

**UC DAVIS**  
**HEALTH**

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

**CLINICAL CHILD PSYCHOLOGY**  
**DOCTORAL INTERNSHIP TRAINING PROGRAM**  
**2021 - 2022**

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*UCD Medical Center, Dept. of Psychiatry and Behavioral Sciences*



*Sacramento County Child and Adolescent Psychiatric Services*

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## **PROGRAM DESCRIPTION AND ADMINISTRATION**

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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 Services. Our doctoral internship program in clinical child psychology offers interns 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, postdoctoral psychology fellows, as well as psychiatry residents and fellows, our clinical child psychology interns 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**

#### **Training Director (TD)**

Carlina R. Wheeler, Ph.D.

#### **Associate Training Director (ATD)**

Elizabeth S. Loyola, Psy.D.

#### **Additional Supervising Psychologists and Psychiatrists**

Stacey Peerson, Ph.D.

Richelle Long, Ph.D.

Erik Youngdale, M.D.

#### **CAPS Medical Director**

Robert Horst, M.D.

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### **Sacramento County Child and Family Mental Health**

#### **CAPS Program Coordinator**

Tricia Watters, L.C.S.W.

*\*From August 2021-December 2021:*

*Elizabeth S. Loyola, Psy.D. (Interim TD) and Joanna Servin, Ph.D. (Interim ATD)*

# PROGRAM VALUES

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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



SACRAMENTO  
COUNTY

## Department of Health Services

### **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!*

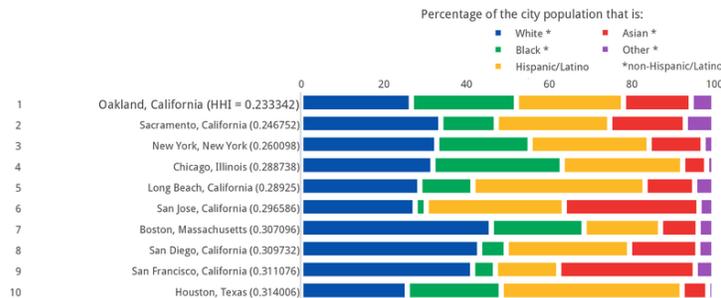


“Sacramento is the cultural, economic, educational and governmental hub of a greater metropolitan area that spans six counties ... Named by Newsweek magazine as one of the ten best cities in the country, its residents enjoy a beautiful city teeming with trees and an unsurpassed quality of life rich in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

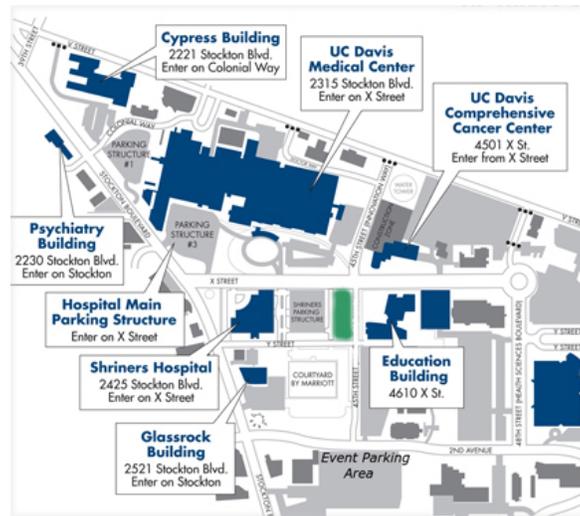


- **Population:** 508,529 (city) and more than two million in metropolitan area
- **Climate:** Mediterranean. Mild year-round with dry summers with little humidity and a cooler/wet season from October through April
- **Attractions:** Large parks, a 23-mile river parkway and bike trail, historic neighborhoods, and a range of cultural attractions; 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.”

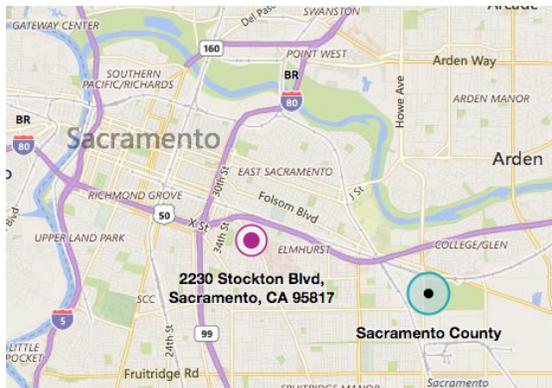
Major American Cities (pop>400k) Ranked by Diversity



The UC Davis Department of Psychiatry and Behavioral Sciences is located in Sacramento, California, approximately 20 miles east of the main UC Davis campus.



The CAPS Clinic is located at the Granite Regional Park (GRP), which is less than 5 miles away from the UCD Medical Center campus. The GRP 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 interns are not expected to work outside business hours, unless other arrangements have been made with the intern’s supervisors.



## **DIVERSITY AND INCLUSION STATEMENT**

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As a training program, the UCDMC Clinical Child Psychology Doctoral Internship stands for diversity, inclusion, equity, and justice. We are committed to creating a welcoming training and teaching environment that respects individual differences while supporting the attainment of nationally recognized competencies for becoming a health service psychologist. To this end, we commit to: recognizing and addressing unconscious bias within our training organization, making efforts to recruit and retain diverse trainees and faculty from historically underrepresented groups in the field, engaging our team to create a more just and inclusive environment, developing the space for all team members to gather, share, and learn from one another, and to increase our awareness for inequality, power and privilege, discrimination, and various forms of oppression across clinical, professional, and personal settings to better engage in respectful and inclusive practices.

## **CAPS CLINIC STAFF**

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The CAPS Clinic is staffed by three full-time and one part-time UC Davis faculty psychologists and three board-certified child psychiatrists. It is the primary training site for our doctoral psychology interns, as well as UC Davis' postdoctoral psychology and psychiatry fellows. Medical students and psychiatry residents in psychiatry also complete rotations at the CAPS Clinic. At our training site, there is a strong collaborative atmosphere and emphasis on interdisciplinary teamwork with county-employed masters-level clinicians and psychiatric nurses. Our trainees develop strong working relationships with a number of professionals within the community that last beyond their training year.

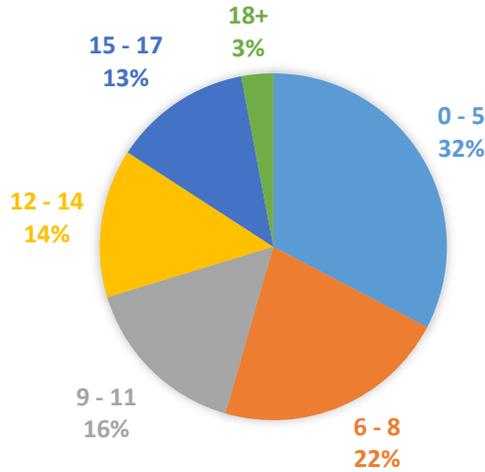
## **CAPS CLINIC POPULATION**

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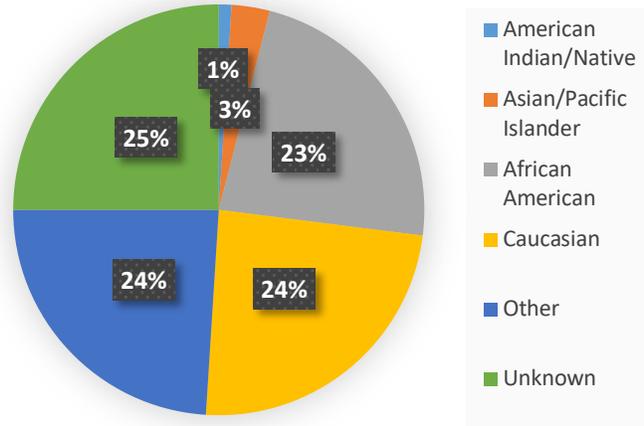
The CAPS Clinic is a county-operated outpatient community mental health clinic for roughly 275 infants, children, adolescents, and transitional-aged youth (ages 0 to 21-years-old), who receive therapy, psychological testing, and/or medication management services. The CAPS Clinic solely serves children 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 complex developmental trauma, maltreatment, exposure to other adverse childhood experiences, 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 education services (i.e., 504 Behavior Plan or IEP). Clients represent diverse backgrounds and identities.

## Current Client Demographics

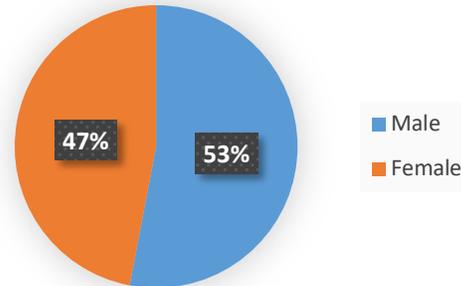
### AGE



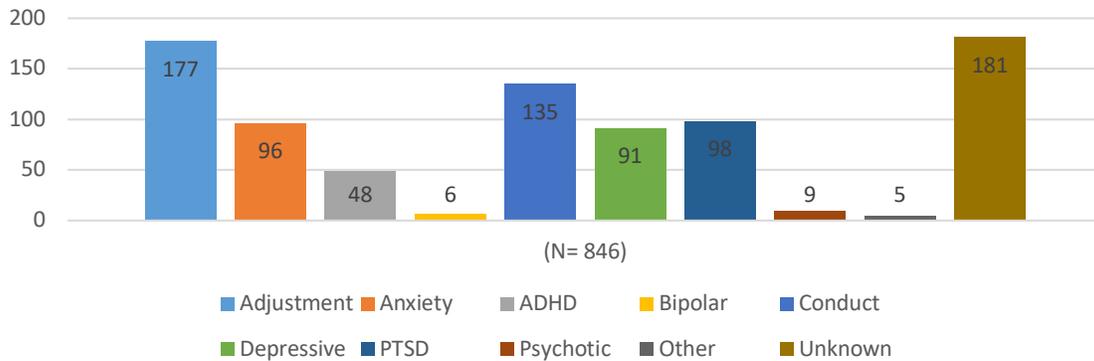
### RACE



### GENDER



### DIAGNOSIS



*\*Please note this data is limited to the electronic medical record's evaluation features. For the Race graph, many clients who identify as Latinx are categorized as Other. Also, the Diagnosis table reflects diagnosis at admission (which accounts for the high number of Unknown diagnoses).*

## COMPETENCIES AND LEARNING ELEMENTS

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The primary goal of the one-year UC Davis Clinical Child Doctoral Internship Training Program is to promote professional growth and development and prepare interns for independent practice as health service psychologists with specialized experience with underserved child and family populations. We firmly believe that is our responsibility to train interns and fellows who will exercise strong clinical judgment and contribute both to the welfare of society and to the profession. Our clinical child training program is committed to the lifelong learning process and aims to create an environment that supports trainees to develop across different competency areas by recognizing their strengths and areas for growth. We also respect each trainee's unique cultural identity that the trainee brings to the team, clinic, and community. The program subscribes to a practitioner-scholar model, which emphasizes knowledge of current research to guide assessment and intervention with diverse, underserved, and oftentimes historically oppressed communities. The clinical psychology training program is a challenging and dynamic internship 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. We support interns in reflecting on their self-care practices in order to increase their longevity and effective engagement in the field. Successful interns are actively open to the learning process, adaptable, flexible, culturally curious, and collaborative.

Over the course of the one-year UC Davis Clinical Child Doctoral Internship Program, interns 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 internal providers and to local agencies/schools).

It is expected that the interns 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 Internship Centers (APPIC), the American Psychological Association (APA), the Commission on Accreditation (CoA), and the APA Standards of Accreditation (SoA) Health Service Psychology (HSP). These competencies include:

### **1) Intervention**

- a. Establish and maintain effective relationships with the recipients of psychological services (by establishing rapport, eliciting participation and cooperation, attending to the content and process of clinical interactions, and maintaining therapeutic boundaries to separate own issues from those of the client).
- b. Develop evidence-based intervention plans specific to the service delivery goals utilizing client input.
- c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- d. Develop intervention skills in a range of modalities (i.e., individual, family, dyadic, and group therapy).

- e. Demonstrate the ability to seek out and apply the relevant research literature to inform clinical decision making (e.g., treatment modalities and intervention skills) to successfully assist the clients in reaching treatment goals.
- f. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- g. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- h. Keep timely, clear, relevant progress notes and other documentation that is compliant with the funding source (e.g. Medi-Cal) requirements.
- i. Develop ability to provide clinical case management as appropriate and link client and client's family to available resources in the community.

## **2) 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. Select and apply 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 with relevant background that informs conceptualization, diagnostic impressions, and 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.

## **3) Ethical and Legal Standards**

- a. Demonstrate knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct.

- b. Demonstrate knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state (CA), regional and federal levels.
- c. Be knowledgeable of and act in accordance of relevant professional standards and guidelines.
- d. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- e. Know and follow specific and appropriate procedures to maintain safety of clients and others (e.g., assessing danger to self or others, managing aggressive clients, reporting child, elder, dependent adult, and/or intimate partner abuse).
- f. Demonstrates ethical conduct in all professional activities and with clients, co-workers, and others.

#### **4) Individual and Cultural Diversity**

- a. Demonstrate awareness and understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- b. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- c. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- d. Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity (e.g., sensitivity to and respect for age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status, and other relevant identities).
- e. Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- f. Demonstrate the ability to independently apply their knowledge and approach in working flexibly and effectively with the range of diverse individuals and groups encountered during internship.
- g. Consider all such diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to the community.

#### **5) Research**

- a. Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities at the local (including the host institution), regional, or national level.
- b. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

- c. Seek out scholarly literature to inform and guide clinical decisions, treatment selections and questions to supervisors.

**6) Professional Values and Attitudes**

- a. Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, 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 regarding one's personal and professional functioning, engage in activities to maintain and improve performance, well-being, and professional effectiveness (e.g. participating in trainings, seeking out additional input and knowledge).
- c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

**7) Consultation and Interdisciplinary/Interprofessional Skills**

- a. Become familiar with multidisciplinary settings and demonstrate knowledge and respect for the roles and perspectives of other professions.
- b. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior (e.g., role-played consultation with others, peer consultation, and/or provision of consultation to other trainees).

**8) Supervision**

- a. Develop and demonstrate 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. Apply the supervisory skill of observing in direct or simulated practice.
- d. Apply the supervisory skill of evaluating in direct or simulated practice.
- e. Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
- f. 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.
- g. Seek out immediate supervision in response to ethical issues or clinical risks appropriately.

## 9) Communication and Interpersonal Skills

- a. Develop effective communication and interpersonal skills and the ability to manage difficult communication well (e.g., discuss issues as they arise and resolve conflict directly, quickly, and appropriately with internal staff, external providers, peers, and supervisors, and engage in appropriate collaboration, professional demeanor, and boundaries).
- b. Develop and maintain effective relationships with a wide range of individuals, including colleagues across disciplines, communities, organizations, supervisors, supervisees, and those receiving professional services.
- c. Demonstrate a thorough grasp of professional language and concepts by producing, comprehending, and engaging in communications (oral, nonverbal, and written) that are informative and well-integrated.

## 10) Self-Care

- a. Develop awareness of own strengths, limitations, personal stress level, and/or emotional responses and is open to discuss the impact of burnout, vicarious traumatization, and compassion fatigue.
- b. Actively integrates self-reflective practice and feedback to manage personal stress and/or emotional responses that does not result in inferior professional services to the client or interfere with job responsibilities by seeking out needed assistance to behave in a professional manner.
- c. Demonstrates ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties.

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# TRAINING ACTIVITIES AND EXPECTATIONS

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### COVID-19 Updates

Due to covid-19, the UCDMC Clinical Child Psychology Doctoral Internship Program is closely adhering to local, departmental, state, and national recommendations to maintain a safe environment for our staff and for our clients. The CAPS Clinic has supported the transition to provide telehealth services to our consumers (via video/Zoom or phone). These services can be provided in the office, or remotely, once approved by the intern's supervisor and the clinic. If there is a clinical indication for providing services in-person, this needs to be discussed and approved by a supervisor. Examples include, but are not limited to: client presents a high-risk to self and others, client has demonstrated limited success in receiving services via telehealth, the administration of a testing measure cannot be modified with fidelity and testing can be conducted safely in-person, and/or a client lacks the resources to consistently engage in services. In addition, training activities will be primarily provided in-person, with personal protective equipment (PPE) and other safety precautions in place. This includes supervision (individual and group), didactic seminars, and case conferences.

Doctoral interns 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, interns 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. Sacramento County has a deep commitment to providing treatment that "meets clients where they are," which allows providers to tailor their interventions to each client. Interns provide short- and long-term individual and family therapy, which are typically provided at the clinic. Interns also complete intake services for brief assessments to determine medical eligibility (referred to as two-month assessments), medication management clients, and psychological testing. In addition, they conduct extensive psychological assessments. During the course of their training year, interns also participate on and may have the chance to co-facilitate the Comprehensive Multidisciplinary Assessment Team (CMAT) that is led by our faculty psychologists and post-doctoral fellows at the CAPS Clinic. Interns also have the opportunity to observe and co-facilitate therapy groups. Lastly, interns will have opportunities to provide consultation and/or brief psychological screening within the CAPS Clinic and with outside providers.

**Average 40-44 hours per week for about 50 weeks (2000 internship hours total)**

- a. **14 - 16 Hours/Week: Direct Clinical Service (Face-to-Face)**
  - 8 to 10 Individual and Family Psychotherapy cases over the course of the year
  - Case Management (ongoing)
  - 1 to 2 Intake Assessments (monthly, as available)
  - 3 to 5 Psychological Testing cases over the course of the year
  - 3 to 4 Consultation and/or Brief Psychological Screening cases over the course of the year
  - 1-2 Group Therapy Co-Facilitator
  - *1 Comprehensive Multidisciplinary Assessment Team (CMAT) case (based on interest and experience)*
  - *Infant-Parent Mental Health Cases (based on interest and experience)*
- b. **12 - 16 Hours/Week: Indirect Clinical Service (Not Face-to-Face)**
  - Psychological Screening and Testing (scoring, interpretation, report-writing)
  - Case Management, Consultation, and Family Collateral Services (via phone)
  - Clinical Documentation (progress notes, psychosocial assessments)
- c. **10 - 12 Hours/Week: Indirect Service**
  - 2 to 4 hours: Training Seminars/Didactics/Case Conferences
  - 2 to 4 hours: Non-billable services (i.e., managing appointments, emails, literature reviews, administrative duties)
  - 2 hours/month: Staff meetings

**d. 4 - 4.5 Hours/Week: Supervision**

- 2.5 hours (weekly): Individual Primary Therapy Supervision and Individual Assessment Supervision
- 1 hour (weekly): Psychology Team Group Supervision
- 1 hour (bi-monthly): Psychology/Psychiatry Group Supervision
- 1 hour (bi-monthly): Professional Development Group Supervision

Billing Percentage 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 a Billing Percentage of 80% 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 doctoral interns are balancing their direct clinical service with several hours’ worth of supervision, seminars, didactics, and case conferences each week, their Billing Percentage is calculated out of a 32-hour, rather than 40-hour, work week. Therefore, clinical psychology interns are responsible for spending **64%** of their time engaged in direct, billable clinical activity. These billable activities include those outlined above including: a) Direct Clinical Service and b) Indirect Clinical Services.

Interns are expected to complete clinical documentation using AVATAR, our online documentation system (i.e., progress notes within 48 working hours, treatment plans, psychosocial assessment paperwork, etc.) in a timely manner consistent with both professional expectations and specific county/clinic guidelines. All documentation will be reviewed and co-signed by their supervisors.

## **CLINICAL TRAINING DESCRIPTION**

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### **Therapy**

There are only a few clinics in Sacramento County in which psychologists, doctoral interns, and postdoctoral 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 intern is expected to maintain a workload of approximately **8 to 10** therapy clients throughout the training year who are seen on roughly a weekly basis. Primary supervisors work with Tricia Watters, LCSW, Program Coordinator to select clients that will meet the interns’ training needs and preferences. Sacramento County Medi-Cal/EPSTD 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. Interns need to balance their therapy caseload with their assessment caseload, therefore, supervisors encourage interns to provide 45-50 minute sessions per client weekly to bi-monthly. If clinically appropriate and approved by the intern's supervisor, interns can determine where they would like to meet with their clients (i.e., CAPS Clinic, school, home, church, local café, etc.). However, they are not expected to have more than two field appointments in a given week. At this time, UCD staff are not reimbursed for mileage when they use their personal vehicles to deliver clinical care in the community. If staff provide proof of insurance, they can utilize county vehicles for field-based appointments. *(Please note that field appointments are not currently approved due to covid-19 precautions.)*

Interns also provide case management to coordinate care and link their client to available resources in the community. Typically, interns spend 1-2 hours engaged in the following case management activities:

- Coordinate care with caregivers, family members, teachers, family/youth advocates, CPS case managers, juvenile justice staff, pediatricians, psychiatrists, and other mental health providers.
- Attend school meetings (i.e., I.E.P.'s).
- 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). Parallel caregiver groups are typically offered (with components of the Incredible Years, psychoeducation, and parent management and co-regulation skills). Interns will acquire training experience in observing, participating in, and co-facilitating ongoing client and/or parent groups with staff psychologists and other clinicians. **Elizabeth S. Loyola, Psy.D.** oversees the group therapy services. It is expected that each intern will get the opportunity to co-facilitate 1-2 groups with a post-doctoral fellow, licensed psychologist, or county clinician. Currently groups have been provided virtually via telehealth with much success.

### **Psychological Assessment**

The CAPS Clinic's psychological assessment services are in high demand given there are only two clinics in Sacramento County that conduct psychological assessments for individuals with Medi-Cal. Our assessment services often incorporate a Collaborative/Therapeutic Assessment (C/TA) approach. The CAPS Assessment Program is currently managed by **Carlina R. Wheeler, Ph.D.** Depending on the level of need, testing referrals can be assigned as brief screenings (see Consultation and/or Brief Psychological Screening section), psychological testing, or Comprehensive Multidisciplinary Assessment Team (CMAT, p. 29).

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 the client at another setting (i.e., school).
- Observation of the 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 the client.
- Administration of cognitive, academic, and neuropsychological measures to the 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.

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

- Each assessment case can require approximately **8-12 hours** of work per week.
- Interns are expected to complete roughly **3 to 5** assessments during the training year.
- Although the Child ACCESS team authorizes us to work on an assessment for 4 months, it is anticipated that interns complete each assessment within 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, ECBI)
  - ❖ (Neuro)Developmental (ADOS, BAYLEY)
  - ❖ 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)
  - ❖ Personality Measures (M-PACI, MACI, MCMI, MMPI-A, MMPI, PAI-A)
  - ❖ Relational Measures (MIM, Parenting Stress Inventory, Stress Index for Parents of Adolescents, Parenting Relationship Questionnaire)
  - ❖ Risk (Jesness Inventory, Risk Inventory and Strengths Evaluation, Hare PCL:YV)
  - ❖ 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, Trauma and Attachment Belief Scale)
  - ❖ Projective (Rorschach, Rotter Incomplete Sentences Blank)
  - ❖ Neuropsychological Measures (NEPSY, RBANS, Beery's VMI)
  - ❖ Receptive/Expressive Language (CELF, PPVT, EVT)
  - ❖ Occupational/Career Interest (Self-Directed Search, Strong Interest Inventory)

## Consultation and/or Brief Psychological Screening

Interns will receive specific training prior to providing brief screening and consultation services with clinicians or psychiatrists within the CAPS Clinic (as well as from outside agencies) to clarify diagnostic questions or to monitor treatment progress. The interns are responsible for scoring and interpreting a range of self-report measures (i.e., BASC, Beck Youth Inventories) that the trained clinician and/or intern administered. The intern 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 **4-8 hours** of work per week.
- Interns are expected to complete roughly **3 to 4** brief screening assessments within the doctoral training year.
- We expect interns to complete screening cases in 2 to 3 months.

## SUPERVISION

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All primary supervisors of interns are University of California Davis, Medical Center clinical faculty members who have doctoral degrees in Clinical or Counseling Psychology and are licensed to practice in the state of California. They are required to have active, valid licenses, free of any disciplinary action with the California Board of Psychology. In accordance with regulations set by APPIC, APA, SoA, CoA, and the California Board of Psychology, our training program provides doctoral interns with a minimum of **4 to 4.5 hours** of supervision per week or 10% of direct service time for a 40 to 44 hour work week (2-2.5 hours of individual supervision and 2-2.5 hours of group supervision). Recurring, protected time is scheduled for supervision to ensure consistency and predictability of the supervision time, as well as the availability of supervisors. When in-person supervision is not feasible, video supervision will be utilized as an alternative. Interns are required to seek out supervision and/or consultation outside of the designated supervision hour for emergent and urgent issues (see Orientation-Specific Manual for further detail). In accordance with CA regulation, supervisors are available at all times the intern is accruing supervised professional experience (SPE), therefore the interns' schedule is expected to fall between typical business hours (8:00am-5:00pm). Interns can only provide services in California, which is the state their supervisors' are licensed to provide SPE. Please note that supervision must be provided in a private, confidential space, however, the content in supervision is not considered confidential and supervisors regularly communicate and consult with one another to support the trainees' growth and acquisition of skills. Supervisors will be available to address more informal trainee concerns, although they are required to communicate with the Training Director about these concerns to ensure issues are properly understood and addressed from a programmatic level.

- **Primary Therapy Supervision:** Doctoral interns are assigned one of the supervising psychologists as their primary therapy supervisor, with whom they meet on an individual and weekly basis for 1-1.5 hour(s) to discuss their therapy clients. In addition, the primary therapy supervisor will be responsible for co-signing progress notes for therapy clients, overseeing other administrative duties, reviewing the overall training program, and discussing professional development-related issues.
- **Assessment Supervision:** Doctoral interns are assigned one of the supervising psychologists as their assessment supervisor, with whom they meet individually for 1 hour each week to discuss assessment clients. The assessment supervisor is responsible for co-signing progress notes for screening and assessment clients. Assessment supervision also provides the opportunity to discuss various issues that pertain to the roles and responsibilities of an evaluator (e.g., responsibility, expectations, ethical concerns, interprofessional relationships, etc.).
- **Psychology/Psychiatry Group Supervision:** On alternating weeks, the interns will meet with the Child and Adolescent psychiatry fellows and post-doctoral fellows for group supervision for 1 hour. Interns will be asked to bring case-related material to engage in case consultation opportunities for testing clients and shared cases with the psychiatry team. This group supervision is co-facilitated by **Erik Youngdale, M.D.**, and a rotating staff psychologist.
- **Psychology Team Group Supervision:** The purpose of this group supervision is to spend 1-1.5 hour(s) 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 through case presentations and journal clubs.
- **Professional Development Group Supervision:** In this bi-monthly supervision, interns will develop their professional identity and acquire competencies to support their growth across the training year. This group supervision space, facilitated by **Dr. Elizabeth S. Loyola**, will focus on a range of professional issues, including setting professional goals, learning time management skills, understanding the licensure process, and applying to fellowship or a job. The second half of the supervision will focus on developing their supervision skills (via role-playing and peer supervision). The post-doctoral fellows will participate in this supervision from July to December. Beginning in January, interns may begin to meet with fellows for supervision of a specific therapy and/or assessment case, under the supervision of **Dr. Carlina R. Wheeler**, who facilitates the Lateral Supervision/Supervision of Supervision component for the post-doctoral fellows.

## DIDACTIC SEMINARS AND CASE CONFERENCES

All of our required core seminars meet on a regular basis throughout the entire training year. As part of the internship, we are committed to providing our interns with opportunities to learn from psychologists, psychiatrists, and clinicians who have experience with a wide range of clients in a variety of treatment settings. The majority of our seminars are facilitated by the program's supervising psychologists as well as several clinical faculty members who are employed with UC Davis or throughout the Sacramento area. Didactic seminars and case conferences 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

### **Core Internship Seminars**

- **Orientation Seminar:** During the first couple months of the training year, the interns will participate in an Orientation Training to review the Intern Manual, APA Ethics Code, as well as the UCD and CAPS Clinic Policies. The supervising psychologists, as well as the postdoctoral fellows rotate through facilitating this seminar, which also provides foundational didactic training on assessment services, diagnostic formulation, group therapy interventions, the phases of treatment, treatment planning, and goal-setting. Interns will also attend Sacramento County trainings to learn specific documentation requirements and how to complete online documentation using AVATAR during their first month of training.
- **Intervention Seminar:** This seminar provides a special focus on evidence-based practices that are effective with our clinic population (listed below). All seminar instructors will strive to include discussion about appropriate adaptations for telehealth.
  - Group Therapy
  - Functional Family Therapy (FFT)
  - Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
    - Through the UCD CAARE Center, our interns will be provided a two-day introductory training and bi-monthly consultation calls to support eligibility for becoming certified in TF-CBT (other requirements are necessary for certification, including licensure).
- **Assessment Seminar:** This seminar meets on a monthly to bi-monthly basis throughout the training year. This seminar is facilitated by the supervising psychologists (and co-facilitated by the postdoctoral fellows), who provide didactic training on the selection, administration, scoring and interpretation of commonly

used assessment measures at the CAPS Clinic. In addition, latter seminars will focus on topics relevant to the interns' assessment cases.

- **Additional Seminars:** Over the course of the year, the interns will participate in additional seminars to supplement their training experience. These seminars are taught by the supervising psychologists, other psychologists in the UCD community, or guest lecturers from outside agencies. Some of these topics have included:
  - 0-5 Interventions
  - Trauma-Informed Care
  - Supervision Models
  - Navigating Special Education and the Regional Center

### **Diversity Seminar**

- **Carlina R. Wheeler, Ph.D.** leads this seminar twice per month throughout the training year (October- June), which provides an environment to bravely explore different aspects of individual diversity and discuss cases (Arao & Clemens, 2013). Although the Diversity Seminar is required for the interns and fellows, other clinicians are also invited to attend this seminar in order to further enrich and diversify the discussions. A primary goal for interns will be to improve their understanding of individual and cultural diversity, the role it plays in client interactions, and how to replace fear and mistrust with cultural humility, mutual understanding, and respect. Interns 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.

### **Neurodevelopmental Seminar**

Through the MIND Institute's Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program, interns receive specialized training in understanding, treating, and assessing for neurodevelopmental disabilities. The LEND Program provides the opportunity to learn from experts in this area, while also participating in interdisciplinary trainings with professionals from various disciplines (e.g., social work, child psychiatry, developmental pediatrics, speech/language, physical therapy). By participating in these trainings, interns are considered "medium-term" LEND trainees. For more information about the LEND Program: <https://health.ucdavis.edu/mindinstitute/education/lend/lend-index.html>

Seminar topics may include:

- Attention-Deficit/Hyperactivity Disorder
- ADOS-2
- Early Intervention for ASD
- Panel of Adults with Autism
- Neurodiversity
- Comorbid Mental Health Challenges and NDDs

### **Comprehensive Multidisciplinary Assessment Team (CMAT)**

- This team-based assessment is unique to the CAPS Clinic. Members of the team include one or two psychologists and a child psychiatrist, as well as doctoral interns and fellows in psychology and psychiatry and rotating medical students. The team's psychologists and psychology fellows take the lead in 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. Based on interest and demonstrated competency in assessment skills, interns may have the opportunity to contribute to a CMAT with their Assessment Supervisor or postdoctoral fellow.

### **Teaching and Presentation Opportunities**

In addition, each intern will be able to develop their own intervention and assessment seminar (with a statement of training goals and objectives, an outline of relevant literature, audio/video material, data, and questions for the group), and present it to the clinic toward the end of the training year. The intern's primary supervisor and assessment supervisor will be able to assist them in preparing for their final project.

## **ADDITIONAL EDUCATIONAL OPPORTUNITIES**

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There are additional educational opportunities for interns to attend trainings required for our post-doctoral fellows (Advanced Assessment Seminar, Evidence Based Practices for Infants and Young Children, and Evidence-Based Practices for Adolescents). Based on intern interest and ability to meet clinical expectations, interns may be able to observe and gain clinical exposure to these various educational opportunities. In addition, other opportunities are available from the department, including:

### **UC Davis School of Medicine Grand Rounds**

- Interns are invited to attend the Department's bimonthly grand rounds. Typically the psychology team will attend grand round presentations that are applicable to our clinic population. Interns who have completed their dissertation defenses can also submit their topics to the training committee to be considered for Grand Rounds.

### **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/space is limited*).

## APPOINTMENT, STIPEND, AND BENEFITS

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**Two applicants** will be accepted for the 2021 - 2022 training year. Clinical internship appointments are **full-time** (average 40-hour week) for one year. Our doctoral interns acquire a total of **2000 supervised hours** during the training year in order to qualify for the California Board of Psychology, in which the program resides, as well as various states' licensure requirements. Upon successful completion, the doctoral clinical child psychology intern will be awarded a certificate of internship completion from the UC Davis School of Medicine. *Clinical moonlighting is not permitted.*

**2021 - 2022 Training Year:** July 1, 2021 - June 30, 2022

Interns receive a stipend of **\$30,000** for the training year, which is paid out on a monthly basis. Applicable federal and state taxes and social security deductions are withheld. Interns receive approximately **32 days of paid time off** (including **20 vacation days** and **12 days of sick time per year**) and **paid holidays** (approximately **12 days off** per year for county and federal holidays). In addition, interns receive **4 educational/professional leave days**, which they can use for training, dissertation release time, and/or licensure preparation. At this time, we are pleased to offer our interns **UCD Resident and Fellow benefits**. Active interns working at least 20 hours a week are eligible for coverage in the UC medical, dental, vision, life and disability insurance plans. For more information about the Resident and Fellow benefits plan, please visit:

<https://ucdavis.app.box.com/s/4t1285hh4ydcgtvmcn8yhka0t6u71tvv>

Our interns have their own designated office, personal computer, phone (office and cell), voicemail, email (UCD and Sacramento County). Workstations are equipped to provide telehealth services (webcams). There is a possibility for requesting a telework schedule, which will have to be approved by their supervisor and Training Director in advance. Interns may be provided locked storage clipboards, county-issued cell phones, laptops, and noise machines if approved to telework. Interns are also provided administrative assistance (faxing, scanning, phone appointment reminders to clients, and phone calls when clients arrive to the office). Interns also have full access to the UC Davis libraries and associated services, as well as art/play therapy materials located at the CAPS Clinic. In addition, interns can reserve a number of 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.

## ACCREDITATION STATUS

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At this time, our internship training program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our program is also accredited by the American Psychological Association (APA), full accreditation status. Our next site visit/

review period will take place in 2024. 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.

Our program will be participating in the National Matching Service (NMS). **Our 2021-2022 National Matching Service (NMS) Program Number is 245711.** The internship training program agrees to abide by the recruitment and ranking policies. More specifically, no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

## **ELIGIBILITY AND APPLICATION PROCEDURES**

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Applicants currently enrolled at an **APA-accredited graduate university** from a **clinical or counseling psychology** are preferred. Applicants from educational psychology programs with a strong emphasis in clinical training will also be considered.

Prior to the interview, applicants must have completed **at least 3 years** of graduate level training, **350 hours** of doctoral level supervised intervention hours, **all doctoral coursework** as required, pass their academic program's **comprehensive exams**, be accepted into **doctoral candidacy**, and have an **accepted dissertation proposal** before the beginning of the internship. Successful applicants will have acquired doctoral level **experience with children and adolescents** and have written at least **three integrated psychological assessment reports (preferably with a child and/or adolescent client) and/or completed 50 hours of Assessment Interventions.** Due to covid-19 impacting the accrual of supervised clinical experience (intervention and assessment hours and number of psychological reports), the UCD Clinical Child Doctoral Internship program may consider applicants who are close to meeting these requirements and include in their coverletter how their hours have been impacted and what they have done to supplement their clinical experience.

The UCD Clinical Child Doctoral Internship program utilizes the uniform application developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). **Our National Matching Service (NMS) Program Number is 245711.** Please submit only the APPI online application located on the APPIC website ([www.appic.org](http://www.appic.org)). Follow the directions detailed on the APPIC website for submitting your application and uploading additional documents requested below. Your application will be considered complete upon receipt of the following:

	A completed APPIC Uniform Application (APPI)
	A coverletter

	A current Curriculum Vitae
	Transcripts of all graduate level coursework
	A psychological evaluation with all identifying information removed (preferably of a child or adolescent client)
	Three letters of recommendations- one from current graduate school faculty, and preferably two from practicum placement supervisors

Our application deadline is **Monday November 30, 2020 (11:59PM, EST)**.

## **SELECTION PROCEDURES**

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Intern selection is made by a committee comprised of the training director, associate 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 internship. Strong writing skills are also favorably evaluated, as evidenced by the APPI 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 a virtual interview.

Prospective candidates will be notified via email by **Friday December 18, 2020** whether or not they will be granted a virtual interview (via Zoom) with the training director and supervisors. During the interview, candidates will also have the opportunity to meet with the current doctoral interns, postdoctoral fellows, clinical staff, and virtually tour the clinic. Interviews are typically for half a day and will be held on **Thursday January 14, 2021, Friday January 22, 2021, and Monday January 25, 2021**. Interviews are required and weigh heavily in the matching process, as this provides an opportunity for program staff and applicants to determine fit. In addition, the program values applicants who are able to demonstrate an ability to balance strong interpersonal skills with professionalism. Should economic or other reasons interfere with a highly ranked candidate's ability engage in a video interview, a case-by-case decision will be made by training staff to arrange an alternative 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 **November 30, 2020**.

The internship training program agrees to abide by the APPIC policy regarding offers or acceptances. More specifically, no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. If you encounter violations of the APPIC policy, please consider discussing it with your academic training director and reporting the violation to APPIC Standards and Review Committee by completing a

Complaint Form at: <http://www.appic.org/Forms/APPIC-Standards-Review-ASARC-Complaint-Form>.

## NON-DISCRIMINATION PRACTICES

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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  
Mark 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

## PERFORMANCE EVALUATION

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The evaluation process is approached in a manner to provide timely feedback to and from the intern in order to ensure training goals and expectations are being met. All evaluations are completed utilizing an online system (Medhub, see page 27 for an example of the online presentation of the Performance Evaluation). At the beginning of the internship year, interns complete a self-assessment of their experience relative to training objectives of the internship (see Appendix D). The initial self-assessment opens a dialogue about the intern's strengths and specific training areas of growth. The interns are encouraged to develop a growth mindset by identifying how to further develop each competency throughout the training year.

Progress is monitored throughout the internship year, however, more formal verbal and written feedback provided at the mid-year point (December) and end of the year (June). During these biannual evaluations, the intern will meet with each supervisor and/or training

director to review the Intern Performance Evaluation completed by the supervisor and the Supervisor Evaluation completed by the intern. These evaluations are used to provide an opportunity to communicate the intern’s progress. In addition, the Supervisor Evaluation allows the intern to specify what the intern would like more (or less of) from the supervisor. At the end of the internship year, summative feedback is given to the intern during their final Performance Evaluation in June.

Lastly, a Program Evaluation is provided to the interns to complete during the end of the training year (June). This evaluation allows our interns to broadly evaluate program strengths and areas for growth. Interns rotate as representatives during the Training Committee meetings, which provides them an opportunity to provide informal feedback about program strengths and areas for growth on a monthly basis. Our Performance Evaluation Policy is further described in Appendix C.

Serious concerns regarding an intern’s performance will be addressed through due process procedures (see Appendix D). Interns are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary and/or assessment supervisor first and resolve concerns informally. Supervisors will inform the Training Director of issues that arise in order to determine if additional programmatic support/response is required to maintain the integrity of the program. Formal procedures are described in Appendix E.

Scoring Criteria:

SIGNIFICANT DEVELOPMENT NEEDED 1– Significant improvement in developmental functioning and skills acquisition is needed to meet expectations. Requires a Plan of Action at any point of the internship year.

ENTRY LEVEL COMPETENCE 2– Demonstrates entry level competence for an doctoral intern. At the level of an advanced practicum student. Expected across all competency areas at the start of internship. Requires a plan of action at the end of the 1st evaluation period for a doctoral intern.

DEVELOPING COMPETENCY 3– Demonstrates developing competency. At the level of an established doctoral intern. Expected across all competency areas at end of the 1st evaluation period (mid-year).

COMPETENT 4– Functions adequately and meets expectations. At the level of a graduating intern preparing for fellowship. Expected across all areas at end of the training year for a doctoral intern to successfully graduate the program. Requires a Plan of Action at any point of the fellowship year.

HIGH COMPETENCE 5– Demonstrates a high level of competence and exceeds expectations for a graduating intern. At the level of an entry level postdoctoral fellow. Expected across all areas at the beginning of fellowship. Requires a Plan of Action at the end of the 1st evaluation period for a postdoctoral fellow.

SIGNIFICANTLY HIGH COMPETENCE 6– Frequently demonstrates a high level of competence. At the level of an established postdoctoral fellow. Supervision style can be modified to reflect this level of competence. Expected across all areas at end of the 1st evaluation period (mid-year).

ADVANCED 7– Consistently functions at an advanced level of competence and demonstrates a clear area of strength. Exhibits a growing area of specialty/expertise that they can teach and/or supervise psychology trainees with ongoing support. At the level of postdoctoral fellow preparing for independent practice. Expected across all areas at end of the training year for a postdoctoral fellow.

DEVELOPING EXPERTISE 8– Consistently functions at a significantly advanced level of competence. At the level of an entry-level psychologist. Can effectively and independently teach and/or supervise psychology trainees in this area.

N/A– Not Applicable/Not Observed/Cannot Say

Goal 1- Intern will achieve competence in the area of: Intervention

	Significant Development Needed	Entry Level Competence	Developing Competency	Competent	High Competence	Significantly High Competence	Advanced	Developing Expertise	N/A–Not Applicable/Not Observed/Cannot Say
8. Establish rapport, demonstrate empathy, elicit participation and cooperation, and attend to the content and process of clinical interactions.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Establish and maintain effective relationships with the recipients of psychological services, and maintain therapeutic boundaries, separate own issues from those of the client.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Develop evidence-based intervention plans specific to the service delivery goals utilizing client input and identified goals of treatment.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Develop intervention skills in a range of modalities (i.e., individual, family, dyadic, and group therapy).*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Demonstrate 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 clients in reaching treatment goals.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MAINTENANCE OF RECORDS

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Per Commission of Accreditation (CoA) requirements, our program has a confidential system for maintaining intern records. Hard copies of intern records are stored in a confidential, locked filing cabinet and electronically stored in a share folder that can only be accessed by the training director and primary training staff. The training director is responsible for storing this information. This file is also shared with administrative/clerical staff who may assist in organizing both hard copy and electronic charts. Complete records will also have access to these records during on-site review by site visitors. All records will be maintained indefinitely, including: Certificates of Completion; Intern Performance Evaluations (2 per year for each intern); Description of Training Experiences for Each Internship Year, and California Board of Psychology forms.

## TRAINING PROGRAM CONTACT INFORMATION

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Detailed information about our program is available in on our UC Davis webpage:

[https://health.ucdavis.edu/psychiatry/education/child\\_psychology/internship.html](https://health.ucdavis.edu/psychiatry/education/child_psychology/internship.html)

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  
2230 Stockton Blvd. Sacramento, CA 95817-1419

Deb Matsumoto, Training Office: (916) 734-5514, [dmatsumoto@ucdavis.edu](mailto:dmatsumoto@ucdavis.edu)  
Dr. Carlina R. Wheeler, Training Director: (916) 875-1183, [ccrwheeler@ucdavis.edu](mailto:ccrwheeler@ucdavis.edu)  
General Program Questions: [DHSUCDinternship@saccounty.net](mailto:DHSUCDinternship@saccounty.net)

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## APPENDIX A- SAMPLE TRAINING CALENDAR

*\*Activities in red are optional*

Monday	Tuesday	Wednesday	Thursday	Friday
<b>3</b>  <b>10:00- 11:00</b> Psychology/Psychiatry Group Supervision  <b>1:00 - 2:00</b> LEND Seminar	<b>4</b> <b>9:00 - 10:00</b> Therapy Supervision	<b>5</b> <b>8:15 - 9:45</b> CMAT  <b>10:30 - 11:30</b> Intervention Seminar  <b>11:30 - 1:00</b> Psych Team Group Supervision	<b>6</b>      <b>1:00 - 2:00</b> Assessment Supervision	<b>7</b>
<b>10</b>  <b>10:00- 11:00</b> Professional Development Group Supervision  <b>1:00 - 2:00</b> LEND Seminar	<b>11</b> <b>9:00 - 10:00</b> Therapy Supervision	<b>12</b> <b>8:15 - 9:45</b> CMAT  <b>10:30 - 11:30</b> Intervention Seminar  <b>11:30 - 1:00</b> Psych Team Group Supervision  <b>1:00 - 2:30</b> Diversity Seminar	<b>13</b>   <b>11:00-11:15</b> Training Committee Rep   <b>1:00 - 2:00</b> Assessment Supervision	<b>14</b>     <b>11:30 - 12:30</b> <i>Grand                      Rounds</i>
<b>17</b>  <b>10:00- 11:00</b> Psychology/Psychiatry Group Supervision  <b>1:00 - 2:00</b> LEND Seminar	<b>18</b> <b>9:00 - 10:00</b> Therapy Supervision	<b>19</b> <b>8:15 - 9:45</b> CMAT  <b>10:30 - 11:30</b> Intervention Seminar  <b>11:30 - 1:00</b> Psych Team Group Supervision	<b>20</b>      <b>1:00 - 2:00</b> Assessment Supervision	<b>21</b>
<b>24</b>  <b>10:00- 11:00</b> Professional Development Group Supervision  <b>1:00 - 2:00</b> LEND Seminar	<b>25</b> <b>9:00 - 10:00</b> Therapy Supervision	<b>26</b> <b>8:15 - 9:45</b> CMAT  <b>10:30 - 11:30</b> Assessment Seminar  <b>11:30 - 1:00</b> Psych Team Group Supervision  <b>1:00 - 2:30</b> Diversity Seminar	<b>27</b>      <b>1:00 - 2:00</b> Assessment Supervision	<b>28</b>     <b>11:30 - 12:30</b> <i>Grand                      Rounds</i>

## APPENDIX B- SAMPLE DIDACTIC SCHEDULES

### Core Intervention and Assessment Seminars

All interns are required to attend the weekly internship didactic series. All seminars, unless otherwise indicated, are provided via Zoom from 10:30am to 11:30pm on Wednesday mornings and 1:00pm to 2:00pm on Wednesday afternoons. See the Internship Handout for abstracts and learning objectives associated with each scheduled presentation.

<b>Date</b>	<b>Topic</b>	<b>Presenter</b>
7/1/20	Orientation Seminar Welcome, Review Intern Manual BOP Forms/Supervision Administrative  Welcome Lunch with Team	Training Faculty
7/2-3/20	Orientation Seminar Program Overview Training Seminars and Didactics Assessment Consultation and Interprofessional/ Interdisciplinary Skills Ethical and Legal Issues Cultural and Individual Diversity Communication and Interpersonal Skills Supervision Self-Care Professional Values and Attitudes Intervention Research	Dr. Wheeler
7/6/20 8am-12pm	Orientation Seminar UCD New Employee Welcome (NEW)	UCDMC
7/8/20 9am-4pm	Orientation Seminar AVATAR Training - CWS	Sacramento County
7/15/20	Orientation Seminar Documentation Training Pt. 1	Dr. Loyola
7/22/20 10:30am	Orientation Seminar Documentation Training Pt. 2	Dr. Loyola
1:00pm	Intro Assessment Series: Psych Testing Materials	Dr. Wheeler
2:00pm	Intro Assessment Series: Overview of Q-Interactive	Dr. Burns (MIND Institute)
7/29/20 10:30am	Intervention Seminar Complex Ethical/Legal Issues Pt. 1	Postdoctoral Fellows Drs. Fahey and Galvez
1:00pm	APA Telehealth Series	Webinar
2:00pm	Intro Assessment Series: Cognitive Testing	Dr. Burns (MIND Institute)

8/5/20	Intervention Seminar Grand Rounds- The Presentation of Developmental Trauma in Adolescents	Postdoctoral Fellows Drs. Fahey and Galvez
	APA Telehealth Series	Webinar
8/12/20	Intervention Seminar APA Telehealth Series	Webinar
1:00pm	Assessment Seminar Using Q Global	Webinar
8/19/20	Intervention Seminar Group Therapy Series: Overview	Dr. Loyola
1:00pm	Intervention Seminar APA Telehealth Series	Webinar
2:00pm	Intervention Seminar Complex Ethical/Legal Issues Pt. 2	Postdoctoral Fellows Drs. Fahey and Galvez
8/26/20	Trauma-Informed Care Seminar Approaches to Assessing Trauma in Children	Dr. Long
1:00pm	Assessment Seminar Testing Youth with ASD	Dr. Cohen (MIND Institute)
9/2/20	Trauma-Informed Care Seminar Impact of Trauma on Assessment Results	Dr. Long
1:00pm	Intervention Seminar Group Therapy Series: Group Factors	Dr. Loyola
9/9/20 10:00am	Trauma-Informed Care Seminar Impact of Trauma on Assessment Results	Dr. Long
	Assessment Seminar MMPI-A-RF Webinar	Pearson Webinar
9/16/20	Intervention Seminar: Systems-Involved Youth	Dr. Galvez
	Assessment Seminar Bayley-4 Webinar	Pearson Webinar
9/23/20	Intervention Seminar: CAPS Documentation Refresher Training	Dr. Loyola
09/30/20	Intervention Seminar: Introduction to 0-5 Interventions	Dr. Bob
	Adv. Assessment Seminar Neuropsychological Testing	Dr. Haener (MIND Institute)

10/7/20	Intervention Seminar: Introduction to 0-5 Interventions	Dr. Bob
1:00pm	Adv. Assessment Seminar Neuropsychological Testing	Dr. Haener (MIND Institute)
10/14/20	Intervention Seminar: TF-CBT Webcourse	Webinar
10/15/20	Intervention Seminar Group Therapy: Role of Group Facilitators	Dr. Loyola
10/21/20	Intervention Seminar: TF-CBT 2 Day Introductory TF-CBT Training	Drs. Liles and Blacker (CAARE Center)
10/28/20	Path to Licensure	Dr. Loyola
1:00pm	Diversity Seminar	Dr. Wheeler
10/30/20	Guest Lecture Understanding Special Education and Disability Rights	Brittany Gillespie
11/4/20	Supervision Models	Dr. Long
1:00pm	Adv. Assessment Seminar: Neuropsychological Functioning	Dr. Haener
11/10/20	Supervision Models	Dr. Long
1:00pm	Diversity Seminar	Dr. Wheeler
11/11/20	HOLIDAY	
11/18/20	Preparation for Postdoc	Dr. Galvez
1:00pm	Adv. Assessment Seminar: Neuropsychological Functioning	Dr. Haener
11/25/20	NO LIVE SEMINAR- HOLIDAY	--
	CIBHS Working with Communities of Color via Telehealth	Webinar
12/2/20	Guest Lecture Navigating the Regional Center	Brittany Gillespie

1:00pm	Adv. Assessment: Collaborative Therapy Assessment	
12/9/20	Assessing ASD in the Context of Trauma	Dr. Burns (MIND Institute)
1:00pm	Diversity Seminar	Dr. Wheeler
12/15/20	Loan Forgiveness	Dr. Javier Luna
12/16/20	Adv. Assessment: Collaborative Therapy Assessment	Dr. Long
12/23/20	NO LIVE SEMINAR- HOLIDAY	--
	CIBHS Telehealth and Trauma	Webinar
12/30/20	NO LIVE SEMINAR- HOLIDAY	--
	CIBHS Telehealth with 0-5	Webinar
1/6/21 1:00pm	Guest Lecture: Assessing Psychosis and Trauma Pt. 1	Dr. Tara Niendam (SacEDAPT)
1/8/21	Grand Rounds Child and Adolescent Mental Health	
1/13/21	Community Mental Health Series: Case Coordination and Connecting to Resources	Dr. Galvez
1:00pm	Diversity Seminar	Dr. Wheeler
1/20/21	Community Mental Health Series: Interventions	Dr. Galvez
1:00pm	Guest Lecture: Assessing Psychosis and Trauma Pt. 2	Dr. Tara Niendam (SacEDAPT)
1/27/21	Community Mental Health Series: Assessment	Dr. Galvez
1:00pm	Diversity Seminar	Dr. Wheeler
2/3/21	Assessment Seminar: ASD in Children and Adolescents	Dr. Megan Tudor (MIND Institute)
1:00pm	Assessment Seminar Roberts-2 Independent Review	

2/10/21	Assessment Seminar: ASD in Children and Adolescents	Dr. Megan Tudor (MIND Institute)
1:00pm	Diversity Seminar	Dr. Wheeler
2/17/21	Assessment Seminar: ASD in Children and Adolescents	Dr. Megan Tudor (MIND Institute)
1:00pm	Assessment Seminar Roberts-2	Dr. Galvez
2/24/21	Guest Lecture Substance Use and Psychosis	Dr. Tyler Lesh
1:00pm	Diversity Seminar	Dr. Wheeler
3/3/21	Postdoc Dissertation Presentation	Dr. Hoitomt
3/10/21	Postdoc Dissertation Presentation	Dr. Servin
1:00pm	Diversity Seminar	Dr. Wheeler
3/17/21	Assessment Seminar	Dr. Galvez
3/24/21	Guest Lecture	Dr. Peerson
3/31/21	HOLIDAY- NO SEMINAR	--
4/7/21	Intern Final Project Prep	--
4/14/21	Intervention Seminar: FFT Engagement and Motivation	Dr. Wheeler
4/21/21	Intervention Seminar: FFT Behavior Change	Dr. Wheeler
4/28/21	Intervention Seminar: FFT Generalization and Termination	Dr. Wheeler
5/5/21	Intervention Seminar: FFT Case Consultation	Dr. Wheeler
5/12/21	Assessment Seminar	Dr. Loyola
5/19/21	Intern Discharge/End of Year Checklist	Dr. Wheeler
5/26/21	Intervention Seminar Final Project	Intern 1
1:00pm	Diversity Seminar	Dr. Wheeler
6/2/21	Intervention Seminar Final Project	Intern 2
6/9/21	Assessment Seminar Final Project	Intern 1
1:00pm	Diversity Seminar	Dr. Wheeler
6/16/21	Assessment Seminar Final Project	Intern 2  Intern 2

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1:00pm	Assessment Seminar Final Project	
6/23/21	Termination/Discharge	Dr. Loyola
1:00pm	Diversity Seminar	Dr. Wheeler
6/30/21	End of Year Intern Appreciation Luncheon	All Faculty

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## SAMPLE DIVERSITY TRAINING SEMINAR

2020 - 2021

2<sup>nd</sup> and 4<sup>th</sup> Wednesday

1:00pm - 2:30pm

### 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.

DATE	FOCUS	TOPICS
<b>October</b>		
<b>10/14/20</b>		
<b>10/28/20</b>		
	Introduction	Seminar Outline, Group Rules/Values, Key Concepts, ADDRESSING/ RESPECTFUL Model, DSM Cultural Formulation
<b>November</b>		
<b>Tue. 11/10/20</b>		
	(R) Religion and Spirituality	Beliefs, Practices, <i>Religious Prejudice</i>
<b>December</b>		
<b>12/9/20</b>		
	(E) Economic/Class Background	Occupation, Education, Ethnicity, Lifestyle, <i>Classism, Invisible Working Poor</i>

<b>January</b> 1/13/21 1/27/21		
	(S) Sexual and Gender Identity	Gender Identity, Gender Roles/Socialization, Sexual Orientation, <i>Heterosexism, Sexism</i>
<b>February</b> 2/10/21 2/24/21		
	(P) Personal Style/Psychological Maturity  (U) Unique Physical Characteristics	Structural-Developmental Theories, Intellect, Insight, Morality, Social/Interpersonal, <i>Elitism</i>  Appearance, Health, Ability, Disability, Racial Stereotypes, <i>Ableism, Disability Oppression</i>
<b>March</b> 3/10/21 3/24/21		
	(E) Ethnic, Cultural, and Racial Identity  (L) Geographical Location of Residence/ Language	Language, Values, Traditions, Worldview, National Origin, Biological vs. Socio-Political Perspectives, <i>Racism, Ethnic Prejudice</i>  Geographical Location of Residence/ Language, <i>Linguism, Elitism, And Xenophobia</i>
<b>April</b> 4/14/21 4/28/21		
	(C) Chronological Stage/Age/Lifespan Challenges	Maturation, Lifespan Development, Physical Health, Generational Differences, <i>Ageism</i>
<b>May</b> 5/12/21 5/26/21		
	(T) Trauma and Threats to One's Personal Well-Being  (F) Family Background, History and Dynamics	Psychological Health, Organic Factors, Chronic Stress, Power/Privilege, Coping Skills, Self-Esteem, Social Support, <i>Denial of Trauma's Importance</i>

		Family Organization/Structure, Family Influences on Identity, <i>Failure to Consider</i>
<b>June</b> <b>6/9/21</b> <b>6/23/21</b>		
	Wrap-Up, Review	Intersecting Identities, Clinical Conceptualization and Application, Social Justice

## APPENDIX C- PERFORMANCE EVALUATION POLICY

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The UC Davis Clinical Child Psychology Internship requires that interns demonstrate minimum levels of achievement across all training competencies and training elements. Interns are formally evaluated by their primary supervisor (with input from their other supervisors) twice during the training year (December and June). Written evaluations are conducted using a standard rating form that is sent electronically via UC Davis MedHub. The evaluation form includes information about the interns' performance regarding all of the expected training elements. Primary and assessment supervisors are expected to review these evaluations in-person with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback. The Training Director attends the interns' final performance evaluation review. The UC Davis Clinical Child Psychology Internship requires that interns receive a minimum of 4 total hours of supervision each week, with 2 of those hours being individual, face-to-face with a licensed psychologist. During supervision, interns have an opportunity to receive informal feedback in order to communicate progress and areas for growth.

A **minimum level of achievement (MLA)** on each evaluation is defined as a minimum rating of "3" for each competency for the mid-year evaluation period (nearly all learning elements must be at a "3", and no more than one learning element can be rated at a "2", per competency area) and a minimum rating of "4" for each competency for the final evaluation period (across all competency areas and learning elements). Interns who achieve this level of competence are considered prepared for independent, entry level practice, which means the intern has demonstrated:

- 1) The ability to independently function in a broad range of clinical and professional activities;
- 2) The ability to generalize skills and knowledge to new situations; and,
- 3) The ability to self-assess when to seek additional training, supervision, or consultation.

The developmental rating scale for each evaluation is on an 8-point Likert scale, however interns can only achieve ratings between 1 and 5. The following rating values are included in the table below. If an intern receives a score less than the MLA (3 on the mid-year evaluation or a 4 on the final evaluation) on an overall area of competency, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in the Internship Manual (p. 42). Interns must receive a rating of 4 or above on all learning elements across each competency areas during their final end-of-year evaluation to successfully complete the program.

Additionally, all UC Davis Clinical Child Psychology interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director. Feedback to the interns' home doctoral program is provided at the end of each of the two evaluation periods. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will also be contacted within 30 days.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning of the training year and during the two evaluation periods throughout the training year. Additionally, interns will complete an evaluation of their individual and group supervisor(s) formally at the end of the training year. They have an opportunity to provide informal feedback to their individual supervisors at the mid-year. A program evaluation will also be completed at the end of the training year (June), in order to provide feedback that will inform any changes or improvements in the training program. The Training Director and Associate Training Director will meet with the intern to discuss feedback given on the program evaluation.

Interns have access to these evaluation forms, which are stored electronically in the program share drive.

<b>Developmental Level</b>	<b>Score</b>	<b>Scoring Criteria</b>
PRACTICUM STUDENT/ INTERN	<b>1-- Significant Development Needed</b>	Significant improvement in developmental functioning and skills acquisition is needed to meet expectations. At the level of a practicum student. Requires Due Process procedures at any point of the internship year.  Not used at the fellowship level.
INTERN	<b>2-- Entry Level Competence</b>	Demonstrates entry level competence for a doctoral intern. Expected across all competency areas at the start of internship. Requires a plan of action at the end of the 1st evaluation period (mid-year) for a doctoral intern.  Not used at the fellowship level.
INTERN	<b>3-- Developing Competency</b>	Demonstrates developing competency. Functions satisfactorily with ongoing supervision and training. At the level of an established doctoral intern. <b>Expected across all competency areas at end of the 1st evaluation period (mid-year).</b>  Requires Due Process procedures at any point of the fellowship year.
INTERN/FELLOW	<b>4-- Competent</b>	Functions adequately and meets expectations. At the level of a graduating intern preparing for fellowship. <b>Expected across all areas at end of the training year for a doctoral intern to successfully graduate the program and is ready for entry-level practice.</b>  Expected across all areas at the beginning of fellowship.
INTERN/FELLOW	<b>5-- High Competence</b>	Consistently functions at a high level of competence and exceeds expectations for a graduating intern. Exhibits a growing area of specialty/expertise for an intern. Demonstrates a clear area of strength for an entry-level postdoctoral fellow.
FELLOW	<b>6-- Significantly High Competence</b>	Frequently demonstrates a high level of competence. At the level of an established postdoctoral fellow. Supervision style can be modified to reflect this level of competence. <b>Expected across all areas at end of the 1st evaluation period (mid-year).</b>  Not used at the internship level.

		Consistently functions at an advanced level of competence and demonstrates a notable area of strength. Exhibits a growing area of specialty/expertise that fellows can teach and/or supervise psychology trainees with ongoing support. At the level of postdoctoral fellow preparing for independent practice. <b>Expected across all areas at end of the training year for a postdoctoral fellow to successfully graduate the program and is ready for independent practice.</b>
FELLOW	<b>7-- Advanced</b>	Not used at the internship level.
FELLOW	<b>8-- Developing Expertise</b>	Consistently functions at a significantly advanced level of competence. At the level of an entry-level licensed psychologist. Can effectively and independently teach and/or supervise psychology trainees in this area. Not used at the internship level.
INTERN/FELLOW	<b>N/A</b>	Not Applicable/Not Observed/Cannot Say

# APPENDIX D- DUE PROCESS PROCEDURES

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## Procedures for Identifying and Managing Performance and/or Competency-Related Issues

*(Adapted from APPIC Due Process Guidelines)*

### Introduction

This form provides UCDMC-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 and the postdoctoral fellows this is the Training Director (TD), and may also include the Associate Training Director (ATD). 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 UCDMC-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. UCDMC-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. UCDMC-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, UCDMC-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 a "Significant Development Needed" rating (1) or an "Entry Level Competence" rating (2) during the mid-year or end-of-year evaluation period from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (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 TD will discuss the concern with the trainee's supervisor(s).
- 4) If the TD 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 during mid-year or end-of-year evaluation periods 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 intern's supervisor(s) and/or Medical Director.
- 9) The intern 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 intern 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 E- GRIEVANCE PROCEDURES

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## Due Process Procedures for Handling Intern and Fellow Grievances

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. Informal grievances related to supervisory related concerns will require an individual meeting with the TD. The purpose of this meeting is to gather information related to the concern. The TD will also have an individual meeting with the supervisor involved. These meetings are required in order for the TD to develop an informal plan to address the concern. Subsequent group meetings (with the trainee, supervisor(s), and TD) may be considered depending on the situation.

### **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 F- TRAINING STRUCTURE

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## Training Structure

As a smaller training program, the TD serves 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:

### **Psychology Program Director**

Stacey Peerson, Ph.D.

### **Training Director**

Carlina R. Wheeler, Ph.D.

### **Associate Training Director**

Elizabeth S. Loyola, Psy.D.

### **Additional Supervisors**

Stacey Peerson, Ph.D.

Richelle Long, Ph.D.

Erik Youngdale, M.D.

### **CAPS Program Coordinator and Other Contributors**

Tricia Watters, LCSW

As a commitment to strengthening the training program and fostering growth in the staff as training directors, supervisors, and/or teachers/trainers, the UCDMC-CAPS staff participate in monthly meetings. Once a month, the four staff psychologists (not including VCF) participate in a two hour **Training Committee**. The Training Committee meetings ensure consistent communication between programmatic and supervisory staff about all matters related to the trainees and the training program. The meeting is chaired by the TD and minutes are taken by the ATD. In addition, the agenda is set by the TD, however, other supervisory staff are encouraged to raise any issues that are relevant to discuss together. An intern representative also has the opportunity to attend the first 15 minutes of the Training Committee. Typically each intern will get alternating opportunities to participate as an intern representative. The intern representative can utilize this time to provide feedback about the program or raise any issues/concerns/questions that they would like the training staff to discuss during the Training Committee. Following the discussion, the TD provides Program response (via email and saved on the share drive) to representative-set agenda items that warrant a follow-up response.

Additionally, the primary supervising psychologists 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 G- PSYCHOLOGIST BIOGRAPHIES

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### **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 on 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. She is the Associate Training Director for the APA-Accredited Clinical Child Psychology Doctoral Internship Program and the APPIC-member Clinical Child Psychology Postdoctoral Fellowship Program. Dr. Loyola also has an interest in teaching and supervision. She provides training opportunities and supervision for the psychology interns and fellows as well as the psychiatry residents at UC Davis. She co-facilitates the Rorschach Seminar for the fellows and oversees the group therapy component of psychology training programs. She also supervises graduate students, research assistants, and outside volunteers at the MIND Institute.

### **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 multicultural/multiracial 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 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. Given her interest and specialization in individual and cultural diversity, assessment, and systemic work, she has also provided consultation and trainings to outside organizations on improving their diversity, equity, inclusion, and justice efforts.

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.