

**2024-**  
**2025**

# Internship Handbook

**APA-Accredited  
Clinical Psychology  
Internship Program**

**Child Abuse Track  
(CAARE)**

**Early Psychosis Track  
(TAMI & TAMI Systems)**

**Child Maltreatment &  
Neurodevelopment Track  
(CMN)**

**Juvenile Justice Forensic  
Psychology Track (JJFP)**

**UC Davis CAARE  
Diagnostic and  
Treatment Center**



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## COVID-19 UPDATE

With consideration of COVID-19, adaptations to training and clinical care have been implemented. The CAARE Center, SacEDAPT and MIND Institute all have the capacity to provide clinical services via both Telehealth and on-site. It is likely that interns will be required to conduct services both on site and via Telehealth. Additionally, some didactics and meetings may likely be conducted via Zoom depending on the size of the group throughout the 23-24 Training Year.

## GENERAL OVERVIEW

The Clinical Psychology Training Program offers a one-year APA accredited internship opportunity for students who have attended APA-accredited clinical, counseling and/or school psychology programs. The training program, which subscribes to a practitioner-scholar model, emphasizes knowledge of current research to guide assessment and intervention. Psychology interns develop competency in empirically supported treatments and make presentations on current research. The clinical psychology training program is a challenging and dynamic internship program with the goal of training ethical and competent future psychologists in the field of clinical psychology and child maltreatment who will contribute both to the welfare of society and to the profession.

For the 2024-2025 training year, there will be five separate training opportunities.

### **Child Abuse Internship (CAARE Center only track – 5 positions)**

Psychology interns can receive training and supervised experience in Parent-Child Interaction Therapy (PCIT) or PC-CARE, Trauma-Focused Cognitive Behavior Therapy (TF-CBT), psychological evaluations, child welfare evaluations, Infant Mental Health Therapy, intake assessments, individual and/or group therapy, and consultation to local agencies. There is also opportunity to participate on Dialectical Behavioral Therapy (DBT) services and team meetings depending on level experience. Most CAARE Center client's range in age from 2 to 18 years, although adults are seen for family treatment, individual therapy, and evaluations. Location: CAARE Center

### **Trauma-Adolescent Mental Illness Internship (TAMI track- 2 positions)**

Psychology interns in this track will receive training in Trauma-Focused Cognitive Behavioral Therapy and assessment and treatment of early psychosis based upon Coordinated Specialty Care (CSC) model, which includes training in Cognitive Behavioral Therapy for Psychosis (CBTp). Trainees will spend approximately 50% of their time at the CAARE Center receiving training and supervised experience in TF-CBT and psychological evaluations with children and adolescents seen for trauma. Trainees will also spend 50% of their time at SacEDAPT receiving training and supervised experience in the assessment and treatment of early psychosis. Location: CAARE Center and SacEDAPT

### **Trauma-Adolescent Mental Illness-Systems Internship (TAMI Systems track- 1 positions)**

Psychology interns in this internship will receive training in Trauma Integrated Cognitive Behavioral Therapy for Psychosis (TICBTp), accompanied by the foundational training of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy for Psychosis (CBTp). Additionally, training will focus on assessment and treatment of comorbid trauma and psychosis for systems involved youth (juvenile justice and child welfare involved youth). The basis of this treatment model is rooted in the Coordinated Specialty Care (CSC) model. Trainees will spend approximately 100% of their time providing a screening, assessment, intervention (individual and group) services to systems involved youth across the

SacEDAPT clinic and within the Youth Detention Facility (YDF) in Sacramento County. Training and supervision will also focus on treatment for youth who have both psychosis and trauma symptoms within a systems context.

### **Child Maltreatment and Neurodevelopment Track (CMN track- 1 position)**

Psychology interns in this track will receive training in infant mental health treatment with children ages 0 to 5 and their families and neurodevelopmental psychological assessments of infants and young children. Trainees will spend 50% of their time at the CAARE Center and 50% within Developmental and Behavioral Pediatrics at the MIND Institute. Interns will be provided training in one empirically based treatment approach, Parent-Child Interaction Therapy at the CAARE Center. In addition, they will be trained to conduct evidence based, neurodevelopmental evaluations with a focus on identifying developmental delay and autism spectrum disorder in young children. There is strong emphasis in working with under-resourced families and family centered care at both sites. Location: CAARE Center and MIND Institute

### **Juvenile Justice Forensic Psychology Internship (JJFP track- 1 position)**

Psychology interns in this track will receive training in assessment and treatment of juvenile justice involved youth. Trainees will spend 50% of their time at the CAARE Center and 50% within the Sacramento County Probation Department Youth Detention Facility. Interns will be provided training in one empirically based approach, Trauma Focused-Cognitive Behavioral Therapy. Other modalities such as Harm Reduction and Motivational Interviewing can be offered. In addition, they will be trained to conduct evidence based forensic evaluations (i.e., competency evaluation; juvenile sex offender evaluations; child welfare evaluations). Location: CAARE Center and Sacramento County Probation Youth Detention Facility.

**Interested applicants can only apply to 2 Internship tracks.** When applying, applicants should consider which Internship track best matches their previous experiences as well as future professional goals.

## **University of Davis' Principles of Community**

### ***Prologue:***

UC Davis is a diverse community comprised of individuals having many perspectives and identities. We come from a multitude of backgrounds and experiences, with distinct needs and goals. We recognize that to create an inclusive and intellectually vibrant community, we must understand and value both our individual differences and our common ground. The UC Davis Principles of Community is an aspirational statement that embodies this commitment and reflects the ideals we seek to uphold.

### ***Principles of Community:***

The University of California, Davis, is first and foremost an institution of learning, teaching, research and public service. UC Davis reflects and is committed to serving the needs of a global society comprising all people and a multiplicity of identities. The university expects that every member of our community acknowledges, values, and practices the following guiding principles.

We affirm the dignity inherent in all of us, and we strive to maintain a climate of equity and justice demonstrated by respect for one another. We acknowledge that our society carries within it historical and deep-rooted injustices and biases. Therefore, we endeavor to foster mutual understanding and respect among the many parts of our whole.

[We affirm the right of freedom of expression within our community.](#) We affirm our commitment to non-violent exchange and the highest standards of conduct and decency toward all. [Within this context we reject violence in all forms.](#) We promote open expression of our individuality and our diversity within the bounds of courtesy, sensitivity and respect. We further recognize the right of every individual to think, speak, express and debate any idea limited only by university regulations governing time, place and manner.

[We confront and reject all manifestations of discrimination,](#) including those based on race, ethnicity, gender and gender expression, age, visible and non-visible disability, nationality, sexual orientation, citizenship status, veteran status, religious/non-religious, spiritual, or political beliefs, socio-economic class, status within or outside the university, or any of the other differences among people which have been excuses for misunderstanding, dissension or hatred. We recognize and cherish the richness contributed to our lives by our diversity. We take pride in all our achievements, and we celebrate our differences.

We recognize that each of us has an obligation to the UC Davis community of which we have chosen to be a part. We will strive to build and maintain a culture and climate based on mutual respect and caring.

UC Davis Health and CAARE Center also recognizes the impact of systemic, cultural, social and economic factors on our clients and their families and value the diverse identities that build and enrich our clinic and hospital. We value the diversity and intersectionality of the clients and families served, and the importance of hiring professionals that share these identities.

We endeavor to foster mutual understanding and respect among the many parts of our whole, and therefore are committed to outreaching and welcoming interns and staff from varied backgrounds who share our values on diversity, equity, and inclusion.

## INTERNSHIP SETTING

### *The University and the Medical Center*

The University of California, Davis is one of ten University of California campuses. The UC Davis Medical Center is an integrated, academic health system encompassing a 530-bed acute care hospital, ambulatory care clinics, and an 800-member physician group. The Medical Center is one of five University of California teaching hospitals and is consistently ranked among the top ten medical schools and the top fifty hospitals in the country. The health system cares for approximately 9,000 adults and children each year and provides more charity care than any other hospital in the region. As the primary clinical education site for the School of Medicine and the only area provider of many medical services, the medical center plays an important part in the health and well-being of Northern California and has a major economic impact in the area.

The Department of Pediatrics, now over 40 years in existence, is rapidly growing, with more than 85 faculty members representing 12 areas of clinical, teaching and research expertise. We comprise part of the UC Davis Medical Center's faculty and help to staff the 120 bed non-freestanding UC Davis Children's Hospital. The Department has an innovative Pediatric Residency Program, three ACGME-approved fellowships and also is heavily involved in primary care education for our UC Davis medical students and for health-care providers in our community.

### *UC Davis CAARE Center*

The Child and Adolescent Abuse, Resource, Evaluation Diagnostic and Treatment Center (CAARE Center) is an integral part of the Department of Pediatrics of the University of California, Davis Children's Hospital and School of Medicine. The mission of the CAARE Center is to provide superior clinical services to children and families, engage in clinical research, and provide training in the areas of child maltreatment and family violence. Training of clinical psychology interns, postdoctoral fellows, and other health professionals has been a longstanding priority. The CAARE Center has been recognized at the local and national levels as a model program for the evaluation and treatment of child maltreatment. The CAARE Center falls under the auspices of UC Davis Children's Hospital, and is located near the main hospital in Sacramento, CA.

For over 25 plus years, the CAARE Center has been committed to offering high quality psychological treatment for abused and neglected children. Approximately 35% of clients are African American, 33% European American, 25% Hispanic, and 7% other ethnicities. Although presenting problems typically include a history of abuse, neglect and/or exposure to domestic violence, there is a broad range of presenting diagnoses in both children and parents, including mood disorders, anxiety disorders, adjustment disorders, disruptive behavior disorders, substance dependence, and personality disorders. The CAARE Center specializes in the use and dissemination of evidence-based treatments for childhood trauma, including Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Dialectical Behavior Therapy (DBT), and Parent-Child Care (PC-CARE). Psychologists in the evaluation program conduct comprehensive psychological evaluations for children, child welfare evaluations of parenting ability, bonding evaluations, juvenile competency evaluations, juvenile sexual offender evaluations, civil evaluations, as well as serve as expert witnesses in child abuse cases.

Ongoing research and training projects at the CAARE Center include a state funded project to provide crisis intervention and stabilization services for child victims of trauma, a California Emergency Management Agency (CalEMA) grant to develop and coordinate a Trauma-Focused

Cognitive Behavior Therapy program, and grants to provide training and consultation in Parent-Child Interaction Therapy at designated mental health clinics throughout California, the United States, and even worldwide. In addition, the CAARE Center received a DOJ grant to provide services for youth at risk or with a history of sexual exploitation and to provide training for professionals who work with these youth, a National Child Traumatic Stress Network (NCTSN) grant to provide services to stabilize foster placements for children aged 1-5 years, a California Office of Emergency Services (CalOES) grant to provide services for children experiencing homelessness, and a CalOES grant to provide services to pregnant and parenting teens. Current research foci at the CAARE Center include mechanisms related to PCIT effectiveness, the relation of trauma exposure and parent-child interactions, and the effectiveness of PC-CARE in various populations.

### *UC Davis SacEDAPT Clinic*

The SacEDAPT Clinic is a program within the UC Davis Health System's Department of Psychiatry & Behavioral Sciences. Founded in 2004 by Cameron Carter, M.D., EDAPT is nationally recognized as a leading provider of early psychosis care. In 2011, with the support of Sacramento County MHSA PEI funding, EDAPT was expanded to create the SacEDAPT Clinic, which provides early psychosis services to residents of Sacramento County ages 12-30 who have Medi-cal, are uninsured, or are undocumented. The UC Davis EDAPT and SacEDAPT Clinics provide outpatient services for transition age youth across the spectrum of early psychosis, including affective and nonaffective psychosis. SacEDAPT serves first episode psychosis (FEP) individuals who are within two years of onset, as well as individuals who are a clinical high risk (CHR) for psychosis based upon the presentation of subthreshold psychotic symptoms or significant deterioration in combination with genetic risk for psychosis. The treatment team is comprised of Psychiatrists, Psychologists, Masters level clinicians, Psychology Interns, a Family Advocate, a Peer Advocate, and an Education and Employment Specialist. The SacEDAPT clinic works in close coordination with the UC Davis Imaging Research Center (IRC) research faculty and assistants, which oversee research projects related to the biological causes of psychosis and their links to clinical and functional outcome, development of innovative treatment, and evaluation of treatment and program outcomes. Collaboration between the IRC research and SacEDAPT programs is a critical connection that enhances the quality of work both centers perform.

Early identification and evidence-based intervention are necessary and effective steps in reducing the impact of psychosis on affected individuals, their families, and our community. Our community outreach program identifies individuals prior to the onset of the most devastating aspects of psychosis, preventing deterioration and hospitalization whenever possible. Our family-centered treatment approach empowers individuals and their families to be active participants in their care, helping them achieve their personal, social, educational, and occupational goals. We do this in a culturally sensitive manner that addresses the specific needs of each individual, their family, and community. SacEDAPT takes a flexible and culturally responsive approach, including outreach and education, initial assessment, consumer and family engagement, treatment planning and clinical care. Our treatment team has many years of experience with the diverse population of Sacramento County, and adapts to individual needs of consumers and families, including the use of home and school visits, utilization of bilingual clinicians, interpreting services, as well as involvement of family and consumer advocates who use their own experience to engage, educate and motivate new clients.

The SacEDAPT program conducts comprehensive assessments where state-of-the-art clinical assessment tools are used to evaluate each client to determine the appropriate diagnosis in order to guide treatment. Assessments of psychosocial functioning also determine areas where

targeted treatment is needed. Each client has a clinical case manager who helps to identify the client's unique needs and recovery goals, which will be used to develop a treatment plan that encourages the client to build upon their strengths and take an active role in treatment decisions. Regular and frequent appointments with a psychiatrist are important and tailored to control and alleviate symptoms with the fewest amount of side effects. Weekly groups for clients are designed to provide support and improve understanding of the illness, develop stress and symptom management techniques, and enhance communication and problem-solving skills. Weekly multi-family groups for families are based upon the PIER treatment model. Psychoeducation and support are provided to increase understanding about the illness, improve stress management and communication skills within the family, and develop problem solving skills. Supported Education and Employment services are also provided within the client's home, school or workplace to improve everyday functioning and help clients achieve their goals of social, academic and occupational recovery. With the knowledge of their own lived experience, the Peer and Family Advocates provide direct services to clients and family members, respectively, within the clinic and the surrounding community.

The SacEDAPT clinic is located within the outpatient Behavioral Health Clinic, which is on the UC Davis Medical Campus in Sacramento. The interns involved in this collaborative training experience (Trauma Adolescent Mental Illness track – TAMI) will spend 50% of their time providing direct service to SacEDAPT clients and their families. Interns in this track will learn to provide trauma-informed care to individuals with early psychosis. Interns will have shared office space and individual workstations within the SacEDAPT clinic. Additional space for group therapy and didactics is also available.

### *UC Davis Developmental and Behavioral Pediatrics (DBP)-MIND Institute*

This training program is administered through the Department of Pediatrics. The DBP faculty and fellows are all housed at the UC Davis MIND (Medical Investigation of Neurodevelopmental Disorders) Institute, located 2825 50<sup>th</sup> Street, Sacramento, CA. Additional resources for the program are provided by the UC Davis Center for Excellence in Developmental Disabilities. The department is clinically very active, caring for patients from not only our immediate area but from all over northern California, western Nevada and southern Oregon.

The MIND Institute is a collaborative, interdisciplinary biomedical research and clinical services center founded at UC Davis in 1998 by parents of individuals with an autism spectrum disorder (ASD). The Institute is dedicated to understanding the causes and consequences of ASD and other neurodevelopmental disorders and to the development of prevention programs, treatments, and cures for these disorders. The faculty includes basic and clinical scientists, physicians, and educators in fields as diverse as molecular genetics, psychiatry, immunology, pediatrics, neuropathology, psychology, neurology, neuroscience, toxicology, epidemiology, and education. The Institute staff also includes a highly skilled and dedicated cadre of personnel who provide research, clinical, and administrative support.

The Institute is housed in a two-building complex (100,000+ square feet) on the UC Davis Medical Center campus. The complex includes research laboratories for human neuroscience and basic science studies, pediatric clinics, faculty and staff offices, a public resource center, conference rooms, and an auditorium.

The main building is over 75,000 square feet and includes behavioral research laboratories, the Massie Family Diagnostic Clinic, academic offices, and meeting/conference facilities. The behavioral research laboratories and diagnostic clinic rooms are on the first floor and consist of specially designed examination rooms which are equipped with one-way observation windows

and state-of-the-art video imaging and recording systems. The waiting areas are equipped with televisions, play equipment, and aquariums to keep children relaxed and occupied. A secure outdoor playground also is available, both for family respite and play, as well as for research-based observation and video recording. Offices and other spaces for academic, administrative, and support personnel are on the second floor. Common spaces include a resource center, a café, conference rooms, and a common entrance and open two-story atrium, all of which promote interactions among occupants, families, and visitors.

The trainees enrolled in the program will have access to a shared office on the second floor of the main building of the MIND Institute complex, work with other postdoctoral trainees participating in the Autism Research Training Program, and who are affiliated with other MIND laboratories and funded by other mechanisms. This allows for interaction across the rich and diverse programs of the Institute.

### ***Sacramento County Probation Department-Youth Detention Facility***

Sacramento County Youth Detention Facility provides a safe and secure environment for youth prior to Court as well as provides educational and vocational activities promoting the health and well-being of the youth served; encourages law-abiding behavior; teaches individual accountability for one's choices; and models pro-social behaviors for residents. Intern accepted into the JJFP track will have a shared office space at the youth detention facility for use as needed. The majority of the youth are male (approximately 70%) and the majority of the youth are youth of color (over 75%).

### ***The Sacramento Community***

Sacramento, California's capitol, is a relaxed, tree-filled suburban city which offers a variety of interesting and distinct activities. With a population of approximately 1.8 million, the Sacramento area provides multiple opportunities for historical, cultural, and recreational outings. Sacramento's rich historical heritage, revitalized in Old Sacramento, includes the Gold Rush era, as well as pioneering work in the mine and railroad industries. Culturally, Sacramentans enjoy theater, art museums, concerts, dance, restaurants, and the UC Davis Mondavi Center for the Performing Arts. Hiking, cycling, boating, swimming, and other outdoor activities are readily enjoyed in this area of numerous parks, open spaces, two major rivers, and a lake. Professional sports teams including the Kings (basketball), and River Cats (baseball) call Sacramento home. It is this wealth of activities that contributed to *Newsweek* magazine naming Sacramento one of the ten best cities in the United States. In addition, Sacramento's rich ethnic and cultural diversity earned it *Time* magazine's "Most Diverse City" designation several years ago.

Sacramento is conveniently located near a number of Northern California's other beautiful areas. San Francisco is approximately 1½ hours southwest of Sacramento. The Napa and Sonoma Wine Country is within an hour's drive northwest, and Lake Tahoe is approximately 1½ hours northeast of the Capitol City.



## TRAINING PROGRAM DESCRIPTION

### *Overview*

The University of California, Davis CAARE Center Clinical Psychology Training Program offers a one-year full-time clinical psychology internship opportunity for students who have attended APA-accredited clinical, counseling and/or school psychology programs. The Training Program, which subscribes to a practitioner-scholar model, emphasizes knowledge of current research to guide assessment and intervention. Psychology interns develop competency in empirically supported treatments and make presentations on current research. The Clinical Psychology Training Program is a challenging and dynamic internship program with the goal of training ethical and competent future psychologists in the field of clinical who will contribute both to the welfare of society and to the profession. The four internship tracks emphasize specializations in child maltreatment (Child Abuse Track), early psychosis (TAMI and TAMI Systems Track), and neurodevelopmental disabilities (CMN Track),

### *Accreditation*

The Clinical Psychology Internship program is APA-accredited. Any questions about accreditation may be addressed to: Office of Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002. Telephone: (202) 336-5979.

### *Intern Performance Evaluations*

At the beginning of the internship year, interns complete a self-assessment of their experience relative to training objectives of the internship. This helps focus the intern and supervisor on the intern's needs. Progress is monitored throughout the internship period. At the end of four months, eight months and 12 months, verbal and written feedback regarding the intern's performance is provided by the primary supervisor and/or secondary supervisor. These performance evaluations are used to communicate an assessment of the intern's progress. Evaluation of interns' performance is based upon direct observation throughout the training year. At the end of the internship year, formal summative feedback is given to the intern and sent to their Training Director. Intern evaluations are rated on a scale between 1 (Not at All) and 5 (Very). We expect that interns would progress to achieve ratings from 3 to 5 over the training year. At the 4-month evaluation period, interns are expected to achieve rating of 3 (Moderately) or higher on at least 50% of all behavioral elements/items. At the 8-month evaluation period, interns are expected to obtain ratings of 4 (Mostly) or higher on at least 50% of all behavioral elements/items. At the 12-month evaluation period (end of internship), interns are expected to achieve ratings of 4 or higher on at least 80% of behavioral elements/items. Interns performing below these expectations at the 4- or 8-month evaluation periods will be allowed to complete a learning plan and/or remediation plan. In addition to these criteria, at the 4-month evaluation period, any rating of a 1 on a behavioral element/item will initiate a remediation plan. At the 8-month evaluation period, any rating of a 1 or 2 on a behavioral element/item will initiate a remediation plan. If at the 12-month evaluation period (end of internship) an intern receives a rating of a 1 or 2 on a behavioral element/item, they will not successfully complete their internship. (see Appendix A).

### *Grievance Procedures*

Interns are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary supervisor first and resolve concerns informally. Formal procedures are described in Appendix A.

## APPOINTMENT, STIPEND, AND BENEFITS

### *Appointment*

Five applicants are typically accepted per year for the Child Abuse track, two applicants for the TAMI track, one applicant for the TAMI Systems track, one applicant for the CMN track, and one applicant for the JJFP track. The internship typically begins July 1<sup>st</sup> and concludes June 30<sup>th</sup> the following year. This is a full-time, 40-50 hour per week appointment. Clinical moonlighting is not permitted.

### *Stipend*

The current stipend for the 2024-2025 training year is \$35,000 for all tracks at this time.

### *Benefits*

Approximately 20 vacation days, 4 Education Days, all federal holidays, and 12 days of extended sick leave are offered for all interns. UC Davis also offers low-cost competitive medical, dental, vision, and retirement benefits. There is also legal insurance and disability/life benefits at a low cost. Interns also have the opportunity to attend free training in PCIT and usually qualify for UC Davis PCIT therapist certification by the end of the year (**CAARE Center and CMN Tracks only**). **CAARE Only, TAMI/TAMI Systems and JJFP interns** have the opportunity to attend a free TF-CBT training with a Nationally Certified TF-CBT trainer and complete many steps toward National TF-CBT certification following the internship year (webcourse, introductory training, consultation calls). Additionally, interns are provided with workspace, a personal computer, voicemail and email, administrative assistance, and full access to the University of California, Davis libraries and associated services.

### *Pregnancy/Parental Disability Leave*

#### **All Interns are eligible for:**

- Pay for Family Care and Bonding (PFCB) - <https://ucnet.universityofcalifornia.edu/compensation-and-benefits/other-benefits/pay-for-family-care-bonding.html>
- Short-Term Disability (STD): <https://www.ucresidentbenefits.com/financial-benefits/disability-insurance/>; I've also attached the currently flyer.
- Pregnancy Disability Leave (PDL): The timeframe a person is written out from work due to being disabled due to pregnancy; this is typically 6-8 weeks, however, it can vary based on the treating physician's assessment.

#### **Interns who have worked for 12 months and 1250 hours are also eligible for:**

- Family Medical Leave (FMLA) and California Family Rights Act (CFRA). FML/CFRA are not paid leave, however, they are job protection entitlements; <https://www.ucop.edu/local-human-resources/op-life/leaves-of-absence/family-medical-leave-fml.html>

Please note that all interns have 20 vacation and 12 sick days each academic year to use for compensation for any time frame, excluding while on an approved STD block. While on a STD block, interns will be placed on leave without pay status in Ecotime (managed by timekeeper) and UC Path.

### *Other Supportive Resources*

Interns have access to mental health services through Academic and Staff Assistance Program (ASAP). All interns attend a year-long didactic on Compassion Fatigue, Secondary Trauma Stress and Vicarious Trauma for the purpose of providing support for our interns while they are providing services to our clients. Additionally, interns who may desire support regarding microaggressions experienced while on internship may contact Employee Labor Relations ([hr.ucdavis.edu/departments/elr/unit-assignments-health.com](http://hr.ucdavis.edu/departments/elr/unit-assignments-health.com)); UC Davis Harassment and Discrimination Assistance and Prevention Program ([hdapp.ucdavis.edu](http://hdapp.ucdavis.edu)); and UC Davis Ombudsman ([ombuds.ucdavis.edu](http://ombuds.ucdavis.edu)).

## ELIGIBILITY, RECRUITMENT, AND SELECTION PROCEDURES

### *Eligibility Requirements*

Applicants must be currently enrolled in an APA-accredited doctoral program in clinical, counseling and/or school psychology. Prior to the interview, applicants must have completed at least two years of graduate study, at least 500 hours of supervised practicum work, all doctoral course work as required, and have an accepted dissertation proposal. The vast majority of applicants selected for the program have had practicum experience with children and adolescents.

### *Preferred Qualities*

Applicants that tend to have the best fit, have previous clinical experience (evaluations and therapy) with children and adolescents, and an interest in child maltreatment and/or trauma, as evidenced by research involvement or clinical training in this area. The University of California, Davis, and the CAARE Center Clinical Psychology Training Program, are interested in candidates who are committed to the highest standards of scholarship and professional activities, and to the development of a campus climate that supports equality of opportunity.

### *Selection Process*

Intern selection is made by a committee comprised of the Training Director and internship training supervisors. Current interns also contribute to the application review and interview process, but they do not participate in the ranking of candidates. Applicants are rated on the basis of their clinical training (including assessment and psychotherapy), academic coursework, letters of recommendation, clinical and research interests, progress toward dissertation completion, and stated goals for internship. Candidates that hold interests and goals that most closely match the opportunities offered by our program are asked to participate in formal interviews. More recently we also include in the review of intern applicants, their cumulative life experiences outside of their academic history (e.g., relevant job and/or volunteer experiences); whether they are part of a HURM and/or an URM group; their linguistic capabilities; and related extracurricular activities (e.g., participation in community organization) with specific intent of interviewing applicants from less “traditional” graduate experiences.

All applicants are notified of their status no later than **December 15**. Based upon the success of the first virtual interview process for the 21-22 Training Year, we decided that the interview process will be conducted virtually going forward. In addition to receiving very positive feedback on the virtual interview process for the 21-22, 22-23 and now 23—24 internship cohorts, we know that having virtual interviews allows for more equitability among intern applicants who may not be able to afford traveling to multiple interview locations.

Highly ranked candidates are invited for virtual interviews with the Training Director, supervisors and other clinical staff. Candidates also have the opportunity to meet with current interns and post-doctoral fellows. For those who wish to see the facilities, a tour of the clinics can be arranged for those that have been offered an interview. Videos are provided to all applicants who are offered an interview. The videos include a virtual tour of the clinic, introductions from primary supervisors, and information about the UC Davis Health System and Sacramento region. These videos are

very helpful for both the program and the applicants to determine whether the program is appropriate for them. Interviews generally take place during the first three weeks of January.

The training program follows the Association of Psychology Postdoctoral and Internship Centers' (APPIC) policies regarding internship offers and acceptances. Interns are instructed that the internship program agrees to abide by APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant and are told that if they encounter violations of APPIC policy to discuss it with the Training Director and reporting the violation to *APPIC Standards and Review Committee, 733 15th Street NW, Washington, CA 20005, phone (202) 347-0022.*

### ***Nondiscrimination Policy***

The University of California prohibits discrimination against or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized).

The University of California, Davis, and the CAARE Center Clinical Psychology Training Program are interested in candidates who are committed to the highest standards of scholarship and professional activities, and to the development of a campus climate that supports equality of opportunity.

*The program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the California Association of Psychology Internship Council (CAPIC).*

## **APPLICATION PROCEDURES**

Please submit only the APPI online application located on the APPIC website ([www.appic.org](http://www.appic.org)). Follow the directions on the APPIC website for submitting your application. Our application deadline is **November 1<sup>st</sup>**.

The online application should include the following:

- ✓ Cover letter
- ✓ APPI application
- ✓ Curriculum vitae
- ✓ Three letters of recommendation
- ✓ Official graduate transcripts

No supplemental application materials are required.

**DEADLINE: Our application deadline is November 1<sup>st</sup>**  
**Child Abuse (CAARE Center only) Track**

**TRAINING AIMS AND COMPETENCIES**

**Overview**

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical experience, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center fosters the development of skills and a maturing professional identity.

**Aims**

Over the course of the one-year program, it is expected that interns will develop the following competencies:

1. Become proficient in conducting intake assessments, making diagnoses, developing treatment plans, and conducting individual and group therapy for children, adolescents, and caregivers with a history of maltreatment.
2. Become proficient in administering, scoring, and interpreting psychological tests and writing comprehensive evaluation reports.
3. Develop cultural competency in assessing and treating a multicultural population.
4. Demonstrate the knowledge and skills needed to conduct two empirically supported treatments (i.e., Parent-Child Interaction Therapy and Trauma-Focused Cognitive- Behavioral Therapy) competently.
5. Use knowledge of current research in the areas of intervention, assessment, and child maltreatment to guide assessment and treatment.
6. Develop and refine skills in consulting with school and other systems involved in client's life.
7. Develop ability to provide clinical case management as appropriate.
8. Make a professional and scientific presentation of a specific case or topic and integrate research into case presentations.
9. Work collaboratively as part of a multidisciplinary team of medical and mental health professionals.
10. Become knowledgeable on issues concerning professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.
11. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

**General Training Duties**

1. Interns will have approximately 17 hours of client contact per week comprised as follows:

- a. 10-12 individual therapy clients, 5 of which include designated TF-CBT cases
  - b. 4 Parent-Child Interaction Therapy or PC-CARE cases
  - c. 1 psychological evaluation or child welfare evaluation
  - d. 1 therapy group (as co-facilitator) (optional)
  - e. Infant Mental Health Cases (if interested)
2. Interns will be responsible for conducting intake assessments.
  3. Interns will participate in supervision, trainings, and meetings as follows:
    - a. 1 hours of one-on-one PCIT supervision per week
    - b. Live supervision of PCIT 2-4 Hours per week during client time
    - c. 1 hour of TF-CBT supervision per week;
    - d. Live supervision (through video and one-way mirrors) as part of TF-CBT seminar
    - e. 3 hours of didactic seminars per week;
    - f. General all-staff meetings twice per month;
    - g. 1 hour Training Director's meeting monthly or more if needed;
    - h. Weekly supervision for evaluations, including live supervision and one-on-one supervision
    - i. Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.
  4. Interns will be responsible for completing all required clinical documentation (e.g., treatment plans, progress notes, discharge summaries) in a timely manner consistent with both professional expectations and specific county guidelines.
  5. Interns will have the opportunity to attend the School of Medicine Grand Rounds, and other training activities.

### **MENTORING, SUPERVISION AND TRAINING**

The Clinical Psychology Training Program provides a strong supervisory system to ensure that interns obtain individualized attention as they pursue their clinical training at the CAARE Center. In general, trainees participate in two hours of individual supervision and approximately two hours of live supervision a week. The use of "live" supervision is an integral part of training using observation mirrors, videotaping of treatment sessions and assessment interviews, and co-facilitation of treatment and assessment for all treatment programs. Opportunities for case and topic presentations occur in seminars and group supervision.

A strength of the Training Program is the mentoring and supervision provided by Training Supervisors. As the number of interns from diverse backgrounds (both visible and invisible) increases in our program, we are making a concerted effort to do our best to provide mentoring that recognizes the uniqueness that each intern possesses in terms of diversity and/or other differences including interns who are from the LGBTQ community and/or another minority group within the field of psychology. Our supervisors are instructed to discuss differences in identity explicitly and explore when relevant the relationship between supervisor and intern and for professional development issues. Part of the mentoring provided by supervisors includes encouraging self-advocacy for the interns (e.g., self-promotion, building confidence, navigating conversations with others about different identity or identities). Additionally, there may be a need for obtaining additional resources for interns through internal (other Departments/Sections within the Health System) and external (e.g., APA Mentoring Program-Disability/LGBTQ;

Association of Black Psychologists). Evaluation of the mentoring for interns will be ongoing through direct feedback from interns.

### ***Individual Supervision***

Two hours of individual supervision are provided, one hour devoted to TF-CBT cases, and the other hour devoted to PCIT or PC-CARE cases. Other individual therapy cases are discussed during these supervision meetings as well. Multiple psychologists supervise evaluations, and the primary supervisor rotates with each case. Supervision is provided weekly for evaluations and often involves live supervision; approximately one hour a week. When a case (therapy or evaluation) is assigned, the intern should consult with the supervisor about procedures and relevant information.

### ***Didactic and Clinical Presentations***

Several required didactic trainings are conducted on a regular basis throughout the training year. These are in seminar/didactic format for the following topics:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Psychological Evaluation/Child Welfare Evaluations
- Parent-Child Interaction Therapy or PC-CARE
- Trauma-Focused Cognitive-Behavioral Therapy
- Multi-cultural Issues in Trauma and Child Maltreatment
- Awareness & Management of Compassion Fatigue, Secondary Traumatic Stress and Vicarious Trauma

### ***Training Director's Meeting and Professional Development Seminar***

This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. Professional development topics include: professional identity, preparing for EPPP/licensure, salary negotiation, etc. The meeting is conducted on a monthly basis or more as needed.

### ***Other Training Opportunities***

Interns have the opportunity to attend Pediatrics and Psychiatry Grand Rounds offered through the Medical Center and other trainings. Release time for attending other professional conferences may be arranged with the Training Director and primary supervisor.

### ***Diversity, Equity, and Inclusion (DEI) Committee Participation***

The overall mission of the DEI committee is to promote diversity, inclusion, and equity among staff, trainees, and clients at the CAARE Center. The DEI is staff-led and any CAARE Center staff or trainee, including interns, are welcome to join. The committee meets once a month and members can attend all or some of the meetings and may also participate in smaller subgroups that are tasked with specific short-term goals as identified by the larger committee. The DEI focus is on meaningful and sustainable changes. The current long term goals include: 1. Establish the CAARE Center as a culturally responsive organization within our larger community; 2. Increase recruitment, promotion, and retention of underrepresented minorities at the CAARE Center; and 3. Promote a diverse, inclusive, culturally responsive, anti-racist, equity/social justice oriented atmosphere at the CAARE Center for staff and clients.

In the past year, some short term goals achieved by the DEI include the distribution of a Diversity staff survey; supporting welcoming public spaces with new wall art and bathroom signs; having voter materials more accessible and visible in the waiting area pre-election; helping support the party planning committee in adding cultural celebrations, including but not

limited to MLK, Black History month, Juneteenth, and PRIDE month; supporting better integration of diversity issues across seminars and trainings; the creation of a resource folder on racism and racial trauma; initial revision of the internship and staff hiring process; and participation in the Sacramento County Behavioral Health Racial Equity Collaborative including the creation of a racial equity action plan. Interns are welcome to participate in DEI meetings, subcommittees, or tasks.

***Post-Doctoral Opportunities***

In addition to psychology internship training, there are postdoctoral positions available every year. The Training Director and supervisors provide significant support to interns related to postdoctoral career opportunities. Former interns have obtained Postdoctoral positions at a variety of places including Stanford University School of Medical, University of Washington; Child Advocacy Center-Austin, Texas; MIND Institute; Central Florida University; University of Oklahoma Health Sciences, and the CARES Institute among others.

# Trauma-Adolescent Mental Illness (TAMI) Track

## TRAINING AIMS AND COMPETENCIES

### **Overview**

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical experience, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center and SacEDAPT fosters the development of skills and a maturing professional identity.

### **Aims**

Over the course of the one-year program, it is expected that interns will develop the following competencies:

1. Become proficient in conducting intake assessments, making diagnoses, developing treatment plans, and conducting individual and group therapy for children, adolescents, and caregivers with a history of maltreatment and/or early psychosis.
2. Become proficient in administering, scoring, and interpreting psychological tests and writing comprehensive evaluation reports.
3. Develop cultural competency in assessing and treating a multicultural population.
4. Demonstrate the knowledge and skills needed to conduct two empirically supported treatments (i.e., Trauma-Focused Cognitive- Behavioral Therapy and CBT for Psychosis) competently.
5. Use knowledge of current research in the areas of intervention, assessment, and trauma and early psychosis to guide assessment and treatment.
6. Develop and refine skills in consulting with school and other systems involved in client's life.
7. Develop ability to provide clinical case management as appropriate.
8. Make a professional and scientific presentation of a specific case or topic and integrate research into case presentations.
9. Work collaboratively as part of a multidisciplinary team of medical and mental health professionals.
10. Become knowledgeable on issues concerning professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.
11. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

### **General Training Duties**

1. Interns will have approximately 17 clinical client hours per week comprised as follows:

- a. 8-10 individual therapy clients, which includes designated TF-CBT cases
  - b. 4-6 individual therapy clients with comorbid early psychosis and trauma exposure/effects
  - c. 1 psychological evaluation
  - d. Conducting comprehensive standardized assessments for early psychosis (2 per month)
  - e. Co-facilitate guided peer support group
  - f. Co-facilitate substance abuse management therapy group (harm reduction approach)
2. Interns will be responsible for conducting intake assessments at both CAARE Center and SacEDAPT.
3. Interns will participate in supervision, trainings, and meetings as follows:
    - a. 1 hour of individual supervision per week through SacEDAPT;
    - b. 1 hour of TF-CBT supervision per week;
    - c. Live supervision (through observation) as part of TF-CBT seminars
    - d. 3 hours of didactic seminars per week including TF-CBT didactic and Early Psychosis/CBTp didactic;
    - e. General all-staff meetings twice per month;
    - f. 1 hour Training Director's meeting monthly, more if needed;
    - g. 1 Hour of Assessment Group Supervision weekly;
    - h. 1 Hour Assessment Individual Supervision weekly;
    - i. 1 hour Group supervision for evaluations twice per month;
    - j. Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.
4. Interns will be responsible for completing all required clinical documentation (e.g., treatment plans, progress notes, discharge summaries) in a timely manner consistent with both professional expectations and specific county guidelines.
5. Interns will have the opportunity to attend conferences sponsored by the CAARE Center, SacEDAPT, Department of Psychiatry, School of Medicine grand rounds, and other training activities.

## **SUPERVISION AND TRAINING**

The Clinical Psychology Training Program provides a strong supervisory system to ensure that interns obtain individualized attention as they pursue their clinical training at the CAARE Center and SacEDAPT. Interns will participate in two hours of individual supervision (one with a TF-CBT Supervisor and one with a CSC supervisor) and 2.5 hours of group supervision a week (one hour of Assessment supervision and 1.5 hrs of CBTp supervision). The use of "live" supervision is an integral part of training through the use of observation mirrors, videotaping of treatment sessions and assessment interviews, and co-facilitation of treatment and assessment for all treatment programs. Opportunities for topic and case presentations occur in seminars, staff meetings, and group supervision.

### ***Individual Supervision***

Two hours of individual supervision are provided, one hour devoted to TF-CBT cases, and the other hour devoted to early psychosis therapy cases. Live supervision is provided on a weekly basis for evaluations conducted at the CAARE Center as well as SacEDAPT.

### ***Group Supervision***

There will be a bimonthly group supervision with supervisors from the CAARE Center and SacEDAPT.

### ***Didactic and Clinical Presentations***

Several required didactic trainings are conducted on a regular basis throughout the training year. These are:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Early Psychosis Didactic
- Trauma-Focused Cognitive-Behavioral Therapy seminar
- Multi-cultural Issues in Trauma and Child Maltreatment meeting
- Secondary Traumatic Stress and Vicarious Trauma seminar

### ***Training Director's Meeting and Professional Development Seminar***

This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. The meeting is conducted on a monthly basis or more as needed.

### ***Other Training Opportunities***

Interns have the opportunity to attend Pediatrics and Psychiatry Grand Rounds offered through the Medical Center. Release time for attending other professional conferences may be arranged with the Co-Training Directors and primary supervisor.

### ***Post-Doctoral Opportunities***

In addition to psychology internship training, there are postdoctoral positions available every year. The Training Director and supervisors provide significant support to interns related to postdoctoral career opportunities. Former interns have obtained Postdoctoral positions at a variety of places including MIND Institute, Stanford University School of Medical, University of Oklahoma Health Sciences, and the CARES Institute.

# Trauma-Adolescent Mental Illness Systems (TAMI-Systems) Track

## TRAINING AIMS AND COMPETENCIES

### **Overview**

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical experience, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center and SacEDAPT fosters the development of skills and a maturing professional identity.

### **Aims**

Over the course of the one-year program, it is expected that interns will develop the following competencies:

12. Become proficient in conducting intake assessments, making diagnoses, developing treatment plans, and conducting individual and group therapy for children, adolescents, and caregivers with a history of maltreatment and/or early psychosis.
13. Become proficient in administering, scoring, and interpreting psychological tests and writing comprehensive evaluation reports.
14. Develop cultural competency in assessing and treating a multicultural population.
15. Demonstrate the knowledge and skills needed to conduct two empirically supported treatments (i.e., Trauma-Focused Cognitive- Behavioral Therapy and CBT for Psychosis) competently.
16. Use knowledge of current research in the areas of intervention, assessment, and trauma and early psychosis to guide assessment and treatment.
17. Develop and refine skills in consulting with school and other systems involved in client's life.
18. Develop ability to provide clinical case management as appropriate.
19. Make a professional and scientific presentation of a specific case or topic and integrate research into case presentations.
20. Work collaboratively as part of a multidisciplinary team of medical and mental health professionals.
21. Become knowledgeable on issues concerning professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.
22. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

### ***General Training Duties***

6. Interns will have approximately 17 clinical client hours per week comprised as follows:
  - g. 8-10 individual therapy clients, which includes designated TF-CBT cases
  - h. 4-6 individual therapy clients with comorbid early psychosis and trauma exposure/effects
  - i. 1 psychological evaluation
  - j. Conducting comprehensive standardized assessments for early psychosis (2 per month)
  - k. Co-facilitate guided peer support group
  - l. Co-facilitate substance abuse management therapy group (harm reduction approach)
7. Interns will be responsible for conducting intake assessments at both CAARE Center and SacEDAPT.
8. Interns will participate in supervision, trainings, and meetings as follows:
  - k. 1 hour of individual supervision per week through SacEDAPT;
  - l. 1 hour of TF-CBT supervision per week;
  - m. Live supervision (through observation) as part of TF-CBT seminars
  - n. 3 hours of didactic seminars per week including TF-CBT didactic and Early Psychosis/CBTp didactic;
  - o. General all-staff meetings twice per month;
  - p. 1 hour Training Director's meeting monthly, more if needed;
  - q. 1 Hour of Assessment Group Supervision weekly;
  - r. 1 Hour Assessment Individual Supervision weekly;
  - s. 1 hour Group supervision for evaluations twice per month;
  - t. Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.
9. Interns will be responsible for completing all required clinical documentation (e.g., treatment plans, progress notes, discharge summaries) in a timely manner consistent with both professional expectations and specific county guidelines.
10. Interns will have the opportunity to attend conferences sponsored by the CAARE Center, SacEDAPT, Department of Psychiatry, School of Medicine grand rounds, and other training activities.

## **SUPERVISION AND TRAINING**

The Clinical Psychology Training Program provides a strong supervisory system to ensure that interns obtain individualized attention as they pursue their clinical training at the CAARE Center and SacEDAPT. Interns will participate in two hours of individual supervision (one with a TF-CBT Supervisor and one with a CSC supervisor) and 2.5 hours of group supervision a week (one hour of Assessment supervision and 1.5 hrs of CBTp supervision). The use of "live" supervision is an integral part of training through the use of observation mirrors, videotaping of treatment sessions and assessment interviews, and co-facilitation of treatment and assessment for all treatment programs. Opportunities for topic and case presentations occur in seminars, staff meetings, and group supervision.

### ***Individual Supervision***

Two hours of individual supervision are provided, one hour devoted to TF-CBT cases, and the other hour devoted to early psychosis therapy cases. Live supervision is provided on a weekly basis for evaluations conducted at the CAARE Center as well as SacEDAPT.

***Group Supervision***

There will be a bimonthly group supervision with supervisors from the CAARE Center and SacEDAPT.

***Didactic and Clinical Presentations***

Several required didactic trainings are conducted on a regular basis throughout the training year. These are:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Early Psychosis Didactic
- Trauma-Focused Cognitive-Behavioral Therapy seminar
- Multi-cultural Issues in Trauma and Child Maltreatment meeting
- Secondary Traumatic Stress and Vicarious Trauma seminar

***Training Director's Meeting and Professional Development Seminar***

This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. The meeting is conducted on a monthly basis or more as needed.

***Other Training Opportunities***

Interns have the opportunity to attend Pediatrics and Psychiatry Grand Rounds offered through the Medical Center. Release time for attending other professional conferences may be arranged with the Co-Training Directors and primary supervisor.

***Post-Doctoral Opportunities***

In addition to psychology internship training, there are postdoctoral positions available every year. The Training Director and supervisors provide significant support to interns related to postdoctoral career opportunities. Former interns have obtained Postdoctoral positions at a variety of places including MIND Institute, Stanford University School of Medical, University of Oklahoma Health Sciences, and the CARES Institute.

# Child Maltreatment and Neurodevelopment Track (CMN) Track

## TRAINING AIM AND COMPETENCIES

### **Overview**

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical experience with children primarily between the ages of 0 to 5-years and their families, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center and Developmental and Behavioral Pediatrics fosters the development of skills and a maturing professional identity.

### **AIMS**

Over the course of the one-year program, it is expected that interns will develop the following competencies:

1. Become proficient in conducting intake assessments, diagnostic evaluations, and developing treatment plans that include evidence-based treatments.
2. Conduct evidence-based evaluations for autism spectrum disorder and learn best practice evaluation methods for diagnosing neurodevelopmental disorders with young children.
3. Use integrative approach to conceptualize complex cases and provide evidence-based recommendations.
4. Independently write comprehensive and objective diagnostic evaluation reports and discuss feedback regarding diagnoses and recommendations to families.
5. Conduct PC-CARE with parent child dyads. Develop flexibility in using evidenced based intervention (PC-CARE) with children having comorbid conditions, such as neurodevelopmental disorder, behavioral/mental health concerns, and/or medical conditions.
6. Solidify understanding of early child development and differentiate between typical vs. atypical developmental symptoms within the diagnostic process using the DSM-V.
7. Further understanding of developmental disabilities and patient advocacy.
8. Develop culturally sensitive and family centered care competencies in assessing and treating a multicultural population.
9. Work collaboratively as part of a multidisciplinary team of medical, mental health, speech language pathology, and other professionals on assessments, case conferences, and in didactics. Use knowledge of current research in the areas of intervention, assessment, development, and trauma and expand this knowledge to guide assessment and treatment.

10. Develop and refine skills in consulting with school, Regional Center, and other systems involved in client's life.
11. Develop ability to provide clinical case management as appropriate.
12. . Learn to communicate research and clinical knowledge with professionals and families through professional and scientific presentations of a specific case or topic and presentations on research-based topics in didactics and journal clubs.
13. Become knowledgeable on issues relevant to professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.
14. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

### **General Training Duties**

Interns will divide clinical training responsibilities with 20-hours at the CAARE Center and 20-hours at the MIND Institute with DBP:

#### DBP -MIND Responsibilities:

- Child Development Clinics: Diagnostic Evaluations
  - Regional Center Clinic: For ½ a day per week the intern will observe and eventually independently conduct best practice diagnostic evaluations with children up to 5-years of age through an ongoing Regional Center contract. Evaluations for children with referral questions of ASD and/or global developmental delay with a speech language postdoc and psychology supervisor. Intern will score results, deliver feedback to families, and write comprehensive report of findings and recommendations.
  - LEND Interdisciplinary/Child Development Clinic: For ½ a day per week the intern will participate in LEND Interdisciplinary Evaluation clinic or other neurodevelopmental assessment clinic. Evaluations for medically complex children with referral questions of ASD, global developmental delay, and other neuropsychological, mental and physical health concerns.
- Baby Steps NICU Follow-up Clinic: For ½ a day per week the intern will participate in this clinic to conduct developmental assessments in a High-Risk Infant Follow Up (HRIF) clinic within an interdisciplinary setting, write and contribute to team report, and provide feedback and recommendations to families.
- 22q11.2 Deletion Syndrome Clinic: Once a month, the intern will provide developmental assessments for a child diagnosed with 22q11.2 Deletion Syndrome. Children within this clinic range in age from birth to 12-years old. The Intern will participate in the intake assessment, evaluation, and complete scoring and report writing, as well as provide feedback to the family. They will also participate in interdisciplinary team evaluation with a Developmental Pediatrician on this day for this clinic.
- *Additional options for training, time permitting and as available:*
  - Clinical opportunities: ADHD parent group, Social Skills Group

- Leadership: Leadership Project (e.g., quality improvement study of a community or clinical program) that includes a presentation of project at the end of the year at LEND presentation
- Research: Research Project under the supervision of a researcher at the MIND Institute, that includes a presentation of project at the end of the year at LEND presentation

CAARE Center Responsibilities:

- Intake Assessments: Conduct intake assessments to determine appropriate treatment recommendation for young children and their families.
- Treatment: Intern will have approximately 10 contact hours per week comprised of the following: 4 PCIT/PC-CARE cases and 4-6 Infant Mental Health cases in clinic and/or home. It is anticipated that the intern will master delivery of PCIT/PC-CARE while also delivering this in a developmentally appropriate manner for use with young children having complex backgrounds and comorbid conditions.

Interns will participate in supervision, trainings, and meetings as follows:

DBP-MIND:

- Weekly DBP fundamentals course (e.g., topics include development, autism assessment, ADHD, Intellectual Disability, prematurity, sleep, feeding, enuresis, encopresis, sensory integration, motor coordination, anxiety, depression, case conceptualization, test administration, scoring tests, and report writing, resources for families).
- Complete UCEDD trainee modules as available
- Participate in LEND seminars as available
- 1 hour per week of individual supervision
- 2-4 Hours of Live supervision of assessments weekly
- Seminars:
  - 1.5 hours of Friday DBP Fundamentals seminars (4 times per month July to September; 2 times per month October to June)
  - 1 hour of monthly DBP Case based discussion
  - 1 hour of monthly DBP Journal Club
  - 1 hour of LEND Neurodevelopmental Disorders Seminar (12:30-1:30)
  - 1.5 hours per week of LEND Infant Mental Health Seminar
  - **Optional:**
    - Other weekly LEND seminars (Leadership, Communication, J. Club)
    - Pediatric Grand Rounds (Fridays, 8-9)
    - MIND Institute Distinguished Lecture Series
    - MIND Institute Research Seminar Series
    - LEND Medium Term Meeting
- Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.

CAARE Center:

- General all-staff meetings twice per month through CAARE Center
- 1 hour Training Director's meeting monthly or more if needed at CAARE Center

- 1-2 Hour of weekly supervision for PCIT/PC-CARE cases through CAARE Center including live supervision
- 1 hour weekly Infant Mental Health consultations through CAARE Center
- 1 hour Parent Child Interaction Therapy Didactic or PC-CARE Didactic month for the year through CAARE Center

Interns will be responsible for completing all required clinical documentation (e.g., evaluation reports, treatment plans, progress notes, discharge summaries) in a timely manner consistent with both professional expectations and specific county guidelines.

Interns will have the opportunity to attend the School of Medicine grand rounds, and other training activities.

## **SUPERVISION AND TRAINING**

The Infant/Preschool Neurodevelopmental and Child Maltreatment Internship will provide supervision to ensure that interns are prepared for more independent practice working with young children and families upon completion. Interns will participate in 1-hour of weekly 1:1 supervision through DBP as well as live and group supervision, and 1-hour of 1:1 weekly supervision at the CAARE Center with a licensed clinical psychologist. In addition, interns will participate in an Infant Mental Health consultation program weekly and receive feedback from other medical attendings who will supervise multidisciplinary clinic. The use of “live” supervision is an integral part of training through the use of observation mirrors, videotaping of assessment and treatment, and co-facilitation of assessment and treatment for all programs. Opportunities for topic and case presentations occur in seminars, staff meetings, and group supervision.

### ***Individual Supervision***

Two hours of individual supervision are provided per week, one hour devoted to PCIT/PC-CARE cases and the other hour devoted to assessment cases. When a case (therapy or evaluation) is assigned, the intern should consult with the supervisor about procedures and relevant information.

### ***Group Supervision***

Supervision is provided on a weekly basis for PC-CARE, infant mental health clients, and evaluations.

### ***Didactic and Clinical Presentations***

Several required didactic trainings are conducted on a regular basis throughout the training year. These are:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Parent-Child Interaction Therapy/PC-CARE seminar
- Infant Mental Health Consultation
- DBP fundamentals presentations, J. Club discussions, and Case Based Discussions
- Hearts & MINDS meeting with topics related to neurodevelopment and related comorbidities
- MIND Institute Summer Institute
- Multi-cultural Issues in Trauma and Child Maltreatment meeting
- Secondary Traumatic Stress and Vicarious Trauma seminar

***Training Director's Meeting and Professional Development Seminar***

This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. The meeting is conducted on a monthly basis with Dr. Blacker or more as needed.

***Other Training Opportunities***

Interns have the opportunity to attend Pediatrics and Psychiatry Grand Rounds offered through the Medical Center as well as the Parent-Child Interaction Therapy Conference. Interns will also have opportunity to attend the MIND Institute Distinguished Lecture series, NICU Developmental Care Rounds, and participate in the ADHD parent group. Release time for attending other professional conferences may be arranged with the Training Director and primary supervisor.

# Juvenile Justice & Forensic Psychology (JJFP) Track

## TRAINING AIMS AND COMPETENCIES

### **Overview**

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical and assessment experience, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center fosters the development of skills and a maturing professional identity.

### **AIMS**

Over the course of the one-year program, it is expected that interns will develop the following competencies:

1. Become proficient in administering, scoring, and interpreting psychological tests and writing comprehensive evaluation reports, including child welfare evaluations, juvenile sex offender risk assessments, and juvenile competency to stand trial evaluations.
2. Become proficient in conducting intake assessments, making diagnoses, developing treatment plans, and conducting individual and group therapy for children, adolescents, and caregivers with a history of trauma and/or juvenile justice involvement.
3. Develop cultural competency in assessing and treating a multicultural population.
4. Demonstrate the knowledge and skills needed to conduct one empirically supported treatment (i.e., Trauma-Focused Cognitive- Behavioral Therapy) competently.
5. Use knowledge of current research in the areas of intervention, assessment, forensic psychology, and child maltreatment to guide assessment and treatment.
6. Develop and refine skills in consulting with the court, juvenile hall, and other systems involved in client's life.
7. Develop ability to provide clinical case management as appropriate.
8. Make a professional and scientific presentation of a specific case or topic and integrate research into case presentations.
9. Work collaboratively as part of a multidisciplinary team of medical and mental health professionals.
10. Become knowledgeable on issues concerning professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.
11. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

### **General Training Duties**

1. Interns will have approximately 17 hours of client contact per week comprised as follows:
  - a. 6-8 individual therapy clients, at least 2 of which include designated TF-CBT cases seen at the CAARE Center, and at least 3 of which are youth incarcerated in the youth detention facility
  - b. 2 forensic evaluations per month;
  - c. 1 therapy group that is part of Trauma Informed Unit Programming in YDF
2. Interns will be responsible for conducting intake assessments.
3. Interns will participate in supervision, trainings, and meetings as follows:
  - a. 1 hour of one-on-one supervision per week for juvenile hall cases and group;
  - b. 1 hour of one-on-one supervision per week for therapy cases seen at the CAARE Center, focused primarily on TF-CBT;
  - c. 2 hours of weekly supervision for evaluations, including live supervision and one-on-one supervision
  - d. Live supervision (through video and one-way mirrors) as part of TF-CBT seminar
  - e. 2 hours of didactic seminars per week;
  - f. General all-staff meetings twice per month;
  - g. 1 hour Training Director's meeting twice per month for the year;
  - h. Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.
4. Interns will be responsible for completing all required clinical documentation (e.g., treatment plans, progress notes, discharge summaries, court reports) in a timely manner consistent with both professional expectations and specific county guidelines.
5. Interns will have the opportunity to attend a sponsored 2-day TF-CBT training by a Nationally Certified TF-CBT Trainer, training on forensic specialty topics (i.e., expert testimony), School of Medicine Grand Rounds, and other training activities.

### **SUPERVISION AND TRAINING**

The Clinical Psychology Training Program provides a strong supervisory system to ensure that interns obtain individualized attention as they pursue their clinical training at the CAARE Center and partnering organizations. In general, interns participate in three hours of individual supervision (including evaluation supervision); approximately two to four hours of live supervision; and supervision on group services. The use of "live" supervision is an integral part of training through the use of observation mirrors, videotaping of treatment sessions and assessment interviews, and co-facilitation of treatment and assessment for all treatment programs. Opportunities for topic and case presentations occur in seminars, staff meetings, and group supervision.

#### **Individual Supervision**

Two hours of individual supervision are provided, one hour devoted to CAARE Center cases, and the other hour devoted to forensic evaluations and JTRC assessments and/or psychological evaluations. Evaluations also involve live supervision approximately 2 hours a week. When a case (therapy or evaluation) is assigned, the intern should consult with the supervisor about procedures and relevant information.

### ***Didactic and Clinical Presentations***

Several required didactic trainings are conducted on a regular basis throughout the training year. These are:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Psychological Evaluation/Forensic Evaluation didactic
- Trauma-Focused Cognitive-Behavioral Therapy seminar
- Multi-cultural Issues in Trauma and Child Maltreatment meeting
- Secondary Traumatic Stress and Vicarious Trauma seminar
- Forensic specialty topics (primarily completed at the beginning of the training year, in collaboration with adjunct forensic faculty)

### ***Training Director's Meeting and Professional Development Seminar***

This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. Professional development topics include: professional identity, preparing for EPPP/licensure, salary negotiation, etc. The meeting is conducted on a monthly basis.

### ***Post-Doctoral Opportunities***

In addition to psychology internship training, there are postdoctoral positions available every year. Former interns have obtained Postdoctoral positions at a variety of places including Stanford University School of Medical, University of Oklahoma Health Sciences, Penn State and the CARES Institute among others.

## Additional Information for EBPs

### ***Parent-Child Interaction Therapy (PCIT) – Dawn Blacker, PhD, Coordinator***

PCIT is an empirically supported treatment designed to help both parents and children. The program works with caregivers and children together to improve the quality of the parent-child relationship and to teach parents the skills necessary to manage the child's behavior problems. Interns will follow PCIT cases with an experienced therapist and be responsible for four cases. Because interns are taught by an experienced therapist, direct/live supervision and feedback is ongoing. Interns may be eligible for PCIT therapist certification by the UC Davis Training Center at the end of internship.

### ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) – Brandi Liles, PhD, Program Coordinator***

TF-CBT is an empirically supported treatment developed for youth with post-traumatic stress disorder, or emotional or behavioral problems (e.g., depression, anxiety) related to traumatic life experiences. This therapy model is provided to children ages 3-18 years who have experienced physical abuse, sexual abuse, or other traumatic events (e.g., car accidents, witnessing violence). Treatment involves individual sessions with the child and parent as well as joint parent-child sessions. TF-CBT has been used effectively with children from all socioeconomic backgrounds, living in a variety of settings (e.g., parents, foster care, group home), and from diverse ethnic backgrounds. Interns will be responsible for seeing TF-CBT cases and implementing the entire TF-CBT protocol. To facilitate learning and comfort with the model, interns will be involved in case presentations/discussions and live supervision. Interns will likely meet training and clinical requirements for TF-CBT certification following their internship year.

### ***Psychological Evaluations – Blake Carmichael, PhD, Coordinator***

The Psychological Evaluation Program provides multiple evaluation services for children, adolescents, and families. Evaluations are referred from various entities in the child welfare system, including social workers, treatment providers, and attorneys. Many of the evaluation services are conducted for dependency, juvenile, and family court. Referral questions may include requests for differential diagnoses, developmental assessment, cognitive functioning, and treatment recommendations. Referring parties also ask for input about a child's placement needs. In addition, court ordered evaluations frequently assess the quality and nature of parent-child relationships. This information is used to help the court determine if reunification services are to be offered to a parent and/or if parental rights should be terminated.

Interns are responsible for conducting psychological evaluations throughout the year. Testing instruments include cognitive and objective personality tests. In addition, interns receive training in using the K-SADS (a structured diagnostic interview) and conducting clinical interviews with children. Behavioral checklists, school observations, and collateral contacts with caregivers are also utilized. Readings are provided in the areas of child development, child maltreatment, and measure administration and interpretation.

### ***Group Therapy –***

The group therapy program provides therapy in the format of ADHD group and social skills group. Interns may co-facilitate at least one ongoing therapy group if interested. Supervision is both indirect and direct in the viewing of videotapes and co-facilitation of groups.

## TRAINING STAFF

### ***Tiffany Anderson, Ph.D., Supervisor, CAARE Center***

Dr. Tiffany Anderson is a licensed clinical and forensic psychologist in California and Washington. She is a graduate of Palo Alto University with an emphasis in forensic psychology and completed internship at the CAARE Center as the 2<sup>nd</sup> ever JJFP intern. Dr. Anderson's postdoctoral fellowship through the University of Washington centered on conducting both juvenile competency evaluations and research on youth with ASD in the justice system. At CAARE, Dr. Anderson provides training/supervision in individual therapy (TF-CBT) and evaluations concerning child welfare issues, juvenile competency to stand trial, and juvenile sex offense risk assessment. Dr. Anderson's primary interests include evidence-based and culturally informed forensic assessment, advocacy for minoritized and underserved populations, improving mental health and justice-related policies across system levels, and compassion fatigue resources for helping professionals within the justice system (e.g., law enforcement, probation officers).

### ***Dawn M. Blacker, PhD, Interim Co-Director of Mental Health Services; Training Director, Clinical Psychology Training Program, CAARE Center***

Dr. Blacker graduated from the California School of Professional Psychology-Alameda in 1998. She currently serves as Training Director and conducts psychological evaluations, Parent-Child Interaction Therapy, TF-CBT and DBT. Dr. Blacker received postdoctoral training in developmental disabilities and psychological assessment. Current interests include treatment of child physical and sexual abuse, developmental assessment of maltreated children, complex trauma, implementation of EBT's, CSEC and early intervention. Theoretical orientation: Cognitive-behavioral and developmental.

### ***Blake Carmichael, PhD, Evaluation Program Manager, CAARE Center***

A graduate of University of California, Davis and Alliant International University, Dr. Carmichael specializes in psychological assessment and group/individual treatment of maltreated children and their families. He has extensive training and experience working with adolescent sex offenders and victims. Research interests include the impact of violence on families, the effectiveness of various parenting/leadership styles, and the biological bases of aggression and psychiatric disorders. Dr. Carmichael completes psychological assessments, including but not limited to child welfare evaluations, juvenile sex offender risk assessments, and juvenile competency evaluations. He also provides expert witness testimony, primarily related to child sexual abuse.

### ***Cameron Carter, M.D., Director of SacEDAPT***

Dr. Carter is a Professor of Psychiatry and has been involved in the care of early schizophrenia for the past 12 years. He directs the SacEDAPT Clinic and the Psychosis Research and Education Program in the Department of Psychiatry at UC Davis Medical Center as well as the UC Davis Imaging Research Center

### ***Janice Enriquez, PhD, Supervisor, CMN Track***

Dr. Enriquez completed her graduate and clinical training at Loma Linda University, Harbor-UCLA Medical Center, and the UC Davis CAARE Center. She is currently a clinical psychologist within Developmental and Behavioral Pediatrics, Associate Clinical Faculty within Pediatrics, the LEND Training Director, Director of the Maternal Child Health Careers (MCHC) Research Initiatives for Student Enhancement Undergraduate Public Health Scholars (RISE-UP) Program, and secretary on the board of the Multicultural Council for the Association of University Centers

on Disabilities (AUCD), as well as the multicultural representative for the University Center for Excellence in Developmental Disabilities (UCEDD) program at the MIND Institute. Specialty areas include comprehensive developmental psychological, neurodevelopmental, and psychodiagnostic evaluations, evidence-based treatments, including Cognitive Behavioral Therapy, Parent Child Interaction Therapy, and Triple P-for children with developmental delays, and intersectionality between neurodevelopmental disabilities and mental and behavioral health.

***Sabrina Ereshefsky, PhD, Assessment Supervisor, TAMI/TAMI Systems Track***

Dr. Sabrina Ereshefsky is a Licensed Clinical Psychologist and the Assessment Training Director at the UC Davis Early Psychosis Programs. She received her Ph.D. in Human Services/Child Clinical Psychology from the University of Maryland, Baltimore County. Dr. Ereshefsky completed her pre-doctoral clinical internship at University of Arizona's Early Psychosis Intervention Center (EPICenter). She has been with UC Davis since 2019, when she began her post-doctoral fellowship. Dr. Ereshefsky provides training, supervision, and assessment services as part of UC Davis' SacEDAPT clinic. She leads weekly assessment supervision with all levels of trainees and supports in other leadership roles. Outside of the clinic, Dr. Ereshefsky supports the California Early Psychosis Intervention Network (EPI-CAL), led by PI, Dr. Tara Niendam. Within EPI-CAL's Learning Health Care Network, her work focuses on understanding provider and organization level characteristics, such as burnout, stigma, recovery-orientation, and organizational climate, that may impact implementation and uptake of Beehive, the data collection and visualization platform to improve data driven care. Dr. Ereshefsky provides training on Beehive's clinical utility and has helped lead and assist on qualitative work within the project. Dr. Ereshefsky further supports EPI-CAL's Training and Technical Assistance (TTA) Assessment Consultation Team, supporting newly or recently created early psychosis teams from across California, in training and consultation on the assessment and intake process. Dr. Ereshefsky also has an active leadership role supporting a 4-year SAMHSA grant to support individuals with clinical high-risk for psychosis receive assessment and stepped-care in Sacramento community mental health settings. In her free time, she enjoys the outdoors and nature, attending rock concerts, local vegan offerings, and being a fur-mom to her tabby Nori.

***Victoria Galvez, PsyD, Supervisor, Assistant Training Director***

Dr. Victoria Galvez attended Alliant University and completed her predoctoral training at UCD Child and Adolescent Psychiatric Services Clinic (CAPS). Dr. Galvez performs many activities some of which include Assistant Training Director, providing individual therapy, assessment, group therapy, as well as supervising clinical trainees in therapy and assessment. Her background is in providing mental health services to children, families and young adults with trauma, severe mental illness, and neurodevelopmental disorders. Dr. Galvez's current research endeavors is serving as the project director on the Trauma and Adolescent Mental Illness (TAMI) project, which aims to increase capacity of child-serving systems (child welfare, juvenile justice, community mental health) to identify and appropriately link youth experiencing comorbid trauma and psychosis symptoms by implementing a universal screening and referral protocol in Sacramento County juvenile justice and child welfare settings.

***Brandi Hawk, PhD, PCIT/PC-CARE Supervisor, CAARE Center***

Dr. Hawk earned her Ph.D. in Clinical and Developmental Psychology from the University of Pittsburgh, where she studied the impact of institution-wide caregiver interventions on the development of young children reared in institutions in the Russian Federation. She is currently

a licensed psychologist at the CAARE Center within the Department of Pediatrics, University of California Davis Children's Hospital. Current research interests include the development of a brief dyadic intervention for children and their parents, as well as the effectiveness of dyadic interventions in the treatment of trauma and disruptive behavior disorders. Current clinical activities include training in Parent Child Interaction Therapy (PCIT) and Parent-Child Care (PC-CARE), conducting and supervising psychological evaluations, supervising the clinical work associated with an NCTSN program to provide PC-CARE services to all newly placed foster children in Sacramento, and conducting trauma-informed yoga in a school for homeless children.

***Chelsea M. Lee, Psy.D., Supervisor, CAARE Center***

Dr. Chelsea Lee is a licensed psychologist who specializes in trauma, infant and early childhood mental health, and relationship-based interventions. She obtained her Psy.D. in Clinical Psychology at Sacramento's California School of Professional Psychology, Alliant International University. She completed her postdoctoral fellowship in Denver, CO with the Irving Harris Program for Infant Mental Health and Child Development. She has background working in integrated care clinics, intensive outpatient programs, and underserved outpatient agencies providing CBT, ERP, and dyadic models to children and families. At the CAARE Center, she conducts psychological evaluations, provides individual and dyadic therapy to children and adolescents, including PC-CARE and TF-CBT, co-facilitates the Evidence-Based Diagnosis and Treatment Didactic, and supervises psychology interns. She also provides trainings through UCD Continuing and Professional Education Department on trauma and mental health diagnoses for 0-5 year olds. Her work revolves around support and advocacy for early intervention and early caregiver relationships to set the foundation for functioning across the lifespan.

***Brand Liles, PhD, TF-CBT Program Coordinator, CAARE Center***

Dr. Liles graduated from the University of Tulsa (TU) in Tulsa, Oklahoma in 2013. She completed her Psychology Internship at the CAARE Center in 2012 and now serves as the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Coordinator and is a Nationally recognized Master Trainer for TF-CBT. In addition, she specializes in Parent Child Interaction Therapy and conducts trainings at the CAARE Center and other agencies. For the past 5 years, Dr. Liles' trauma specialization has expanded to serving victims of commercial child sexual exploitation including training professionals in probation, child welfare, and mental health on providing trauma-informed services to youth who have been sexually exploited. Current interests include trauma, trauma-focused treatment, dissemination of empirically supported treatments, trauma-informed child welfare and probation systems, children and youth who have experienced sexual exploitation, and identifying secondary traumatic stress and vicarious trauma in professionals. Theoretical Orientation: Cognitive-Behavioral

***Tara Niendam, PhD, Executive Director, SacEDAPT***

Dr. Niendam is a licensed clinical psychologist with specialized training in psychodiagnostic and cognitive assessment in youth at risk for or in the early stages of psychosis. As the Director of Operations, Dr. Niendam supervises clinic activities and staff and coordinates outreach and educational presentations within the community. Dr. Niendam is interested in understanding how deficits in cognition can influence an individual's ability to maintain age-appropriate social and work/school functioning.

***Michele Ornelas Knight, PsyD, Interim Co-Director of Mental Health Services, CAARE Center***

Dr. Ornelas Knight graduated from the University of Denver's Graduate School of Professional Psychology in 1999. Clinical experience includes treatment of children and adolescents with histories of trauma, treatment of adolescent and young adults with complex trauma histories, self-injurious behaviors and suicidal ideation. Current interests include emotional regulation in children and adolescents, complex trauma, and parenting children with histories of maltreatment. Theoretical orientation Cognitive-behavioral.

***Ashley Peterson, Psy.D., Supervisor, CAARE Center***

Dr. Ashley Peterson is a licensed clinical psychologist who specializes in trauma, adolescent and TAY mental health, and self-injury and suicidality. She obtained her Psy.D. in Clinical Psychology at Azusa Pacific University in Azusa, California. She completed her postdoctoral fellowship in San Francisco's Mission District at Oakes Children's Center. She has background working in underserved outpatient community mental health agencies and in school settings. At the CAARE Center, she conducts psychological evaluations and child welfare evaluations, and provides individual therapy to children and adolescents, including TF-CBT, DBT, and CBT-E. Her work revolves around support and advocacy for adolescents who have severe emotional dysregulation and risk behaviors.

***Daniel Shapiro, PhD, Director of Operations, SacEDAPT***

Dr. Shapiro is a Clinical Psychologist and incoming Director of Operations for the UC Davis Early Psychosis Program (SacEDAPT and EDAPT). He completed his doctoral training at Emory University before going on to specialized fellowship in the practice and dissemination of Cognitive Behavioral Therapy at the University of Pennsylvania. He comes to UC Davis after filling similar roles in Massachusetts and Georgia, deepening his expertise in the assessment and treatment of early psychosis, as well as more broad cognitive behavioral strategies for change. He is passionate about teaching and training in these areas.

***Carrie Silver, PhD, Supervisor, MIND Institute***

Dr. Silver is a Clinical Psychologist at UC Davis MIND Institute. This is a shared role in conducting assessments including for High-Risk Infant Follow Up clinic, Toddler clinic; training of interns, postdocs; therapy (Trauma Focused CBT, PC-CARE), and supporting research. Some of Dr. Silver's clinical and/or research interests include early detection and treatment of neurodevelopmental disabilities and intersection of trauma and NDDs including adaptation of treatment protocols for these populations.

## Selected Staff Publications

- Tryon VL, Garman HD, Loewy RL, Niendam TA. (2021, Feb). Links Between Human and Animal Models of Trauma and Psychosis: A Narrative Review. *Biol Psychiatry Cogn Neurosci Neuroimaging*;6(2):154-165. doi: 10.1016/j.bpsc.2020.09.012.
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- Smucny, J., Lesh, T. A., Zarubin, V. C., Niendam, T. A., Ragland, J. D., **Tully, L. M.**, & Carter, C. S. (2020). One-Year Stability of Frontoparietal Cognitive Control Network Connectivity in Recent Onset Schizophrenia: A Task-Related 3T fMRI Study. *Schizophrenia Bulletin*, sbz122, <https://doi.org/10.1093/schbul/sbz122> PMID: PMC7505169

- Timmer, S. G., Hawk, B. N., Forte, L. A., Boys, D. K., & Urquiza, A. J. (2019). An Open Trial of Parent–Child Care (PC-CARE)-A 6-Week Dyadic Parenting Intervention for Children with Externalizing Behavior Problems. *Child Psychiatry & Human Development*, *50*, 1-12. Doi: 10.1007/s10578-018-0814-8
- Timmer, S.G., Hawk, B.N., Washington, A.M.L., & Urquiza, A.J. (in press). Trauma-Informed Care for Maltreated Children: Evidence-Based Treatments from a Developmental Perspective. In J. E. Korbin & R.D. Krugman (Eds.), *Handbook of Child Maltreatment*. New York, NY: Springer.
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## Appendix A

### Procedures for Handling Performance Issues

Whenever a supervisor becomes aware of an intern's problem area or deficiency that does not appear resolvable by the usual supervisory support and intervention, the following procedures will be followed.<sup>1</sup> These procedures provide the intern and staff with a definition of competence problems, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or competence problems.

#### I. Definition of Competence Problems

Competence problems are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

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

While it is a professional judgment as to when an intern's behavior becomes a competence problem, problems typically become identified as competence problems when they include one or more of the following characteristics:

1. the intern 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 academic or didactic training;
3. the quality of services delivered by an intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required; and/or,
6. the intern behavior does not change as a function of feedback, remediation efforts, and/or time.

#### II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address competence problems once they have been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group, the training staff, and other agency personnel. Communication with the intern's graduate program may be conducted at any time during the remediation process as appropriate. Intern evaluations are rated on a scale between 1 (Not at All) and 5 (Very). We expect that interns would progress to achieve ratings from 3 to 5 over the training year. At the 4-month evaluation period, interns are expected to achieve rating of 3 (Moderately) or higher on at least 50% of all behavioral elements/items. At the 8-month evaluation period, interns are expected to obtain ratings of 4 (Mostly) or higher on at least 50% of all behavioral elements/items. At the 12-month evaluation period (end of internship), interns are expected to achieve ratings of 4 or higher on at least 80% of behavioral elements/items. Interns performing below these expectations at the 4-

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<sup>1</sup> Adapted from APPIC Due Process Guidelines

or 8-month evaluation periods will be allowed to complete a learning plan and/or remediation plan. In addition to these criteria, at the 4-month evaluation period, any rating of a 1 on a behavioral element/item will initiate a remediation plan. At the 8-month evaluation period, any rating of a 1 or 2 on a behavioral element/item will initiate a remediation plan. If at the 12-month evaluation period (end of internship) an intern receives a rating of a 1 or 2 on a behavioral element/item, they will not successfully complete their internship.

1. **Verbal warning** to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.
2. **Written acknowledgement** to the intern formally acknowledges:
  - a. that the Training Director (TD) are aware of and concerned with the performance rating;
  - b. that the concern has been brought to the attention of the intern;
  - c. that the TD will work with the intern to rectify the problem or skill deficits, and;
  - d. that the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgement will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship/fellowship.

3. **Written warning** to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
  - a. a description of the intern's unsatisfactory performance;
  - b. actions needed by the intern to correct the unsatisfactory behavior;
  - c. the timeline for correcting the problem;
  - d. what action will be taken if the problem is not corrected; and,
  - e. notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship/fellowship by the TD in consultation with the intern's supervisor and Director. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship/fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TDs. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
  - a. increasing the amount of supervision, either with the same or other supervisors;
  - b. change in the format, emphasis, and/or focus of supervision;
  - c. recommending personal therapy;
  - d. reducing or redistribution of the intern's clinical or other workload;
  - e. requiring specific academic coursework.

The length of a schedule modification period will be determined by the TDs in consultation with the primary supervisor and the Director. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the primary supervisor and the Director.

5. **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship/fellowship and to return the intern to a more fully functioning state. Probation defines the relationship that the TD's systematically monitor for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes:
  - a. the specific behaviors associated with the unacceptable rating;
  - b. the recommendations for rectifying the problem;
  - c. the time frame for the probation during which the problem is expected to be ameliorated, and;
  - d. the procedures to ascertain whether the problem has been appropriately rectified.

If the TD determine that there has not been sufficient improvement in the intern's behavior to remove the probation or modified schedule, then the TD will discuss with the primary supervisor and the Director possible courses of action to be taken. The TD will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TD have decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the TD will communicate to the Director that if the intern's behavior does not change, the intern will not successfully complete the internship/fellowship.

6. **Suspension of Direct Service Activities** requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TD in consultation with the ADPS and Director. At the end of the suspension period, the intern's supervisor in consultation with the TD will assess the intern's capacity for effective functioning and determine when direct service can be resumed.
7. **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship/fellowship, this will be noted in the intern's file and the intern's academic program will be informed. The TD will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.
8. **Dismissal** from the Internship/fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the competence problems and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship/fellowship due to physical, mental or emotional illness. When an intern has been dismissed, the TD will communicate to the intern's academic department that the intern has not successfully completed the internship/fellowship.

### **III. Procedures for Responding to Inadequate Performance by an Intern**

If an intern receives a “1 (Not at all/slightly)” rating from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern’s behavior (ethical or legal violations, professional incompetence), the following procedures will be initiated:

1. The staff member will consult with the Training Director (TD) to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the TD are not the intern’s primary supervisor, the TD will discuss the concern with the intern’s primary supervisor.
3. If the TD and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought the complaint.
4. The TD will meet with the Intern Supervisors Committee (ISC) to discuss the performance rating or the concern.
5. The TD will meet with the Director to discuss the concerns and possible courses of action to be taken to address the issues.
6. The TD, primary supervisor, and Director may meet to discuss possible course of actions.
7. Whenever a decision has been made by the Director or TD about an intern’s training program or status in the agency, the TD will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern’s primary supervisor. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern’s academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
8. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

### **IV. Due Process: General Guidelines**

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the training program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the intern, in writing, the program’s expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding competence problems.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the intern, which describes how the intern may appeal the program’s action. Such procedures are included in the intern handbook. The intern handbook is provided to intern and reviewed during orientation.

6. Ensuring that the intern has sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

#### **V. Due Process: Procedures**

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. When a matter cannot be resolved between the TD and intern or staff, the steps to be taken are listed below.

##### **1. Grievance Procedures**

There are two situations in which grievance procedures can be initiated. An intern can challenge the action taken by the TD or a member of the training staff may initiate action against an intern. These situations are described below.

- a. *Intern Challenge*: If the intern wishes to formally challenge any action taken by the TDs, the intern must, within five (5) workdays of receipt of the TD's decision, inform the TD, in writing, of such a challenge. When a challenge is made, the intern must provide the TD information supporting the intern's position or concern. Within three (3) workdays of receipt of this notification, the TD will consult with the Director and will implement Review Panel procedures as described below.
- b. *Staff Challenge*: If a training staff member has a specific intern concern that is not resolved by the TD, the staff member may seek resolution of the conflict by written request to the TD for a review of the intern's behavior. Within three (3) working days of receipt of the staff member's challenge, the TD will consult with the Director and a Review Panel will be convened.

##### **2. Review Panel and Process**

- a. When needed, a review panel will be convened by the Director. The panel will consist of three staff members selected by the Director with recommendations from the CTDs and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- b. Within five (5) workdays, a hearing will be conducted in which the challenge is heard, and relevant material presented. Within three (3) workdays of the completion of the review, the Review Panel submits a written report to the Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
- c. Within three (3) workdays of receipt of the recommendation, the Director will either accept or reject the Review Panel's recommendations. If the Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
- d. If referred back to the panel, they will report back to the Director within five (5) workdays of the receipt of the Director's request of further deliberations. The Director then makes a final decision regarding what action is to be taken.
- e. The Training Director informs the intern and if necessary, the training program of the decisions made.
- f. If the intern disputes the Director's final decision, the intern has the right to contact the Department of Human Resources to discuss the situation.

## **Due Process Procedures for Handling Intern Grievances**

This document<sup>1</sup> provides interns a means to address general grievances related to training, supervision, and performance evaluations. Additionally, complaints regarding a specific university act that adversely affects the trainee's existing terms or conditions of employment are managed in similar fashion.

### **Step 1 – Informal Review**

If an intern has specific concerns regarding training, supervision, and/or a supervisor's evaluations, it is first recommended that the intern attempt to resolve such concerns informally with appropriate persons involved and notify the Training Director of such concerns prior to filing a formal grievance. If the concern is regarding the Training Director specifically, the intern should notify the Director of Mental Health Services directly. If the matter is not resolved to the intern's satisfaction, a meeting with one of the Training Director and Director will be requested and conducted in a timely manner (approximately two to three weeks). The next step, if the issue remains unresolved, is for the trainee to request a meeting with the faculty liaison, the Co-Training Director and Director.

### **Step 2 – Formal Review**

A grievance that is not resolved by Step 1 may be presented in writing to Human Resources for review and written response by Department Chair. The grievance must be received within thirty calendar days after the date on which the trainee knew or could reasonably be expected to have known of the event or actions which gave rise to the complaint, or within thirty calendar days after the date of separation from the training program, whichever is earlier. A grievance form is available from the Human Resources Administrator. The Department Chair will respond in writing to the resident within fifteen days after the date the formal grievance is provided by Human Resources to the Department for processing.

### **Step 3- Hearing**

A grievance not satisfactorily resolved at Step 2, which alleges violation of written notice of dismissal, may be appealed in writing to Human Resources for a final and binding hearing, within ten calendar days of the date the Step 2 decision was received or due. The appeal will set forth the issues and remedies remaining unresolved.

## **Maintenance of Records**

All interns have an identified file which includes their APPIC application, offer letter, and evaluation forms, among other documents. If there are formal complaints, they would be included in these files. These files are stored on a shared drive with password requirement and only administrative staff have access.

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<sup>1</sup> Adapted from the University of California, Davis Health System Resident Medical Staff Personnel Policy Manual, 7/2000.

## **UC Davis Psychology Internship**

### **Telehealth Supervision Policy/Procedures for Supervisors and Trainees**

Telesupervision is defined as clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video rather than in person.

In normal conditions, as per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns.

However, use of telesupervision may be needed due to unforeseen circumstances and expansion of the use of telesupervision has been allowed and may in some cases be the primary form of supervision.

#### **Rationale:**

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe. Telesupervision does allow for continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision.

#### **Consistency with Training Aims and Outcomes:**

Telesupervision allows our supervisors to be engaged and available to assigned trainees, to oversee client care, and to foster trainee development, even in circumstances that preclude in person interactions. In these ways, it is fully consistent with our training aims. Certainly, in-person supervision has unique benefits, including availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence. We work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. We work to set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship. Trainees will continue to receive ongoing formative feedback as well as summative feedback to ensure they are progressing appropriately within core competency areas.

#### **How and When Telesupervision is Used:**

Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life event, or public health emergency situations). We implement telesupervision by using a videoconferencing platform,

Zoom Healthcare. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home.

### **Trainee Participation:**

All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable.

### **Supervisory Relationship Development:**

Ideally, in-person meetings between supervisor and supervisee are encouraged (if safety can be reasonably assured in the case of public health emergencies). This can be especially important early on in supervisory relationship development. We also encourage our supervisors to check in regularly on how supervisees are experiencing the telesupervision format. Our supervisors and other clinical staff are readily available via phone or Microsoft Teams between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster development of strong supervisory relationships.

### **Professional Responsibility for Clinical Cases:**

The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely-working clinical staff are also available to our trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's needs or client care.

### **Management of Non-scheduled Consultation and Crisis Coverage:**

Supervisors are available by email, text, phone, or Microsoft Teams in the event of need for consultation between sessions. Other clinical staff are also available via such forms of communication if a direct supervisor is unavailable. If a trainee is working out of their office, we are maintaining our open-door policy and clinical staff can also be approached in this manner. Supervisors or other clinical staff can be invited to virtual client sessions to assist in cofacilitation in the event telehealth is being utilized and if there are any client emergencies that necessitate intervention of senior staff.

### **Privacy/Confidentiality of Clients and Trainees:**

Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or in a home-based setting. Our videoconferencing platform, Zoom Healthcare, provides end-to-end encryption and meets HIPAA standards.

### **Technology Requirements and Education:**

Telesupervision will occur via Zoom Healthcare. During their orientation weeks, trainees will receive telehealth training, specific training on utilizing Zoom Healthcare, and training on being prepared for supervision, be this in-person or via teleconference.

## **Appendix B**

### **Policy on Social Media<sup>2</sup>**

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, and others. As such, it is recommended that interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites. They should never include clients as part of their social network or include any information that might compromise the confidentiality of a client in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the internship has some interest in how they are portrayed. If interns report engaging in, or are depicted on a website or in an email as engaging in, anything unethical or illegal, then that information may be used by the internship program to determine possible warning, probation, or other sanction. As a preventive measure, the program advises that interns and supervisors approach social media carefully. In addition, American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>.

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<sup>2</sup> This policy is based in part on the policies developed by University of Denver, University of Albany, Michael Roberts at the University of Kansas, and Elizabeth Klonoff at San Diego State University.

**Appendix C**

**APA C-27i**

**Internship Admissions, Support, and Initial Placement Data**

Date Program Tables are updated: April 27, 2022

**Program Disclosures**

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p>_____ Yes <u>  X  </u> No</p>
<p><b>If yes, provide website link (or content from brochure) where this specific information is presented:</b></p>	
<p></p>	

**Internship Program Admissions**

<p><b>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</b></p>
<p>Overall, the CAARE Center Internship and it's 5 tracks desires to have potential applicants who have a strong interest in trauma and/or child maltreatment. Applicants in learning Empirically Based</p>

Treatments are strongly encouraged to apply. Other considerations include applicants who are flexible, curious, hardworking and have a good sense of humor.

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Total Direct Contact Intervention Hours	Yes	<b>No</b>	Amount:
Total Direct Contact Assessment Hours	<b>Yes</b>	No	Amount: 500

**Describe any other required minimum criteria used to screen applicants:**

Most successful applicants have completed at least 5 comprehensive psychological evaluations; and have a strong interest in the area of trauma/violence as evidenced by clinical work and/or dissertation topic.

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns	\$35,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<b>Yes</b>	No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<b>Yes</b>	No
Coverage of family member(s) available?	<b>Yes</b>	No
Coverage of legally married partner available?	<b>Yes</b>	No
Coverage of domestic partner available?	<b>Yes</b>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	

Hours of Annual Paid Sick Leave	96	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<u>Yes</u>	No
Other Benefits (please describe): <b>Access to EAP Support, Administrative Support, Access to Library Resources, Therapy Resources</b>		

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of interns who were in the 3 cohorts	24	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>EP</b>
Academic teaching	N/A	1
Community mental health center	N/A	1
Consortium	N/A	N/A
University Counseling Center	N/A	N/A
Hospital/Medical Center	6	11
Veterans Affairs Health Care System	N/A	N/A
Psychiatric facility	N/A	N/A
Correctional facility	N/A	2
Health maintenance organization	N/A	N/A
School district/system	N/A	N/A
Independent practice setting	N/A	3
Other	N/A	N/A

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.