



Postdoctoral Fellowship in Clinical Psychology

2025-2026

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PROGRAM INFORMATION

Overview

The UC Davis MIND Institute's Postdoctoral Fellowship in Clinical Psychology is a collaboration between the MIND Institute's Division of Psychology, Division of Research, and the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Training Program.

The program provides numerous activities to facilitate fellows' ability to meet competencies and objectives of the training program. The one-year fellowship provides opportunities for fellows to engage in the psychological assessment and treatment of youth (infancy to young adulthood) with neurodevelopmental conditions and other related medical and behavioral health needs.

Fellows have opportunities to learn in a collaborative and interdisciplinary setting during the training year, and to acquire discipline-specific skills through work with their clinical supervisors. The training program focuses on high-quality, evidence-based, interdisciplinary training in assessment and treatment of youth with neurodevelopmental and behavioral health conditions and provides trainees with the breadth of clinical experiences that will prepare them for entry level practice as health service psychologists.

Our faculty is committed to an individualized, developmental approach to training. We aim to provide extensive initial guidance gradually evolving—depending on trainee need—to a more hands-off approach to facilitate increased independence and professional growth.

The MIND Institute's commitment to, and expertise in, teaching and preparing professionals in the field of neurodevelopmental disabilities is evidenced by a number of currently-funded training programs, including the MCHB/HRSA-funded LEND program, which provides interdisciplinary postgraduate clinical training; the HRSA-funded BHWET program which partially supports our clinical psychology doctoral internship; the NIMH T32-funded postdoctoral Autism Research Training Program (ARTP), which trains basic and clinical scientists; the HRSA-funded University Center for Excellence in Developmental Disabilities (UCEDD), which collaborates with individuals and families to improve quality of life and community inclusion; and the MCHB-funded Leadership Training Program for Developmental Behavioral Pediatrics, which prepares pediatricians to use empirically supported practices.

The appointment begins September 1 and ends August 31 of each training year; if these dates fall on a weekend or holiday, start/end dates are the following/preceding business day, respectively. Fellows are responsible for 20 hours of direct and indirect clinical responsibilities through the Massie Family Clinic and 20 hours of additional direct clinical responsibilities and learning experiences through their participation in the LEND program and other MIND Institute learning activities. Fellows are expected to engage in learning activities for a total of 36 hours per week for 12 months. After considering 14 paid holidays, fellows can accrue up to 2,000 fellowship hours.

Setting and Population

The Fellowship is housed at the UC Davis MIND Institute on the UC Davis Medical Center campus in Sacramento, California, an integrated, academic health system that is consistently ranked among the nation's top medical schools. Sacramento is the third most diverse county in California and the 17th most diverse county in the country (U.S. Census Bureau, 2020). The MIND Institute is internationally known as a leader in research and clinical care for children and adolescents with neurodevelopmental disabilities. It was founded in 1998 by parents of individuals with autism spectrum disorder (ASD) through legislation passed by the state of

California. The Institute brings together professionals from various disciplines united in one common vision: To develop more personalized, equitable, and scientifically validated systems of support and interventions to help neurodivergent individuals live their best lives.

All clinical activities within the fellowship program take place within the MIND Institute's outpatient clinic, the Massie Family Clinic. The clinic has eight (8) specially designed exam rooms, six (6) of which are equipped with one-way observation windows to allow live supervision of fellows engaged in clinical care. A secure outdoor playground is also available for play and for observation. Social skills and other group therapy sessions utilize the larger Family Rooms which are well-equipped for group-based intervention. All didactic activities can be carried out at the MIND Institute, in person or via remote teleconferencing platforms.

Faculty and clinical supervisors at the MIND Institute are renowned experts in their fields of research and clinical care and are engaged in a variety of collaborative activities linking clinical and scientific endeavors. Providers from various disciplines—including psychology, developmental pediatrics, social work, genetics, speech and language pathology, and psychiatry—provide clinical services to more than 3,500 individual pediatric patients per year through the Massie Family Clinic, and fellows will have opportunities to engage in interdisciplinary patient care in this setting.

The Northern California Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program is a graduate and post-graduate level, interdisciplinary leadership and service training program federally funded through HRSA's Maternal Child Health Bureau. The purpose of the Northern CA LEND is to train the next generation of practitioners and stakeholders—including neurodivergent individuals, self-advocates, and family members—in current best practices for diagnosis and treatment of neurodevelopmental disabilities (NDDs) while emphasizing collaborative interdisciplinary, family-centered, and culturally competent care. In order to improve the health and treatment of children with NDDs and their families, the next generation of practitioners, family members, and advocates will need leadership skills to increase the capacity of the care delivery systems and develop new models of care provision. They must also have an unwavering commitment to high quality, evidence-based services.

Postdoctoral fellows participate in the LEND program, providing access to a variety of didactic seminars, additional interdisciplinary clinical experiences, and leadership development. As Medium-Term trainees, fellows participate in a minimum of 40 hours of LEND seminars/curriculum and interdisciplinary clinical activities over the course of the training year. Fellows do not receive any stipend through the LEND program and are fully funded by the MIND Institute. More information about the LEND program can be found here: <https://health.ucdavis.edu/mindinstitute/education/lend/lend-index.html>.

Administrative Structure of Training Program

The **Training Director** is largely responsible for the quality and integrity of the Training Program. In this role, the Training Director is actively involved in the delegation of responsibility for the training program to the Associate Training Director, Clinical Supervisors, and the Training Committee. The Training Director ensures that the training program maintains the highest standards of excellence and compliance with APPIC membership criteria/policies and APA Ethical Principles, as well as state and local standards and requirements. It is the Training Director's responsibility to ensure that adequate training opportunities exist for postdoctoral fellows, including direct clinical service and didactics/seminars, and that such opportunities meet APPIC requirements. The Training Director works closely with the Associate Training Director to draft and maintain updated information about the training program on informational sources,

including our website, program brochure, program training manual, and in the APPIC portal. The Training Director also oversees fellow recruitment, interviews, and match processes. In conjunction with the Training Committee, the Training Director is responsible for reviewing all applications and selection of postdoctoral fellows. The Training Director leads the Associate Director and Training Committee to ensure timely and regular evaluation of the fellows and the overall training program as well as the program's compliance with due process and grievance protocols. Lastly, the Training Director provides clinical and administrative supervision of postdoctoral fellows and staff, as assigned.

The **Associate Training Director** is responsible for administrative aspects of the program. The Associate Training Director works closely with the Training Director, Clinical Supervisors, and the Training Committee to maintain compliance with APPIC membership criteria and policies and ensures that the program is effective in meeting its defined aims and competencies. In addition, the Associate Training Director supports the training program by coordinating non-direct care training opportunities (such as seminars and didactics); maintaining up-to-date training program information on materials available to prospective trainees; overseeing annual fellow recruitment and interview processes; securing extramural funding to support the training program; providing technical assistance and consultation to ensure effective record keeping and administration of the training program; and maintaining an expanding professional network that supports recruitment of high-quality trainees.

The **Training Committee** consists of the Training Director, Associate Training Director, LEND Associate Director, and Clinical Supervisors involved in the training program. The Training Committee is responsible for the day-to-day operations of the training program. The Training Committee also receives input from supervisors and trainees to ensure that the training program aligns with its aims and objectives. The Training Committee participates in regularly scheduled monthly meetings (3rd Friday) and other ad hoc meetings during which members discuss policies pertaining to training, address training issues, review quality improvement efforts, review Handbook changes and self-assessment results, and review and discuss trainees' progress. The Training Committee (or a designated member) also participates in due process and grievance procedures when initiated. Training Committee decisions are made by a majority vote with the Training Director holding the tie-breaking vote.

Clinical Supervisors are responsible for the clinical training and supervision of the trainees. All cases are assigned to the supervisor who is clinically responsible for each case and who oversees and signs off on all notes, reports, and any other documentation. All supervisors are licensed psychologists in the state of California. A fellow will be assigned one supervisor who oversees their training in therapy (including individual therapy, therapy groups, and parent workshops) and another who oversees their training in assessments. The fellow meets with each supervisor for 1.5 hours each week. Each supervisor is responsible for the fellow's training, development, and performance in one of the two main clinical training areas (i.e., therapy or assessment) and maintains professional responsibility for the fellow's clinical cases and co-signs all related documentation. One of the supervisors will be designated as the "primary supervisor." The primary supervisor serves as the fellow's LEND mentor and has the overarching responsibility of providing guidance and support to the fellow to ensure successful completion of the program. The primary supervisor reviews the overall training goals and assesses the fellow's professional development. While all supervisors provide input informing the fellow's evaluation, the primary supervisor takes the lead in this process. The primary supervisor also provides administrative oversight including managing requests for leave/vacation or sick time, ensuring that the fellow has adequate resources to carry out clinical responsibilities, and coordinating the completion of any documentation needed to support the

fellow's application for licensure as a health service psychologist. Fellows may also be assigned other ancillary supervisors (in the areas of research, therapy, assessment) as needed to widen the trainee's clinical experiences and exposure to different clinical styles.

The MIND Institute **Administrative Leadership** consists of the MIND Institute's Executive Director and the Chief Administrative Officer. The Administrative Leadership provides guidance to the Training Director and Associate Training Director regarding overarching agency matters as well as contract and legal issues, reviews requests for funding, and is apprised of any program changes or site-specific concerns. The Executive Director of the MIND Institute also supports Due Process and Grievance Procedures of the training program (See Due Process and Grievance Procedure below).

Fostering a Culture of Mutual Respect and Opportunity

The UC Davis MIND Institute and its Post-doctoral Fellowship are dedicated to fostering a rich and varied environment. As a training program, we understand the importance of continuous learning to help everyone grow and to improve a welcoming atmosphere where everyone feels they belong and can thrive. We also value the deep learning that comes from working alongside trainees, faculty, and staff from different walks of life and with unique perspectives.

The MIND Institute and its Clinical Psychology Training Program are committed to our mission of supporting all families facing neurodevelopmental challenges. We aim to ensure everyone in our community has fair access to excellent healthcare and education. We celebrate the accomplishments of every member of our community and appreciate the varied experiences each person brings. We work to build and maintain a culture of mutual respect and care, ensuring fairness and community well-being are central to our daily efforts as we pursue the MIND Institute's mission and the goals of our training programs. These objectives are in line with those of UC Davis Health and the Association of University Centers on Disabilities. More information can be found here: <https://www.aucd.org/template/index.cfm>.

The Fellowship program is committed to training individuals from varied backgrounds to serve children and families who are representative of the communities that we serve. The program prepares them to enter the field of health service psychology. Fellows in our program have opportunities to contribute to agency-wide efforts promoting a welcoming and fair environment by joining the MIND Institute's committee focused on these principles. They can also actively engage in relevant trainings (both as a learner and a co-presenter) and participate in agency-wide community-building activities to uphold a positive, respectful, and supportive work climate. The program also highlights the advantages of both receiving and providing mentorship. Based on mutual interest, significant efforts are made to provide fellows with the opportunity to work with supervisors and faculty who share similar lived experiences for guidance into the profession.

APPIC Member Status

The UC Davis MIND Institute Clinical Psychology Training Program's Doctoral Fellowship was awarded APPIC Membership status on October 21, 2021 (APPIC Member Number 9251). Our program abides by all APPIC membership criteria and policies.

Accreditation Status

The UC Davis MIND Institute Clinical Psychology Training Program's Doctoral Fellowship is not accredited by the American Psychological Association.

FACULTY AND STAFF

The UC Davis MIND Institute is an internationally recognized leader in research and clinical care for NDDs and serves as an innovative and broad-based center for educating and training the next generation of professionals in NDDs. Faculty include nationally recognized trainers in gold-standard neurodevelopmental assessment and leaders in best-practices treatment modalities for individuals with NDDs.

The Massie Family Clinic and Research Clinic within the MIND Institute are the primary training sites for our trainees. In addition to doctoral interns and psychology fellows, these training sites support other trainees from various training programs such as the LEND program and postdoctoral research program ARTP (Autism Research Training Program). Providers from various disciplines, including psychology, developmental pediatrics, social work, genetics, speech and language pathology, and psychiatry provide services through the MIND Institute Massie Family Clinic.

All supervisors are licensed clinical psychologists with extensive experience. The fellows' supervisors must be full-time faculty/staff of the MIND Institute, have a doctoral degree in Clinical or Counseling Psychology, and hold a valid license to practice as a psychologist in the state of California. Training faculty and supervisors are listed below.

Program Leadership

Dorcus Liriano Roa, Ph.D., Training Director. Dr. Roa has been a licensed psychologist at the UC Davis MIND Institute since 2007 and began serving as director of Psychological and Behavioral Health in 2018. She is currently the chief psychologist for the Massie Family Clinic, serving as the primary clinical supervisor for 5-7 psychologists. Dr. Roa has also provided training and supervision to research coordinators and psychology trainees working in NDD-related research labs housed at the MIND Institute. Her clinical work focuses on assessing and diagnosing neurodevelopmental disorders, such as intellectual disabilities, ASD, and ADHD, as well as other mental health conditions in order to guide families and children towards appropriate and evidence-based interventions. She is bilingual/bicultural and able to provide patient centered care to native Spanish speakers. She earned her Ph.D. from Northeastern University's APA-accredited counseling psychology program, completed an APA-accredited internship at UMASS Medical Center/Worcester State Hospital, and completed postdoctoral training in neuropsychology at the Cambridge Health Alliance/Harvard Medical School. Dr. Roa is a member of the APA Division 33 Intellectual and Developmental Disability/ASD and Division 40 Clinical Neuropsychology, California Psychological Association, National Association of Neuropsychology, and Hispanic Neuropsychological Society.

Meghan Miller, Ph.D., Associate Training Director. Dr. Miller joined the faculty at UC Davis in 2017 and is currently an Associate Professor and Vice Chair of Psychology in the Department of Psychiatry & Behavioral Sciences and a faculty member at the MIND Institute. Previously, she served as the Associate Director for the UC Davis CTSC Mentoring Academy for Research Excellence from 2020-2022. She is a licensed clinical psychologist in California whose specialty is in early diagnosis of, and comorbidity between, ASD and ADHD. Dr. Miller earned her Ph.D. in Clinical Psychology from the University of California, Berkeley's APA-accredited program, and completed an APA-accredited internship at Oregon Health & Science University. She completed a clinical research postdoctoral fellowship at the UC Davis MIND Institute. Dr. Miller currently

leads several ongoing research projects funded by the National Institute of Mental Health focused on the identification of shared and distinct early developmental pathways to ASD and ADHD. Within her lab and the MIND Institute's clinic, she trains and mentors learners from the undergraduate to the postdoctoral levels and leads one of the core required didactics (the weekly Neurodevelopmental Disorders seminar). Dr. Miller is a member of the Society for Clinical Child & Adolescent Psychology (SCCAP)/APA Division 53's Education and Standards Committee for which she currently chairs the Routh Dissertation Grant review committee. She also serves as the SCCAP/Div 53 liaison on the Clinical Child and Pediatric Psychology Training Council (American Board of Clinical Child & Adolescent Psychology) training guidelines Steering Committee and Task Force. Finally, Dr. Miller serves on the leadership committee of the MIND Institute's Autism Research Training Program and is a member of the Baby Siblings Research Consortium.

Supervisors

Carrie Silver, Ph.D., Clinical Supervisor. Dr. Silver is a licensed clinical psychologist at the UC Davis MIND Institute. She supports the training program in the role of Associate Director as well as providing supervision to trainees. She completed her Ph.D. in Clinical Psychology at Suffolk University (APA-Accredited), followed by a doctoral internship (APA-Accredited) and postdoctoral fellowship at the UC Davis CAARE Center. Her interests include diagnostic assessment of neurodevelopmental and mental health concerns in children. She also has specialized training in providing evidenced-based therapy with at-risk youth, including those with a history of trauma. Dr. Silver is a certified PC-CARE trainer and directs the BRIDGE clinic, an interdisciplinary clinic for the assessment of toddlers with concerns for autism. Dr. Silver serves as a supervisor in the area of assessment and treatment. Dr. Silver also participates as a member of the Training Committee.

Danielle Haener, Psy.D., Clinical Supervisor. Dr. Haener is a licensed psychologist at the MIND Institute and an Assistant Clinical Professor of Pediatrics. Dr. Haener received her Psy.D. in Clinical Psychology from Argosy University (APA-Accredited) and completed a doctoral internship (APA-Accredited) and postdoctoral fellowship at Western Youth Services. Dr. Haener specializes in assessments for children ages 12 months through young adulthood which serve to identify ASD, developmental disorders, ADHD, and mood and behavioral disorders. Dr. Haener also specializes in group-based social skills interventions for children and adolescents with autism spectrum disorder and is the Director of the MIND Institute's Social Skills program. Dr. Haener serves as a supervisor in the area of assessment and group therapy and participates as a member of the Training Committee.

Megan E. Tudor, Ph.D., Clinical Supervisor. Dr. Tudor is a licensed psychologist at the MIND Institute and an Assistant Clinical Professor of Pediatrics. Dr. Tudor completed her Ph.D. in Clinical Psychology from Stony Brook University (APA-Accredited), a doctoral internship at Oregon Health & Science University (APA-Accredited), and a postdoctoral fellowship at the Yale Child Study Center. Her specialties include autism assessment and cognitive behavioral therapy (CBT) targeting anxiety, aggression, and other symptoms commonly experienced by youth with developmental disabilities. Her research focuses on enhancing clinical services for youth and families, most specifically, siblings of children with autism. Dr. Tudor serves as a supervisor in the training program and as a member of the Training Committee.

Janice Enriquez, Ph.D., Clinical Supervisor. Dr. Enriquez is a licensed clinical psychologist within the Developmental and Behavioral Pediatrics Division at the MIND Institute. She received her Ph.D. in Clinical Psychology from Loma Linda University (APA-Accredited) and completed a doctoral internship (APA-Accredited) and postdoctoral fellowship at the UC Davis CAARE

Center. She is primarily involved in clinical, training, and diversity efforts. She serves as the Associate Director of the University Center for Excellence in Developmental Disabilities (UCEDD) and the Director of the Leadership Education in Neurodevelopmental and other related Disabilities (LEND) Programs. She is also the Chair of the IDARE Committee at the MIND Institute and serves on a national disability AUCD Multicultural Council leadership board. Past and current clinical and research interests pertain to the identification of developmental delay in infants at high risk due to medical conditions, neuropsychological and behavioral functioning of children diagnosed with neurodevelopmental and genetic disorders, evaluation and treatment of developmental and socioemotional concerns related to child abuse, evidence-based assessment and treatment of childhood concerns (PCIT, PC-Care, CBT, Triple P- developmental disabilities), and health disparities. She also co-directs an undergraduate pathway program funded by Centers for Disease Control and Prevention. Dr. Enriquez acts as a supervisor for therapy in the Parent Child-Care therapy service and serves as a member of the Training Committee.

Sally Ozonoff, Ph.D., Clinical Research Placement Supervisor. Dr. Ozonoff is a licensed psychologist at the MIND Institute and a Professor in the Department of Psychiatry & Behavioral Sciences at UC Davis. She received her Ph.D. in Clinical Psychology from the University of Denver (APA-Accredited) and completed a doctoral internship at the University of North Carolina (APA-Accredited). Dr. Ozonoff is a world-renowned expert in ASD, particularly the early phenotype. She directs a federally-funded research program focused on early screening for autism. Current research in her lab is focused on testing and validating a telehealth diagnostic tool for autism. She provides clinical supervision to trainees through their clinical research placement or clinics, which includes conducting diagnostic assessments (telehealth and in-person) of young children suspected of autism or NDDs. She also serves as the supervisor for the Far Northern Regional Center Toddler Telehealth Clinic

Breanna Winder-Patel, Ph.D. Clinical Supervisor. Dr. Winder-Patel is a Licensed Clinical Psychologist at the MIND Institute and Assistant Clinical Professor in the Department of Pediatrics. She received her Ph.D. in Clinical Psychology from Bryn Mawr College (APA-Accredited), followed by a doctoral internship and postdoctoral fellowship at Children's Hospital of Philadelphia (both APA-Accredited). She has a strong interest in the assessment and diagnosis of autism spectrum disorder, pediatric anxiety disorders, and obsessive-compulsive and related disorders. Dr. Winder-Patel began an anxiety treatment clinic upon joining the MIND Institute to continue her passion of providing Cognitive-Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), and Habit Reversal Training (HRT) to children and adolescents. She is also involved in clinical research with a focus on further understanding autism spectrum disorder in girls and the clinical and behavioral manifestation of anxiety in children with neurodevelopmental disorders. Dr. Winder-Patel serves as a supervisor in the training program.

Lesley Deprey, Ph.D., Clinical Supervisor. Dr. Deprey is a licensed psychologist with a specialty in NDDs with an emphasis on assessment and comorbidities in ASD. She received her Ph.D. in Counseling Psychology from the University of Alberta, Canada (CPA-Accredited), and completed her doctoral internship at River Oak Center for Children (APA-Accredited) and a postdoctoral fellowship at the MIND Institute. She is a Certified Trainer on the Autism Diagnostic Interview-Revised (ADI-R) and Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), the field's current gold-standard ASD measures, and leads reliability and fidelity training on these measures at the MIND Institute. Dr. Deprey is currently the Co-Chair of the Hearts and MINDs training series and runs the monthly ADOS-2 training. She has been involved in the evaluation of research participants in studies investigating ASD, fragile x

syndrome, and other genetic disorders. She has expertise in the design and analysis of research studies in ASD and she has been a sub-investigator and clinical rater for FDA clinical drug trials. She also has a private practice conducting ASD evaluations in the community. Dr. Deprey supervises trainees placed within the IDDRC's Clinical Research Assessment Core and serves as a member of the Training Committee.

MIND Institute Leadership Administration

- MIND Institute Executive Director: Aubyn Stahmer, Ph.D.
- MIND Institute Chief Administrative Officer: Michele Ono, M.S.
- Executive Assistant: Dawn Lloyd

FELLOWSHIP PROGRAM AIMS AND COMPETENCIES

The aim of the fellowship program at the UC Davis MIND Institute is to prepare postdoctoral fellows for successful entry-level practice into the field of health service psychology, with an emphasis on supporting youth with neurodevelopmental disorders (NDDs) and behavioral health needs.

Our program has a developmental focus and emphasizes evidence-based practices to promote high quality and patient-centered care. Our health service emphasis ensures that clinical training practices are informed by up-to-date research findings in NDDs. The program also focuses on supporting trainees to provide culturally- sensitive clinical services, and practice at the highest level of ethical decision making. In this context, fellows build core skills throughout the year and demonstrate readiness to provide clinical services at an elevated level of independence, prioritizing needs of individuals and families impacted by NDDs.

Over the course of the one-year Postdoctoral Fellowship Program, fellows receive training and supervised experience in diagnostic evaluations (e.g., comprehensive psychological evaluations, intake assessments, psychological screening), therapeutic interventions (e.g., individual and group therapy), and consultation (e.g., to fellow providers, community agencies, primary care settings). Fellows develop skills in each of APA's nine Profession-Wide Competencies:

1) Assessment

- a. Independently elicit clinical information via diagnostic interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status exams to gather necessary information to understand the presenting problem, referral questions, and differential diagnoses.
- b. Select and apply appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics.
- c. Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant characteristics of the patient.
- d. Demonstrate current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of patients' strengths and needs.
- e. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases.
- f. Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural).
- g. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- h. Produce well-integrated reports that demonstrate the ability to synthesize the patient's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations.
- i. Demonstrate proficiency in using best practice measures in the assessment and diagnosis of NDDs (for example, administration and scoring of the ADOS-2), and independently administer these tools with fidelity.

2) Intervention

- a. Establish and maintain effective relationships with the recipients of psychological

services including establishing rapport, eliciting participation and engagement with the therapeutic process, and maintaining therapeutic boundaries.

- b. Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals.
- c. Implement interventions informed by the current scientific literature, assessment findings, patient characteristics, and contextual variables.
- d. Demonstrate intervention skills in the use of evidence-based techniques in individual and group therapy with youth.
- e. Demonstrate the ability to seek out and apply the relevant research literature to inform clinical decision making and intervention strategies to optimize mental health outcomes and achieve treatment goals.
- f. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- g. Evaluate intervention effectiveness of the treatment and adapt intervention methods and goals in line with the evaluation results.
- h. Demonstrate the ability to generalize skills (e.g., teaching, assessment, behavior management) across patients, settings, and scenarios when appropriate.

3) Research & Scholarly Activities

- a. Seek out scholarly articles to support the implementation of evidence in guiding clinical decision making, test selection, therapeutic tools and strategies, and case conceptualization.
- b. Demonstrate increasing ability to adapt and apply research principles with a diverse community population, including individuals with neurodevelopmental disabilities.
- c. Demonstrate substantial independence in critically evaluating research or other scholarly activities.
- d. Demonstrate ability to disseminate research or other scholarly activities (e.g., clinical case studies, case conference, presentation, publications, program development projects) at the local (including at UC Davis), regional, and/or national levels.

4) Ethical and Legal Standards

- a. Demonstrate knowledge of, and ability to, apply APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines (at the state, regional and federal level.)
- b. Recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas.
- c. Independently act to safeguard the welfare of others and implement knowledge of specific and appropriate procedures for assessing harm or danger to self or others, including successfully implementing knowledge of appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons.
- d. Conduct self in an ethical manner in all professional activities.

5) Individual and Cultural Diversity

- a. Demonstrate awareness of the impact of culture and worldview on patients' perspectives and attitudes toward clinical services including assessments and therapy.
- b. Demonstrate self-awareness of one's own culture, personal history, attitudes, and biases and their potential impacts on clinical work with patients and families.
- c. Demonstrate the ability to integrate awareness/knowledge of individual and cultural differences while providing clinical services or serving in a professional role.
- d. Demonstrate an ability to work effectively with diverse individuals or groups encountered

during the training year, including those whose identities, demographic characteristics, or worldviews may conflict with one's own.

- e. Independently consider diversity (race, ethnicity, gender, education, economic status, language, immigration status, disability status, etc.) when selecting, administering, and interpreting psychological instrumentation, conceptualizing cases, generating diagnostic formulations, and making treatment recommendations and referrals.
- f. Demonstrate increasing current theoretical and empirical knowledge as it relates to diversity across professional activities including research, training, supervision/consultation, and service; this includes the ability to apply a framework for working effectively within areas of individual and cultural diversity not previously encountered over the course of prior training.

6) Professional Values, Attitudes, and Behaviors

- a. Behave in ways that reflect the values and attitudes of the institution and the field of psychology, including concern for the welfare of others, respect, integrity, accountability, and excellence.
- b. Seek out opportunities to engage in self-care and self-reflection leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision).
- c. Demonstrate awareness of their own competencies, skills, strengths, and needs and seek out timely supervision in response to clinical risks and challenging cases.
- d. Respond professionally in increasingly complex situations with increasing independence.
- e. Keep timely, clear, relevant documentation in compliance with institutional timelines, standards, and procedures.
- f. Demonstrate ability to explore and refine time management skills to prioritize clinical, administrative, and training duties.
- g. Actively seek, and demonstrate openness and responsiveness to, feedback and supervision to improve clinical practice.
- h. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).

7) Consultation and Interdisciplinary skills

- a. Describe how different professions can make positive contributions to clinical care of shared patients, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).
- b. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- c. Demonstrate the ability to establish and maintain productive working relationships with members of the interdisciplinary team including clinicians, physicians, psychiatrists, consultants, trainees, educational staff, interpreter services, and other community partners.
- d. Educate other disciplines on issues that help improve care and positive outcomes for patients with neurodevelopmental disorders and their families, including behavioral management strategies, community resources, evaluation practices, and treatment recommendations.

8) Supervision

- a. Demonstrate the ability to apply supervision knowledge in direct or simulated practice

with psychology trainees, or other health professionals. This may include, but is not limited to, role-played supervision with others and peer supervision with other trainees.

- b. Apply supervisory skills of observing in direct or simulated practice.
- c. Apply supervisory skills of evaluating in direct or simulated practice.
- d. Apply supervisory skills of giving guidance and feedback in direct or simulated practice.
- e. Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.
- f. Understand and appropriately verbalize the primary model(s) that guide one's provision of supervision.
- g. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).
- h. Actively seek and demonstrate openness and responsiveness to feedback and supervision to improve clinical practice.

9) Communication and Interpersonal Skills

- a. Demonstrate the ability to establish and maintain positive rapport and effective communication with those receiving professional services, supervisors, trainees, colleagues, and community partners.
- b. Demonstrate self-awareness and self-modification related to non-verbal communication, including appropriate management of personal affect.
- c. Demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts while maintaining appropriate boundaries and professional demeanor.
- d. Produce and comprehend oral, nonverbal, and written communications that are informative, well-integrated, and that demonstrate a thorough grasp of professional language and concepts.

CLINICAL TRAINING AND LEARNING ACTIVITIES

Fellows engage in clinical activities spanning both assessment and treatment; didactic seminars related to clinical issues, ethical issues, patient centered care, supervision skills, and professional development (including advocacy and emerging supervision of others); high-quality supervision; and research/leadership activities.

At the beginning of each year, each fellow is assigned a therapy supervisor and an assessment supervisor who will also act as mentors throughout the fellowship period. During the first week, a two-day orientation program acquaints the new fellows with the range of training opportunities available at the MIND Institute, and fellows and their supervisors will develop an **individualized training plan (ITP)** to identify specific individualized training goals and activities for the year within a developmental perspective. A comprehensive review of the fellow's career goals and objectives is identified at the beginning of the training year and during the quarterly evaluation process to aid in providing relevant, constructive feedback that will facilitate the fellow's transition into independent practice. The ITP will be completed and signed by the fellow and supervisor within the first month of the training year.

The Fellowship program consists of year-long, supervised placements in both assessment and treatment services, participation in a variety of didactic seminars, regular clinical supervision (both individual and group), as described in detail below.

Clinical Training Activities (60% time)

- **Therapy**
 - o **Individual Therapy.** Fellows provide both individual and group therapy using evidence-based practices. Clinical services may be provided via telehealth as appropriate.
 - *CBT Therapy:* Fellows administer 1:1 cognitive behavioral therapy (CBT) for anxiety to youth (age 3-17) with autism, youth with complex neurodevelopmental/medical needs, and typically developing youth with anxiety. Fellows commonly treat specific phobias, separation anxiety, social anxiety, obsessive-compulsive behavior, generalized anxiety, uncommon fears associated with ASD, and other symptoms that commonly co-occur with anxiety (e.g., tics, sleep disturbance, problem behavior). Fellows learn specialized modifications for the effective treatment of anxiety in ASD. As part of this training experience, fellows also have opportunities to provide talks or training regarding anxiety in ASD and/or CBT for anxiety to peers, parents, and/or community providers.
 - *PC-CARE:* Fellows have opportunities to provide individual therapy using an evidence-based intervention, PC-CARE. PC-CARE is an 8-week intervention designed to improve the quality of the caregiver-child relationship and to teach caregivers skills to help them manage their children's challenging behaviors. Fellows work with a supervisor certified in PC-CARE to support young children and their caregivers with behavioral management strategies to address disruptive, defiant, or aggressive behaviors at home or school.
 - o **Group Therapy.** Fellows have opportunities to lead social skills groups for children, adolescents, and young adults with ASD and other neurodevelopmental concerns, and co-facilitate psychoeducation groups for parents of children with ADHD.
 - *Social Skills Program:* The social skills training program has been offered at the MIND Institute for the past 20 years. The groups meet in person for two consecutive 10-week series', totaling 20 weeks of social skills training experience. Participants

are screened and matched in terms of age and functional level to ensure group cohesion. Trainees help group members learn strategies to support conversational skills, reciprocal social exchanges, friendship, and problem-solving. Group members are assigned social activities to be completed over the course of the week to help generalize learned skills. A parent education group runs concurrently with the child social skills group.

- **Anxiety Treatment Group:** Fellows co-facilitate a 14-week anxiety therapy group utilizing the Facing Your Fears program, a group CBT intervention for children aged 8-14 with anxiety and their caregivers. Facing Your Fears includes a comprehensive curriculum designed to help youth develop their awareness and insight into their anxiety and/or fears and learn ways to effectively manage their symptoms and generalize learned skills to home and community settings. It also includes a parent education component allowing fellows to gain experience in caregiver psychoeducation/training. Fellows also gain direct experience providing supervision through supervision of post-baccalaureate and graduate level co-leaders.
- **ADHD Behavioral Parent Education Workshop:** Fellows have opportunities to participate in a behavioral education group for parents who have a child with a diagnosis of ADHD. Workshops are offered four times per year. The workshops run for 10 weeks each and sessions are 90 minutes in length. This parent group is offered remotely. Groups are led by a licensed clinical psychologist with trainees from various disciplines. The goals of the Parent Education Workshops include increased understanding of ADHD, improved parent-child interaction, creating a more structured and predictable home environment, and better home-school coordination. Topics include multimodal treatment of ADHD, educational rights and learning styles of children with ADHD, executive functioning, and the use of positive discipline and behavior supports.
- **Parent Management Training:** Fellows have opportunities to provide behavior management training in a group therapy format to caregivers of children referred due to difficulties with emotional regulation, impulsivity, and disruptive behaviors. Parent Management Training groups run for 10 sessions and are held two times per year.

– **Diagnostic Assessment.** Fellows engage in developmental, psychological, and neuropsychological evaluations as follows:

- **Psychological and Developmental Assessments.** Fellows participate in psychodiagnostic assessments through the Massie Family Clinic 8-10 hours per week (one evaluation, one to two intakes/follow-up visits), conducting psychological assessment and testing for diagnostic purposes including test administration, scoring, and comprehensive report writing under the supervision of MIND Institute psychologists. Fellows gain experience in the assessment of individuals (infancy through young adulthood) with a wide range of clinical conditions including developmental or intellectual delay, ASD, ADHD, learning disabilities, anxiety, and depression. Fellows are also exposed to children and youth with neurotypical development who present with behavioral or mental health concerns. These assessments are designed to identify cognitive and developmental strengths and weaknesses, assess adaptive functioning, provide diagnostic clarification, determine the need for intervention, and provide relevant recommendations and resources to families. Assessments incorporate measures of development, cognition, play, socioemotional functioning, and adaptive behavior. Assessment of other cognitive domains (e.g., attention, executive functions, language, visual-motor skills, memory, and learning) is included as needed.
- **Interdisciplinary Team Evaluation.** As participants in the MIND Institute's LEND program, fellows participate in several interdisciplinary, team-based evaluations

throughout the year for medically complex children with neurodevelopmental concerns alongside trainees and faculty from speech-language pathology, physical therapy, developmental-behavioral pediatrics, special education, stakeholders (i.e., family members or self-advocates), and other disciplines represented within the LEND program. Fellows participate in quarterly interdisciplinary evaluations (approximately 2 days/16 hours per quarter) using best practice evaluation methods and working with team members to formulate case conceptualizations and recommendations. These evaluations are provided pro bono.

– **Clinical Research.** Fellows who are interested in increasing their research experience can arrange dedicated time (4 hours per week) to participate in clinical research placement. Several clinical research placement options exist including: 1) joining the Clinical Translational (CT) Core, which supports the MIND Institute's Intellectual and Developmental Disabilities Research Center (IDDRC) with diagnostic assessment services and neurobehavioral characterization of children participating in research studies at the MIND Institute; 2) joining a research faculty member's laboratory and administering assessments that are part of the research protocol, assisting with data collection/management, and/or contributing to publications; 3) joining a research faculty member's laboratory and providing evidence-based therapy services in the context of an intervention trial; or 4) participating in independent research opportunities that meet their learning goals. The clinical research placement for each fellow will be determined through the ITP process. It's important to note that a research placement is considered an adjunct learning experience and is not guaranteed for every trainee. When considering research opportunities, the program takes into account the fellow's areas of interest, the availability of suitable research projects, the availability of research supervisor time, and how well the additional learning activity integrates with the trainee's schedule

– **Supervision and Consultation**

- **Supervision and mentoring of group therapy volunteer staff.** Fellows have opportunities to co-lead group therapy (social skills or an anxiety-treatment group, depending on their interest) for children and adolescents with autism and other neurodevelopmental concerns. In this role, fellows have opportunity to provide supervision to junior group leaders (e.g., non-clinical research assistants, practicum trainees, other staff volunteers) who are often relatively new to providing therapeutic supports to children with neurodevelopmental disorders. Supervision duties may include training others on the evidence-based curricula, providing guidance to implement behavioral supports within the group, and supporting others to set and track patient goals and complete necessary clinical documentation. The fellows also provide oversight to junior group leaders during parent engagement and feedback sessions as part of each weekly group lesson. Lastly, under the guidance of their assessment supervisor, fellows have opportunities to provide supervision and mentoring to interns who are part of the psychological assessment team.
- **ECHO Autism.** Fellows can arrange for opportunities to participate in ECHO. The ECHO model is a teleconferencing program connecting our hub team of autism experts at the UC Davis MIND Institute and practitioners at remote locations. Community practitioners can join this program using a teleconferencing platform on their phones or personal computers from anywhere. Through this program, practitioners working in underserved and rural areas have access to an interdisciplinary group of experts, receive training in understanding and treating issues related to autism, and participate in case conferences to promote their confidence in working with complex children and families. The MIND Institute has two ECHO programs: One with a primary care curriculum, and another

focused on advanced topics. The program is offered in English and Spanish. Fellows may spend the first 6 months in the primary care program and the second 6 months in the advanced topics program, providing consultation through this knowledge-sharing network with the goal of providing best practices and excellent specialty care to providers serving children with ASD and their families in their own communities. ECHO Autism sessions are held monthly.

- **Psychoeducation and Community Outreach.** Fellows have opportunities to provide presentations and trainings on topics of interest (i.e., diagnosis, treatment, intervention for NDDs) to peers, parents, schools, and community providers/agencies throughout the Sacramento area and Northern California. Fellows typically provide 1-2 community presentations/trainings per year. These opportunities are arranged as they arise by LEND and Doctoral Fellowship Training Program staff based on requests from local community agencies.
- **Indirect Clinical Services.** Fellows are provided with 4-6 hours per week of administrative time for non-direct clinical activities including charting, responding to email, scoring, interpretation, additional report-writing, case management, consultation, and family collateral services via phone, and other administrative activities.

Seminars and Trainings (20% time)

- **Required Weekly didactics**
 - **Autism and Neurodevelopmental Disabilities Seminar (1 hour weekly, September through May).** This interdisciplinary survey overview course takes a life course approach to understanding ASD and related neurodevelopmental disorders from the clinical/behavioral perspective. Modules span fundamentals of specific disorders (e.g., ASD, fragile X syndrome, Down syndrome, intellectual disability, language disorders, ADHD); early childhood and identification of neurodevelopmental concerns; school-aged children and adolescents; adulthood, culture, family, and context; co-occurring and related challenges; and policy and advocacy. Attendees include psychology interns, postdoctoral fellows, and other interdisciplinary trainees from the LEND program as well as postdoctoral research fellows in the Autism Research Training Program. Fellows are expected to actively participate in discussion.
 - **Leadership Development Seminar (1.5 hours monthly, September through May).** This seminar occurs monthly and seeks to aid fellows in the development of leadership skills including time management, managing people, leadership style, managing feedback conversations, and effective presentations. Attendees include psychology interns, postdoctoral fellows, and other interdisciplinary trainees from the LEND program as well as postdoctoral research fellows in the Autism Research Training Program.
- **Required Monthly workshops and trainings**
 - **Professional Development Seminar (1 hour monthly).** Each session of this monthly seminar series includes a presentation by a member of the Training Committee or other psychology staff/faculty covering professional development topics including ethical and legal issues in clinical practice, risk assessment and management, mandated reporting, vicarious trauma and self-care, how to review a research paper, and other topics designed to prepare the trainee for entry-level practice. Post-doctoral fellows are expected to present on a relevant topic of interest at the end of the year. Attendees include psychology interns and postdoctoral fellows (including interns/fellows from another APA-accredited doctoral internship on the UC Davis Health campus (Clinical

Child & Adolescent Psychology [CCAP], Department of Psychiatry & Behavioral Sciences).

- **Identity Seminar (1 hour every 2 weeks, September through June).** This seminar aims to support the participant's ongoing development of cultural awareness, cultural humility/sensitivity, and cultural knowledge. Participants are provided with an environment to explore different aspects of their own identity and diversity and the dynamic role it plays in client interactions and clinical care. This seminar is attended by psychology interns and fellows (including those from the CCAP program).
- **Summer Seminar Series: Advanced Skills in ASD Assessment (2 hours weekly in June).** This end-of-the-year series focuses on ensuring that fellows achieve reliable administration and scoring of the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). Fellows will demonstrate one administration of ADOS-2 lower modules (Toddler, 1, or 2) and one administration of upper modules (3 or 4) with no more than one administration error. Fellows will also be expected to score two ADOS-2 protocols with 80% reliability.
- **ADOS-2 Clinical Workshop and Ongoing ADOS-2 Training (1 hour monthly).** An initial 3-day ADOS-2 introductory/clinical training workshop is held each fall and uses a lecture format and live demonstrations to introduce the basic principles of administering and scoring the ADOS-2 (modules 1 through 4 and toddler module), providing an essential step toward competence in using the ADOS-2 as part of a clinical assessment and/or for research purposes. Attendees complete the course with a fundamental understanding of the ADOS-2 modules, in addition to experience observing and scoring two assessments with the support of a certified trainer. In addition, fellows attend a monthly training that incorporates group video review of ADOS-2 assessment administrations allowing for co-scoring and discussion to establish and/or maintain reliability/fidelity with this tool. It is led by certified ADOS-2 trainers and CMEs are available. Attendees include psychology interns, postdoctoral fellows, faculty, and research and clinical staff.
- **Distinguished Lecturer Series (1.5 hours monthly, October to May).** The Distinguished Lecturer Series is a lecture program that invites world-renowned scientists to the MIND Institute to present their research findings to MIND Institute faculty, staff, and trainees as well as the community. Topics vary from year to year but past topics have included early detection of autism spectrum disorder in primary pediatric care, everyday technologies in the lives of children with autism, the impact of language environments on learning, early predictors of psychiatric disorders, neural circuit approaches to mental illness, improving treatments for ADHD, nutrition and early cognitive development, and peer group interventions for ADHD. Attendees include psychology interns, postdoctoral fellows, faculty, research and clinical staff, and community members.

- **Other optional learning and professional development opportunities (attendance strongly recommended).** Because these learning opportunities are *optional*, they are not all included on the didactic calendar.
 - **Massie Family Clinic Provider Staff Meeting (1 hour monthly).** This is a monthly meeting for clinical providers, ancillary staff, and trainees working in the Massie Family Clinic. It is led by the medical director of the clinic and covers a range of topics related to day-to-day operations in the clinic and across UC Davis Health System. The clinic meetings are interdisciplinary and provide an opportunity for professional development, covering important topics relevant to clinic operations, practice guidelines, billing and coding practices, as well as discussion of clinical topics and sharing of resources of relevance to providers of various disciplines. Attendees include psychology interns, postdoctoral fellows, faculty, and research and clinical staff.

- **Hearts and MIND Seminar (1.25 hours monthly).** This internal lecture series, attended by clinical providers, trainees, and staff at the MIND Institute, provides targeted training and discussion relevant to clinical practice within the fields of neurodevelopmental disorders and child mental health. CMEs are available. Topics vary from year to year, but past topics have included evidence-based intervention for ASD in community settings, telehealth approaches for identifying ASD risk in infancy, incorporating visual supports into clinical practice, treatment research, and risk management. Attendees include psychology interns, postdoctoral fellows, faculty, and research and clinical staff.
- **Research Seminar Series (1 hour twice per month).** This seminar provides a forum for the scientific presentation of research that is conducted at the MIND Institute, UC Davis campus, or outside the University. Speakers may be individual researchers or teams of researchers focused on a topic of interest related to the goals of the MIND Institute. Speakers are encouraged to communicate in a manner that will be understood by scientists across many disciplines, encouraging cross-discipline discussion and understanding. Topics vary from year to year, but past topics have included early communication outcome measures in children with Down Syndrome, language use and identity in autism, developmental profiles of intellectual disability, parent-mediated interventions for autism, and gastrointestinal issues in individuals with autism. Attendees include psychology interns, postdoctoral fellows, faculty, and research and clinical staff.
- **Developmental-Behavioral Pediatrics Fundamentals (1.5 hours weekly).** This seminar focuses on topics such as typical and atypical development, autism assessment, ADHD, intellectual disability, prematurity, sleep, feeding, enuresis, encopresis, sensory integration, motor coordination, anxiety, depression, case conceptualization, test administration, scoring tests, report writing, and identifying resources for families. Attendees include Developmental-Behavioral Pediatrics fellows as well as psychology fellows and interns. It is co-led by a clinical psychologist and a developmental-behavioral pediatrician.
- **Psychiatry Grand Rounds (1 hour twice per month).** The Department of Psychiatry and Behavioral Sciences holds Grand Rounds topics vary and are presented in a forum that helps integrate scientific advances and best clinical practice to promote excellence in psychiatric and behavioral healthcare. This event is currently held online and is a synchronous learning experience intended only for behavioral/mental health professionals and clinical providers.

Supervision (10% time)

The overarching goal of supervision is to guide the fellow toward achieving competence in the provision of psychological health services. Supervision is a collaborative relationship between a fellow and a supervisor that extends over time and that has both facilitative and evaluative components. Fellows receive a minimum of four hours of supervision per week. All supervisors are licensed clinical psychologists with vast experience in the specific areas in which they are providing supervision. **In addition, fellows receive live supervision for the majority of time that they are providing direct clinical services to patients.** The fellow's primary supervisor must be a full-time faculty/staff of the MIND Institute and have a doctoral degree in Clinical or Counseling Psychology and hold a valid license to practice as a health service provider in the state of California. In accordance with CA regulation, supervisors are available at all times the fellow is accruing supervised professional experience (SPE).

Protected time each week is reserved for supervision to ensure that supervision occurs regularly and predictably. Fellows are also encouraged to seek out their supervisor for consultation as needed outside of designated supervision times. In-person supervision is prioritized; however, telehealth supervision may be utilized as an alternative when in-person meetings are not

feasible due to public health crises or weather-related emergencies. Telehealth supervision is facilitated via UC Davis Health secured teleconferencing platforms, Teams or Zoom (preferred), or by phone when the latter platforms are not readily available.

- **Individual Supervision.** Postdoctoral fellows receive **3 hours** of individual supervision per week. In addition, the majority of clinical work is completed in a live supervision format with a supervising faculty member (12-18 hours per week). Fellows are assigned a primary and a secondary supervisor who oversees all clinical work and review/approves all documentation (including diagnostic assessments, therapy notes, reports, and other charting requirements). One supervisor carries the responsibility for teaching and training in the area of individual and group therapy and the other in the area of psychological assessments. Fellows meet with each supervisor on a weekly basis for 1.5 hours. Fellows are expected to come to supervision prepared with cases and supporting materials to be reviewed. Fellows also use this time for professional development by learning new assessment methods, fine-tuning therapy strategies, exploring ethical and diversity issues, and addressing any professional or collaboration needs.
- **Clinical research placement supervision.** Fellows who participate in research also receive an additional **1 hour** of weekly supervision through their placement in the Clinical Translation research core or other research lab. This supervision typically takes place as live supervision while conducting assessments or delivering therapeutic interventions as part of the research study. Fellows may also be assigned other ancillary supervisors (in the areas of research, therapy, assessment) as needed to widen a fellow's clinical experiences and exposure to different clinical styles.
- **Group Supervision and Professional Development.** Fellows participate in two forms of group supervision.
 - **Monthly Group Supervision (1 hour per month):** Fellows participate in *monthly group supervision sessions* that are co-led by the Training Director and/or a supervisor (with facilitation from members of the Training Committee as needed). These monthly fellow group supervision meetings are designed to facilitate continued development of increasingly independent skills that will be employed over the course of the training year. Group supervision also provides an opportunity for consultation, clinical discussions, and constructive feedback alongside peers and psychology faculty. Related clinical case presentations, topical group processes, and role-playing exercises are also employed. Fellows are expected to actively participate in group supervision.
 - **Weekly Supervision of Therapy Groups:** In addition, fellows also participate in *group supervision to support their co-facilitation of therapy groups* (i.e., Social Skills and Facing Your Fears Anxiety Treatment Program) or parent training (ADHD Parent Education group.) This occurs for at least one hour per week. As part of this group therapy supervision, fellows and other group co-facilitators meet with the clinical psychologist or other licensed provider leading the group to plan group activities, strategize around challenging behaviors, review participants' progress towards goals, and review group processes.
- **Case Consultation.** Fellows participate in LEND interdisciplinary evaluation case discussions on a quarterly basis, with supervision from psychology supervisors as well as supervisors from other disciplines. While participating in evaluations with children concerning neurodevelopmental disabilities, fellows receive supervision and mentorship from psychology faculty and other disciplines (e.g., speech language pathology, special education, nursing, developmental pediatrics, psychiatry, genomic medicine), and engage in discussions with an interdisciplinary cohort of trainees and faculty to formulate case conceptualizations, and identify recommendations, and family centered resources. In addition, through a series of

clinical workshops, trainings, and seminars, (e.g., Hearts and MIND Seminar, ADOS-2 trainings), fellows have extensive opportunity for consultation, clinical discussions, and constructive feedback alongside other trainees and MIND Institute faculty.

LEND-Specific Activities (10% time)

- **Leadership/Research Project.** Postdoctoral fellows participate in a supervised, year-long leadership/research project under the guidance of their primary supervisor or a separate research mentor, as determined by their interests, goals, and research match. Projects address a topic related to improving access to evidence-based, interdisciplinary assessment, treatment, and/or services for youth with neurodevelopmental disorders and their families. Projects may vary in scope and topic based on individual needs, interest, and experience, but include clear hypotheses or goals, operationalized procedures, data collection and/or analysis (which may be quality improvement data), and well-defined outcomes. Fellows present their projects at a Research Seminar Series in May (15-minute oral presentation).
- **Community Placement.** Postdoctoral fellows will be placed in at least one community site that serves youth (early childhood, school-aged children, and/or adolescents). All community training sites provide interdisciplinary service and family-centered care. Prior placements have included local preschools, agencies that serve unhoused families, and local birth-to-five agencies, among other agencies/organizations.

Year II Postdoctoral Fellows

Doctoral interns in the clinical psychology training program at the MIND Institute who receive a postdoctoral fellowship are classified as Year-II Postdoctoral Fellows. Since they complete the LEND Program requirements during their internship, they do not repeat the LEND program in their second year with the training program. All required LEND didactics are waived, and instead Year II Fellows participate in the Developmental-Behavioral Pediatrics Fundamentals Seminar for the full year. They attend all other didactics and seminars, as determined by their individual training plan, and elevate their learning by taking on leadership and mentoring responsibilities, and assisting with teaching. Year II Fellows do not join the LEND interdisciplinary team evaluation, leadership/research project, or community placements, but all other training opportunities and placements remain unchanged.

Sample Weekly Training Schedule

Fellows are responsible for 20 hours of direct and indirect clinical responsibilities through the Massie Family Clinic and 20 hours of additional direct clinical responsibilities and learning experiences through their participation in the LEND program and other MIND Institute learning activities. Fellows are expected to engage in learning activities for a total of 40 hours per week for 50 weeks (due to holidays), for a total of 2,000 fellowship hours. Although each fellow's training program is individualized, fellows' time is generally distributed as shown in the table on the following page.

Direct Clinical Services: 14-20 hours per week	
MIND Institute Massie Family Clinic	
Diagnostic Evaluations (in-person)	6-8 hours weekly; 1 case per week with live supervision
Intakes and Follow-up Visits (in-person or telehealth)	1-3 hours weekly; initial diagnostic interviews and follow-up sessions with live supervision
Individual Therapy (in-person or telehealth)	3-6 hours weekly of individual therapy cases with live supervision
Group Therapy or Parent Education Group (in-person or telehealth)	1-2 hours weekly of group therapy (with 1 additional hour of group supervision including group planning, preparation, and debriefing)
ECHO Autism (optional)	1.5 hours monthly of consultation to other providers via telehealth (optional)
LEND Interdisciplinary/Child Development Clinic	
LEND Interdisciplinary Evaluations (quarterly)	1 evaluation quarterly as a member of interdisciplinary team
Indirect Clinical Services: 4-6 hours per week	
Case management, consultation, and family collateral services (via phone), and other administrative activities	
Supervision: Minimum of 4 hours per week	
Individual supervision	
Individual therapy supervision	1.5 hours weekly
Individual assessment supervision	1.5 hours weekly
Live supervision during direct clinical services	Each case (~8-12 hours per week)
Group supervision	
Group supervision in context of group therapy	1 hour weekly
Postdoctoral fellows group supervision	1 hour monthly
Seminars, Didactics, and Additional Training Experiences: 4-6 hours per week on average	
See description above and Calendar of Structured Learning Activities	
Autism and Neurodevelopmental Disorders Seminar	1 hour weekly
Leadership Seminar	1.5 hours weekly
ADOS-2 Clinical Workshop and Ongoing Training	1 hour monthly
Distinguished Lecturer Series	1.5 hours monthly
Massie Family Clinic provider staff meeting	1 hour monthly
Identity Seminar	2 hours monthly (held every other week)
Professional Development Seminar	45 minutes monthly
Supplemental and Optional Trainings	
Treatment Seminar	1 hour weekly
Hearts and MINDs Seminar	1.25 hours monthly
Research Seminar Series	2 hours monthly
Developmental-Behavioral Pediatrics Fundamentals	1.5 hours weekly

METHODS OF EVALUATION

Written Evaluations of the Fellow and Expected Levels of Achievement

Throughout the training year, fellows are encouraged to engage in open, ongoing dialogue with their supervisor(s) regarding their progress and the degree to which competencies are being met. Supervisors also monitor the trainee's progress and provide professional development guidance.

Fellows receive formal written evaluations of their progress every four months (i.e., three times per year). The evaluation process involves completion of standardized evaluation forms (described below) and a face-to-face evaluation meeting between the fellow and primary supervisor. The primary supervisor will gather input and feedback from all other supervisors and/or mentors related to the fellow's performance and the progress achieved towards the learning goals to incorporate this in their completion of the evaluation and their verbal feedback to the fellow during the evaluation meeting.

Evaluations are due by the last working day of December, April, and August. The evaluation's focus is on the fellow's strengths and areas for improvement across the nine profession-wide competencies, including intervention; assessment; professional attitudes and behaviors; ethical and legal issues; individual and cultural diversity; communication and interpersonal skills; consultation and interprofessional skills; research; and supervision. At the first two evaluation points, the fellow's ITP will be updated to reflect learning activities and objectives that have been accomplished and allow for the addition of new learning objectives for the remainder of the training year. This evaluation, along with review of the fellow's ITP, helps to shape and refine learning goals as needed to maximize the fellow's ability to reach the expected competencies and meet learning goals by the end of the training year (August 31).

The fellow must meet the required minimum level of achievement across all elements of each competency area at each of the three evaluation periods. The minimum levels of achievement were established using a developmental approach to allow fellows to demonstrate increased competency over the course of the year. On the first evaluation which takes place at the end of December each year, fellows must receive ratings of at least Entry Level – 2 on all elements. Fellows must receive ratings of at least Developing Competence Level – 3 on the second evaluation, which takes place at the end of April. At the end of the fellowship, fellows are expected to demonstrate competency to perform at the level of an entry-level psychologist as measured by receiving ratings of Competence – 4 on all elements of the fellow evaluation. Fellows must meet the minimum level of achievement on all elements of the final evaluation in order to successfully complete the program. Fellows are determined to meet the minimum level of achievement standard if they have the ability to function independently in a broad range of professional activities, generalize skills and knowledge to new situations, and self-assess when to seek additional training, supervision, or consultation. Due process will be initiated when the above minimum levels of achievement are not met as this is considered a significant performance issue (see Due Process Procedures below). Fellows have the right to appeal any formal evaluation in which the minimum level of achievement has not been met.

Written Evaluation of Supervisors

Fellows also evaluate their supervisors three times per year and have opportunities to rate the degree to which a supervisor engages with respect and courtesy, presents as a positive professional role model, is committed to supervision, maintains appropriate interpersonal boundaries, maintains clear and reasonable expectations for the fellow, and supports the

fellow's successful completion of the program. Any item rated below 3 (Meets Needs and Expectations) requires immediate attention from the Training Director and/or the Training Committee.

Written Evaluation of the Training Program

Fellows are asked to evaluate the Training Program annually. These evaluations are completed by fellows during the final week of their training year. Fellows are asked to consider their overall experience with didactic seminars, professional development opportunities, supervision, direct clinical experiences, and other experiential training using a 5-point rating scale (1 = Bad; 2 = Poor; 3 = Fair; 4 = Good; 5 = Excellent). All responses are reviewed by the Training Director and all feedback is carefully considered and shared with the Training Committee. Any ratings of "Poor" or "Fair" require action by the Training Committee to address the problematic item. Fellows also have an exit interview with the Training Director, providing another opportunity for fellows to provide informal feedback that can be used for quality improvement.

Finally, the Training Program surveys fellowship graduates annually for 3 years following the completion of the training to obtain distal data about their overall satisfaction with the program as well as their professional activities and accomplishments.

Minimum Requirements for Completion of Fellowship Training Program

To successfully complete the postdoctoral fellowship, trainees must meet the following requirements by the end of the training year:

1. Verification that the fellow has performed at a satisfactorily advanced level, as defined by an advanced Level – 4 or above across all elements of each competency area on the Program Evaluation: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Assessment, Intervention, Professional Values, Attitudes, and Behaviors, Consultation and Interdisciplinary skills, Supervision, Communication, and Interpersonal Skills
2. Licensure in the state of California requires 1500 hours of supervised practice experience at the doctoral internship level and 1500 hours of supervised practice experience at the post-doctoral level (in addition to the successful completion of qualifying examinations – the national EPPP and California Professional Law and Ethics Exam (CLPEE). The program offers 2,000 supervised hours over the course of the training year. Fellows accruing fewer than 1,500 hours due to medical leave or parental leave must ensure that arrangements are made to complete a minimum of 1,500 hours to meet this exit criterion and receive a certificate of completion. Details on this matter are in the **Information for Applicants** section.
3. A fellow must be in good standing and free from active remediation or probation plan. If a fellow was placed on remediation or probation during the training year, the issue(s) resulting in remediation must be successfully resolved for program completion.
4. A fellow must complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one's training.
5. A fellow must complete all necessary LEND Program and Division of Psychology exit procedures including completion of the end-of-year Leadership/Research Project presentation, completion of all training program evaluations; completion of all required patient or program documentation; return of all badges, keys, laptops; and providing the supervisor with all patient records, charts, test forms, etc.

DUE PROCESS PROCEDURES

Due process policies provide non-arbitrary and fair practices for identifying and managing problematic behavior or insufficient competence/performance in trainees. Due process procedures are implemented when a supervisor, faculty, or staff member becomes aware of a trainee's problem area or deficiency that does not appear resolvable by the usual supervisory support and intervention. The training program's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

The information below provides clarification of the trainee's and the training program's responsibilities in due process, a definition of competence problems, discussion of the due process procedures, possible remediation and sanctions, and appeals procedures.

Rights and Responsibilities

These procedures protect the rights of both the trainee and the training program; each has specific responsibilities in executing due process.

Fellows: The trainee has the right to be afforded every reasonable opportunity to remediate problems. Due Process procedures are not intended to be punitive; rather, they are meant as a structured opportunity for a trainee to receive support and assistance to remediate concerns and successfully complete the training program. The trainee has the right to be treated in a manner that is respectful, professional, and ethical. The trainee has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The trainee has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the trainee include engaging with the training program and the institution in a manner that is respectful, professional, and ethical; making every reasonable attempt to remediate behavioral and competency concerns; and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program: The training program has the right to implement these Due Process procedures when called for as described below. The training program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The training program has a right to make decisions related to remediation for a trainee – including probation, suspension, and termination – within the limits of this policy. The responsibilities of the program include engaging with the trainee in a manner that is respectful, professional, and ethical; making every reasonable attempt to support trainees to resolve the remediation of any behavioral and competency concerns; and supporting trainees to the extent possible in successfully completing the training program.

Due Process Guidelines

Adapted from APPIC Due Process Guidelines

General due process guidelines include the following:

1. During the orientation period, trainees receive, in writing, the MIND Institute's expectations related to professional functioning. The training directors (i.e., Training Director and Associate Training Director) and/or supervisors discuss these expectations in the context of the orientation to the program or group/individual supervision.
2. The procedures for evaluation, including when and how evaluations are conducted, are described. Such evaluations occur at meaningful intervals and in a timely manner.
3. The procedures and actions involved in decision-making regarding the problem behavior or

trainee concerns are described and included in the program's training handbook, which is provided to all trainees and reviewed during the orientation process.

4. The training program will communicate early and often with the trainee if any suspected difficulties that are significantly interfering with performance are identified.
5. The training directors will institute, when appropriate, a remediation plan for identified inadequacies including a timeframe for expected remediation and consequences of not rectifying the inadequacies.
6. A trainee may wish to initiate an appeals process; this handbook describes the steps of how a trainee may officially appeal the training program's action(s).
7. The training program's due process procedures ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before implementation of such action.
8. When evaluating or making decisions about a trainee's performance, training directors and supervisors use input from multiple professional sources.
9. The Training Director will document in writing, and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

Definition of Problematic Behavior and Competence/Performance Problems

Professional judgement should be used to determine when a trainee's behavior, attitudes, or characteristics impede learning, competence, and professional development, thus extending beyond an issue or concern to problematic behavior that requires remediation. Such problematic behavior is identified when it includes one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training or supervision.
- The quality of services delivered by a trainee is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention from training personnel is required.
- The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- The problematic behavior potentially causes harm to a patient.
- The trainee's behavior has potential for ethical or legal ramifications if not addressed.
- The trainee's behavior negatively impacts the public view of the agency.
- The problematic behavior negatively impacts other trainees/staff or impedes appropriate communication.

For the purpose of this document, competence/performance problems are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

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

Informal and Formal Due Process Procedures

Informal Review. When a supervisor or other faculty/staff member believes that a trainee's behavior is becoming problematic or that a trainee is having difficulty consistently demonstrating an expected level of competence, the first step is to raise the issue with the trainee directly and as soon as possible to informally resolve the problem. This may include increased supervision

and resources, didactic training, and/or structured readings. No record is kept of this process.

The supervisor or faculty member who raised the concern will monitor the outcome. If the problematic behavior persists, a consultation with the Training Director is initiated to determine if a second informal resolution is warranted or if the problematic behavior needs to be escalated to a formal review.

Formal Review. A formal review of the trainee's problematic behavior can be initiated for the following reasons:

- The trainee's problematic behavior has been addressed via an informal review (see above), but the behavior remains unresolved.
- The trainee does not achieve the specified minimum level of achievement in any of the major competency areas covered in the trainee's formal evaluation (see Methods of Evaluation section).
- The matter is too great to manage through an informal review.

The following steps are taken once the need for a formal review has been identified:

Step 1. Notice: The trainee is notified in writing that the issue has been raised to a formal level of review, and that a meeting will be held. The notice shall include a clear description of the problematic behavior or competence concern. The Notice should occur no later than five (5) business days from determination of need for a Formal Review.

Step 2. Hearing: The Training Director, supervisor, trainee, and (if applicable) other faculty/staff raising concerns of problematic behavior or competence problems hold a formal meeting (Hearing) to discuss the matter, and determine what action needs to be taken to address the issue. The trainee can select an additional faculty member to attend the Hearing and is strongly encouraged to do so if the problem has been raised by the supervisor or training directors. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. The hearing must be held within ten (10) business days from determination of need for a Formal Review.

Step 3. Outcomes and Next Steps: The Training Director provides a written Acknowledgement of Hearing to the trainee, the supervisor, and, when applicable, any other faculty/staff directly involved in the Hearing. This acknowledgment notice shall include the date of hearing, participants in the hearing, a clear description of the problematic behavior or competence problem that has been brought to the attention of the trainee, and any outcome decisions, such as that the problem is not significant enough to warrant further action/intervention or describing any formal support, remediation, or sanctions that are deemed necessary. The written Acknowledgement of Hearing occurs no later than five (5) business days from the Formal Review Hearing.

The trainee may choose to accept the conditions or may choose to challenge the findings and actions proposed. The procedures for challenging the action are presented in the Appeal Procedures section below.

Supports and Sanctions

It is important to have meaningful ways to address problematic behavior or competence problems once identified. In implementing remediation or sanctions, the training program is mindful of balancing the needs of the trainee, patients, other trainees, the training staff, and

other agency personnel.

The first course of action is to support the trainee through a remediation plan that helps them address problematic behavior or bridge any gaps in competence or skills. Additional sanctions occur only after careful deliberation and thoughtful consideration of the Training Director, supervisor, relevant members of the training staff and, when appropriate, the MIND Institute's Executive Director.

The remediation and sanctions listed below may not necessarily occur in this order. The severity of problematic behavior plays a role in the level of remediation or sanction.

Remediation. When a trainee is placed on a "Remediation Plan," the supervisor actively monitors and supports the trainee to address, change, and/or improve the problematic behavior or competence issue. This plan is shared with the trainee in writing and includes:

- a) The actual behaviors or skills associated with the problem.
- b) Specific actions to be taken to rectify the problem.
- c) The timeframe during which the problem is expected to be ameliorated.
- d) The procedures designed to ascertain whether the problem has been appropriately remediated.

A remediation plan may include the following (not an exhaustive list):

- a) Modification of the trainee's training schedule during a limited length of time to allow the trainee to focus on specific areas of development.
- b) Increase in the amount of supervision, either with the same or additional supervisors.
- c) Change in the format, emphasis, and/or focus of supervision.
- d) Recommendation of personal therapy or similar support (i.e., Academic and Staff Assistance Program).
- e) Reduction of the trainee's clinical or other workload.
- f) Requirement of specific academic coursework, seminar, or conference attendance.
- g) Other modifications identified by the Training Committee to support the trainee in developing competence or remedying identified issues.

At the end of this remediation period, the supervisor provides a written statement indicating whether the problem has been remediated, which is shared with the trainee, Training Director, and becomes part of the trainee file. This statement becomes part of the trainee's file. If the problem has not been remediated, the supervisor and Training Director can revise and extend the Remediation plan for a specified period or proceed to the next step and place the trainee on Probation. This extension of the Remediation or change of status to Probation would be documented and shared with the trainee and placed in the trainee's file.

Probation. Probation is also time-limited and remediation-oriented and allows for a period of increased supervision and support of the trainee to address and improve problematic behavior or a competence problem. When the trainee is placed on probation, the Remediation Plan is revised and updated to reflect the trainee's ongoing needs. Supervision is increased as the Training Director (in addition to the supervisor) directly monitors the trainee's performance. Written documentation to the trainee shall include the trainee's probationary status, length of probationary period, confirmation of a current Remediation Plan, and notification of whether the trainee's behavior or competence problems may jeopardize their successful completion of the training program as well as other potential consequences that may result if improvement is not made.

At the end of the probation period, the Training Director communicates in writing to the trainee regarding whether the conditions for revoking the probation have been met or if further courses of action are required. This may include continuation or revision of the Remediation Plan for a specified time period, or implementation of additional supports. If the Training Director and supervisor determine that there has not been sufficient improvement in the trainee's behavior at the end of the probation period, then the Training Director will discuss additional potential courses of action with supervisor(s) and the Training Committee, including suspension of the trainee's direct service activities.

Suspension of Direct Service Activities. If the problems are not rectified through the above described remediation processes, or when a determination has been made that the welfare of the trainee's patient(s) has been jeopardized, the trainee's direct service activities will be terminated for a specified period (not to exceed 3 weeks), as determined by the Training Director in consultation with the trainee's supervisor(s) and the Training Committee. Notice of Suspension is provided to the trainee within one (1) business day of the suspension decision and no later than ten (10) business days after the expiration of the most recent remediation period (i.e., timeframe designated for the problem to be ameliorated; see Remediation section above).

During this suspension period, the trainee's Remediation Plan shall be reviewed to determine what additional support may help the trainee make required behavioral or competence changes to remain in the program. This time allows the Training Program to determine if the nature of the problem is one that can be addressed by further remediation, supervision, or mentoring, or if dismissal from the training program needs to be considered. The trainee may continue to engage in non-direct service activities such as personal supervision, seminars, and didactics, provided that the trainee's participation is productive and not disruptive to the learning process of others. At the end of the suspension period, the trainee's supervisor(s), in consultation with the Training Director and Training Committee, will assess the trainee's capacity for effective functioning and determine if/when direct service privileges can be resumed.

Administrative Leave can be arranged based on agreement of the trainee, supervisor, MIND Training Director and when deemed appropriate in supporting the trainee's ability to address specific areas of development (such as participating in additional opportunities for educational, professional, or personal development).

If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the hours needed for completion of the training program, this will be noted in the trainee's file. The Training Director will inform the trainee of the effects the administrative leave will have on their stipend and benefits.

Dismissal. When specific interventions do not (after a reasonable period) rectify the problem, when the trainee seems unable or unwilling to alter the behavior, or when the trainee's problem cannot be adequately addressed by remediation, the Training Director and supervisor(s) will discuss with the MIND Institute's Executive Director the option of terminating the trainee's participation in the training program and dismissal from the agency. The Executive Director of the MIND Institute will make the final decision about dismissal. This dismissal becomes effective immediately following notice of Dismissal, which should be provided to the trainee no later than the following business day.

Immediate dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor. In

addition, if a trainee compromises the welfare of a patient(s) or the agency community by an action(s) which generates grave concern from the Training Director and/or supervisor(s), the MIND Institute's Executive Director may immediately dismiss the trainee from the training program. This immediate dismissal may bypass steps identified in Informal and Formal Due Process Procedures and Sanctions described above.

Due Process: Appeal Procedures

If a trainee does not agree with the aforementioned notifications, remediation, or sanctions, the trainee can file a formal appeal in writing with supporting documentation with the MIND Institute's Executive Director. This allows for an appeals process that extends at least one step beyond the Training Director. The trainee must submit this appeal within five (5) business days from their notification of any of the above (notifications or sanctions).

Within three (3) business days of receipt of a formal written appeal from a trainee, the MIND Institute's Executive Director will consult with members of the program's Training Committee and convene a panel for an Appeals Hearing to be held within five (5) business days from the trainee's written request for an appeal. The Appeals Panel will consist of the Executive Director of the MIND Institute, one faculty/staff member selected by the Training Committee, and one faculty/staff member selected by the trainee involved in the matter.

Within three (3) business days of the completion of the review, the Appeals Panel submits a written report to the Training Director, including any recommendations for further action. Recommendations made by the Panel will be made by majority vote.

Within three (3) business days of receipt of the recommendation, the Training Committee will either accept or reject the Appeals Panel's recommendations. If the Training Committee rejects the Panel's recommendations due to an incomplete or inadequate evaluation of the matter, the Training Director may refer the matter back to the Panel for further deliberation and consideration. The Training Director must provide, in writing, justification as to why the matter is being referred back to the Panel and highlight specific information or concerns not adequately addressed by the initial Review Panel. If the matter is sent back for review, the Panel will report to the Training Director, in writing, within five (5) business days of the receipt of the Training Director's request for further deliberation. The Appeals Panel has the final discretion of the outcome of the appeal. The Training Director will inform the trainee and the Training Committee of the decision made by the second review of the Panel within three (3) business days of obtaining the Panel's final decision.

If the trainee disputes the Appeals Panel's final decision, the trainee can contact the Ombud's Office and request mediation services: <https://ombuds.ucdavis.edu/services/mediation>.

If the matter remains unresolved, the trainee can contact UC Davis Health Human Resources Employee and Labor Relations Unit to discuss the situation and seek final resolution.

GRIEVANCE PROCEDURES

Grievance Procedures are implemented in situations in which a trainee raises a concern about a supervisor, faculty member, trainee, or any aspect of the training program. Trainees who pursue grievances in good faith will not experience any adverse professional consequences. A record of all formal complaints against the training program or individuals associated with the training will be kept by the Training Director.

The trainee is encouraged to first attempt to resolve such concerns informally with appropriate person(s) involved. If the matter cannot be resolved, the following grievance procedures are followed:

Informal and Formal Grievance Procedures

Informal Review. The trainee should discuss the concern with the primary supervisor who may then consult with the Training Director and other members of the Training Committee to resolve the matter informally.

Formal Review. If the matter cannot be satisfactorily resolved using informal means or if the grievance involves the supervisor, the trainee may submit a formal grievance in writing to the Training Director. If the Training Director is the subject of the grievance, the grievance should be submitted to another member of the Training Committee or the MIND Institute's Executive Director. The individual being grieved will be asked to submit a response in writing. The Training Director (or Training Committee member or MIND Institute Executive Director, if appropriate) will meet with the trainee and the individual being grieved within ten (10) business days for a formal review meeting. In some cases, it may be appropriate to meet with the trainee and the individual being grieved separately first.

The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a. the behavior/issues associated with the grievance,
- b. the specific steps to rectify the problem, and
- c. procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director (or Training Committee member or MIND Institute Executive Director) will document the process and outcome of the meeting. The trainee and the individual being grieved (if applicable) will be asked to report back to the Training Director (or Training Committee member or MIND Institute Executive Director) in writing within ten (10) working days regarding whether the issue has been adequately resolved.

If the matter is not resolved, the Training Director (or Training Committee member or MIND Institute Executive Director) will convene and chair a Review Panel consisting of themselves and at least two other members of the training faculty within ten (10) business days. The trainee can select a specific member of the training faculty to serve on the Review Panel. The Review Panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The Review Panel has final discretion regarding outcome. The chair of the Review Panel will provide a written summary of outcomes and recommendations to the trainee, all members of the Review Panel, and the Training Committee within three (3) business days.

Grievances: Appeal Procedures

If the trainee wishes to appeal the outcome of the grievance or if the Review Panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved, the trainee can pursue institution-wide complaint resolution processes. Please see UC Davis Health Human Resources Complaint Resolution Process (PSPSM 70):

<https://ucdavispolicy.ellucid.com/documents/view/211/active/>

INFORMATION FOR APPLICANTS

Eligibility Requirements

Applicants for the Postdoctoral Fellowship must have a degree in Clinical (preferred), Counseling, or School Psychology and have completed all requirements for the doctoral degree from an APA/CPA/PCSAS-accredited doctoral program (preferred), or a regionally accredited institution of higher learning, including completion of an internship at an APPIC member site. This means that on the first day of the fellowship, the fellow must have a diploma in hand or a letter from the Director of Graduate Studies at their graduate institution verifying the completion of all degree requirements pending the institution's graduation ceremony.

Applicants who are well-suited to this program have demonstrated a commitment to working with diverse individuals with NDDs as demonstrated through clinical and research activities, have written a minimum of 50 integrated psychological assessment reports, have a theoretical orientation consistent with the program's (i.e., cognitive behavioral, behavioral), and have some experience providing evidence-based interventions (cognitive behavioral therapy, parent-child interaction therapy, trauma-focused cognitive behavioral therapy) with youth with a range of clinical diagnoses including NDDs. An interest in neurodevelopmental disabilities, as evidenced by research or clinical involvement in this area, is required.

Additional attributes that have been determined to contribute to success at our site include: (1) a high degree of cultural humility and self-awareness/self-reflection around issues of diversity and equity; (2) experience providing services to individuals from a range of diverse backgrounds; (3) the ability to provide assessment or therapy services in a language other than English; (4) prior involvement in research related to diversity, equity, and inclusion; and (5) documented involvement in/commitment to diversity, equity, and inclusion efforts (e.g., through professional memberships, extracurricular activities, research focused on diversity).

Appointment, Stipend, & Benefits

Length of Appointment. The MIND Institute will accept two fellows for the upcoming training year. The appointment begins September 1 and ends August 31 of each year; if these dates fall on a weekend or holiday, start/end dates are the following/preceding business day, respectively. Postdoctoral fellows receive 2,000 supervised hours over the course of the training year which meets California's state licensing requirements, as well as the licensing requirements in most states. Upon successful completion, the postdoctoral fellow will be awarded a certificate of postdoctoral fellowship completion from the UC Davis MIND Institute at UC Davis Health.

Stipend. Postdoctoral fellows are hired by UC Davis and receive a gross stipend of \$59,173 per year. Our stipend is consistent with Sacramento areas fellowship training programs. Applicable taxes, social security deductions, and benefits-related costs are withheld.

Benefits. Fellows receive [UC Davis Resident and Fellow Health and Welfare benefits](#). Based on a 100% appointment, fellows are eligible for coverage in the UC Davis medical, dental, vision, life, and disability insurance plans, with options to provide coverage for spouses/domestic partners and dependents. Additional benefits include:

- *Paid Time off:* Fellows receive 20 vacation days, 12 sick days, and 4 professional development days. These should be arranged in consultation with the supervisor. Accounting for the 14 UC Davis Health Center holidays, fellows have the opportunity to accrue up to 2,000 supervised hours over the course of the training year.
- *Professional development resources:* Fellows receive up to \$1,000 (for the training year) to

cover professional development activities. Professional development funds can be used for conferences, trainings, and certifications in relevant clinical areas.

- *Leaves of absence:* Fellows should discuss medical or parental leave with the Training Director as soon as the need for such a leave is identified, providing as much notice to the Training Director as possible. Trainees must complete a minimum of 1,500 hours of training to meet the training program's exit criterion and meet CA eligibility requirement for licensure in the state of California regardless of having taken a leave of absence. If needed, fellows should coordinate with the Training Director to extend the training year to meet this requirement.
- *Parking:* Parking Services has partnered with ParkMobile (<https://health.ucdavis.edu/parking/parkmobile/>) to offer daily parking permit options to employees, students and affiliates at UC Davis Health. Utilizing the app allows more flexibility to only pay for parking as needed. This is particularly a good option for people that do not work on-campus every day. Fellows should park in the Zone indicated below:

Zone# 42201 or 42203 – \$2.32 per day

Valid anywhere UC Davis Health "B" Parking is allowed, including lots 12, 17, 19 (marked stalls only), 22, 30, EDD, DOJ, Broadway, and Parking Structure 4.

Fellows may purchase a monthly parking permit for \$58 per month. It can be automatically deducted from a paycheck and is pre-taxed. The monthly permit allows for parking in the same lots as ParkMobile (above). Please be aware that using ParkMobile is a less expensive parking option.

Support. Postdoctoral fellows are provided with appropriate shared office space, computer access, and a phone line. Assessment and therapy materials required to carry out learning and clinical activities are provided. Fellows have access to the UC Davis library system, which includes a health sciences branch at the UC Davis Medical Center and the main library on the Davis campus. The library provides loan services for written materials, access to the catalogs of all nine UC campuses, literature search tools such as PsychInfo and PubMed, and access to electronic journals. The Health System also offers confidential, cost-free assessment, counseling, consultation and referral services to all UC Davis Health System faculty and staff through the Academic and Staff Assistance Program (ASAP). If a postdoctoral fellow is unable to obtain the necessary support, they are instructed to contact the Training Director who will make every effort to meet all reasonable requests.

Relevant Application Information

The MIND Clinical Psychology Training Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Applications are submitted via APPA CAS (**program code 9521**). Applicants should ensure that their cover letters speak to the following:

- Interests and training goals, including their alignment with the mission and values of the MIND Institute
- Experience working with individuals from varied backgrounds
- Commitment to equitable access to care
- Experience with the ADOS-2 and any cognitive assessment measures
- Commitment to evidence-based practice
- Theoretical orientation
- Any experience providing services in a language other than English
- Any lived experience the applicant wishes to share (not required)

Complete details about the application process are located on the [program's website](#). Any

questions can be directed to the Training Director Office at (916) 703-0263 or MIND_PsychTraining@health.ucdavis.edu.

Selection Procedures

Fellow selection is made by a committee comprised of the Training Director, Associate Training Director, and training supervisors. Applicants are rated based on their clinical training (including assessment and psychotherapy), academic coursework, letters of recommendation, clinical and research interests, commitment to equity and diversity, and stated goals for fellowship.

Prospective candidates assessed by the committee to hold interests and goals most closely matching those opportunities offered by our program will be asked to participate in interviews.

UC Davis Health Pre-Employment Requirements for Trainees

Background Checks: A conditional offer of employment is made to a candidate contingent upon successful completion of the background check. This includes criminal convictions and pending charges since age 18 and may also include verification of relevant degrees. The criminal background check is initiated through Universal Background Screening (no fingerprinting required). The final candidate receives an email directly from Universal and provides information online allowing Universal to conduct the criminal background check.

Through a confidential and individualized assessment process, UCDH determines whether a criminal background check contains any conflicting and/or potentially disqualifying information. If UCDH determines that a criminal background check does not contain information that would disqualify the final candidate's employment, the candidate is cleared, and the hiring process may proceed. When a criminal background check contains criminal history, we take a holistic approach and conduct an individualized assessment. This approach balances the interests of the individual and UCDH. More information can be found here: [Human Resources - Background Checks \(ucdavis.edu\)](#)

Health Clearance: Psychology trainees are required to attend a pre-employment health clearance appointment prior to beginning their appointment. You can find more information [here](#).

Drug Testing: While it is not currently the policy of UCDH to conduct pre-employment drug screenings for these positions, evidence of related impairment on the job could result in disciplinary action up to and including dismissal.

Non-Discrimination Statement

The University of California, Davis, and the MIND Institute 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 University of California, Davis, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, age, medical condition (cancer related or genetic characteristics), ancestry, marital status, citizenship, sexual orientation, or service in the uniformed services (includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services), status as a Vietnam-era veteran or special disabled veteran. As required by Title IX, the University of California, Davis, does not discriminate on the basis of sex in its educational programs, admissions, employment, or other activities.

PROGRAM POLICIES

Policy on Telesupervision

The Training Program prioritizes in-person supervision as the primary method of supervision in the program. However, high-quality, real-time, video-based telesupervision may be used in circumstances when a clinical service is offered in a primarily virtual format (e.g., individual teletherapy, group-based teletherapy). Any fellow participating in provision of such telehealth services will engage in relevant telesupervision from the supervisor who oversees these services. Telesupervision may also be used in other situations such as when (a) it is necessary for the supervisor and fellow to work from different physical locations and still have timely supervision; (b) unscheduled supervision is required to manage a clinical issue, crisis, or offer additional support to the fellow; or (c) when in-person meetings are not feasible due to public health crises or weather-related emergencies prohibiting the fellow and supervisor from being in the same location. Over the course of in-person or telehealth clinical activities, assessment and therapy cases are assigned to the supervisor who maintains clinical responsibility for patientcare. Fellows have opportunities to meet and establish relationships with all supervisors in person at the beginning of the training year.

Telesupervision is facilitated via UC Davis Health secured teleconferencing platforms (Zoom or Teams), or by phone only in cases of emergencies when such teleconferencing platforms are not available. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of trainees and patients. All trainees are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Fellows meet with IT personnel within the first two weeks of the fellowship to ensure that they have the appropriate programs installed on their laptops to facilitate any telesupervision and are adequately trained to use them. Technical difficulties that cannot be resolved are directed to the UC Davis Health IT Help Desk.

The use of videoconference technology for supervisory experiences related to provision of teletherapy services is consistent with our program's goals, as we emphasize access to behavioral healthcare services throughout Northern California, including rural and underserved areas which necessitate provision of therapy services in a virtual format.

Vacation Time

Fellows should discuss vacation and other requests for leave with their primary supervisor. We ask that fellows abide by the following guidelines when making leave/vacation time requests:

1. At least six weeks advance notice of vacation or professional time off is required.
2. Vacation time cannot be taken in the first four weeks or last four weeks of the training year. If a fellow has an emergency that requires time away during these critical weeks, the fellow must consult with their primary supervisor.
3. Fellows are encouraged to consider the impact that vacation time may have on their accrual of supervised professional experience (SPE) hours. Accounting for 14 holidays when the medical center is closed, fellows can accrue 2,000 hours of SPE. Fellows have an additional 20 vacation days, 4 professional development days, and 12 sick days annually. Fellows who use the entirety of the 36 days (vacation, sick, and professional development) can accrue 1,500 hours of postdoctoral supervised professional experience, which is the minimum required for licensing in the state of California. Fellows who intend to seek licensure in other states should consider that state's licensing requirements when considering time off requests.

4. Fellows should work with their supervisor(s) to arrange coverage as needed for clinical responsibilities.
5. A vacation request form should be completed and signed by the trainee and supervisor and submitted by email to the Training Director and the Human Resource manager. A sample of the Time Away Form is included in Appendix D.
6. Unused vacation time is paid out at the end of the fellowship year. Unused sick or professional development hours are not paid out at the end of the year.

Expected Professional Behavior

1. Fellows can contribute to a stimulating learning environment by being engaged and active learners. This involves active participation including raising questions, sharing thoughts or ideas, or otherwise demonstrating engagement in learning opportunities.
2. Fellows have a wide range of clinical expertise. While an individualized training plan will be generated for each fellow, the program may not be able to account for all variability in experience. Fellows who are particularly advanced in their knowledge and experience are expected to take active steps to elevate their training through active engagement, knowledge sharing, and working together with their supervisor to identify growth opportunities.
3. Fellows will work alongside a wide range of staff, providers, and other trainees with different personalities, worldviews, and communication styles. If differences or conflicts arise, fellows are expected to demonstrate communication and conflict resolution skills that will allow them to work effectively and collaboratively despite these differences. Significant conflicts or concerns about interactions are to be handled in a manner consistent with our grievance policy, the UCDH Code of Conduct and the APA Ethical Principles of Psychologists and Code of Conduct.
4. Fellows will accurately represent their title, training status, and credentials in interactions with patients, staff, and the public.
5. Fellows must maintain confidentiality and integrity of records. Records or patient information shall not leave the premises. Under no circumstances should reports or other forms of PHI be emailed outside the health system.
6. The training program strives to ensure that expectations, requirements, and deadlines for activities are clear. Fellows are responsible for seeking clarification if they are unclear and to ensure that they respond to all expected deadlines for projects across the various aspects of the training program.
7. Fellows are expected to conduct themselves in a professional manner during all aspects of their training activities, both clinical and non-clinical. General expectations for fellows while completing all training related activities are as follows (list is illustrative, not exhaustive):
 - Demonstrate respect for patients and their families, colleagues, supervisors, staff, and other employees.
 - Complete all activities in a timely manner (e.g., arrival at meetings, completing written documents).
 - Adhere to all UCDH and MIND Institute policies and procedures regarding confidentiality.
 - Engage in training and professional behavior consistent with the most current ethical guidelines of the American Psychological Association (i.e., Ethical Principles of Psychologists and Code of Conduct) and UCDH Code of Conduct.
8. UCDH maintains a Professional Appearance Policy to which all employees and students/trainees are expected to adhere. Specific details are located at <https://ucdavishealth.ellucid.com/documents/view/1786/active/>. Highlights include:
 - Trainees and staff must always wear their identification badge.
 - We strive to maintain a sensory friendly environment for our patients and staff. No

colognes, perfumes, or strong body lotions are allowed, particularly in patient care areas.

- Trainees and staff are expected to wear at least business casual attire in all contexts, even when not providing clinical care; no shorts, jeans, or other similar casual clothing. Avoid wearing clothing with logos or other markings that potentially may be offensive or uncomfortable for others.

Privacy and Security of PHI

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that created national standards to protect sensitive patient health information from being disclosed or discovered without the patient's consent or knowledge.

In compliance with UC Davis Health's privacy practices, trainees have the responsibility to protect PHI information that they encounter over the course of their training, including in their direct patient care, case consultations, observations, documentation, and record keeping practices.

- Trainees are not permitted to take original or copies of administered assessment protocols, patient records, or any other form of PHI outside of the MIND Institute.
- Trainees will work with their supervisors to follow established HIPAA compliant procedures for scoring, report writing, and report sharing (e.g., UC Davis One Drive, secure internal emails, etc.).
- Trainees have access to UC Davis Health/MIND Institute computers with security features and technology to prevent unauthorized access of PHI. When working on reports or other documentation containing PHI, trainees should only use MIND Institute issued computers/laptops. Evaluation reports or patient documentation containing PHI should not be stored on personal computers.
- Trainees who wish to keep work samples (not to exceed 10) should work in collaboration with their supervisors to create a deidentified evaluation for final approval by their supervisor.
- Case presentations outside of the MIND Institute require prior review and approval by the Supervisor or Training Director. This guideline applies to class presentations, grand rounds, and oral presentations at conferences, as well as any written work for publication. When in doubt, please request consultation. Ordinarily, such public presentation will require written consent from the patient in advance.

Policy on Social Media

This policy provides guidance for fellow's use of social media, which should be understood for purposes of this policy to include social networking sites (e.g., Facebook, Twitter, Instagram, Snapchat), YouTube, wikis, blogs, message boards, chat rooms, electronic newsletters, online forums, and other sites and services that permit users to share information with others in a contemporaneous manner.

Social media use should not interfere with the fellow's responsibilities while onsite. UC Davis Health/MIND Institute-issued computers, iPads, or tablets are to be used for business purposes only. When using UC Davis Health/MIND Institute computer systems, use of social media for business purposes is allowed (e.g., viewing MIND Institute Facebook Live sessions).

Fellows should be aware of the effect their actions may have on their image, as well as the MIND Institute's and its training program's image. Information that is posted or published may be public for a long time. Fellows should use their best judgment when using social media to ensure that material available to the public is appropriate for a professional psychologist in

training and not harmful to the MIND Institute, our training program, our employees, or our patients. Fellows are not to publish, post, or release any information that is considered confidential or privileged including names, images, or other identifying information. It is recommended that trainees set security settings on all social media accounts to “private.”

It is also important for trainees to maintain appropriate professional boundaries. Initiating contact with patients or families through social media sites is not permitted. Accepting invitations to join social media sites of patients is not recommended and trainees are encouraged to decline invitations from patients/families to view or participate in their online social networks.

In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for additional guidance: <https://www.apa.org/about/social-media-policy>.

Policy on Maintenance of Records

Our program has a robust system for maintaining fellow records. Fellow records are electronically stored in a secured folder that is only accessible by the Training Director, Associate Training Director, and necessary administrative/clerical staff who assist in organizing both hard copy and electronic files. Hard copies of certain documents that require signatures are stored in a confidential, locked filing cabinet located in the Training Director’s locked office and are scanned into the electronic folder when all required signatures have been obtained and the document has been finalized.

The following documents are stored in a secured electronic folder as part of the fellow file: Certificates of Completion; Fellow Evaluations (3 per year for each fellow); and Individual Training Plan, which provides a description of the training experiences for each fellow. Documentation of Due Process proceedings, including remediation plans and progress monitoring, are also maintained in the fellow file. The Training Director is responsible for storing and maintaining fellow records. An electronic copy of the entire fellow file is maintained indefinitely.

Additionally, records of any formal grievances received by the program are stored in a separate electronic folder for at least 10 years.

Policy on Moonlighting

Clinical moonlighting is not permitted. The fellowship is a full-time commitment. Fellows are expected to refrain from providing clinical services outside of the fellowship context.

National Provider Identification (NPI) Number

As of May 20, 2007, all providers (staff and trainees) seeing patients must have a National Provider Identification number. This number will stay with you throughout your professional career as a psychologist. If one has not already been assigned, please apply for your NPI by logging on to <https://nppes.cms.hhs.gov>. There is a toll-free number, 1-800-465-3203, listed on the website for all questions.

Helpful Links

- APA Ethical Principles of Psychology code of conduct – www.apa.org/ethics/code
- California Department of Consumer Affairs- Therapy Never Includes Sexual Behaviors - www.dca.ca.gov/publications/proftherapy.pdf
- UC David Health Code of Conduct - [https://health.ucdavis.edu/compliance/pdf/about/UCD_Health_Code_of_Conduct.pdf](http://health.ucdavis.edu/compliance/pdf/about/UCD_Health_Code_of_Conduct.pdf)
- UCD Principles of Community - [https://diversity.ucdavis.edu/principles-community](http://diversity.ucdavis.edu/principles-community)

APPENDIX A: SAMPLE DIDACTIC CALENDAR

All fellows are required to attend several seminars series and trainings. Some of these seminars occur weekly, while some occur monthly, and others occur quarterly. Dates and times for each are provided on the Didactic Calendar below. See the Training Handbook for abstracts and learning objectives associated with each scheduled presentation/session. Please note that this calendar includes only those activities that are required. Other optional learning opportunities are available to fellows, and fellows will be notified of those opportunities as they arise.

Seminar/Didactic Abbreviations

ADOS = ADOS-2 Workshop/Monthly Training	ID = Identity Seminar
AF = Assessment Fundamentals	IS = Intervention Seminar
ASAA = Advanced Skills in ASD Assessment	LS = Leadership Seminar
DF = Developmental Fundamentals	NDD = Neurodevelopmental Disabilities Seminar
DLS = Distinguished Lecturer Series	PD = Professional Development Seminar

Date	Time	Series	Topic	Presenter
SEPTEMBER				
9/2/25	9am-4pm	N/A	LEND Program Orientation	Kelly Heung, Ph.D.
9/3/25	9am-4pm	N/A	LEND Program Orientation	Kelly Heung, Ph.D.
9/3/25	1-2pm	PD	NO CLASS (LEND ORIENTATION)	
9/5/25	9-10:15am	DF	Parenting	Carrie Silver, Ph.D.
9/8/25	12:30-1:30pm	NDD	Course Introduction and Overview of Models of Disability	Angie Thurman, Ph.D.
9/8/25	2-3:30pm	LS	Lead from Where You Are	Janice Enriquez, Ph.D. & Viviana Barnwell
9/10/25	1-2pm	ID	Introductions	Megan Tudor, Ph.D.
9/10/25	2:05-3:05pm	IS	Introduction to Treatment Seminar and evaluating treatment efficacy	Danielle Haener, Psy.D.
9/12/25	9-10:30am	DF	NICU Followup, HIE, Prematurity	TBD
9/15/25	12:30-1:30pm	NDD	Neurodiversity	Kiki Godfrey
9/15/25	2-3:30pm	LS	Developing and Designing a Leadership Project	Yue Yu, Ph.D.
9/16/25	8:30am-5pm	ADOS	ADOS-2 Introductory Clinical Workshop	Sarah Dufek, Ph.D.
9/17/25	8:30am-5pm	ADOS	ADOS-2 Introductory Clinical Workshop	Sarah Dufek, Ph.D.
9/18/25	8:30am-5pm	ADOS	ADOS-2 Introductory Clinical Workshop	Sarah Dufek, Ph.D.
9/22/25	12:30-1:30pm	NDD	Autism Spectrum Disorder (ASD; Autism)	TBD
9/22/25	2-3:30pm	LS	Community Academic Partnerships: Culturally & Linguistically Responsive Engagement	Vanessa Avila-Pons, LMFT
9/24/25	1-2pm	ID	Intersecting Identities: Presentations	Megan Tudor, Ph.D.

9/24/25	2:05-3:05pm	IS	CBT for Anxiety Series: Part 1	Meg Tudor, Ph.D. Breanna Winder-Patel, Ph.D.
9/25/25	10:15am-12pm	Special session	Latinx Cultural Considerations	Sac EDAPT Online training
9/26/25	9-10:15am	RSS	Research Seminar Series: Datablitz	Multiple presenters
9/29/25	12:30-1:30pm	NDD	Fragile X Syndrome, Down Syndrome, and Intellectual Disability	Angie Thurman, Ph.D.
9/29/25	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion (IDC) #1	Carrie Silver, Ph.D.
OCTOBER				
10/1/25	1-2pm	PD	Applying for EPPP, Job Search Strategies	Danielle Haener, Ph.D.
10/1/25	2:05-3:05pm	IS	CBT for Anxiety Series: Part 2	Meg Tudor, Ph.D. Breanna Winder-Patel, Ph.D.
10/6/25	12:30-1:30pm	NDD	Language Disorders and Evidence-Based Treatment	Heather Thompson, Ph.D., CCC-SLP & Nancy Castignetti, M.S., CCC-SLP
10/6/25	2-3:30pm	LS	Policy and Advocacy Overview: Why and How to Get Started	Kelly Heung, Ph.D. & Nancy Castignetti, SLP
10/8/25	1-2pm	ID	Intersecting Identities: Reflections	Megan Tudor, Ph.D.
10/8/25	2:05-3:05pm	IS	CBT for Anxiety Series: Part 3	Meg Tudor, Ph.D. Breanna Winder-Patel, Ph.D.
10/8/25	3:30-6pm	DLS	DLS Symposium	Multiple speakers
10/13/25	12:30-1:30pm	NDD	Attention-Deficit/Hyperactivity Disorder	Heather Elahi, Psy.D.
10/13/25	2-3:30pm	LS	How to Read a Research Article	Yue Yu, Ph.D.
10/15/25	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
10/15/25	1-2pm		Group Supervision Seminar: MIND Fellow	Danielle Haener, Psy.D., Heather Elahi, Psy.D.
10/15/25	2:05-3:05pm	IS	CBT for Anxiety Series: Part 4	Meg Tudor, Ph.D. Breanna Winder-Patel, Ph.D.
10/20/25	12:30-1:30pm	NDD	Module 1 Discussion	
10/20/25	2-3:30pm	LS	CA Public Health 101	Jaclyn Pasko
10/22/25	1-2pm	ID	Unique Characteristics/Disability	Megan Tudor, Ph.D.
10/22/25	2:05-3:05pm	IS	Group CBT for Anxiety - Face Your Fears	TBD
10/27/25	12:30-1:30pm	NDD	Onset of Autism	Meagan Talbott, Ph.D.
10/27/25	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion (IDC) #2	Carrie Silver, Ph.D.
10/29/25	2:05-3:05pm	IS	EBTs for Depression	Joanna Servin, Ph.D.

NOVEMBER				
11/3/25	12:30-1:30pm	NDD	Multidisciplinary Diagnostic Evaluation	Carrie Silver, Ph.D.
11/3/25	2-3:30pm	LS	Finding your Leadership Style	Janice Enriquez, Ph.D., Viviana Barnwell
11/5/25	1-2pm	PD	Providing Family Centered Feedback	Janice Enriquez, Ph.D.
11/5/25	2:05-3:05pm	IS	DBT Series: Part 1	Lindsey Overstreet, Psy.D.
11/10/25	12:30-1:30pm	NDD	TOPIC TBD	
11/10/25	2-3:30pm	LS	Ethics in Research	Yue Yu, Ph.D.
11/12/25	1-2pm	ID	Ethnic, Cultural, and Racial Identity	Megan Tudor, Ph.D.
11/12/25	2:05-3:05pm	IS	DBT Series: Part 2	Lindsey Overstreet, Psy.D.
11/17/25	12:30-1:30pm	NDD	Early Intervention for Autism	Sarah Dufek, Ph.D.
11/17/25	2-3:30pm	LS	Harnessing the Power of Your Experience for Effective Advocacy	Family Voices of California
11/19/25	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
11/19/25	1-2pm		Group Supervision Seminar: CAPS Intern	Danielle Haener, Psy.D.
11/19/25	2:05-3:05pm	IS	DBT Series: Part 3	Lindsey Overstreet, Psy.D.
11/24/25	12:30-1:30pm	NDD	Early Intervention Systems	Lauren Libero, Ph.D., California Department of Developmental Services
11/24/25	2-3:30pm	LS	Implementation Leadership	Aubyn Stahmer, Ph.D., Viviana Barnwell
11/26/25	1-2pm	ID	NO CLASS	N/A
11/26/25	2:05-3:05pm	IS	Increasing Emotion Regulation in Children: Zones of Regulation	Danielle Haener, Psy.D.
DECEMBER				
12/1/25	12:30-1:30pm	NDD	Module 2 Discussion	
12/1/25	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion (IDC) #3 Intake	Carrie Silver, Ph.D.
12/3/25	1-2pm	PD	Self-Compassion and the Burden of Caring	Danielle Haener, Psy.D. or MIND faculty
12/3/25	2:05-3:05pm	IS	Parent Management Training/Incredible Years	TBD
12/8/25	12:30-1:30pm	NDD	Autism Diagnosis and Inclusive Education	Jean Gonsier-Gerden, Ph.D.
12/8/25	2-3:30pm	LS	Measurement/Introduction to Data Analysis	Yue Yu, Ph.D.
12/10/25	1-2pm	ID	Gender Identity, Gender Roles/Socialization	Megan Tudor, Ph.D.

12/10/25	2:05-3:05pm	IS	RUBI Parent Training Program	Mel Mello, Psy.D., BCBA
12/15/25	12:30-1:30pm	NDD	Adolescent Development in NDDs	Marjorie Solomon, Ph.D.
12/15/25	2-3:30pm	LS	Leading Difficult Conversations	Janice Enriquez, Ph.D., Viviana Barnwell
12/17/25	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
12/17/25	1-2pm		Group Supervision Seminar: MIND Intern	Danielle Haener, Psy.D.
12/17/25	2:05-3:05pm	IS	Parent Child Interaction Therapy (PCIT) and PC-CARE	Carrie Silver, Ph.D.
12/22/25	12:30-1:30pm	NDD	NO CLASS (Winter Holiday)	N/A
12/22/25	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion (IDC) #3 Team Discussion	Carrie Silver, Ph.D.
12/24/25	1-2pm	ID	NO CLASS (Winter Holiday)	N/A
12/24/25	2:05-3:05pm	IS	NO CLASS (Winter Holiday)	N/A
12/29/25	12:30-1:30pm	NDD	NO CLASS (Winter Holiday)	N/A
12/29/25	2-3:30pm	LS	Taking the Mystery Out of a Legislative Visit	Kelly Heung, Ph.D. & Nancy Castignetti, SLP
12/31/25	2:05-3:05pm	IS	NO CLASS (Winter Holiday)	N/A

JANUARY

1/5/26	12:30-1:30pm	NDD	Teacher-Student Interactions as a Targeted Intervention for Neurodivergent Learners in Classrooms	Nicole Sparapani, Ph.D.
1/5/26	2-3:30pm	LS	Coaching & Feedback Part 1	Aubyn Stahmer, Ph.D., Janice Enriquez, Ph.D., Viviana Barnwell
1/7/26	2:05-3:05pm	IS	Trauma Series: Part 1	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
1/10/26	1-2pm	ID	Personal Style/Psychological Maturity	Megan Tudor, Ph.D.
1/12/26	12:30-1:30pm	NDD	Motor and Sensory Issues and Evidence-Based Treatment in Autism	Katrin Mattern-Baxter, Ph.D.
1/12/26	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion #3: Family Feedback	Carrie Silver, Ph.D.
1/14/26	2:05-3:05pm	IS	Trauma Series: Part 2	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
1/14/26	4:30-6pm	DLS	TBD	TBD
1/19/26	12:30-1:30pm	NDD	NO CLASS (Martin Luther King Jr. Holiday)	N/A
1/19/26	2-3:30pm	LS	NO CLASS (Martin Luther King Jr. Holiday)	N/A
1/21/26	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
1/21/26	1-2pm		Group Supervision Seminar: CAPS Fellow	Danielle Haener, Psy.D.

1/21/26	2:05-3:05pm	IS	Trauma Series: Part 3	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
1/24/26	1-2pm	ID	Belief Systems/Religion/Spirituality	Megan Tudor, Ph.D.
1/26/26	12:30-1:30pm	NDD	Inclusive Education	Beth Foraker
1/28/26	1-2pm	PD	Supervision: Theory and Practice – Supervision Models and Stages of Supervision	Danielle Haener, Psy.D.
1/28/26	2:05-3:05pm	IS	Trauma Series: Part 4	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
FEBRUARY				
2/2/26	12:30-1:30pm	NDD	Module 3 Discussion	
2/2/26	2-3:30pm	LS	Data Analysis and Interpretation	Yue Yu, Ph.D.
2/4/26	1-2pm	PD	Giving and Receiving Feedback: Difficult Conversations in the Workplace	Danielle Haener, Psy.D.
2/4/26	2:05-3:05pm	IS	Trauma Series: Part 5	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
2/9/26	12:30-1:30pm	NDD	Panel of Adults on the Spectrum	Moderator: Megan Tudor, Ph.D.
2/9/26	2-3:30pm	LS	**Field trip to Capitol** + Deeper Understanding of the Political System to Increase Advocacy Success	Tanya Lieberman, Chief Consultant, Assembly Education Committee
2/11/26	1-2pm	ID	Economic/Class Background	Megan Tudor, Ph.D.
2/11/26	2:05-3:05pm	IS	Trauma Series: Part 6	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
2/11/26	4:30-6pm	DLS	TBD	TBD
2/16/26	12:30-1:30pm	NDD	NO CLASS (Presidents' Day)	N/A
2/16/26	2-3:30pm	LS	NO CLASS (Presidents' Day)	N/A
2/18/26	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
2/18/26	1-2pm		Group Supervision Seminar: MIND Fellow	Danielle Haener, Psy.D.
2/18/26	2:05-3:05pm	IS	Social Skills: UC Davis Social Skills	Danielle Haener, Psy.D.
2/23/26	12:30-1:30pm	NDD	Employment and Adults with NDDs	Steve Ruder
2/25/26	1-2pm	ID	Geographical Location/Residence/Language	Megan Tudor, Ph.D.
2/25/26	2:05-3:05pm	IS	PEERS Social Skills	Elyse Adler, Ph.D.
MARCH				
3/2/26	12:30-1:30pm	NDD	Supported Decision-Making	Steve Ruder
3/2/26	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion #4: Intake	Carrie Silver, Ph.D.

3/4/26	1-2pm	PD	Preparing a Professional Talk	Meghan Miller, Ph.D.
3/4/26	2:05-3:05pm	IS	ADHD Treatments & Behavioral Intervention	Romie Stanislavsky, Ph.D.
3/9/26	12:30-1:30pm	NDD	Module 4 Discussion	
3/9/26	2-3:30pm	LS	Coaching & Feedback Part 2	Aubyn Stahmer, Ph.D., Janice Enriquez, Ph.D., Viviana Barnwell
3/11/25	1-2pm	ID	Developmental Stage/Age/Lifespan	Megan Tudor, Ph.D.
3/11/26	2:05-3:05pm	IS	ABA and Naturalistic Developmental Behavioral Interventions	Sarah Dufek, Ph.D., BCBA-D or Mel Mello, Psy.D., BCBA
3/11/26	4:30-6pm	DLS	TBD	TBD
3/16/26	12:30-1:30pm	NDD	Social Influences on Mental Health	Ruth Shim, M.D.
3/16/26	2-3:30pm	LS	Policymaker Panel: Making our LEND Voices Heard	Lupe Alonzo-Diaz, Christian Griffith, Lucas Frerichs
3/18/26	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
3/18/26	1-2pm		Group Supervision Seminar: CAPS Intern	Danielle Haener, Psy.D.
3/18/26	2:05-3:05pm	IS	ESMD Parent Coaching	Vanessa Avila-Pons, MA, LMFT or Marie Rocha, Ph.D., BCBA-D
3/23/26	12:30-1:30pm	NDD	Medical Home and Complex Systems	Charleen Singh, Ph.D., FNP-BC, RN
3/23/26	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion #4: Team Discussion	Carrie Silver, Ph.D.
3/25/26	1-2pm	ID	Trauma/Psychological Health	Megan Tudor, Ph.D.
3/25/26	2:05-3:05pm	IS	Pharmacological Intervention	DB Peds, presenter TBD
3/30/26	12:30-1:30pm	NDD	Panel Discussion with Parents of Children with NDDs	Moderator: Sarah Dufek, Ph.D.
3/30/26	2-3:30pm	LS	Designing and Delivering Effective Talks	Viviana Barnwell

APRIL

4/1/26	1-2pm	PD	Intern Professional Presentations: Part 1 (Intersectionality of professional and clinical case conceptualization)	Danielle Haener, Psy.D. + trainees
4/1/26	2:05-3:05pm	IS	EBT for Feeding Challenges	DB Peds, presenter TBD
4/6/26	12:30-1:30pm	NDD	Module 5 Discussion	
4/6/26	2-3:30pm	LS	Becoming Better Advocates: Learning from the History of the Disability Rights Movement	Brianna Heath, Ph.D.
4/8/26	1-2pm	ID	Family Background	Megan Tudor, Ph.D.
4/8/26	2:05-3:05pm	IS	Short Term Behavioral Therapy Part 1: Toileting, Sleep, Screen Time, Thumb Sucking	Meg Tudor, Ph.D.

4/8/26	4:30-6pm	DLS	TBD	TBD
4/13/26	12:30-1:30pm	NDD	Co-occurring Mental Health Challenges and NDDs	Megan Tudor, Ph.D.
4/13/26	2-3:30pm	LS	Interdisciplinary Parent-Child Discussion #4: Family Feedback	Carrie Silver, Ph.D.
4/15/26	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
4/15/26	1-2pm		Group Supervision Seminar: MIND Intern	Danielle Haener, Psy.D.
4/15/26	2:05-3:05pm	IS	Short Term Behavioral Therapy Part 2: Toileting, Sleep, Screen Time, Thumb Sucking	Meg Tudor, Ph.D.
4/20/26	12:30-1:30pm	NDD	Co-occurring Medical Issues and NDDs	Kathy Angkustsiri, M.D
4/20/26	2-3:30pm	LS	Family Member and Self-Advocate Advocacy Panel	TBD
4/22/26	1-2pm	ID	NO CLASS	N/A
4/22/26	2:05-3:05pm	IS	Family Therapy	Lindsey Overstreet, Psy.D.
4/27/26	12:30-1:30pm	NDD	Genetic and Genomic Aspects of NDDs	Joseph Shen. M.D.
4/27/26	2-3:30pm	LS	Research/Leadership Project Practice Talks	Yue Yu, Ph.D.
4/29/26	2:05-3:05pm	IS	CBT-P: CBT for Psychosis	Karina Muro, Ph.D. or Tori Galvez, Psy.D.

MAY

5/4/26	12:30-1:30pm	NDD	Psychiatric Aspects of NDDs	Anu Gupta, M.D.
5/4/26	2-3:30pm	LS	Research/Leadership Project Practice Talks	Yue Yu, Ph.D.
5/6/26	1-2pm	PD	Intern Professional Presentations: Part 2	Danielle Haener, Psy.D. & Trainees
5/6/26	2:05-3:05pm	IS	Gender-Affirming Care	Elyse Adler, Ph.D.
5/11/26	12:30-1:30pm	NDD	Module 6 Discussion and End-of-Year Wrap-up	Angie Thurman, Ph.D.
5/11/26	2-3:30pm	LS	Long-Term Trainee Focus Group (End-of-Year Wrap-up)	
5/13/26	1-2pm	ID	Final Reflections	Megan Tudor, Ph.D.
5/13/26	2:05-3:05pm	IS	Working with Latine Families	Karina Muro, Ph.D.
5/13/26	4:30-6pm	DLS	TBD	TBD
5/20/26	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
5/20/26	1-2pm		Group Supervision Seminar: CAPS Fellow	Danielle Haener, Psy.D.
5/20/26	2:05-3:05pm	IS	Working with AANHPI Families	Yue Yu, Ph.D.
5/27/26	1-2pm	ID	Final Reflections, continued	Megan Tudor, Ph.D.
5/27/26	2:05-3:05pm	IS	Working with BIPOC Families	Tonya Holland, Psy.D.

JUNE				
6/1/26	1-3pm	ASAA	Advanced Skills in ASD Assessment Reliable Administration and Scoring: Modules Toddler and 1	Lesley Deprey, Ph.D., Sarah Dufek, Ph.D.
6/3/26	10am-12pm	PD	Fellow Professional Presentations: Part 1	Danielle Haener, Psy.D. & Trainees
6/3/26	2:05-3:05pm	IS	Single Session Therapy	Olivia Contreras, Psy.D.
6/8/26	1-3pm	ASAA	Advanced Skills in ASD Assessment Reliable administration and scoring: Module 2	Lesley Deprey, Ph.D., Sarah Dufek, Ph.D.
6/10/26	2:05-3:05pm	IS	Best practices for using interpreters	Janice Enriquez, Ph.D.
6/15/26	1-3pm	ASAA	Advanced Skills in ASD Assessment Reliable Administration and Scoring: Module 3	Lesley Deprey, Ph.D., Sarah Dufek, Ph.D.
6/17/26	10am-12pm	PD	Fellow Professional Presentations: Part 2 (with Group Seminar)	Danielle Haener, Psy.D. & Trainees
6/17/26	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
6/17/26	2:05-3:05pm	IS	Topic TBD: Trainee Requests **Open in Case of Cancellation**	TBD
6/22/26	1-3pm	ASAA	Advanced Skills in ASD Assessment Reliable Administration and Scoring: Module 4	Lesley Deprey, Ph.D., Sarah Dufek, Ph.D.
6/24/26	2:05-3:05pm	IS	Closing Overview & Reflection	Danielle Haener, Psy.D.
JULY				
7/13/26	1-3:30pm	AF	Cognitive development: Wechsler Scales: Review of WPPSI-IV, WASI-II, WISC-V and WAIS-IV	Dorcas Roa, Ph.D.
7/17/26	9-10:30am	DF	Foundations of DBP: Developmental Evaluations of Children	Carrie Silver, Ph.D.
7/20/26	1-3:30pm	AF	Cognitive Development: Primary: Differential Ability Scales-2, SB-5, Secondary: KABC-II, Woodcock Johnson-IV	Dorcas Roa, Ph.D.
7/24/26 or TBD	8am-4pm	N/A	MIND Institute Summer Institute on Neurodevelopmental Disabilities:	MIND Institute Center for Excellence in Developmental Disabilities
7/28/26	1-3:30pm	AF	Early Developmental Measures: Bayley Scales of Infant Development-4 th Edition	Dorcas Roa, Ph.D.
7/29/26	1-2pm	PD	Fellow Clinical Presentation	Danielle Haener, Psy.D. and trainees
AUGUST				
7/31/26	9-10am	DF	Faculty/Fellow intros and research interests	
8/3/26	1-3:30pm	AF	Early Developmental Measures: Mullen Scales of Early Learning, Developmental Profile- 4 th Edition	Dorcas Roa, Ph.D.
8/5/26	1-2pm	PD	Fellow Clinical Presentations	Danielle Haener, Psy.D. and trainees
8/8/26	9-11:30am	DF	Socioemotional Review	Janice Enriquez, Ph.D.

8/10/26	1-3:30pm	AF	Neuropsychological Instruments for School Aged Children: Primary: NEPSY-II, Secondary: DKEFS	Dorcas Roa, Ph.D.
8/14/26	9-11:30am	DF	Systems of Care	Robin Stewart, LCSW, EdM
8/17/26	1-3:30pm	AF	Assessment of Learning & Memory, Language (CELF-5, CASL), Visuospatial Skills (Beery VMI, ROCF), and Sensory and Motor Functions	Dorcas Roa, Ph.D.
8/19/26	12-1pm	ADOS	Monthly ADOS-2 Case Conference	Lesley Deprey, Ph.D.
8/19/26	1-2pm		Group Supervision Seminar: CAPS Fellow	Danielle Haener, Psy.D.,
8/21/26	9-11:30am	DF	Developmental Milestones and Screening	Bibiana Restrepo, M.D.
8/24/26	1-3:30pm	AF	Educational Assessment: Primary: WIAT-IV, Secondary: WRAT-5, WISC-V supplemental, CTOPP	Dorcas Roa, Ph.D.

APPENDIX B: POSTDOCTORAL PERFORMANCE EVALUATION

Postdoctoral Fellow Performance Evaluation

Training Year 2024-2025

Fellow: _____

Primary Supervisor: _____

Dates of Evaluation (circle): T1 T2 T3- End-of-Year

Methods used in evaluating competency (check all that apply):

Direct Observation Review of Audio/Video Case Presentation
 Documentation Review Supervision Comments from other staff/faculty

Rating Criteria:

1 – Significant Development Needed: Significant improvement in developmental functioning and skills acquisition is needed to meet expectations; remediation required.
2 – Developing Skill Level: Demonstrates entry level competence for a fellow; close supervision required on most cases.
3 – Intermediate Skill Level: Expected level of competency for the fellow by mid-point of training program; routine or minimal supervision required on most cases.
4 – Advanced Skill Level: Expected level of competency for fellow at completion of the training program; fellow is able to practice autonomously.
5 – Seasoned Professional Skill Level: Functions autonomously with a level of skill representative of seasoned experience; rare rating for fellowship.
N/A – Not Applicable/Not Observed/Cannot Say

The goal of fellowship is to prepare fellows for entry level to practice as a psychologist. While a trainee may have multiple supervisors, a single evaluation form addressing each of profession-wide competencies is used to provide formal feedback to fellows at three timepoints: December 30, April 30, and End-of-Year. The evaluation is completed by the primary supervisor after consultation with ~~all~~ of the trainee's supervisors. The trainee is rated on a scale of 1-5 for each competency (see below). Although average scores are computed for each competency area, fellows must meet competency benchmarks for each competency element.

At the end of the fellowship, fellows are expected to demonstrate competency to perform at the level of an independent practitioner in the field on all competency elements. If a fellow does not meet the minimum level of achievement (MLA) required on all competency elements at either of the first two evaluation periods (Developing Skill Level – 2 by December 30, Intermediate Skill Level – 3 by April 30), the program's due process procedures will be initiated. To successfully complete the postdoctoral fellowship, fellows must meet the Advanced Level – 4 on all elements by August 20.

LEVEL 1 COMPETENCIES

Goal 1. Fellow will achieve competence in the area of: Integration of Science and Practice	
1. Demonstrate ability to independently seek out scholarly articles to support the implementation of evidence in guiding clinical decision making, test selection, therapeutic tools and strategies, and case conceptualization.	
2. Understand how to adapt and apply research principles with a diverse community population, including individuals with neurodevelopmental disabilities.	
3. Demonstrate substantial independence in critically evaluating and disseminating research or other scholarly activities (e.g., clinical case studies, case conference, presentation, publications, program development projects) at the local (including at UC Davis), regional, and/or national levels.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 2. Fellow will achieve competence in the area of: Ethical and Legal Standards	
1. Demonstrate advanced knowledge of, and independently apply, APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.	
2. Recognize ethical dilemmas as they arise and apply ethical decision-making processes <u>in order to</u> resolve the dilemmas.	
3. Independently act to safeguard the welfare of others and implement knowledge of specific and appropriate procedures for assessing harm or danger to self or others, including successfully implementing knowledge of appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons.	
4. Conduct self in an ethical manner in all professional activities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 3. Fellow will achieve competence in the area of: Individual and Cultural Diversity	
1. Demonstrate awareness of the impact of culture and worldview on patients' perspectives and attitudes toward clinical services including assessments and therapy.	
2. Demonstrate self-awareness of one's own culture, personal history, attitudes, and biases and their potential impacts on clinical work with patients and families.	
3. Display sensitivity to, and respect for, diversity by working flexibly and effectively with patients and addressing differences in a constructive manner.	
4. Demonstrate the ability to integrate awareness/knowledge of individual and cultural differences while providing clinical services or serving in a professional role.	
5. Demonstrate an ability to work effectively with diverse individuals or groups encountered during the training year, including those whose identities, demographic characteristics, or worldviews may conflict with one's own.	
6. Independently consider diversity (race, ethnicity, gender, education, economic status, language, immigration status, disability status, etc.) when selecting, administering, and interpreting psychological instrumentation, conceptualizing cases, generating diagnostic formulations, and making treatment recommendations and referrals.	
7. Demonstrate current theoretical and empirical knowledge as it relates to diversity across professional activities including research, training, supervision/consultation, and service; this includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

LEVEL 2 COMPETENCIES

Goal 4. Fellow will achieve competence in the area of: Assessment	
1.	Independently elicit clinical information via diagnostic interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status exams to gather necessary information to understand the presenting problem, referral questions, and differential diagnoses.
2.	Select and apply appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics.
3.	Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant characteristics of the patient.
4.	Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases.
5.	Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural).
6.	Demonstrate current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of patients' strengths and needs.
7.	Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
8.	Produce well-integrated reports that demonstrate the ability to synthesize the patient's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations.
9.	Demonstrate proficiency in using best practice measures in the assessment and diagnosis of NDDs (for example, administration and scoring of the ADOS-2), and independently administer these tools with fidelity.
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 5. Fellow will achieve competence in the area of: Intervention	
1.	Establish and maintain effective relationship with the recipients of psychological services including establishing rapport, eliciting participation and engagement with the therapeutic process, and maintaining therapeutic boundaries.
2.	Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals.
3.	Implement interventions informed by the current scientific literature, assessment findings, patient characteristics and contextual variables.
4.	Demonstrate intervention skills in the use of cognitive behavioral techniques in individual and group therapy with youth.
5.	Demonstrate the ability to seek out and apply the relevant research literature to inform clinical decision making and intervention strategies to optimize mental health outcomes and achieve treatment goals.
6.	Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
7.	Evaluate intervention effectiveness of the treatment and adapt intervention methods and goals in line with the evaluation results.
8.	Demonstrate the ability to generalize skills (e.g., teaching, assessment, behavior management) across patients, settings, and scenarios when appropriate.
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 6. Fellow will achieve competence in the area of: Professional Values, Attitudes, and Behaviors	
1. Behave in ways that reflect the values and attitudes of the institution and the field of psychology, including concern for the welfare of others, respect, integrity, accountability, and excellence.	
2. Seek out opportunities to engage in self-reflection leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision).	
3. Demonstrate awareness of their own competencies, skills, strengths, and needs and act to address them by seeking guidance, coaching, and/or feedback from their supervisor to maintain professional behavior.	
4. Respond professionally in increasingly complex situations with a greater degree of independence.	
5. Keep timely, clear, relevant documentation in compliance with institutional timelines, standards, and procedures.	
6. Demonstrate ability to explore and refine time management skills <u>in order to</u> prioritize clinical, administrative, and training duties.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 7. Fellow will achieve competence in the area of: Interdisciplinary Skills	
1. Establish and maintain productive working relationships with members of the interdisciplinary team including clinicians, physicians, psychiatrists, consultants, trainees, educational staff, interpreter services, and other community partners.	
2. Describe how different professions can make positive contributions to clinical care of shared patients, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).	
3. Educate other disciplines on issues that help improve care and positive outcomes for patients with neurodevelopmental disorders and their families, including behavioral management strategies, community resources, evaluation practices, and treatment recommendations.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 8. Fellow will achieve competence in the area of: Supervision	
1. Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.	
2. Understand and appropriately verbalize the primary model(s) that guide provision of supervision.	
3. Demonstrate the ability to assess, guide, and provide constructive feedback when working with others under supervision, or in simulated practice.	
4. Actively seek and demonstrate openness and responsiveness to feedback and supervision to improve clinical practice.	
5. Seek out timely supervision in response to clinical risks and challenging cases.	
6. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).	
7. Demonstrate self-reflection within supervision, using feedback to manage personal stress and/or emotional responses to reduce any potential impact on patients or clinical responsibilities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Goal 9. Fellow will achieve competence in the area of: Communication and Interpersonal Skills	
1. Demonstrate the ability to establish and maintain positive rapport and effective communication with those receiving professional services, supervisors, trainees, colleagues, and community partners.	
2. Demonstrate self-awareness and self-modification related to non-verbal communication, including appropriate management of personal affect.	
3. Demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts while maintaining appropriate boundaries and professional demeanor.	
4. Produce and comprehend oral, nonverbal, and written communications that are informative, well-integrated, and that demonstrate a thorough grasp of professional language and concepts.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

OVERALL RATING (average of broad competence scores)	
Comments on fellow's overall performance:	
Fellow comments:	

I acknowledge that my supervisor(s) reviewed this evaluation with me.

Fellow's Signature

Date

Therapy Supervisor's Signature

Date

Assessment Supervisor's Signature

Date

APPENDIX C: SAMPLE INDIVIDUALIZED TRAINING PLAN (ITP)

The Individualized Training Plan (ITP) is to be completed by both the trainee and their primary supervisor quarterly during the training year. In addition, supervisors will be sent electronic evaluations to assess each trainee's performance and progress in learning goals.

Instructions:

Trainees work to increase their competencies in all required areas, as described in the Program Handbook. Specific competencies and how they are met will vary based on trainee needs, clinical activities, didactic activities, and independent activities.

While all competencies are addressed in the training program, each trainee also enters the program with specific learning goals, and the primary supervisor also has goals in mind for the assigned trainees' professional development. At the start of the training year, each trainee will develop, with their primary supervisor, an Individualized Training Plan that contains measurable learning objectives in the program competency areas. The trainee will set Training Goals that cover the main areas of learning that the trainee and the supervisor prioritize. For each goal area, the trainee will develop measurable learning objectives that will demonstrate achievement of the goal. For each objective, the trainee will develop a training plan consisting of activities that fulfills each step along with a timeline and evaluation criteria for each.

The evaluation of each trainee's progress will be driven by those individualized objectives and assessment criteria as documented in each Individualized Training Plan and by the program requirements as stated above and in the Program Handbook. All trainees are expected to present projects or findings at meetings, to participate in the various clinical and didactic training experiences, to meet regularly with their supervisors, and to actively participate in all activities.

MIND Institute Psychology Postdoctoral Fellowship Program
Individualized Training Plan

*Refer to the CPTP/LEND ITP Instructions for training activity-competency crosswalks.
Additional training goals can be added as appropriate.*

Intern Name: _____

Today's Date: _____

Primary Supervisor: _____

ITP Revision Dates: _____

Clinical Placements / Supervisor:

1. _____
2. _____
3. _____
4. _____
5. _____

CPTP Clinical Research Placement / Supervisor:

1. _____

LEND Community Placement(s) / Supervisor:

1. _____
2. _____

Training Goal 1: _____

Training objectives	Competency addressed		Plan/activities/steps for each objective (add rows as needed)	Estimated time (hrs) to be spent	Supervisor/Mentor	Date for completion	Evaluation criteria
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					

Training Goal 2: _____

Training objectives	Competency addressed		Plan/activities/steps for each objective (add rows as needed)	Estimated time (hrs) to be spent	Supervisor/ Mentor	Date for completion	Evaluation criteria
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					

Training Goal 3: _____

Training objectives	Competency addressed		Plan/activities/steps for each objective (add rows as needed)	Estimated time (hrs) to be spent	Supervisor/ Mentor	Date for completion	Evaluation criteria
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					

Training Goal 4: _____

Training objectives	Competency addressed		Plan/activities/steps for each objective (add rows as needed)	Estimated time (hrs) to be spent	Supervisor/ Mentor	Date for completion	Evaluation criteria
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					
	<u>LEND</u>	<u>CPTP</u>					

APPENDIX D: TIME AWAY REQUEST FORM

CLINICAL PSYCHOLOGY TRAINING PROGRAM

NAME: _____

DATE: _____

VACATION REQUEST:

Date(s): FROM: _____ TO: _____

Date(s): FROM: _____ TO: _____

Comments: _____

Clinical sites and responsibilities:

Signature of supervisor(s) providing coverage:

SICK LEAVE TAKEN: (sick leave may be used for doctor appointments; submit in advance)

Date(s)/hours away: _____

Employee

Date

Supervisor

Date

cc: Kori Feinstein, HR manager: Fax – 916- 734-3384 or email: kafeinstein@ucdavis.edu
Clinical Site Training Director

APPENDIX E: ACKNOWLEDGMENT OF RECEIPT OF POSTDOCTORAL FELLOWSHIP TRAINING HANDBOOK

By signing below, I acknowledge the following:

- a) The Training Director reviewed the Training Handbook with me on _____ (date).
- b) A paper or electronic copy of the has been made available to me to keep in my files. I can also access the Training Handbook on the MIND Institute website.
<https://health.ucdavis.edu/mindinstitute/education/psychology-training-program/index.html>
- c) I have been given opportunities to ask questions and have these questions answered by the Training Director. I have been encouraged to ask questions or seek clarification on any information delineated in the Training Handbook at any point during the training year.
- d) I have read the Training Handbook and understand the philosophy, aims, expected competencies of the training program, and requirements to complete the program.
- e) I acknowledge that I have received and read the Due Process and Grievance procedures which are included in the Training Handbook and agree to abide by these policies and procedures.

After carefully reading the Training Handbook and this form, sign this acknowledgement page and return to the Training Director. Please discuss any questions or concerns you have regarding the information contained in the Handbook with the Training Director before signing this acknowledgement.

Print Name: _____

Sign: _____

Date: _____