufficiently negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention and time by training faculty is required to address the problem.
6. The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.
7. The behavior has potential legal or ethical ramifications if not addressed.
8. The behavior potentially causes harm to clients.
9. The behavior negatively impacts the public view of DFW OCD Treatment Specialist Postdoctoral Consortium.
10. The behavior negatively impacts the training cohort or clinic staff.

Informal Discussion

Informal Discussion is the first step to addressing performance or behavioral concern(s) that do not rise to the level of a Problematic Behavior. The fellow's supervisor is responsible for providing the fellow with feedback about their progress during regularly scheduled supervision meetings throughout the year. If a concern arises, the supervisor should inform, advise, and/or coach the fellow to enable them to successfully address the concern. The fellow should be given a timeframe in which to correct the concern and may be provided additional support over subsequent supervision meetings. Any staff member who observes the fellow to be out of compliance with a policy or procedure should inform the fellow's supervisor and/or the training director. The fellow's supervisor and/or training director will document their discussion(s) with the fellow in their supervision notes. These notes will not become part of the fellow's official training file.

Due Process Procedure

The DOTS Consortium Postdoctoral Fellowship Due Process Procedures follow a Notice, Hearing, and Appeal structure.

If a fellow's professional conduct, professional development, or performance issues persist even after an Informal Discussion; or if the fellow demonstrates a Problematic Behavior; or if the fellow is not meeting minimum levels of achievement (i.e., is receiving

ratings of less than “3 - Average; Satisfactorily Proficient; ” on any competency element of the evaluation form) at any point in the training year, then formal Due Process Procedures will be initiated. For ratings of “2 - Below Expectations; Minimal Proficiency” the following procedures are considered discretionary at the end of the first evaluation period (Month 4) and mandatory at the end of the second and/or final evaluation periods (Months 8 and 12). For ratings of “1 - Unsatisfactory; Significant Lack of Proficiency” the following procedures are considered mandatory at any point in the training year(s).

Formal Notification and Hearing

1. The fellow’s supervisor or other concerned staff member(s) will first consult with the training director and/or site supervisor to discuss the issue. The training director may interview others with relevant information. The training director will notify the fellow in writing that a performance or behavioral concern has been raised to the level of formal review and that a Hearing will be held.
2. As soon as possible, but no later than ten (10) business days after the fellow receives a Notice of Hearing, the training director (or their designee) will appoint a Hearing Committee and schedule a Hearing. Every effort will be made to expedite the committee formation and hearing process. The committee will be composed of no fewer than two members, typically the training director and/or the primary supervisor. Depending on the scope and seriousness of the issue, the Hearing Committee may also include other members of the site's staff. The fellow may also invite any appropriate licensed site staff members to attend.
3. At the Hearing, committee members will discuss the competency issue(s) fully, openly, and candidly with the fellow. The fellow has a right to dispute or explain the concern(s) presented and may provide a written statement or supporting materials of their own. Within five (5) business days from the completion of the Hearing, the committee will determine an outcome, and the training director and/or primary supervisor will present the outcome to the fellow. Possible hearing outcomes are as follows:
 - a. The fellow was found to be meeting expected performance and conduct standards and no further action is needed.
 - b. The fellow has demonstrated performance or conduct concerns, but they were not significant enough to warrant formal remediation. The concerns will be monitored according to the informal discussion process described above.

- c. The fellow has demonstrated minor competency deficits during the first evaluation of the training year that have resulted in rating(s) of “2” (“Below Expectations; Minimal Proficiency”) on one or more competency elements of the evaluation. This outcome may occur when a fellow is found to be below the minimum levels of achievement in their knowledge or skill at the beginning of the training year because of a gap in graduate school training (e.g., limited preparation in psychological testing). To address these deficits, the fellow will be placed on a remediation plan.
- d. The fellow has demonstrated major competency deficits on one or more competency elements of the evaluation, which has resulted in rating(s) of “1 - Unsatisfactory; Significant Lack of Proficiency” at any point in the training year or rating(s) of “2 - Below Expectations” at the end of the second evaluation (Month 8) and/or third evaluation (Month 12). In addition to the remediation plan, a fellow with a serious performance or conduct problem may be placed on Probation, which is also a form of remediation.
- e. The fellow has demonstrated major competency deficits involving potential harm to a client, gross misconduct, legal violations, or serious policy or ethical code violations. Any fellow demonstrating such behaviors may be suspended from the postdoctoral program.

Outcome of the Hearing

The training director and/or primary supervisor will communicate the Outcome of the Hearing to the fellow both verbally and in writing. The fellow will be presented with an “Hearing Notice” for outcomes resulting in; 1) no further action/return to routine supervision or 2) Remediation Plan.

The important components of a Hearing Notice are:

1. Date of the Hearing and names of the participants
2. Description of the fellow’s unsatisfactory performance and date in which the concerns were first brought to the fellow’s attention
3. Identification of the targeted competency area(s) and competency element(s)
4. Decision of the Hearing Committee with regard to the competency concerns and whether a remediation plan was recommended

5. When a remediation is recommended, an outline of measures to be undertaken to remediate performance include, but are not limited to, schedule modification, provision of opportunities for extra supervision, attendance at additional seminars and/or other training activities, and/or recommendations of training resources
6. Criteria and procedures for determining whether the problem has been adequately addressed
7. Consequences for unsuccessful outcome (which may include the initiation of Probation)
8. Timeline for Remediation Plan completion

For an outcome resulting in Probation, the fellow will be presented with a “Letter of Probation” For an outcome resulting in Suspension, the fellow will be presented with a “Suspension Letter.”

The fellow, training director, and/or site supervisor will be required to sign the letter or notice. A copy of the document will be provided to the fellow and will be placed in the fellow’s training file. If a fellow is dissatisfied with the Hearing Committee’s decision, the resident may appeal the decision by following the Appeal Procedure.

Probation

Fellows who have serious competency-related concerns, or who have not corrected identified concerns within the timeline of the Remediation Plan may be placed on Probation. The decision to place a fellow on Probation is made by the hearing committee; or, in the case of a fellow who is still not meeting minimum levels of achievement at the time of a remediation review, by the training director and/or primary supervisor. Probation will include more closely scrutinized supervision for a specified length of time. To initiate Probation, the training director and/or primary supervisor and/or site supervisor, will compose a Letter of Warning to the fellow outlining the program’s concerns. This letter will also describe the consequence(s) of the fellow’s failure to show immediate and substantial improvement in the identified competency areas within the planned time frame. Improvement must be evidenced by evaluation rating(s) of “3 - Average; Satisfactorily Proficient” in the targeted areas.

The essential components of a Letter of Warning are:

1. Date of the Hearing and names of participants (if applicable)
2. Description of the fellow’s unsatisfactory performance and date in which the concerns were first brought to the fellow’s attention

3. Identification of the targeted competency area(s) and competency element(s)
4. Additional reasons for probation, if applicable
 - a. Severity of the violation
 - b. Number of violations and the dates that the violations occurred
 - c. Whether the violation was part of a pattern or practice of improper behavior or noncompliance
 - d. The fellow's past history of non-compliance
 - e. Whether the violation was intentional or negligent
 - f. Whether the action appeared to be committed for personal gain
5. Notification that this probationary action may impact whether the fellow's supervised hours will be found to be satisfactory
6. An outline of measures to be undertaken to remediate performance including any required schedule modification
7. Criteria and procedures for determining whether the problem has been adequately addressed
8. Consequences of an unsuccessful outcome (may include denial of certificate and letter of completion, extension of the Probationary period, Suspension, and/or Termination/ Program Dismissal)
9. Timeline for Probation Plan completion

The training director and/or primary supervisor will meet with the fellow to review the Letter of Warning to ensure that the fellow fully understands the terms of the Probation. The fellow may invite any appropriate licensed site staff member to attend the meeting. The fellow will be given an opportunity to respond to the Letter of Warning and to the concerns in the meeting both verbally in the meeting and in writing, if they so choose. The fellow will be provided with a copy of the Letter of Warning, and a copy will be placed in the fellow's training file.

If a fellow is dissatisfied with the Probation decision, the fellow may appeal it by following the Appeal Procedure.

During the Letter of Warning meeting, the training director and/or the primary supervisor will also present in writing to the fellow remedial actions recommended by the training director and/or site supervisor. The plan must be signed and dated by the fellow, the primary supervisor, and/or the training director. A copy will be provided to the fellow, and a copy will be placed in the fellow's training file. Within the timeframe outlined in the plan, the fellow's primary supervisor will evaluate the fellow's progress, and the primary supervisor will document their findings.

When all unmet performance standards have been rectified, the training director and/or primary supervisor will remove the fellow from Probation, and the training director and/or primary supervisor will indicate the date of successful completion in writing. If it is determined that insufficient progress has been made by the end of the probationary period, the training director will submit a written explanation of the concerns to the fellow. In addition, the training director and/or site supervisor, may recommend an extension of the probation or may initiate Suspension. A copy of the written explanation letter will be provided to the fellow, and a copy will be placed in the fellow's training file.

Suspension

Suspension of a fellow is a decision made by either the hearing committee; or, in the case of a fellow who is not meeting minimum levels of achievement at the time of the probation plan review, by the training director and/or site supervisor. The fellow may be suspended from all or part of their usual and regular assignments in the postdoctoral program.

Suspension of a fellow may be initiated as a result of the following:

1. The competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, gross misconduct, and/or criminal behavior. Factors to be considered include, but are not limited to, those listed in the letter of warning.
2. After the probationary period, the fellow has not met expectations for improvement in the identified competency domain(s) (i.e., the fellow continues to receive evaluation ratings of "1 - Unsatisfactory; Significant Lack of Proficiency" or "2 - Below expectations; Minimal Proficiency").
3. The fellow has failed to comply with state or federal laws, ethical guidelines, and/or the postdoctoral program's policies and procedures.
4. The removal of the fellow from the clinical service is in the best interests of the fellow, clients, staff, and/or the postdoctoral program.

To initiate Suspension, the training director and/or site supervisor will write a Suspension Letter to the fellow which addresses the following:

1. Date of the hearing and names of participants (if applicable)
2. Description of the fellow's unsatisfactory performance and dates in which the concerns were first brought to the fellow's attention
3. Identification of violation(s), including corresponding competency area(s) and competency element(s).
4. Notice of Suspension and expected duration
5. Notice of whether the suspension is paid or unpaid.

The training director, and/or primary supervisor will meet with the fellow to review the Suspension Letter to ensure that the fellow fully understands the terms of the suspension. The fellow may invite any licensed site staff member to attend the meeting. The training director and/or site supervisor may either remove the fellow temporarily from direct service activities due to concerns for the welfare of clients. The fellow will be given an opportunity to respond to the concerns presented and to the suspension decision verbally during the suspension meeting and/or in writing after the suspension meeting, if they so choose. The fellow will be provided with copies of the Suspension Letter, and a copy will be placed in the fellow's training file. If a fellow is dissatisfied with the suspension decision, the fellow may appeal it by following the Appeal Procedure.

In the case of a suspension from direct service activities only, the training director and/or site supervisor will develop a Remediation Plan following the procedures described above. The fellow can continue to participate in non-direct service activities such as individual and group supervision, case conferences, staff meetings, and didactic training. A copy of the Remediation Plan will be provided to the fellow, and a copy will be placed in the fellow's training file.

If all concerns are rectified within the agreed upon timeframe, the training director and/or site supervisor will determine when the fellow can resume direct service activities under probationary monitoring until minimum levels of achievement are met. A new Probation Plan should be developed following the procedures described above.

In the case of a very serious violation, the training director and/or site supervisor may choose to terminate the fellow from the postdoctoral program.

Termination and Program Dismissal

Termination of a fellow will be initiated if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of client endangerment, gross misconduct, and/or criminal behavior on the part of the fellow. Termination may also be invoked for any other egregious offense on the part of the fellow, including, but not limited to:

1. Violation of federal or state laws, including HIPAA, in which imminent harm to a client either physically or psychologically is a major factor
2. Serious violation of the postdoctoral fellowship's policies and procedures or professional association guidelines
3. Serious violation of APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the postdoctoral program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The fellow is unable to complete the postdoctoral program due to serious physical, mental, or emotional illness
7. Serious or repeated act(s) or omission(s) compromising acceptable standards of client care

Termination involves the permanent withdrawal of all privileges associated with the DFW OCD Treatment Specialist Postdoctoral Consortium

The decision to dismiss a fellow is not made lightly and is made by the training director. The fellow will be informed of the decision in a Termination Letter that addresses the following:

1. Description of the fellow's unsatisfactory performance
2. Identification of violation(s), including corresponding competency area(s) and competency element(s) (may include details listed in the Suspension Letter)
3. Notice that the fellow is dismissed from postdoctoral program and will not receive a certification or letter of completion
5. Expectation that the fellow will complete all patient documentation prior to leaving the training site

If the fellow does not want to appeal the termination decision, the fellow may choose to resign from the postdoctoral program.

Appeal Procedure

The purpose of the Appeal procedure is to ensure all decisions made by the postdoctoral program regarding a fellow's evaluation and remediation plans, as well as a fellow's status in the postdoctoral program, can be promptly and fairly reviewed. Fellows will not be subject to retaliation in any form as a result of participating in the appeal process.

In order to challenge a postdoctoral program decision, the fellow must notify the training director in writing as soon as possible after receipt of the decision. No later than 10 business days after the decision is received. This written notification shall include the following information:

1. Name of fellow
2. Current date
3. Date and description of decision under dispute
4. Explanation of fellow's disagreement with decision, including supporting information
5. Description of fellow's objective/goal for resolving the dispute

As soon as possible, but no later than fourteen (14) business days after receipt of the fellow's written notification, the training director will appoint a Hearing Committee. The Hearing Committee:

1. Will be composed of no fewer than two members
2. Will include the site's clinical supervisor, and/or lead training psychologist, training director, and other clinical staff from other sites where the fellow is not placed.
3. May include any appropriate licensed site staff members requested by the fellow

Once the Hearing Committee members have been appointed, a hearing shall be conducted within fifteen (15) business days. The fellow has the right to hear all facts related to the concerns, as well as to present supporting materials of their own. The fellow also has the right to dispute or explain the concerns presented.

Within ten (10) business days from completion of the hearing, the hearing committee will make a final decision. Decisions will be made by majority vote of the committee

members and be submitted to the fellow, to the training director, lead training psychologist and/or to the site supervisor.

If a disagreement remains, and cannot be resolved through informal mediation, the trainee may submit a second appeal in writing within two weeks of being notified of the hearing committee's decision. The Training Director will appoint a three-person advisory committee consisting of training faculty not directly involved in supervising the trainee to review the appeal. The advisory committee will provide a written report delineating the committee's findings and recommendations to the training director within 30 days. They will inform the training director and/or site supervisor, who will then inform the fellow. This will be the final decision.

Grievance Procedures

The Grievance Procedures are not intended to be used by a fellow to challenge the results of a competencies evaluation or any remedial or corrective action. To appeal any of these program decisions, the fellow is directed to follow the Due Process procedure above. Grievance Procedures serve the following purposes:

1. It is the program's intent to be receptive to all trainees' expression of problems encountered during fellowship training and to make reasonable and timely efforts to resolve any causes of trainee dissatisfaction.
2. The training team are expected to be candid and to act in good faith in dealing with problems and dissatisfaction expressed by fellows. No faculty member will interfere with a trainee's right to express or file a grievance. Fellows are assured freedom from restraint, discrimination, or reprisal in exercising that right.
3. Unless a fellow has grave reservations about expressing dissatisfaction to his/her immediate supervisors, any problem or dissatisfaction should initially be addressed on the first relevant level with the direct supervisor(s).
4. If a satisfactory resolution cannot be achieved on that level the issues should be taken to the Training Director (assuming that was not done as part of step #3).
5. Upon receipt of the written grievance, the Training Director, or their designee, will convene a Grievance Committee consisting of the Training Director and the lead training psychologist (i.e., Dr. Gayle and Dr. Martinez)

6. The Grievance Committee will have 30 days to resolve the grievance if possible. If not, the Committee may take any or a combination of the following actions:
 - a. Refer the grievance to the next scheduled Training Committee meeting
 - b. Call a special Training Committee meeting to consider the grievance
 - c. Consult with legal counsel
 - d. Consult with other professional organizations (e.g., APA, APPIC)
 - e. Advise the Training Committee on areas of concern in the management of the grievance.
7. The Grievance Committee will maintain minutes of all meetings. The Committee will also retain records of all documentation, such as written summaries.
8. The full Training Committee, upon request of the Grievance Committee, will review and evaluate grievances not resolved at any lower level within 60 days. The decision of the full Training Committee will be determined by majority vote excluding the member(s) involved in the grievance.
9. If the fellow is not satisfied with the decision of the Training Committee, they may consult with the American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or consult legal counsel. At any stage of the process fellows may consult formally or informally with the Training Director, American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or legal counsel about their problems, dissatisfactions, or grievances.

Syllabus

Site 1 (Gayle Psychology, PLLC)

Crystal Gayle, PhD, serves as primary supervisor for all postdoctoral trainees assigned to the Gayle Psychology, PLLC training site.

1. The training program will provide training in Cognitive-Behavioral Therapy
 - a. General CBT and CBT for depression (1st quarter)
 - b. Exposure therapy (2nd quarter)
 - c. ERP for OCD (3rd quarter)
 - d. Optional training track (4th quarter)
 - e. Optional training experiences include:
 - i. exposure and response prevention for OCD,
 - ii. evidence-based treatments for Trauma
 - iii. evidence-based treatments for trichotillomania and body-focused repetitive disorders.
2. Additional site emphasis at Gayle Psychology, PLLC
 - a. Multicultural considerations
 - b. Assessment

Site 2 (SOAR, PLLC)

Molly Martinez, PhD serves as the primary supervisor for all postdoctoral trainees assigned to the Specialists in OCD & Anxiety Recovery (SOAR), PLLC training site.

1. First month: Review fundamentals of CBT (qualified candidates will have a solid background in CBT coming into their postdoc)
2. Quarter 1:
 - a. Diagnosis and assessment of OCD/anxiety disorders
 - b. Clinical interview
 - c. Standardized rating scales
 - d. Ongoing symptom tracking and assessment
 - e. ERP for OCD
 - f. Exposure therapy for generalized anxiety
 - g. Ethical considerations in Psychotherapy
3. Quarter 2:
 - a. Focus on challenging comorbidities (mood disorders, depression, trauma, comorbidities, etc)
 - b. Working with children/adolescents

4. Quarter 3:
 - a. OCD-related disorders (eg, BFRBs, BDD, tics/Tourette, health anxiety disorder)
 - b. Additional evidence-based therapies for OCD/anxiety (eg, ACT, Inference-Based CBT)
5. Quarter 4:
 - a. Complex cases
 - b. Maintenance, relapse prevention, and termination
6. Additional site emphasis at SOAR
 - a. Ethics issues in therapy and the profession
 - b. Home-, community-, and school-based therapy and outreach
 - c. Body-focused repetitive behaviors (BFRBs)
 - d. Tic and Tourette Disorders
 - e. Out of network insurance coverage
 - f. Advocacy

Didactic Schedule

Each seminar will be two (2) hours in length. Fellows will be assigned topics to co-present. Case presentations will

Date (Time)	Seminar Topic		Presenter	Cred.
Sept 1 (TBD)	Principles of cognitive behavioral therapy		Dr. Molly Martinez	Ph.D.
Oct 1 (TBD)	Principles of exposure and response prevention		Dr. Crystal Gayle	Ph.D.
Nov 1 (TBD)	Diagnostic assessment and evidence-based treatment of OCD		Dr. Molly Martinez	Ph.D.
Dec 1 (TBD)	Considerations in the treatment of children and adolescents		Dr. Crystal Gayle	Ph.D.
Jan 1 (TBD)	Diagnostic assessment and evidence-based treatment of GAD and other anxiety disorders		Dr. Molly Martinez	Ph.D.
Feb 1 (TBD)	Ethical considerations in evidence-based treatment of OCD		Dr. Crystal Gayle	Ph.D.
March 1 (TBD)	Working with ethnically diverse populations		Dr. Molly Martinez	Ph.D.
April 1 (TBD)	Diagnostic assessment and evidence-based treatment of tics and Tourette disorder		Dr. Crystal Gayle	Ph.D.
May 1 (TBD)	Diagnostic assessment and evidence-based treatment of BFRBs		Dr. Molly Martinez	Ph.D.
June 1 (TBD)	Diagnostic assessment and evidence-based treatment of BDD		Dr. Crystal Gayle	Ph.D.
July 1 (TBD)	Introduction to the business of private practice		Dr. Molly Martinez	Ph.D.
Aug 1 (TBD)	Marketing Strategies for private practice		Dr. Crystal Gayle	Ph.D.