UNIVERSITY OF CALIFORNIA, DAVIS
SCHOOL OF MEDICINE
Dept. of Psychiatry and Behavioral Sciences

CLINICAL CHILD PSYCHOLOGY
POST-DOCTORAL FELLOWSHIP TRAINING PROGRAM
2019 – 2020
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PROGRAM DESCRIPTION AND ADMINISTRATION

The UC Davis Medical Center, located in Sacramento, California, is an integrated, academic health system that is consistently ranked among the nation’s top medical schools. Within the UC Davis School of Medicine, the Department of Psychiatry and Behavioral Sciences has a strong collaborative relationship with Sacramento County’s Department of Health and Human Services.

Our postdoctoral fellowship program in clinical child psychology offers fellows the best of both worlds: training from a strong academic approach that emphasizes evidence-based treatment within the context of providing complex clinical work in a community mental health outpatient setting. Alongside UC Davis Clinical Faculty and psychiatry residents and fellows, our doctoral fellows will receive their training and provide direct psychological services at the Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic, which serves diverse Sacramento County Medi-Cal/EPSDT child and family recipients.

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**UC Davis Clinical Faculty**

**Co-Training Directors**  
Carlina R. Wheeler, Ph.D. and Stacey Peerson, Ph.D.

**Assistant Training Director**  
Richelle Long, Ph.D.

**Additional Supervising Psychologists**  
Elizabeth Loyola, Psy.D.  
Margaret Bezmalinovic, Psy.D.

**CAPS Medical Director**  
Robert Horst, M.D.

**Sacramento County Child and Family Mental Health**

**CAPS Program Coordinator**  
Tricia Watters, L.C.S.W.
## CONTACT INFORMATION

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<tr>
<th>NAME</th>
<th>OFFICE NUMBER AND E-MAIL</th>
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<tr>
<td><strong>CAPS CLINIC</strong></td>
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<tr>
<td>Front Desk</td>
<td>916-875-11813</td>
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<tr>
<td><strong>SUPERVISING STAFF</strong></td>
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<tr>
<td>Stacey Peerson, Ph.D.</td>
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<td>Carlina R. Wheeler, Ph.D.</td>
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<td>Richelle Long, Ph.D.</td>
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<td>Elizabeth Loyola, Psy.D.</td>
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<td><strong>VOLUNTEER CLINICAL FACULTY (VCF)</strong></td>
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<tr>
<td>Margaret Bezmalinovic, Psy.D.</td>
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<td><strong>POSTDOCTORAL FELLOWS</strong></td>
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- Please note that the four primary supervising staff are available 100% of the time the fellow is accruing supervised professional experience. For supervising staff and VCF that are not located on-site, please feel free to email them if you anticipate being late or are unable to make it to their supervision/seminar.
- If you need to call out sick, please call the Front Desk who will communicate that you will be out of the office via email and on the IN/OUT board. They will also call to cancel your clients.
1. **Lead Person-Centered Care** in the best way, at the best time, in the best place, and with the best team
2. **Reimagine Education** by cultivating diverse, transdisciplinary, life-long learners who will lead transformation in health care to advance well-being and equity for all
3. **Accelerate Innovative Research** to improve lives and reduce the burden of disease through the discovery, implementation and dissemination of new knowledge
4. **Improve Population Health** through the use of big data and precision health
5. **Transform Our Culture** by engaging everyone with compassion and inclusion, by inspiring innovative ideas, and by empowering each other
6. **Promote Sustainability** through shared goals, balanced priorities and investments in our workforce and in our community

Our Mission
*To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency*

Our Vision
*We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.*

Our Values
*Respect, Compassion, Integrity • Client and/or Family Driven • Equal Access for Diverse Populations • Culturally Competent, Adaptive, Responsive and Meaningful • Prevention and Early Intervention • Full Community Integration and Collaboration • Coordinated Near Home and in Natural Settings • Strength-Based Integrated and Evidence-Based Practices • Innovative and Outcome-Driven Practices and Systems • Wellness, Recovery, and Resilience Focus*
LOCATION

Welcome to Sacramento, the state capitol of California!

“Sacramento is the cultural, economic, educational and governmental hub of a greater metropolitan area that spans six counties ... Named by Newsweek magazine as one of the ten best cities in the country, its residents enjoy a beautiful city teeming with trees and an unsurpassed quality of life rich in culture, entertainment and outdoor recreation.”

- **Population**: 479,686 (city) and more than two million in metropolitan area
- **Climate**: Mediterranean. Mild year-round with dry summers with little humidity and a cooler/wet season from October through April
- **Attractions**: Include large parks, a 23-mile river parkway and bike trail, historic neighborhoods, and a range of cultural attractions - in addition, Sacramento is centrally located, with many iconic cities and beautiful landscapes within a 3-hour-drive radius
- Sacramento boasts a rich cultural and ethnic diversity that is embraced at annual festivals and celebrations. Named America’s most ethnically and racially integrated city by Time magazine, Sacramento is “proud to be a city where everyone is in the minority.”

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**Major American Cities (pop>400k) Ranked by Diversity**

<table>
<thead>
<tr>
<th>Rank</th>
<th>City, State</th>
<th>Population</th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>Other</th>
<th>Non-Hispanic/White</th>
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<tbody>
<tr>
<td>1</td>
<td>Oakland, California (94610-023342)</td>
<td>65.6</td>
<td>90.0</td>
<td>10.0</td>
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<td>2</td>
<td>Sacramento, California (95810-2931)</td>
<td>43.0</td>
<td>90.0</td>
<td>10.0</td>
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<td>100.0</td>
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<tr>
<td>3</td>
<td>New York, New York (10036)</td>
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<td>80.0</td>
<td>20.0</td>
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<td>4</td>
<td>Chicago, Illinois (60606)</td>
<td>28.7</td>
<td>80.0</td>
<td>20.0</td>
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<td>5</td>
<td>Long Beach, California (90805)</td>
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<td>80.0</td>
<td>20.0</td>
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<td>6</td>
<td>San Jose, California (95131)</td>
<td>24.0</td>
<td>80.0</td>
<td>20.0</td>
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<td>7</td>
<td>Boston, Massachusetts (02109)</td>
<td>20.0</td>
<td>80.0</td>
<td>20.0</td>
<td>0.0</td>
<td>100.0</td>
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<td>8</td>
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<td>20.0</td>
<td>80.0</td>
<td>20.0</td>
<td>0.0</td>
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<tr>
<td>9</td>
<td>San Francisco, California (94117-1099)</td>
<td>20.0</td>
<td>80.0</td>
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<tr>
<td>10</td>
<td>Houston, Texas (77003)</td>
<td>17.0</td>
<td>80.0</td>
<td>20.0</td>
<td>0.0</td>
<td>100.0</td>
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The UC Davis Department of Psychiatry and Behavioral Sciences is located in Sacramento, California, approximately 20 miles east of the main UC Davis campus, in Davis, California.

The CAPS Clinic is located at the Granite Regional Park (GPR), which is less than 5 miles away from the UCD Medical Center campus. The GPR provides a fishing pond, nearby walking paths, outdoor benches, soccer fields, and a newly constructed skate park. The CAPS Clinic is also located near a light rail station that provides frequent shuttle services. Business hours are from 8:00am – 5:00pm, therefore fellows are not expected to work outside business hours, unless other arrangements have been made with the fellow's supervisors.
CAPS CLINIC STAFF

Robert Horst, M.D. serves as the medical director for the CAPS Clinic, which is staffed by four full-time UC Davis faculty psychologists and three psychiatrists. The CAPS Clinic is the primary training site for our postdoctoral psychology fellows, as well as our doctoral psychology interns. The UC Davis’ child and adolescent psychiatry fellows, medical students, and residents in psychiatry also complete rotations at the CAPS Clinic.

As with all of our training sites, there is a strong collaborative atmosphere and emphasis on interdisciplinary teamwork with county-employed clinicians (MA, LMFTs, and LCSWs) and psychiatric nurses. Our trainees develop strong working relationships with a number of professionals within the community that last beyond their training year.

CAPS CLINIC POPULATION

The CAPS Clinic is a county-operated community mental health outpatient clinic for roughly 275 infants, children, adolescents, and transitional-aged youth (ages 0 to 21-years-old), who receive therapy, psychological testing, and medication management services. The CAPS Clinic solely serves children and adolescents who have mental health coverage through California’s state-funded health care program, Medi-Cal/EPSDT.

These clients present with a wide range of complex diagnostic concerns. Most of our clients and their families struggle with multiple environmental stressors including low income, unemployment, poor social support, and/or family history of mental health or alcohol/substance abuse problems. Oftentimes, our clients and their family members have also experienced neglect or abuse and may be involved with Child Protective Services (CPS). Clients may also be involved with the juvenile justice system and are on probation.

In addition, many of our clients experience difficulties in the learning environment and are provided special educations services (i.e., 504 Behavior Plan or IEP). Clients represent diverse ethnic and racial backgrounds such as African American, Asian, Caucasian, and Latino who may be first- or-second-generation immigrants.
Current Client Demographics

**AGE**
- 15 - 17: 13%
- 12 - 14: 14%
- 9 - 11: 16%
- 6 - 8: 22%
- 0 - 5: 32%
- 18+: 3%

**RACE**
- American Indian/Native: 1%
- Asian/Pacific Islander: 3%
- African American: 25%
- Caucasian: 24%
- Other: 24%
- Unknown: 23%

**GENDER**
- Male: 53%
- Female: 47%

**DIAGNOSIS**
- Adjustment: 177
- Anxiety: 96
- ADHD: 48
- Bipolar: 6
- Conduct: 135
- Depressive: 91
- PTSD: 98
- Psychotic: 9
- Other: 5
- Unknown: 181

(N= 846)
TRAINING AIMS AND OBJECTIVES

The primary goal of the one-year UC Davis Clinical Child Post-Doctoral Fellowship Training Program is to provide advanced and specialized training in clinical child psychology to promote professional development and prepare fellows for independent practice as psychologists who will contribute both to the welfare of society and to the profession. Our clinical child training program subscribes to a practitioner-scholar model, which emphasizes knowledge of current research to guide assessment and intervention. The clinical psychology training program is a challenging and dynamic fellowship program that provides advanced training in the areas of direct evidence-based, developmentally appropriate, and culturally-sensitive clinical service, professional development, ethical decision-making, and scholarly inquiry.

Over the course of the one-year UC Davis Clinical Child Post-Doctoral Fellowship Program, the fellows will receive training and supervised experience in therapeutic interventions (e.g., individual, family, dyadic, and group therapy), psychological testing (e.g., comprehensive psychological evaluations, intake assessments, and brief psychological screening), and consultation (e.g., to fellow providers and to local agencies/schools).

It is expected that the fellows will develop competencies in a range of areas outlined by the Association of State and Provincial Psychology Boards (ASPPB), the Association of Psychology Postdoctoral and Fellowship Centers (APPIC), the American Psychological Association (APA), the APA Standards of Accreditation (SoA) for Health Service Psychology (HSP). These competencies include:

Level 1 Competencies:

1) Integration of Science and Practice
   a. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
   b. Seek out scholarly literature to inform and guide clinical decisions, treatment selections and questions to supervisors.
   c. Understand problems and/or diagnostic categories within an evidence-based theoretical conceptual framework that guides hypothesis generation regarding appropriate assessment and/or treatment strategies.
   d. Understands how to adapt and apply research principles in a community mental health setting.

2) Individual and Cultural Diversity
   a. Displays sensitivity to and respect for diversity by working flexibly and effectively with clients and families.
b. Demonstrates awareness of the impact of culture on the client’s view of therapy and/or assessment.

c. Considers all areas of diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to resources in the community.

d. Considers the impact of diversity and is able to address differences with clients and families in a constructive manner.

e. Demonstrates self-awareness of own culture and potential impact on clients and families.

3) Ethical and Legal Standards

   a. Demonstrates good judgment when faced with ethical decisions and seeks information and/or consultation to consistently follow local, California State, and federal laws, regulation, rules, and policies relevant to health service psychologists.

   b. Demonstrates knowledge of and acts in accordance with APA Ethical Principles and Code of Conduct.

   c. Conducts self in an ethical manner in all professional activities.

   d. Knows and follows specific and appropriate procedures for assessing danger to self or others, and reports child, elder, dependent adult, and/or spousal abuse if necessary.

   e. Keeps timely, clear, relevant documentation that is compliant with county and funding source (e.g. Medi-Cal) requirements.

Level 2 Competencies:

4) Intervention

   a. Demonstrates an ability to establish rapport, demonstrate empathy, elicit participation and cooperation from clients, and attend to the content and process of clinical interactions.

   b. Establish and maintain effective relationship with the recipients of psychological services and maintain therapeutic boundaries by separating own issues from those of the client.

   c. Develop evidence-based intervention plans specific to the service delivery goals utilizing client input and identified goals of treatment.

   d. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

   e. Demonstrates intervention skills in a range of modalities (i.e., individual, family, dyadic, and group therapy).

   f. Demonstrates the ability to seek out and apply the relevant research literature to inform clinical decision making, treatment modalities, and intervention skills to successfully assist the client in reaching treatment goals.

   g. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
h. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

i. Assesses high risk behaviors and recommend interventions to maintain the safety of clients and others.

j. Develop ability to provide clinical case management as appropriate and link client and client’s family to available resources in the community.

5) **Assessment**

a. Gain flexibility in conducting different types of clinical interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status examinations to gather necessary information to reach a differential diagnosis and a clear understanding of the dynamics sustaining the presenting problem.

b. Develop competency in selecting and applying socio-cultural and age-appropriate assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

c. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

d. 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.

e. Write a sufficient number of integrated psychological assessment reports in a timely fashion to demonstrate ability to synthesize testing data and developmental knowledge with patient history, family SES, and cultural background and lead to a clear conceptualization and thoughtful treatment and school-specific recommendations.

f. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

g. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

h. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

6) **Professional Values, Attitudes, and Behaviors**

a. Behave in ways that reflect the values and attitudes of psychology, including integrity, conduct, professional identity, accountability, lifelong learning, and concern for the welfare of others.
b. Challenge self and demonstrate a sincere desire to learn by engaging in self-reflection, participating in trainings, seeking out additional input and knowledge, and actively applying learning from both supervision and seminars to maintain and improve performance, well-being, and professional effectiveness.

c. Develop awareness of own strengths, limitations, and personal stress level and seek out needed assistance to behave in a professional manner.

d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

7) Interprofessional and Interdisciplinary Consultation
a. Become familiar with multidisciplinary settings and demonstrate knowledge and respect for the roles and perspectives of other professions.

b. Apply this knowledge in direct (or simulated) consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

c. Develop productive working relationships with other disciplines involved in treatment of clients including members of multi-disciplinary team, clinicians, medical consultants, psychiatrists, school staff, and CPS workers.

d. Educate other disciplines on the value and limitations of psychological test data and research.

8) Supervision
a. Develops and demonstrates knowledge of different theories and practices of supervision models.

b. Apply supervision knowledge in direct or simulated practice with other health professionals. Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

c. Routinely approach supervision with a list of topics to discuss, prepare to present cases with needed supporting materials (e.g., completed charts, reports, notes, raw assessment materials) and use feedback to improve clinical effectiveness.

d. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

e. Seek out immediate supervision in response to clinical risks appropriately.

9) Communication and Interpersonal Skills
a. Develop effective communication and interpersonal skills in order to work well as a team member, by demonstrating appropriate professional demeanor and boundaries.

b. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
c. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

d. Demonstrate an ability to effectively manage difficult communication (e.g., discuss issues as they arise and resolve conflict directly, quickly, and appropriately with internal staff, external providers, peers, and supervisors).

10) Self-Care

a. Demonstrates an ability to manage personal stress and/or emotional responses in a way that does not reduce the quality of professional services to the client or interfere with job responsibilities.

b. Uses effective time management skills to prioritize clinical, administrative, and training duties.

TRAINING ACTIVITIES AND EXPECTATIONS

Fellows at the CAPS Clinic provide several important services to our clients. Following a developmentally appropriate, culturally sensitive, and trauma-informed systems approach to client care, fellows develop competencies throughout the training year in order to coordinate and collaborate with several professionals involved in the client’s care, including those working in the mental health, medical, academic, and legal domains. The County has a deep commitment to providing treatment that “meets clients where they are,” which allows providers to tailor their interventions to each client. Fellows provide short-term and long-term individual and family therapy, which if appropriate, may be conducted outside the clinic setting in the client’s school or home. Fellows also complete intake services for two-month assessments, psychotherapy, medication management, and psychological testing referrals. In addition, fellows conduct extensive psychological assessments that typically involve school observations, interviews with caregivers, treatment providers, and teachers, and the administration of objective and projective personality measures. During the course of their training year, fellows also participate on and lead the Comprehensive Multidisciplinary Assessment Team (CMAT) that is facilitated by our supervising psychologists at the CAPS Clinic. Fellows also have the opportunity to co-facilitate and develop therapy groups. In addition, fellows will have opportunities to provide consultation and/or brief psychological screening within the CAPS Clinic and with outside providers. Lastly, our fellows develop advanced professional skills in teaching and supervising.

Average 40 hours per week for about 50 weeks (1800 fellowship hours total)

- **22 - 28 Hours/Week: Direct Clinical Service**
  - 10 to 12 Individual and Family Psychotherapy cases over the course of the year
  - Case Management (ongoing)
  - 1 to 2 Intake (“Two-Month”) Assessments (bi-monthly, as available)
- 4 to 8 Psychological Testing cases over the course of the year
  - 2 to 4 Consultation and/or Brief Psychological Screening cases
  - 1 to 2 Comprehensive Multidisciplinary Assessment Team (CMAT) case(s)
- 2 to 3 Group Therapy Co-Facilitator
- 1 to 2 Infant-Parent Mental Health Cases

**5-8 Hours/Week: Indirect Service**
- 3 to 7 hours: Training Seminars/Didactics/Case Conferences
- 2 to 3 hours: Non-billable services (i.e., documentation, managing appointments, emails, literature reviews, administrative duties)
- 2 hours/month: Staff meetings

**4 Hours/Week: Supervision**
- 1 hours: Individual Primary Therapy Supervision
- 1 hour: Individual Assessment Supervision
- 1-1.5 hours: Psychology Team Group Supervision; Clinical Group Supervision; Supervision of Supervision

**Additional Fellow Training Activities**
- MIND Institute Social Skills Group Rotation
- Lateral Supervision of Doctoral Interns
- Teaching and Presentations
- Department Grand Rounds and Other County Training Activities
- *Program Development and Evaluation (based on availability)*
- *Participate in Faculty’s Research Opportunities (based on availability)*

Productivity refers to the percentage of time that a clinician spends engaging in services that are “billable.” As part of the contract with UC Davis, Sacramento County expects that mental health providers from UC Davis maintain an 80% rate of productivity per month. Therefore, it is expected that 80% of a clinician’s total time at a clinic each week is spent on services that can be billed to Medi-Cal. For example, if a clinician works 40 hours per week at the CAPS Clinic, then they are expected to bill for 32 hours each week, which is 80% of 40 hours.

Because the clinical child post-doctoral fellows are balancing their direct clinical service with several hours’ worth of supervision, seminars, didactics, and case conferences each week, their productivity is calculated out of a 32-hour, rather than 40-hour, work week. Therefore, clinical psychology fellows are responsible for spending 64% of their time engaged in direct, billable clinical activity.

Fellows are expected to complete clinical documentation using AVATAR, our online documentation system (i.e., progress notes within 72 hours, treatment plans, psychosocial assessment paperwork, etc.) in a timely manner consistent with both professional expectations and specific county/clinic guidelines.
Clinic Training Description

Therapy

There are only a few clinics in Sacramento County in which psychologists, doctoral interns, and post-doctoral fellows in psychology are employed. As such, the CAPS Clinic often receives referrals for therapy cases that are considered more complex and in need of clinicians with a higher level of training.

In general, each fellow is expected to maintain a workload of approximately **10 to 12** therapy clients throughout the training year who are seen on roughly a weekly basis. Sacramento County Medi-Cal/EPSDT does not restrict therapy providers to using specific theoretical orientations or techniques in their work with clients. As such, providers can determine the type of treatment modality (individual, family, dyadic, group) and intervention (i.e., Family Systems, CPP, ARC, TF-CBT, CBT, DBT, ACT, FFT, Interpersonal, Psychodynamic, etc.) that will fit best with each client. Based upon interest and experience, fellows may also carry **1 to 2** Infant-Parent Mental Health cases. Currently, Richelle Long, Ph.D. oversees our Child-Parent Psychotherapy (CPP)/Infant-Parent Mental Health cases. Fellows can determine, with their supervisor, the frequency, duration, and location of therapy services. We typically limit our fellows, however, to a maximum of two field-based clients at any given time.

Typically, clinicians also
- Coordinate care with caregivers, family members, teachers, CPS case managers, juvenile justice staff, pediatricians, psychiatrists, and other mental health providers.
- Conduct field visits such as attending IEPs and conducting therapy at school or home.
- Attend medication management sessions.

Group Therapy

The county allows the psychology team to develop, implement, and facilitate group therapy programs to address the evolving needs of the clinic. We typically offer a series of three to four groups per training year. Past groups have included: social skills, anger management (with Aggression Replacement Training components), and coping skills (with Dialectical Behavior Therapy components). Other groups have focused on the developmental needs and stages of our client (e.g., “Tween” or Teen groups). Fellows are expected to participate in, co-facilitate, and develop ongoing client and/or parent groups with Elizabeth Loyola, Psy.D., who supervises and manages our group therapy program. It is expected that each fellow will get the opportunity to co-facilitate **2 to 3** groups by the end of the training year. As part of their group therapy experience, fellows will have an opportunity to co-lead a social skills group for children with Autism Spectrum Disorder with Dr. Loyola at the UC Davis MIND Institute. The group is an evidence-based, manualized treatment that runs for 25 sessions (November through June). It largely utilizes CBT principles with a focus on helping the children have positive and successful social interactions. Each fellow will rotate through the group, co-leading for approximately 12 weeks during the year. Responsibilities include:
assisting with lesson planning, leading activities, providing supervision to volunteers who assist with the group, attending didactic seminars, and interfacing with parents.

**Psychological Assessment**

The CAPS Clinic is one of two clinics in Sacramento County that has the ability to conduct psychological testing for clients ages 0 to 21 with Medi-Cal. As such, the CAPS clinic’s psychological assessment services are in high demand. Our program aims to deliver client-focused, strength-based assessments. Training and supervision is provided to support fellows in acquiring skills in Collaborative/Therapeutic Assessment (C/TA). **Carlina R. Wheeler, Ph.D.** manages the CAPS Assessment Program, including the CMAT Program. Typically, assessments conducted at the CAPS Clinic are quite extensive and often include:

- Interviews with the caregiver(s), client, therapist, psychiatrist, teachers, and/or CPS worker.
- Review of records regarding the client’s mental and medical health, academic, and CPS involvement history.
- Observation of client at another setting (i.e., school).
- Observation of client with caregiver(s).
- Administration of self-report measures to the caregiver(s), teachers, or other adults who know the client well.
- Administration of projective and objective personality measures to client.
- Administration of cognitive, academic, and neuropsychological measures to client.
- Feedback session with client, caregiver(s), and mental health providers and sometimes school staff and CPS case workers.
- Completion of a comprehensive psychological report and school summary report.

Due to their extensive and complex nature psychological assessments, the following are anticipated:

- Each assessment can require approximately **30 hours** of work.
- Fellows are expected to complete roughly **4 to 8** assessments within the post-doctoral training year.
- Fellows are typically assigned 1 to 2 assessment cases at a time for the first third of the year, and then will be assigned 2 to 3 assessments cases at a time for the remainder of the year.
- Although the Child ACCESS team authorizes us to work on an assessment for 4 months, it is anticipated that fellows complete each assessment within about 3 to 4 months.
- Based upon the referral question, measures we typically use include:
  - Academic Achievement (WRAT, KTEA, WIAT)
  - Caregiver/Teacher rating forms (BASC, BRIEF, Conners, ABAS, TSCYC)
  - Drawings (Kinetic Family, House-Tree-Person, D-A-P)
  - Executive Functioning, Memory and Attention (D-KEFS, CEFI, BRIEF, Conners [K-CPT, CPT, CATA], CMS, CVLT, WMS, WRAML)
  - Intellectual/Cognitive Functioning (WISC, WASI, WAIS, WPPSI, KBIT, TONI)
Neurodevelopmental Delay Screeners (ASRS, ASDS, ASQ, CARS, SCQ)
- Neuropsychological Measures (NEPSY, RBANS, Beery’s VMI)
- Occupational/Career Interest (Self-Directed Search)
- Personality Measures (M-PACI, MACI, MMPI-A, MMPI, PAI-A)
- Projective (Rorschach, Rotter Incomplete Sentences Blank)
- Receptive/Expressive Language (CELF, PPVT, EVT)
- Relational Measures (MIM, Parenting Stress Inventory, Stress Index for Parents of Adolescents, Parenting Relationship Questionnaire)
- Risk (Jessness Inventory, Risk Inventory and Strengths Evaluation)
- Self-Report Symptom Checklists (BASC, Beck Youth Inventory, CDI, RCMAS, MASC, POMS, RSI, ARES, ADES, EQ-i:YV)
- Sensory Processing Screeners (Sensory Profile Questionnaire)
- Social Problem Solving (Roberts-2)
- Trauma (TSCC, TSCYC, UCLA-PTSD-RI, My Worst Experience Scale, Trauma and Attachment Belief Scale)

Comprehensive Multidisciplinary Assessment Team (CMAT)

This team is based out of the CAPS Clinic. Members of the team include two psychologists a child psychiatrist, psychology interns and fellows, psychiatry fellows and rotating medical students. One of the team’s psychologists or psychology fellows successively take the lead for 5-6 weeks conducting live, comprehensive psychological assessments behind a one-way mirror. These assessments are conducted with children and adolescents with extremely complex presentations who are referred to the team by mental health and medical professionals within the community. Oftentimes these clients’ clinical presentations are complicated by serious medical problems and/or severe environmental stressors.

- Each assessment can require approximately **30 hours** of work, with completion of the majority of testing in 5-6 weeks.
- Included in their overall total of psychological testing cases, fellows are expected to complete roughly **1 to 2** cases in CMAT within the post-doctoral training year.

Consultation and/or Brief Psychological Screening

Fellows will receive specific training prior to providing brief screening and consultation services with clinicians within the CAPS Clinic (as well as from outside agencies) in order to clarify diagnostic questions or to monitor treatment progress. The fellows are responsible for scoring and interpreting a range of self-report measures (i.e., BASC, Beck Youth Inventories) that the trained clinician and/or fellow administered. The fellow then completes a brief 3 to 6 page report before meeting with the referring clinician (and/or client and his/her family) to review test results and recommendations. This service is currently supervised by **Carlina R. Wheeler, Ph.D.**

- Each brief screening and/or consultation assessment can require approximately **10-15 hours** of work.
- Fellows are expected to complete roughly **2 to 4** brief screening assessments within the post-doctoral training year.
SUPERVISION

All primary supervisors of fellows are University of California Davis, Medical Center clinical faculty who have doctoral degrees in Clinical or Counseling Psychology and are licensed to practice in the state of California. They are required to be free of any disciplinary action with the California Board of Psychology. In accordance with regulations set by APPIC, APA, SoA, and the California Board of Psychology, our training program provides post-doctoral fellows a minimum of 4 hours of supervision per week (2 hours of individual supervision and 2.25 to 2.5 hours of group supervision).

- **Primary Therapy Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their primary therapy supervisor, with whom they meet on an individual and weekly basis to discuss their therapy clients. Primary therapy supervisors will be responsible for reviewing therapy client documentation (i.e., notes, initial/annual clinical bundle, client treatment plans, etc.). They will also oversee administrative duties (documentation timeliness, submitting time-off requests, completing timecard, etc). The fellow may also use this time to review the overall training program, as well as assess his or her professional development and training goals.

- **Assessment Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their assessment supervisor, with whom they meet individually to discuss assessment clients every week for one hour. The assessment supervisor is responsible for reviewing assessment client progress notes. The fellows are also expected to use this time to learn new measures and discuss various issues (e.g., responsibility, expectations, ethical concerns, interprofessional relationships, etc.) that pertain to the role of a provider of psychological testing in order to further develop this area of professional development. Lastly, participation in CMAT provides the unique opportunity for live supervision of psychological testing. During the last quarter of the training year, the fellow may be assigned a different supervisor to supervise 1 to 2 assessment cases in order to widen the fellow’s exposure to different assessment supervision and report-writing styles.

- **Psychology Team Group Supervision:** The purpose of this group supervision is to spend time as a team on a weekly basis discussing a variety of issues, while also fostering a sense of community, building relationships, and increasing socialization across the team. Each meeting will have either a focused topic for the team to discuss and/or include a case conference. These topics typically will fall under the following categories: Law and Ethics, Research, Individual and Cultural Diversity, Trauma, and Self-Care. The focus is often on emergent interprofessional issues. While Dr. Richelle Long facilitates the Psychology Team Group Supervision, interns and fellows are provided opportunities to lead the team group supervision throughout the year.
Clinical Group Supervision: On alternating weeks, the fellows will meet with the county clinicians and doctoral interns for group supervision for 1.25 hours. Fellows will be asked to bring case-related material to engage in case consultation opportunities. This group supervision is facilitated by Tricia Watters, LCSW.

Supervision of Supervision: Twice a month, the fellows will receive 1.5 hours of supervision of supervision with Stacey Peerson, Ph.D. and Volunteer Clinical Faculty (VCF), Margaret Bezmalinovic, Psy.D. Supervision of Supervision begins with didactics and review of literature in a group supervision format. Once the fellow has acquired a sufficient understanding of theories and models of supervision, as well as the supervisor role and expectations supervision, role-playing and experiential exercised are implemented. Accordingly, fellows may provide an intern with supervision of a specific therapy and/or assessment case, under the supervision of the intern’s primary therapy or assessment supervisor.

DIDACTIC SEMINARS AND CASE CONFERENCES

Some of our required seminars meet on a regular basis throughout the entire training year, while others are time-limited. As part of the fellowship, we are committed to providing our fellows with opportunities to learn from psychologists who have experience with a wide range of clients in a variety of treatment settings. As such, our seminars are facilitated by the program’s attending psychologists as well as several volunteer clinical faculty members who are employed throughout the Sacramento area. Didactic seminars and cases conference aim to provide additional training in:

- Theories and effective methods of psychological assessment, diagnosis, and interventions
- Consultation, program evaluation, supervision, and/or teaching
- Strategies of scholarly inquiry
- Professional conduct, ethics, law, and related standards
- Issues of cultural and individual diversity

Trauma-Informed Care Seminar
- Fellows will provide clinical services to clients who have experienced developmental, complex trauma and other adverse childhood experiences (ACES). As such, Richelle Long, Ph.D. facilitates the TIC Seminar in order to provide fellows with a strong foundation in assessing and treating trauma and other stressor-related disorders, as well as preventing vicarious traumatization and compassion fatigue.

Diversity Seminar
- Carlina R. Wheeler, Ph.D. leads this seminar twice per month throughout the training year, which provides an environment to bravely discuss cases and explore different aspects of individual diversity (Arao & Clemens, 2013). Although the
Diversity Seminar is required for the interns and fellows, other clinical staff, psychiatrists, youth advocates, and managers are also invited to attend this seminar in order to further enrich the discussions. A primary goal for fellows will be to improve their understanding of diversity, the role it plays in client interactions, and how to replace fear and mistrust with cultural humility, mutual understanding, and respect. Fellows will be provided a space to learn the RESPECTFUL Model (D'Andrea & Daniels, 1997; 2001) and ADDRESSING Model (Hays, 1996) to deepen their insight into how each aspect of their identity influences their personal perspective and approach to client care.

- For the 19-20 training year, the Diversity Seminar will be held twice a month, beginning in January and ending in June.

**Advanced Assessment Seminar**
- This bi-monthly seminar is provided to fellows to allow them the opportunity to gain skills in the administration, scoring, interpretation, and report-writing for a number of more complex assessments.
  - Foundational Series (Dr. Loyola and Tricia Watters)
  - Therapeutic Assessment (Dr. Long)
  - Neuropsychological Functioning (Dr. Haener, MIND Institute)
  - Developmental Functioning (Dr. Long)
  - Projective Series
    - Drawings and Sentences (Dr. Peerson)
    - Roberts-2 (Dr. Long)
    - R-PAS (Drs. Wheeler and Loyola)

**Zero to Five Seminar and Child-Parent Psychotherapy (CPP) Case Conference**
- This year-long rotating seminar and case conference is co-led by Stacey Peerson, Ph.D and Richelle Long, Ph.D. to provide fellows with clinical training for infants and young children and their families. The Zero to Five Seminar focuses specifically on the unique developmental needs and key issues affecting children ages 0-5. Topics may include: brain development, relational needs, behavioral and mental health concerns, language and literacy development, the role of screening and early intervention, cultural influences, and the specific impacts of maltreatment on early childhood development. Fellows will also receive training within the CPP model and can utilize this time to conduct case conferences on their infant-parent mental health cases.

**Advanced Topics Seminar**
- In line with APA's Level 1 competencies for post-doctoral fellows, our training program provides additional training at the end of the year to further prepare them for independent practice as licensed psychologists. Advanced topics include:
  - Skills in Teaching
  - Diversity-Related Issues
  - Ethical and Legal Issues
  - Integration of Science and Practice
Psychiatric Interviewing Skills

- Each year our fellows and psychologists are invited to lead 4- to 6-week training in psychiatric interviewing for UC Davis’ medical students. As part of the training, our fellows lead a small group of medical students through live interviews with adults who are inpatients in a psychiatric facility. Our fellows have been highly regarded by the medical students and the Department for their ability to educate and support medical students with their first exposure to individuals suffering from severe mental illness.

ADDITIONAL EDUCATIONAL OPPORTUNITIES

There are additional educational opportunities for fellows to attend trainings at UC Davis, as well as experiential and teaching experiences within the Department. Based on the fellow’s interest and ability to meet clinical expectations, fellows may be able to gain clinical exposure to these various educational opportunities.

Internship Intervention Seminar

This fellows may coordinate with their supervisors whether they can attend part of the internship program’s intervention-focused seminar, based on interest. This seminar meets on a weekly basis throughout the training year and provides a special focus on evidence-based practices that are effective with our clinic population (listed below).

- Group Therapy
- Parent-Child Interaction Therapy (PCIT)
- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
- Functional Family Therapy (FFT)

Teaching and Training

- Each year our fellows are invited to lead a 2 hour didactic at the UC Davis Employee Assistance Program (EAP) under the supervision of Stacey Peerson, Ph.D. Although this opportunity is optional, past fellows have enjoyed completing a presentation in which they have expertise (typically related to their dissertation research or previous clinical experience).
- Some of our training faculty teach seminars for the general psychiatry residents as well as the child and adolescent psychiatry residents (e.g. Introduction to Psychological Assessment, Family Therapy, etc.).
- During the last three months of the training year, fellows will have the opportunity to co-facilitate and possibly develop training seminars for incoming doctoral interns. Specific seminars include: Orientation Seminar, Intervention Seminar, and Assessment Seminar.

UC Davis School of Medicine Grand Rounds

- Fellows can attend the Department’s bimonthly grand rounds. In addition to attending grand rounds, every year one of our fellows is invited to present a topic
at grand rounds. Typically, fellows have presented on their dissertation research. Our fellows’ presentations have been well-received by the Department and typically draw in professionals from other departments and the community as well. Visit www.ucdmc.ucdavis.edu/psychiatry/calendar/grand rounds for a list of upcoming trainings.

M.I.N.D. Institute Speaker Series
- The UC Davis MIND Institute’s Distinguished Lecturer Series offers public lectures by nationally and internationally-recognized researchers in neurodevelopmental disorders. These monthly presentations are intended for both specialists and community members. All lectures are free and open to the public and no reservations are necessary (seating is limited). For more information about the Distinguished Lecturer Series, contact Mellissa Miller at (916) 703-0237.

**APPOINTMENT, STIPEND, AND BENEFITS**

**Two applicants** will be accepted for the 2019 - 2020 training year. Clinical fellowship appointments are full-time (average 40-hour week) for one year. Our post-doctoral fellows acquire a total of **1800 supervised hours** during the training year in order to qualify for various states’ licensure requirements. *Clinical moonlighting is not permitted.*

**2019 – 2020 Training Year:** September 16, 2019 – September 11, 2020

Fellows receive a stipend of **$47,484** (gross amount) for the training year, which is paid on a monthly basis. This stipend is competitive with other community mental health/academic medical center fellowship stipends in the area. Applicable taxes, social security deductions, and benefits-related costs are also withheld.

Fellows receive approximately **24 days of paid time off, which includes 12 days of sick time per year, and paid holidays** (approximately **12 days off** per year for county and federal holidays).

We are proud to offer our fellows **UCD Mid-Level Health and Welfare benefits**. Employees hired to work 100 percent time for at least three months (but for less than one year) are eligible for the following Mid-Level Benefits: choice of medical plans, legal, disability, life, and accident insurance, tax-saving programs, and family care resources. For more information about the Mid-Level benefits plan, please visit:


Our fellows have a private office with each having their own designated workspace, personal computer, voicemail, email (UCD and Sacramento County), administrative assistance, and full access to the UC Davis libraries and associated services. The fellows also have access to
art/play therapy materials. In addition, fellows can reserve a number of therapy offices, observation rooms (with one-way mirror and audio/visual equipment), and the psychological testing office to provide confidential, direct services with CAPS Clinic clients.

Upon successful completion, the post-doctoral clinical child psychology fellow will be awarded a certificate of post-doctoral fellowship completion from the UC Davis School of Medicine.

ELIGIBILITY AND APPLICATION PROCEDURES

Applicants must have attended an APA-accredited doctoral graduate university preferably in clinical or counseling psychology. Applicants from educational psychology with a strong emphasis in clinical training will be considered. Applicants must have attended an APA-accredited doctoral internship program. Applicants must have completed all requirements for their doctoral degree prior to September 1, 2019. Successful applicants will have acquired doctoral level experience with children and adolescents and have written at least five child or adolescent integrated psychological assessment reports.

Our application deadline is Friday January 11, 2019 (11:59PM, EST). Early application is encouraged and applications will be reviewed as they are received. If you have any questions, please contact the Training Office at (916) 734-2614.

Please submit your application via APPA CAS (program code #160857). Your application will be considered complete upon receipt of the following:

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>A completed APPA CAS (including site-specific application questions)</td>
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<td>A coverletter</td>
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<td>A current Curriculum Vitae</td>
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<td>A psychological evaluation of a child or adolescent with all identifying information removed</td>
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<tr>
<td>Three letters of recommendations- preferably two from internship and practicum placement supervisors and one from current graduate school faculty</td>
</tr>
</tbody>
</table>

SELECTION PROCEDURES

Fellow selection is made by a committee comprised of the co-training director, the assistant training director, and the supervising training psychologists. Applicants are rated on the basis of their clinical training (i.e., assessment and therapy), academic coursework, letter of
recommendation, clinical and research interests, progress toward dissertation completion, and stated goals for fellowship. Strong writing skills are also favorably evaluated, as evidenced by the Fellowship Application essays and redacted psychological report. Those 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 an on-site interview.

Prospective candidates will be notified via email by **Friday January 18, 2019** whether or not they will be granted an interview with the training staff and supervisors. Candidates will also have the opportunity to meet with the current post-doctoral fellows, clinical staff, and tour the clinic. Interviews will be held on **Friday February 8 and Monday February 11, 2019**. Interviews are required and weigh heavily in the selection process, as this provides an opportunity for program staff and applicants to determine fit. Should economic or other reasons interfere with a highly ranked candidate’s ability to travel for an in-person interview, a case-by-case decision will be made by training staff to arrange an alternative video/phone interview. Interviews will only be offered to applicants who have submitted a complete application and only after these applications have been screened by the faculty. Applicants who wish to be considered for interviews should submit application materials prior to **January 11, 2019**.

The post-doctoral fellowship training program agrees to abide by the APPIC guidelines for Uniform Notification Date on **Monday February 25, 2019**. Information regarding APPIC Post-doctoral Selection Guidelines can be found at: [http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines](http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines)

**PERFORMANCE EVALUATION**

The evaluation process is approached in a manner to provide timely feedback to and from the fellow in order to ensure training goals and expectations are being met. At the beginning of the fellowship year, fellows complete a self-assessment of their experience relative to training objectives of the fellowship. The initial self-assessment opens a dialogue about the fellow’s strengths and specific training areas of growth. Progress is monitored throughout the fellowship year, however, more formal verbal and written feedback provided at the midpoint (March) and end of the training year (September). During these biannual evaluations, the fellow will meet with their primary and assessment supervisors to review the Fellow Performance Evaluation completed by the supervisors, then time is spent in individual supervision to discuss more specific aspects of the evaluation, along with the Supervisor Evaluation completed by the fellow. These evaluations are used to provide an opportunity to communicate the fellow’s progress. In addition, the Supervisor Evaluation allows the fellow to specify what the fellow would like more (or less of) from the supervisor. At the end of the fellowship year, formal summative feedback is provided to the fellow. The Co-Training Directors may participate in the final performance evaluation.
Lastly, the fellow is given the opportunity to provide feedback about the training program, and is asked to complete the Program Evaluation at the mid-year point (March) and at the end of the training year (September). Postdocs are encouraged to meet with the Co-Training Directors to provide verbal feedback in addition to their written feedback.

Serious concerns regarding a fellow's performance will be addressed through due process procedures (see Training Manual Appendix). Fellows are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary supervisor first and resolve concerns informally. Formal procedures are described in the Training Manual Appendix.

ACCREDITATION STATUS

Our fellowship training program is currently a member of the Association of Psychology Postdoctoral and Fellowship Centers (APPIC). At this time, we are not accredited by the American Psychological Association (APA). Any questions about accreditation may be addressed to: Office of Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002. Telephone: (202) 336-5979.

NON-DISCRIMINATION PRACTICES

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, in accordance with all applicable state and federal laws, and with university policy. 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.

Inquiries related to Title IX and to Section 34 CFR § 106.9 may be referred to the Title IX coordinator:

Wendi Delmendo
Mrak Hall, Fourth Floor
One Shields Ave., Davis,
California, 95616
530-752-9466

Inquiries may also be directed to:
Assistant Secretary for Civil Rights of the Dept of Education
San Francisco Office
U.S. Department of Education
50 Beale St., Suite 7200
San Francisco, California, 94105-1813
415-486-5555
More information about our program is available on our UC Davis webpage:

For additional information, please contact:

University of California, Davis Medical Center
Department of Psychiatry and Behavioral Sciences
Clinical Child Psychology Training Program
2230 Stockton Blvd. Sacramento, CA 95817-1419
Kori Feinstein, Training Office: (916) 734-2614
Drs. Carlina Wheeler and Stacey Peerson: (916) 875-1183
# APPENDICES

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## APPENDIX A- SAMPLE TRAINING CALENDARS

<table>
<thead>
<tr>
<th>Monday</th>
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<tr>
<td>10:00–11:15 Clinical Group Supervision</td>
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<td>8:15 – 9:45 CMAT</td>
<td>1:00 – 2:00 Assessment Supervision</td>
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<td>1:00 – 2:00 Therapy Supervision</td>
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<td>12:00 – 1:00 Psych Team Group Supervision</td>
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<td>1:00 – 2:00 Adv. Assessment Seminar</td>
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<td>2:00 – 3:15 0-5 Seminar/CPP Case Conference</td>
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<td>10:00–11:30 Supervision of Supervision</td>
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<td>8:15 – 9:45 CMAT</td>
<td>1:00 – 2:00 Assessment Supervision</td>
<td>11:30 – 12:30 Grand Rounds</td>
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<td>1:00 – 2:30 Therapy Supervision</td>
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<td>12:00 – 1:00 Psych Team Group Supervision</td>
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<td>1:00 – 2:30 Diversity Seminar</td>
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<td>10:00–11:15 Clinical Group Supervision</td>
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<td>8:15 – 9:45 CMAT</td>
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<td>2:00 – 3:15 0-5 Seminar/CPP Case Conference</td>
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<td>10:00–11:30 Supervision of Supervision</td>
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<td>8:15 – 9:45 CMAT</td>
<td>1:00 – 2:00 Assessment Supervision</td>
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<td>1:00 – 2:30 Diversity Seminar</td>
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</table>

*Activities in red are optional*
APPENDIX B- SAMPLE DIDACTIC SCHEDULES

Sample Core Fellow Seminars

All fellows are required to attend the weekly fellowship didactic series. All seminars, unless otherwise indicated, are held in the CAPS Conference Room on Wednesday afternoons. Please see the Fellowship Program Manual for abstracts and learning objectives associated with each scheduled presentation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>9/18/19</td>
<td>Orientation Seminar</td>
<td>Sacramento County</td>
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<tr>
<td></td>
<td>AVATAR Training - CWS</td>
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<tr>
<td>9/25/19</td>
<td>Orientation Seminars</td>
<td>Training Faculty</td>
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<td></td>
<td>*see Fellowship Calendar for specific times</td>
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<tr>
<td>10/2/19</td>
<td>Adv. Assessment Seminar: Risk Assessment and Management</td>
<td>Tricia Watters</td>
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<td>1:00pm</td>
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<td></td>
<td>Trauma-Informed Care Seminar</td>
<td>Dr. Long</td>
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<td></td>
<td>Approaches to Assessing Trauma in Children</td>
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<tr>
<td>10/9/19</td>
<td>Sacramento Co. Documentation- Pt. 2</td>
<td>Sacramento County 7001-A E. Pkwy</td>
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<tr>
<td>8:30am</td>
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<tr>
<td>1:15pm</td>
<td>Adv. Assessment Seminar: Overview of CAPS Psych Testing</td>
<td>Dr. Long</td>
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<td>2:00pm</td>
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<td></td>
<td>Trauma-Informed Care Seminar</td>
<td>Dr. Long</td>
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<td>Impact of Trauma on Assessment Results</td>
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<tr>
<td>10/16/19</td>
<td>Adv. Assessment Seminar: Therapeutic Assessment- Pt. 1</td>
<td>Dr. Long</td>
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SAMPLE DIVERSITY TRAINING SEMINAR

2019 - 2020

2nd and 4th Wednesday
1:00pm – 2:30pm

Instructor: Carlina R. Wheeler, Ph.D.

Description

- Participants will be provided an environment to *bravely* discuss cases and explore different aspects of their own diversity (Arao & Clemens, 2013). A primary goal for participants will be to improve their understanding of diversity, the role it plays in client interactions, and how to replace fear and mistrust with cultural humility, mutual understanding, and respect.

Goals

- Learn each letter of the RESPECTFUL Model (D’Andrea & Daniels, 1997; 2001) and ADDRESSING Model (Hays, 1996), what each letter means for them and how each aspect influences their personal perspective and approach to client care.
- Explore their own personal biases and how those biases affect their perspective and their relationships with clients and colleagues.
- Explore different aspects of diversity in order to have a deeper understanding of people who are different from themselves.
- Learn how each aspect of the RESPECTFUL/ADDRESSING Model affects their client’s psychological development and implications for clinical practice.

Seminar Schedule*

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<td>1:00pm - 1:20pm</td>
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<td>1:20pm - 1:40pm</td>
<td>Self-Assessment Activity</td>
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<td>1:40pm - 1:50pm</td>
<td>Topic Overview</td>
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<td>1:50pm - 2:30pm</td>
<td>Self-Reflection/Clinical Applications</td>
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*Schedule is slightly modified for the 19-20 Training Year due to instructor being on leave

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<td>Introduction</td>
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<td>(S) Sexual Identity and Gender</td>
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<td>(P) Personal Style/Psychological Maturity</td>
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<td>(T) Trauma and Threats to One's Personal Well-Being</td>
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<td>(F) Family Background, History and Dynamics</td>
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<td>(U) Unique Physical Characteristics</td>
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<td>June</td>
<td>2</td>
<td>(L) Location of Residence/Geographical Location/Language</td>
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Sample Zero to Five Training Seminar
University of CA, Davis Department of Psychiatry and Behavioral Sciences
Clinical Child Psychology Training Program
Training Course Syllabus

Wednesdays, 2:00pm to 3:15pm
Instructor: Stacey Peerson, Ph. D.

Description:
In this seminar participants will gain an understanding of typical and atypical development in children ages zero to five. Participants will learn about the physiology and structural development of the brain, cognitive and social-emotional milestones associated with the development of the brain, and factors that can contribute to atypical development. Participants will also gain an understanding of how to assess for mental health concerns in an early childhood population and will gain knowledge of appropriate and effective interventions to address identified presenting concerns.

Goals/Learning Objectives:
- Acquire knowledge and skills of brain growth and development in the prenatal and postnatal period
- Understanding Diversity Informed Tenets as they pertain to young children
- Identify Adverse Childhood Experiences and how they impact young children and families
- Understand the importance of theoretical models (Brazelton, Tronick)
- Identify age-appropriate cognitive and social-emotional skills in typically developing children ages zero to five
- Acquire knowledge and skills to identify atypical development indicative of mental health concerns in ages zero to five and provide appropriate interventions
- Acquire knowledge and skills of Child Parent Psychotherapy (CPP) and apply CPP interventions with infant-parent mental health cases

Course Outline:
I. Introduction to Infant Mental Health
II. Diversity Informed Tenets
III. Adverse Childhood Experiences (ACEs)
IV. Theoretical Models – Touchpoints (Brazelton)
V. Mutual Regulation Model & Still Face Paradigm (Tronick)
VI. Theoretical Models - Behavioral Epigenetics
VII. Brain Growth and Development –Prenatal
VIII. Brain Growth and Development-Postnatal
IX. Cognitive and Social-Emotional Development in ages 0-2 months
X. Cognitive and Social-Emotional Development in ages 2- 6 months
XI. Cognitive and Social-Emotional Development in ages 6-12 months
XII. Cognitive and Social-Emotional Development in ages 12-24 months
XIII. Cognitive and Social-Emotional Development in ages 24-36 months
XIV. Emotional Regulation
XV. Brains in Relationships: Understanding the Neurorelational Framework
XVI. Function and Behaviors of the Regulation System
XVII. Functions and Behaviors of the Sensory System
XVIII. Trauma and the Developing Brain (prenatal)
XIX. Trauma – post partum depression
XX. Trauma (0 to 5 years)
XXI. Assessment- Newborn Behavioral Assessment (NBO) & NCAST
XXII. Assessments- NCAST & Engagement Cues
XXIII. The Development of Play
XXIV. Treatment- Child Parent Psychotherapy (CPP)

Required and Suggested Readings:


Ghosh Ippen, Chandra. (2017). Once I was very very scared. Piplo Productions, San Francisco, California.


APPENDIX C - DUE PROCESS PROCEDURES

Procedures for Identifying and Managing Performance and/or Competency-Related Issues
(Adapted from APPIC Due Process Guidelines)

Introduction

This form provides UCD-CAPS trainees and staff with an overview of the identification and management of trainee problems and concerns. Whenever a supervisor becomes aware of a trainee's problem area that does not appear resolvable by the usual supervisory support and intervention, the following procedures will be followed. These procedures provide the trainee (intern/fellow) and staff with a definition of competence problems, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of performance-related and/or competency-based problems.

This Due Process Document is divided into the following sections:

I. Definitions: Provides basic or general definitions of terms and phrases used throughout the document.
II. Due Process General Guidelines: Provides an overview of how the program informs trainees about our Due Process procedures and other general expectations.
III. Procedures for Responding to a Trainee's Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions.
IV. Appeals Procedures: Provides the steps for an appeal process related to a staff-initiated Due Process procedures.

I. Definitions

Trainee
Throughout this document, the term “trainee” is used to describe any person in training who is working in the agency including a doctoral intern or postdoctoral fellow.

Training Coordinator (TC)
Throughout this document, the term “training coordinator” is used to describe the staff members who oversee that specific training group’s activities. For the doctoral interns this is the Training Director (TD) and for the postdoctoral fellows this is the Co-Training Directors (CTDs). In certain circumstances the TCs may consult with the CAPS Clinic Medical Director for additional guidance.

Staff Member
Throughout this document, the term “staff member” is used to describe staff that are not directly involved in the trainees' training, but interact with them within a professional capacity. This typically includes other clinic staff (i.e., clinical and administrative staff), but may also include other professionals with whom the trainees engage with on a semi-regular basis (i.e., social workers, clinicians from other agencies, etc).

Training Staff
Throughout this document the term “training staff” is used to describe staff directly involved in the trainees’ training. This can include TCs, supervising psychologists, other contributors (Volunteer Clinical Faculty who provide recurring didactics and case conferences), and the CAPS Clinic program coordinator.
**Training Committee**
Throughout this document the term “training committee” is used to describe the formal meeting that occurs once per month, in which the TCs and supervising psychologists meet to discuss training and programmatic-related issues.

**Due Process**
The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific procedures which are applied to all trainees’ complaints, concerns and appeals.

**Performance and/or Competence Problems**
Performance and/or competence problems are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

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

Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Professional judgment is applied to determine when a trainee’s behavior becomes problematic rather than a concern (based on the profession's standards). Such problems are typically identified when they include one or more of the following characteristics:

1) The trainee does not acknowledge, understand, or address the problem when it is identified;
2) The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training or additional supervision;
3) The quality of services delivered by a trainee is sufficiently negatively affected;
4) The problem is not restricted to one area of professional functioning;
5) A disproportionate amount of time and attention by training personnel is required; and/or,
6) The trainee’s behavior does not change as a function of feedback, remediation efforts, and/or time.

II. **Due Process: General Guidelines**

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

1. During the orientation period, trainees will receive in writing UCD-CAPS’ expectations related to professional functioning. The TC will discuss these expectations in both group and individual settings.
2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals in a timely manner.

3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described and provided in writing. Such procedures are included in the trainee handbook. The trainee handbook is provided to the trainees and reviewed during orientation.

4. UCD-CAPS will communicate early and often with the trainee and when needed the trainee’s graduate program if any suspected difficulties that are significantly interfering with performance are identified.

5. The TCs will institute, when appropriate, a remediation support plan for identified issues, including a time frame for expected remediation and consequences of not rectifying the issues.

6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this training program’s action(s).

7. UCD-CAPS due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the program’s implementation.

8. When evaluating or making decisions about a trainee’s performance, UCD-CAPS staff will use input from multiple professional sources.

9. The TCs will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

III. Procedures to Respond to Problematic Behavior

A. Basic Procedures

If a trainee receives an “Significant Development Needed” rating (1) or a “Basic” rating (2) during the second evaluation period from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about a trainee’s behavior (e.g., ethical or legal violations, professional incompetence), some or all of the procedures below will be initiated in the following order:

1) In some cases, it may be appropriate for the staff member or training staff to speak directly to the trainee about his or her concerns. In other cases, a consultation with the TCs will be warranted. This decision is made at the discretion of the staff member, training staff, or trainee who has concerns.

2) Once the TCs have been informed of the specific concerns, they will determine if and how to proceed with the concerns raised. The TCs will communicate their decision in writing to the training staff or trainee who has concerns within 5 business days.

3) If the staff member or training staff who brings the concern to the TCs is not the trainee’s supervisor, the TCs will discuss the concern with the trainee’s supervisor(s).

4) If the TCs and primary supervisor determine that the alleged behavior in the complaint, if valid and/or proven, would constitute a serious violation, the TCs will inform the staff member who initially brought the complaint.

5) The TCs will meet together or with the Training Committee to discuss the performance rating in the evaluation or the concern and possible courses of action to be taken to address the issues within 10 working days.

6) The TCs, supervisor(s), and/or Medical Director may meet to discuss possible courses of action.

7) The trainee will be provided an opportunity to meet with the TCs to address raised concerns regarding the trainee’s behavior (e.g., ethical, legal, and/or professional competence) and/or “1” or “2” ratings on the evaluation form.
8) Any time a decision is made by the TCs about a trainee’s training program or status in the agency, the TCs will inform the trainee in writing and will meet with the trainee to review the decision within 5 working days. This meeting may include the trainee’s supervisor(s) and/or Medical Director.

9) The trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below in section IV.

10) If the trainee accepts the decision, any formal action taken by the Training Program will be communicated in writing to the trainee’s graduate program. This notification indicates the nature of the concern and the specific actions implemented to address the concern.

B. Notification Procedures to Address Problematic Behavior or Performance

It is important to have meaningful ways to address competence problems once they have been identified. In implementing remediation or sanction interventions, the training staff must be careful to balance the needs of the trainee, the clients involved, other members of the training cohort, the training staff, and other agency personnel. Once the concern has been brought to the attention of the TCs, and/or a supervisor, the trainee will meet with the TCs and their supervisor(s) within 10 working days to discuss the concern. Within 5 working days of the meeting, one of the following will be issued to the trainee. The Director of Clinical Training at the trainee’s graduate program will also be notified.

1) **Verbal warning** to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2) **Written acknowledgement (Remediation Support Plan)** to the trainee formally acknowledges:
   a) That the TCs are aware of and concerned with the performance or competence problem;
   b) That the concern has been brought to the attention of the trainee;
   c) That the TCs will work with the trainee to rectify the problem or skill deficits by identifying goals and objectives, and;
   d) That the behaviors associated with the problem are not significant enough to warrant more serious action.
   e) The written acknowledgement will be removed from the trainee’s file when the trainee adequately addresses the concerns and successfully completes the internship/fellowship training program.

3) **Written warning (Remediation Plan)** to the trainee indicates the need to discontinue an inappropriate action or behavior. Depending on the specific performance or conduct-related issue, a Remediation Plan may follow a Remediation Support Plan if the outlined goals and objectives are not completed within a reasonable or agreed upon amount of time. This letter will contain:
   a) a description of the trainee’s unsatisfactory performance or problematic behavior;
   b) actions that must be taken by the trainee to correct the unsatisfactory performance or problematic behavior;
   c) the timeline for correcting the problem;
   d) what action will be taken if the problem is not corrected; and,
   e) notification that the trainee has the right to request a review of this action (see *Due Process: Appeals Procedures*).

A copy of this written warning will be kept in the trainee’s file. Consideration may be given to removing this letter at the end of the internship/fellowship by the TCs in consultation with the
trainee’s supervisor(s) and/or Medical Director. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

C. Remediation and Sanction Alternatives

The implementation of a Remediation Support Plan or a Remediation Plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TCs, relevant members of the training staff and/or the Medical Director. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1) **Schedule modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee’s schedule is an accommodation made to assist the trainee in completing outlined goals and/or responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the internship/fellowship training program. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TCs. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

   a) increasing the amount of supervision, either with the same or different supervisors;
   b) changing the format, emphasis, and/or focus of supervision;
   c) recommending personal therapy;
   d) reducing or redistribution of the trainee’s clinical or other workload;
   e) requiring specific academic coursework.

The length that a schedule modification will be in effect will be determined by the TCs in consultation with the supervisor(s) and/or the Medical Director. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TCs in consultation with the supervisor(s) and/or the Medical Director.

2) **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the internship/fellowship and to return the trainee to a more fully functioning state. Probation defines the relationship that the TCs systematically monitor for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the performance of competency-related problematic behavior. The trainee is informed of the probation in a written statement, which includes:

   a) the specific behaviors associated with the “1” or “2” rating and/or raised concern;
   b) the recommendations for rectifying the problem;
   c) the time frame for the probation period during which the problem is expected to be ameliorated, and;
   d) the procedures to ascertain whether the problem has been appropriately rectified.

If the TCs determine that there has not been sufficient improvement in the trainee’s behavior to remove the probation or modified schedule, then the TCs will discuss with the supervisor(s) and/or the Medical Director possible courses of action to be taken. The TCs will communicate to the trainee in writing that the conditions for revoking the probation or modified schedule have
not been met. This notice will include the course of action the TCs have decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of an alternative action. Additionally, the TCs will communicate to the Medical Director and if applicable, the Director of Clinical Training at the trainee’s graduate program, that if the trainee’s behavior does not change, the trainee will not successfully complete the internship/fellowship training program.

3) **Suspension of Direct Service Activities** requires a determination that the welfare of the trainee’s client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period of time as determined by the TCs in consultation with the Medical Director. At the end of the suspension period, the trainee’s supervisor in consultation with the TCs and Medical Director will assess the trainee’s capacity for effective functioning and determine when direct service can be resumed.

4) **Administrative Leave** involves the temporary withdrawal from all responsibilities and privileges in the agency. If the Probation period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the required supervised hours needed for completion of the internship/fellowship training program, this will be noted in the trainee’s file and the trainee’s academic program will be informed. The TCs will inform the trainee of the effects the administrative leave will have on the trainee’s stipend and accrual of benefits.

5) **Dismissal** from the internship/fellowship program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period and/or agreed upon time period, rectify the competence problems and the trainee seems unable or unwilling to alter her/his behavior, the TCs will discuss with the Medical Director the possibility of termination from the training program or dismissal from the agency. Notice of dismissal from the program will be provided to the trainee in a timely manner and will allow the trainee 8 business days to exercise his/her appeals rights. If the final decision made by the TCs, supervisor(s), and Medical Director is to dismiss the trainee from the program, this dismissal becomes effective immediately following notice of the final decision. Although the trainee Either administrative leave or dismissal would be invoked in cases of severe violations of state jurisprudence regulations, the APA Code of Ethics, or when imminent physical or psychological harm to a client is a significant concern, or when the trainee is unable to complete the internship/fellowship program due to physical, mental or emotional illness. When a trainee has been dismissed, the TCs will communicate to the trainee’s academic program that the trainee has not successfully completed the internship or fellowship program.

6) **Immediate Dismissal** involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the TCs, the supervisor(s), or the Medical Director may immediately dismiss the trainee from CAPS. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a trainee has been dismissed, the Medical Director and TCs will communicate to the trainee's academic department that the trainee has not successfully completed the training program.
IV. Appeals Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation, or sanctions–the following appeal procedures should be followed:

1) The trainee should file a formal appeal in writing with all supporting documents, with the Medical Director. The trainee must submit this appeal within 5 working days from their notification of any of the above (notification, remediation, or sanctions).

2) Within three working days of receipt of a formal written appeal from a trainee, the Medical Director will consult with the TCs and/or the members of the Training Committee and then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.

3) In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Medical Director, then that appeal is reviewed by the Medical Director in consultation with the CAPS Management Team. The Medical Director will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld. See below for further detail of the Review Panel process.

Review Panel and Process

If the formal decision made by the TCs or members of the training staff is challenged by the trainee, the Review Panel process will begin as delineated below. The Review Panel is the final step in the decision-making process and members of this panel have final discretion of the outcome of the appeal.

a) When needed, a Review Panel will be convened by TCs. The Panel will consist of two staff members selected by the TCs, the TCs, and the trainee involved in the dispute. The Review Panel will also extend at least one step beyond the TCs by including the Medical Director. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

b) Within five (5) workdays, an appeals hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) workdays of the completion of the review, the Review Panel submits a written report to the TCs, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

c) Within three (3) workdays of receipt of the recommendation, the TCs will either accept or reject the Review Panel’s recommendations. If the TCs reject the Panel’s recommendations, due to an incomplete or inadequate evaluation of the dispute, the TCs may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

d) If referred back to the Panel, the Panel will report back to the TCs within five (5) workdays of the receipt of the TCs’ request of further deliberations. The TCs then make a final decision regarding what action is to be taken.

e) The TCs inform the trainee and if necessary the training program of the decisions made.

f) If the trainee disputes the Review Panel’s final decision, the trainee has the right to contact the Department of Human Resources at UC Davis to discuss the situation.
APPENDIX D- GRIEVANCE PROCEDURES

Grievance Procedures are implemented in situations in which an intern or fellow raises a concern about a supervisor or other faculty member, trainee, or the internship or fellowship training program. These guidelines are intended to provide the trainee with a means to resolve perceived conflicts. Trainees who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a trainee raises a grievance about a supervisor, staff member, trainee, or the training program:

**Informal Review**
First, the trainee should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or TCs in an effort to resolve the problem informally.

**Formal Review**
If the matter cannot be satisfactorily resolved using informal means, the trainee may submit a formal grievance in writing to the TCs. If the TCs are the object of the grievance, the grievance should be submitted to another member of the Training Committee and/or the Medical Director. The individual being grieved will be asked to submit a response in writing. The TCs (or Training Committee member or Medical Director, if appropriate) will meet with the trainee and the individual being grieved within 10 working days. In some cases, the TCs or Training Committee member or Medical Director may wish 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 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 TCs or Training Committee member or Medical Director will document the process and outcome of the meeting. The trainee and the individual being grieved will be asked to report back to the TCs or Training Committee member or Medical Director in writing within 10 working days regarding whether the issue has been adequately resolved. If the plan of action fails, the TCs or Training Committee member or Medical Director will convene a review panel consisting of him/herself and at least two other members of the Training Committee within 10 working days. The trainee may request a specific member of the Training Committee 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.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The TCs or Training Committee member or Medical Director will document the process and outcome of the panel meeting. The trainee and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.
APPENDIX E- TRAINING STRUCTURE

Training Structure

As a smaller training program, the Training Director(s) serve in programmatic, training/teaching, and supervisory roles. In addition, supervising psychologists also contribute to the development of training seminars and other opportunities. Volunteer Clinical Faculty (VCF) are a vital part of the training program by providing professional development supervision or ongoing instruction of the program’s didactics and case conferences. The primary members of the training staff are listed below:

Co-Training Directors
Carlina R. Wheeler, Ph.D. and Stacey Peerson, Ph.D.

Assistant Training Director
Richelle Long, Ph.D.

Additional Supervising Psychologists
Elizabeth Loyola, Psy.D.
Margaret Bezmalinovic, Psy.D. (VCF)

CAPS Program Coordinator and Group Supervisor
Tricia Watters, L.C.S.W.

As a commitment to strengthening the training program and fostering growth in the staff as training directors, supervisors, and/or teachers/trainers, the UCD-CAPS staff participate in monthly meetings. Twice a month, the four staff supervisors (not including VCF) participate in an hour Training Committee, one for the Internship Program and one for the Fellowship Program. The Training Committee meetings ensure consistent communication between supervisory staff about all matters related to the trainees and the training program. The agenda is set by the Training Director(s), however, other supervisory staff are encouraged to raise any issues that are relevant to discuss together. An intern and fellow representative also has the opportunity to attend the first 15 minutes of the Training Committee. Typically each trainee will get alternating opportunities to participate as an intern/fellow representative. The trainee representative can utilize this time to provide feedback about the program or raise any concerns that he/she would like the training staff to discuss during the Training Committee.

Additionally, the six supervising staff attend an hour and half monthly Supervisor Consultation Meeting to communicate about the observed strengths and/or challenges that arise in the supervisory relationship. This time also aims to develop and maintain competence as supervisors by reviewing the various values, standards, and legal requirements for supervisors of doctoral level trainees.
APPENDIX F- STAFF BIOGRAPHIES

Stacey Peerson, Ph.D.
Dr. Stacey Peerson began working in the Department of Psychiatry and Behavioral Sciences in 2001 as a clinical intern, and completed her postdoctoral training the following year. Dr. Stacey Peerson received her doctorate degree from UC Santa Barbara, and was fortunate to be able to continue her interest in research with children and families who have experienced traumatic stress, and complex developmental trauma. Prior to graduate school, Dr. Peerson was an elementary school teacher and later was involved in academic research in the special education department at UC Santa Barbara for four years. She is the lead psychologist in the Child & Adolescents Psychiatry Services Clinic (CAPS). In addition to training, teaching and supervising developing clinical psychologists, Dr. Peerson provides direct service to children between the ages of 0 to 21, and their families, including comprehensive psychological evaluations, therapy, and screening and consultation with the 0 to 5 population. She has also been involved in assessing children and adolescents in acute psychiatric crises.

Her clinical training and experience has focused primarily on the assessment and treatment of abused and neglected children, including those in the 0 to 5 population, prevention/early intervention, program development, Child Parent Psychotherapy (CPP), reflective supervision, diversity issues, parenting stress, the impact of Adverse Childhood Experiences (ACEs) in young children and their families, and the training of developing child psychologists. She was selected to participate in the Infant-Parent Mental Health Postgraduate Certificate Program & Fellowship through University of Massachusetts Boston, in which she became certified in Touchpoints, Newborn Behavioral Observations system, Fussy Baby and other modalities. Additionally, Dr. Peerson completed training through the Harris Early Childhood Mental Health Reflective Facilitators Training at UC San Francisco Benioff Children’s Hospital, Oakland. She qualifies for Endorsement for Infant-Mental Health and Reflective Supervision through the State of California.

Carlina Ramirez Wheeler, Ph.D.
Dr. Wheeler is clinical faculty at the UC Davis Medical Center, Department of Psychiatry and Behavioral Sciences, Child and Adolescent Psychiatry, where she also completed her postdoctoral clinical training. She earned her doctorate degree in clinical psychology, with a dual emphasis in Child and Family and Forensic Psychology, at the Pacific Graduate School of Psychology- Palo Alto University. She is credentialed as a Health Service Psychologist by The National Register. Dr. Wheeler provides a range of direct clinical services as a psychologist at the Sacramento County Child and Family Mental Health Program. She is the Training Director for the APA-Accredited Clinical Child Psychology Doctoral Internship Program and Co-Training Director of the APPIC-member Clinical Child Psychology Postdoctoral Fellowship Program. In addition, she serves as the instructor for the UC Davis Psychiatry Residency Program’s Introduction to Psychological Assessment Seminar and Child and Adolescent Psychiatry Fellowship Program’s Family Therapy Seminar. She supervises advanced child psychiatry residents in their Family Therapy rotation.

Dr. Wheeler has a specialized background in providing clinical services with systems-involved youth stemming back to her position as a group home residential counselor in 2007. Her clinical, teaching, and research interests include: multiculturalism, diversity issues, and acculturative stress; developmental psychopathology; risk, resilience, and posttraumatic growth; trauma/maltreatment; attachment and family systems theory; strength-based, comprehensive psychological assessment; and prevention/early intervention program development and outcomes research. Dr. Wheeler has received specialized training and supervision in a range of evidence-based practices (e.g., Trauma-Focused CBT, Functional Family Therapy, Child-Parent Psychotherapy, Parent-Child Interaction Therapy, Incredible Years, Aggression Replacement Training, and Acceptance and Commitment Therapy) and has dedicated her career to bringing these services to children and families from underserved, low-income, and diverse communities.

Richelle Long, Ph.D.
Dr. Long is a child clinical psychologist and assistant professor at the UC Davis Medical Center, Department of Psychiatry and Behavioral Sciences, Child and Adolescent Psychiatry. She completed her graduate training in
counseling psychology at The University of Memphis and received specialized training in trauma informed care as a postdoctoral fellow at Children’s Hospital Los Angeles where she also completed a Leadership Education in Neurodevelopmental and Related Disabilities (LEND) fellowship. Dr. Long provides comprehensive psychological services to children from 0-21 and their families at the Sacramento County Children’s Mental Health Clinic. In addition to providing therapy, psychological assessment, screening, and consultation, she also provides training opportunities and supervision for the postdoctoral psychology fellows in the Clinical Child Postdoctoral Psychology Program at UC Davis.

Through Dr. Long’s education and training, she has gained specialized training in working with children of all ages who have experienced various forms of psychological trauma including working with infants and young children. Her clinical, teaching, and research interests include: the impact of early adversity on child development; interventions for complex trauma disorders in children and adolescents; training psychologists in developing basic competence in treating psychological trauma; risk for abuse in children with developmental disabilities; providing services to fostered and adopted children; comprehensive treatment for survivors of human trafficking; incorporating culture and diversity into therapeutic practice; therapeutic assessment; and program evaluation. Dr. Long has received specialized training and supervision in several evidence-based practices including Child-Parent Psychotherapy, Trauma-Focused CBT, Parent-Child Interaction Therapy, Incredible Years, and Seeking Safety.

Elizabeth Solomon Loyola, Psy.D.

Dr. Elizabeth Loyola is a child clinical psychologist and assistant professor at the UC Davis Medical Center, Department of Psychiatry and Behavioral Sciences, Child and Adolescent Psychiatry, where she also completed her postdoctoral training. Dr. Loyola completed her graduate training in clinical psychology at the PGSP-Stanford PsyD Consortium, where she focused her studies on children and families. She currently provides a range of psychological services to youth ages 0-21 and their families at the Sacramento County Children’s Mental Health Clinic. In addition, Dr. Loyola is involved in leading Social Skills groups at the UC Davis MIND Institute. She is also involved in ongoing research related to Autism Spectrum Disorder with the Autism and Developmental Disabilities Clinic through Stanford University School of Medicine.

Throughout graduate school, Dr. Loyola’s clinical and research interests focused on complex trauma, neurodevelopmental disorders, and psychological assessment. Dr. Loyola remains interested in the unique intersection of these three areas and the complexities of providing a thorough assessment to youth with trauma histories, developmental disabilities, and other mental health symptoms (e.g. psychosis). Dr. Loyola has received specialized training in evidence based treatment for youth with a history of trauma, in particular, she is a certified therapist in Trauma Focused CBT. Additionally, Dr. Loyola has an interest in and has sought out specific training in providing group therapy to children, adolescents, and adults with a variety of presenting problems. Dr. Loyola also has an interest in teaching and supervision. She provides training opportunities and supervision for the postdoctoral psychology fellows in the Clinical Child Postdoctoral Psychology Program at UC Davis. She co-facilitates the Rorschach Seminar for the fellows and oversees the group therapy component of their training year. She also supervises graduate students, research assistants, and outside volunteers at the MIND Institute.

Margaret Bezmalinovic, Psy.D.

Dr. Margaret Bezmalinovic is a clinical psychologist and facilitates our group supervision. She received her Doctorate in Psychology from the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University. She completed her doctoral internship at the Department of Psychiatry University of California Davis Medical Center and went on to do a Post-Doctoral Fellowship at University of California Davis Counseling and Psychological Services. She has been in private practice for over 10 years, primarily providing individual psychotherapy to adults. Clinically, she is interested in the intersection between mind and body, including in trauma and chronic pain. Locally, she has been involved with various organizations including the Sacramento Valley Psychological Association and the Sacramento Psychoanalytic Society.