



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

**CLINICAL CHILD PSYCHOLOGY**  
**POST-DOCTORAL FELLOWSHIP TRAINING PROGRAM**  
**2021 - 2022**

---



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



*Sacramento County Child and Adolescent Psychiatric Services*

## TABLE OF CONTENTS

---

Program Description and Administration	3
Program Values	4
Location	5
Diversity and Inclusion Statement	7
CAPS Clinic Staff	7
CAPS Clinic Population	7
Competencies and Learning Objectives	9
Training Activities and Expectations	13
Clinical Training Description	16
Supervision	19
Didactic Seminars and Case Conferences	22
Additional Educational Opportunities	24
Appointment, Stipend, and Benefits	25
Eligibility and Application Procedures	26
Selection Procedures	27
Performance Evaluation	28
Accreditation Status	29
Non-Discrimination Practices	29
Training Program Contact Information	30
Appendices	31

## **PROGRAM DESCRIPTION AND ADMINISTRATION**

---

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

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



---

### **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.

Danielle Haener, Psy.D.

#### **CAPS Medical Director**

Robert Horst, M.D.

---

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

---

#### **CAPS Program Coordinator**

Tricia Watters, L.C.S.W.

*\*From August 2021-December 2021:*

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

# PROGRAM VALUES

---



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



## 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!*

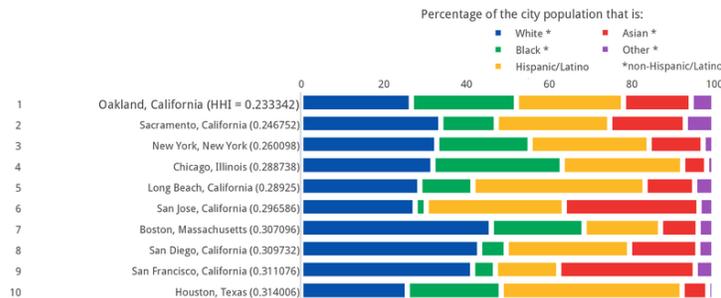


“Sacramento is the cultural, economic, educational and governmental hub of a greater metropolitan area that spans six counties ... Named by Newsweek magazine as one of the ten best cities in the country, its residents enjoy a beautiful city teeming with trees and an unsurpassed quality of life rich in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

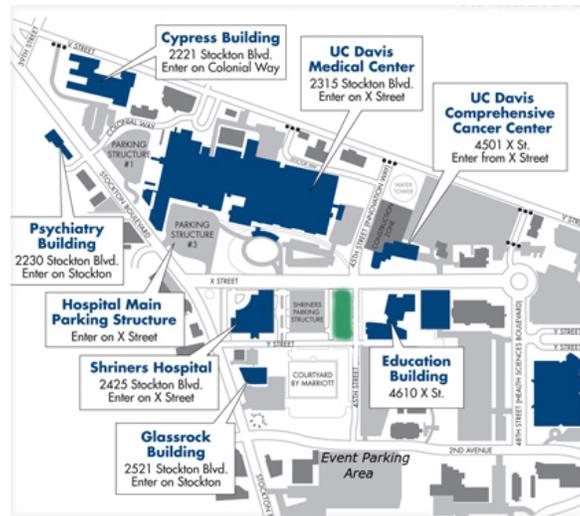


- **Population:** 479,686 (city) and more than two million in metropolitan area
- **Climate:** Mediterranean. Mild year-round with dry summers with little humidity and a cooler/wet season from October through April
- **Attractions:** Include large parks, a 23-mile river parkway and bike trail, historic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

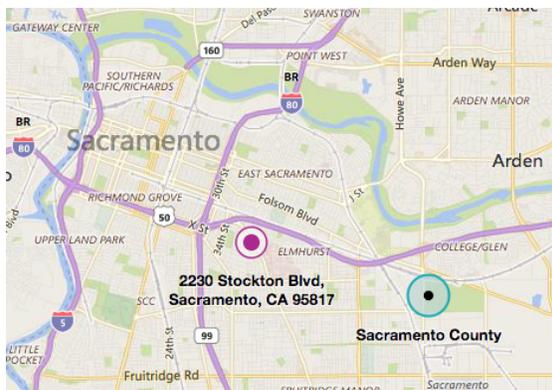
Major American Cities (pop>400k) Ranked by Diversity



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



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



## **DIVERSITY AND INCLUSION STATEMENT**

---

As a training program, the UCDMC Clinical Child Psychology Post-Doctoral Fellowship 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**

---

The CAPS Clinic is staffed by four full-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 clinicians and psychiatric nurses. Our trainees develop strong working relationships with a number of professionals within the community that last beyond their training year.

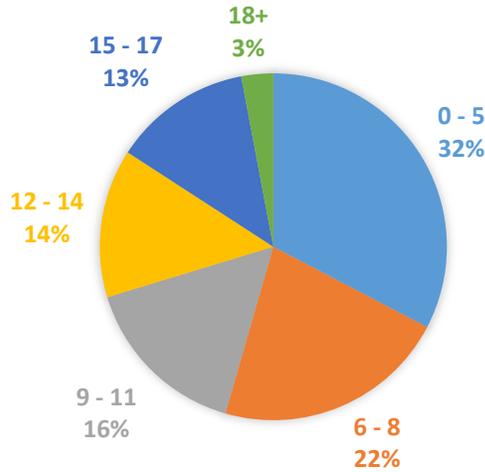
## **CAPS CLINIC POPULATION**

---

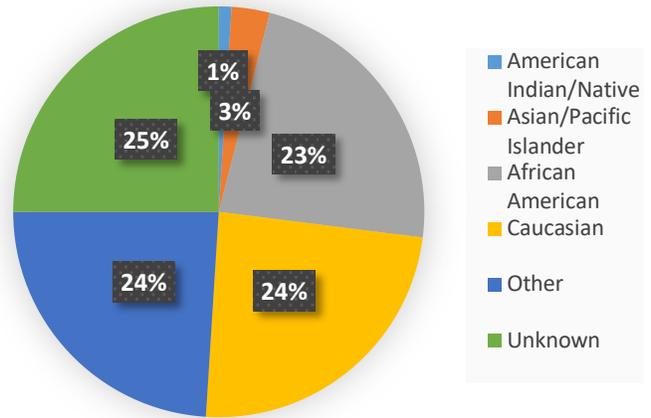
The CAPS Clinic is a county-operated outpatient community mental health clinic for roughly 275 infants, children, adolescents, and transitional-aged youth (ages 0 to 21-years-old), who receive therapy, psychological testing, and/or medication management services. The CAPS Clinic solely serves children 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

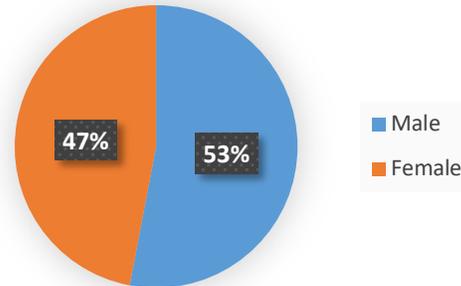
### AGE



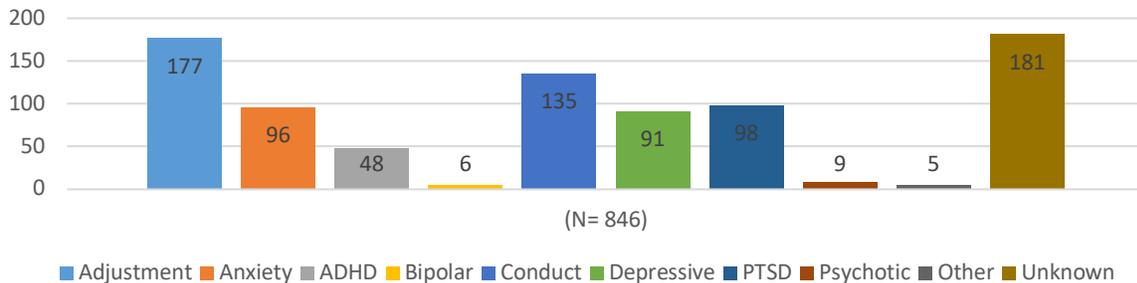
### RACE



### 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

---

The primary goal of the one-year UC Davis Clinical Child Post-Doctoral Fellowship Training Program is to provide advanced and specialized training in clinical child psychology to promote professional development and prepare fellows for independent practice as 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 clinical psychology training program is a challenging and dynamic fellowship program that provides advanced training in the areas of direct evidence-based, developmentally appropriate, and culturally-sensitive clinical service, professional development, ethical decision-making, and scholarly inquiry. We support fellows in reflecting on their self-care practices in order to increase their longevity and effective engagement in the field. Successful fellows are actively open to the learning process, adaptable, flexible, culturally curious, and collaborative.

Over the course of the one-year UC Davis Clinical Child Post-Doctoral Fellowship Program, the fellows will receive training and supervised experience in therapeutic interventions (e.g., individual, family, dyadic, and group therapy), psychological testing (e.g., comprehensive psychological evaluations, intake assessments, and brief psychological screening), and consultation (e.g., to fellow providers and to local agencies/schools). They also participate in training and supervision in an advanced rotation (Neurodevelopmental Group Therapy Management or Program Evaluation and Administration), lateral supervision of doctoral interns, and teaching. It is expected that the fellows will develop competencies in a range of areas outlined by the Association of State and Provincial Psychology Boards (ASPPB), the Association of Psychology Postdoctoral and Fellowship Centers (APPIC), the American Psychological Association (APA), the APA Standards of Accreditation (SoA) for Health Service Psychology (HSP). These competencies include:

## **Level 1 Competencies:**

### **1) Integration of Science and Practice**

- a. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- b. Seek out scholarly literature to inform and guide clinical decisions, treatment selections and questions to supervisors.

- c. Understand problems and/or diagnostic categories within an evidence-based theoretical conceptual framework that guides hypothesis generation regarding appropriate assessment and/or treatment strategies.
- d. Understands how to adapt and apply research principles in a community mental health setting.

**2) Individual and Cultural Diversity**

- a. Displays sensitivity to and respect for diversity by working flexibly and effectively with clients and families.
- b. Demonstrates awareness of the impact of culture on the client's view of therapy and/or assessment.
- c. Considers all areas of diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to resources in the community.
- d. Considers the impact of diversity and is able to address differences with clients and families in a constructive manner.
- e. Demonstrates self-awareness of own culture and potential impact on clients and families.

**3) Ethical and Legal Standards**

- a. Demonstrates good judgment when faced with ethical decisions and seeks information and/or consultation to consistently follow local, California State, and federal laws, regulation, rules, and policies relevant to health service psychologists.
- b. Demonstrates knowledge of and acts in accordance with APA Ethical Principles and Code of Conduct.
- c. Conducts self in an ethical manner in all professional activities.
- d. Knows and follows specific and appropriate procedures for assessing danger to self or others, and reports child, elder, dependent adult, and/or spousal abuse if necessary.
- e. Keeps timely, clear, relevant documentation that is compliant with county and funding source (e.g. Medi-Cal) requirements.

**Level 2 Competencies:**

**4) Intervention**

- a. Demonstrates an ability to establish rapport, demonstrate empathy, elicit participation and cooperation from clients, and attend to the content and process of clinical interactions.
- b. Establish and maintain effective relationship with the recipients of psychological services and maintain therapeutic boundaries by separating own issues from those of the client.
- c. Develop evidence-based intervention plans specific to the service delivery goals utilizing client input and identified goals of treatment.

- d. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- e. Demonstrates intervention skills in a range of modalities (i.e., individual, family, dyadic, and group therapy).
- f. Demonstrates the ability to seek out and apply the relevant research literature to inform clinical decision making, treatment modalities, and intervention skills to successfully assist the client in reaching treatment goals.
- g. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- h. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- i. Assesses high risk behaviors and recommend interventions to maintain the safety of clients and others.
- j. Develop ability to provide clinical case management as appropriate and link client and client's family to available resources in the community.

**5) Assessment**

- a. Gain flexibility in conducting different types of clinical interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status examinations to gather necessary information to reach a differential diagnosis and a clear understanding of the dynamics sustaining the presenting problem.
- b. Develop competency in selecting and applying socio-cultural and age-appropriate assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- c. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- d. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- e. Write a sufficient number of integrated psychological assessment reports in a timely fashion to demonstrate ability to synthesize testing data and developmental knowledge with patient history, family SES, and cultural background and lead to a clear conceptualization and thoughtful treatment and school-specific recommendations.
- f. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

- g. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
  - h. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- 6) Professional Values, Attitudes, and Behaviors**
- a. Behave in ways that reflect the values and attitudes of psychology, including integrity, conduct, professional identity, accountability, lifelong learning, and concern for the welfare of others.
  - b. Challenge self and demonstrate a sincere desire to learn by engaging in self-reflection, participating in trainings, seeking out additional input and knowledge, and actively applying learning from both supervision and seminars to maintain and improve performance, well-being, and professional effectiveness.
  - c. Develop awareness of own strengths, limitations, and personal stress level and seek out needed assistance to behave in a professional manner.
  - d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- 7) Interprofessional and Interdisciplinary Consultation**
- a. Become familiar with multidisciplinary settings and demonstrate knowledge and respect for the roles and perspectives of other professions.
  - b. Apply this knowledge in direct (or simulated) consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
  - c. Develop productive working relationships with other disciplines involved in treatment of clients including members of multi-disciplinary team, clinicians, medical consultants, psychiatrists, school staff, and CPS workers.
  - d. Educate other disciplines on the value and limitations of psychological test data and research.
- 8) Supervision**
- a. Develops and demonstrates knowledge of different theories and practices of supervision models.
  - b. Apply supervision knowledge in direct or simulated practice with other health professionals. Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
  - c. Routinely approach supervision with a list of topics to discuss, prepare to present cases with needed supporting materials (e.g., completed charts, reports, notes, raw assessment materials) and use feedback to improve clinical effectiveness.
  - d. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

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

**9) Communication and Interpersonal Skills**

- a. Develop effective communication and interpersonal skills in order to work well as a team member, by demonstrating appropriate professional demeanor and boundaries.
- b. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- c. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- d. Demonstrate an ability to effectively manage difficult communication (e.g., discuss issues as they arise and resolve conflict directly, quickly, and appropriately with internal staff, external providers, peers, and supervisors).

**10) Self-Care**

- a. Develop awareness of personal stress 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 in a way that does not result in inferior professional services to the client or interfere with job responsibilities.
- c. Demonstrates ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties.

---

## **TRAINING ACTIVITIES AND EXPECTATIONS**

---

### **COVID-19 Updates**

Due to covid-19, the UCDMC Clinical Child Psychology Post-Doctoral Program is closely adhering to local, 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 fellow's supervisor and the clinic. Telehealth services are strongly encouraged, however, 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 via video/Zoom. This includes supervision (individual and group), didactic seminars, and case conferences. At this time field appointments are discontinued out of an abundance of caution.

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

**Average 40 - 44 hours per week for about 50 weeks (1800 fellowship hours total)**

**a) 10 -15 Hours/Week: Direct Clinical Service (Face-to-Face; Telehealth)**

- 10 to 12 Individual, Dyadic and/or Family Psychotherapy cases over the course of the year
- 1 to 3 Collateral cases over the course of the year
- Case Management (ongoing)
- 1 to 2 Intake Assessments (bi-monthly, as available)
- 4 to 8 Psychological Testing cases over the course of the year
  - 2 to 4 Consultation and/or Brief Psychological Screening cases
  - 1 to 2 Comprehensive Multidisciplinary Assessment Team (CMAT) case(s) and/or CMAT Consult Cases
- 2 to 3 Group Therapy Co-Facilitator (for clients and/or caregivers)
- 1 to 2 Infant-Parent Mental Health Cases

**b) 10 -14 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) 5-8 Hours/Week: Indirect Service**

- 2 to 7 hours: Training Seminars/Didactics/Case Conferences

- 2 to 3 hours: Non-billable services (i.e., documentation, managing appointments, emails, literature reviews, administrative duties)
- 2 hours/month: Staff meetings

**d) 4 Hours/Week: Supervision**

- 1 hours: Individual Primary Therapy Supervision
- 1 hour: Individual Assessment Supervision
- 1-1.5 hours: Psychology Team Group Supervision; Clinical Group Supervision; Supervision of Supervision

**e) Additional Fellow Training Activities**

- Lateral Supervision of Doctoral Interns
- Teaching and Presentations
- Department Grand Rounds and Other County Training Activities
- *Participate in Faculty's Research Opportunities (based on availability)*
- TY21-22 Advanced Rotations
  - MIND Institute Group Therapy Management Rotation\*
  - Program Development and Evaluation Rotation

*\*Please note that the fellow who is selected to participate in the Group Therapy Rotation may have adjustments to their therapy caseload (individual and group therapy) given the additional clinical training they receive at the MIND Institute.*

Billing percentage refers to the percentage of time that a clinician spends engaging in services that are “billable.” Because the clinical child post-doctoral fellows are balancing their direct clinical service with several hours’ worth of supervision, seminars, didactics, and case conferences each week, their billing percentage is calculated out of a 32-hour, rather than 40-hour, work week. Therefore, clinical psychology fellows are responsible for spending **64%** of their time engaged in direct and indirect, billable clinical activity. These billable activities include those outlined above including: a) Direct Clinical Service and b) Indirect Clinical Services.

While the UCDCM Clinical Child Program encourages work/life balance, there may be weeks in which a fellow works more than 40 hours/week. The CA Board of Psychology will count a maximum of 44 hours/week towards your licensure requirements, therefore the program strongly supports fellows to average working 40-44 hours/week. Please note that the fellows’ clinical training and supervision is the primary priority and the billing percentage is calculated to determine if the fellow is receiving sufficient clinical hours as part of completing a clinically focused fellowship program.

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

# CLINICAL TRAINING DESCRIPTION

---

## Therapy

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

In general, each fellow is expected to maintain a workload of approximately **10 to 12** therapy clients throughout the training year who are seen on roughly a weekly basis. Sacramento County Medi-Cal/EPSDT does not restrict therapy providers to using specific theoretical orientations or techniques in their work with clients. As such, providers can determine the type of treatment modality (individual, family, dyadic, group) and intervention (i.e., Family Systems, CPP, ARC, TF-CBT, CBT, DBT, ACT, FFT, Interpersonal, Psychodynamic, etc.) that will fit best with each client. Based upon interest and experience, fellows may also carry **1 to 2** Infant-Parent Mental Health cases. Currently, **Richelle Long, Ph.D.** oversees our Child-Parent Psychotherapy (CPP)/Infant-Parent Mental Health cases. Fellows need to balance their therapy caseload with their assessment caseload, therefore, supervisors encourage fellows to provide 45-50 minute sessions per client weekly to bi-monthly. If clinically appropriate and approved by the fellow's supervisor, fellows 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.)*

Fellows also provide case management to coordinate care and link their client to available resources in the community. Typically, fellows 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). Other groups have focused on the developmental needs and

stages of our client (e.g., “Tween” or Teen groups). Fellows are expected to participate in, co-facilitate, and develop ongoing client and/or parent groups with **Elizabeth Loyola, Psy.D.**, who supervises and manages our group therapy program. It is expected that each fellow will get the opportunity to co-facilitate **1 to 3** groups by the end of the training year and may take on a lateral supervision role by co-leading group(s) with a doctoral intern. As part of the Advanced Rotations, one fellow will also have an opportunity to co-lead a social skills group for children with Autism Spectrum Disorder with Dr. Loyola at the UC Davis MIND Institute. The group is an evidence-based, manualized treatment that typically runs for 25 sessions (November through June). Due to covid-19, the group will be offered for a different duration and via telehealth. It largely utilizes CBT principles with a focus on helping the children have positive and successful social interactions. Responsibilities include: assisting with lesson planning, leading activities, providing supervision to volunteers who assist with the group, attending didactic seminars, and interfacing with parents.

### **Psychological Assessment**

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

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

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

- Each assessment case can require approximately **8-12 hours** of work per week.
- Fellows are expected to complete roughly **4 to 8** assessments within the post-doctoral training year.

- Fellows are typically assigned 1 to 2 assessment cases at a time for the first third of the year, and then will be assigned 2 to 3 assessments cases at a time for the remainder of the year.
- Although the Child ACCESS team authorizes us to work on an assessment for 4 months, it is anticipated that fellows complete each assessment within about 3 to 4 months.
- Based upon the referral question, measures we typically use include:
  - ❖ Academic Achievement (WRAT, KTEA, WIAT)
  - ❖ Caregiver/Teacher rating forms (BASC, BRIEF, Conners, ABAS, 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)

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

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

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

## Consultation and/or Brief Psychological Screening

Fellows will receive specific training prior to providing brief screening and consultation services with internal providers (clinicians and psychiatrists) in order to clarify diagnostic questions or to monitor treatment progress. The fellows are responsible for scoring and interpreting a range of self-report measures (i.e., BASC, Beck Youth Inventories) that the trained clinician and/or fellow administered. The fellow then completes a summary progress note before meeting with the referring clinician (and/or client and their 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.
- Fellows are expected to complete roughly **2 to 4** brief screening assessments within the post-doctoral training year.

## SUPERVISION

---

All primary supervisors of fellows are University of California Davis, Medical Center clinical faculty who have doctoral degrees in Clinical or Counseling Psychology and are licensed to practice in the state of California. They are required to be free of any disciplinary action with the California Board of Psychology. In accordance with regulations set by APPIC, APA, SoA, and the California Board of Psychology, our training program provides post-doctoral fellows a minimum of **4 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. Fellows 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 fellow is accruing Supervised Professional Experience (SPE), therefore the fellows' schedule is expected to fall between typical business hours (8:00am-5:00pm). Fellows 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 Supervision:**
  - **Therapy and Assessment Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their primary supervisor, with whom

they meet on an individual and weekly basis to discuss their therapy and assessment clients for 1-1.5 hours. Primary therapy supervisors will be responsible for reviewing therapy and assessment client documentation (i.e., notes, initial/annual clinical bundle, client treatment plans, etc.). They will also oversee administrative duties (documentation timeliness, submitting time-off requests, completing timecard, etc). The fellow may also use this time to review the overall training program, as well as assess their professional development and training goals. The fellows are also expected to use this time to learn new measures and discuss various issues (e.g., responsibility, expectations, ethical concerns, interprofessional relationships, etc.) that pertain to the role of a provider of psychological testing in order to further develop this area of professional development. Lastly, participation in CMAT provides the unique opportunity for live supervision of psychological testing. During the last quarter of the training year, the fellow may be assigned a different supervisor to supervise 1 to 2 assessment cases in order to widen the fellow's exposure to different assessment supervision and report-writing styles.

- **Delegated Supervision/Advanced Rotation:** Our fellows are given the opportunity to apply to an advanced rotation in Group Therapy Management or Program Evaluation and Administration. They will each receive 1 hour of supervision/month for their Advanced Rotation.
  - **Program Administration**
    - A fellow will be selected to develop their skills in training program development, administration, and management with **Drs. Wheeler** (January-September) **and Loyola** (September-December).
    - This rotation will support the fellow in better understanding the nuances of running an internship program, develop ways to measure program efficacy, and make proposals for program improvement. With approval, may be able to implement aspects of proposed changes.
    - *Preferred Qualifications:* Attention to detail and strong organizational skills, timeliness, willing to take on acceptable risks and open to learning from failures, creativity and problem-solving, gives and receives feedback well, maintains professionalism and strong boundaries.
  - **Group Therapy Management**
    - A fellow will be selected to co-lead a social skills group for children with Autism Spectrum Disorder under the supervision of **Dr. Danielle Haener** at the UC Davis MIND Institute.
    - The group is an evidence-based, manualized treatment that runs for 25 sessions (typically from November through June).
    - It largely utilizes CBT principles with a focus on helping the children have positive and successful social interactions.

- It provides additional opportunities learning about group therapy development and management, as well as the supervision of other MIND trainees.
  - *Preferred Qualifications:* Interest and enthusiasm for intervention/client-facing activities, understanding of social deficits in children with ASD and co-morbid diagnoses, creativity in delivering curriculum and skill building, flexibility, and additional supervision opportunities.
- **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 **Drs. Richelle Long and Stacey Peerson** facilitate 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.
- **Psychology/Psychiatry Group Supervision:** On alternating weeks, the fellows will meet with the Child and Adolescent psychiatry fellows and doctoral interns for group supervision for 1 hour. Fellows 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.
- **Professional Development Group Supervision:** For the first four months of the training year, the fellows will participate in this bi-monthly supervision with the interns to 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). Once the fellow has acquired a sufficient understanding of theories and models of supervision, as well as the supervisor role and expectations supervision, role-playing and experiential exercises are implemented. Beginning in January, fellows will begin to meet with interns for lateral 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. In the winter, fellows provide an intern with lateral supervision of a specific therapy and/or assessment case, under the supervision Dr. Wheeler. Fellows meet with interns twice a month (on the alternating weeks of Professional Development Supervision). Fellows can enter non-billable notes documenting their

recommendations made during their supervision with the interns. During the last three months of the training year, the fellows also provide training and administrative supervision to the incoming interns, by opening new therapy and/or assessment cases and having the intern shadow them.

## **DIDACTIC SEMINARS AND CASE CONFERENCES**

---

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

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

### **Advanced Trauma-Informed Care (TIC) Seminar**

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

### **Diversity Seminar**

- **Carlina R. Wheeler, Ph.D.** leads this seminar twice per month throughout the training year (January-June for the 21-22 year), which provides an environment to bravely discuss cases and explore different aspects of individual diversity (Arao & Clemens, 2013). Although the Diversity Seminar is required for the interns and fellows, other clinical staff, psychiatrists, youth advocates, and managers are also invited to attend this seminar in order to further enrich the discussions. A primary goal for fellows will be to improve their understanding of diversity, the role it plays in client interactions, and how to replace fear and mistrust with cultural humility, mutual understanding, and respect. Fellows will be provided a space to learn the RESPECTFUL Model (D'Andrea & Daniels, 1997; 2001) and ADDRESSING Model (Hays, 1996) to deepen their insight into how each aspect of their identity influences their personal perspective and approach to client care.

### **Advanced Assessment Seminar**

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

### **Neurodevelopmental Seminar**

- Through the MIND Institute's Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program, fellows 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, fellows 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/<br>Hyperactivity Disorder | ○ Panel of Adults with Autism                   |
| ○ ADOS-2                                       | ○ Neurodiversity                                |
| ○ Early Intervention for ASD                   | ○ Comorbid Mental Health<br>Challenges and NDDs |

### **Evidence-Based Practices for Infants and Young Children**

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

Case Conference time to conduct case conferences on their infant-parent mental health cases.

### **Evidence-Based Practices for Adolescents Series**

- This half-year rotating seminar and case conference provides fellows with an opportunity to learn skills in evidence-based practices for an adolescent population. Lecturers may include psychologists from the department and in the community, who will rotate through a number of topics.
  - Dialectical Behavior Therapy (DBT)- Dr. Meera P. Ullal, UCDMC, Dept. of Psychiatry and Behavioral Sciences
  - Acceptance and Commitment Therapy (ACT)- Dr. Don Koelpin, UCDMC, Sacramento VA Medical Center
  - Attachment, Self-Regulation, and Competency (ARC) Model- Dr. Carlina Wheeler

### **Advanced Topics Seminar**

- In line with APA's Level 1 competencies for post-doctoral fellows, our training program provides additional training at the end of the year to further prepare them for independent practice as licensed psychologists. These seminars primarily allow fellows to demonstrate their acquired skills, knowledge, and attitudes across the following advanced topics:
  - Skills in Teaching
  - Diversity-Related Issues
  - Ethical and Legal Issues
  - Integration of Science and Practice

## **ADDITIONAL EDUCATIONAL OPPORTUNITIES**

---

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

### **Internship Intervention Seminar**

- Fellows may coordinate with their supervisors to determine if they can attend part of the internship program's intervention-focused seminar, based on interest. This seminar meets on a weekly basis, and topics rotate throughout the training year. These seminars provide a special focus on evidence-based practices that are effective with our clinic population (listed below).
  - Group Therapy
  - Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
  - Functional Family Therapy (FFT)

### **Teaching and Training**

- Some of our training faculty teach seminars for the general psychiatry residents as well as the child and adolescent psychiatry fellows (e.g. Introduction to Psychological

Assessment, Family Therapy, Cognitive Behavior Therapy, Group Therapy, etc.). Fellows are invited to shadow and possibly co-facilitate or provide a guest lecture in one of these seminar series, depending on availability, interest, and experience.

- During the last three months of the training year, fellows will have the opportunity to co-facilitate and develop training seminars for incoming doctoral interns. Fellows complete final projects, with an emphasis on trauma-informed care, which are presented to the interns to prepare for providing intervention and assessment services with CAPS Clinic clients. Other seminars series that fellows can participate in, include Orientation Seminar, Intervention Seminar, and Assessment Seminar.
- Fellows will have an opportunity to teach first year psychiatry residents (PGY-1) introductory therapeutic intervention skills.
- In the past, each year our fellows and psychologists were invited to lead 4- to 6-week training in Psychiatric Interviewing Skills (PSY403) for UC Davis' medical students. As part of the training, our fellows lead a small group of medical students through live interviews with adults who are inpatients in a psychiatric facility. Our fellows have been highly regarded by the medical students and the Department for their ability to educate and support medical students with their first exposure to individuals suffering from severe mental illness. Due to covid-19 it is possible that this opportunity, along with other training opportunities at the inpatient unit (MERT/ISU) will not be available.

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

- Fellows can attend the Department's bimonthly grand rounds. In addition to attending grand rounds, every year our fellows are invited to present a topic at grand rounds. Typically, fellows have presented on their dissertation research. Our fellows' presentations have been well-received by the Department and typically draw in professionals from other departments and the community as well. Visit <https://health.ucdavis.edu/psychiatry/events/index.html> for a list of upcoming trainings.

#### **M.I.N.D. Institute Speaker Series**

- The UC Davis MIND Institute's Distinguished Lecturer Series offers public lectures by nationally and internationally-recognized researchers in neurodevelopmental disorders. These monthly presentations are intended for both specialists and community members. All lectures are free and open to the public and no reservations are necessary (*seating is limited*). For more information about the Distinguished Lecturer Series, please visit: <https://health.ucdavis.edu/mindinstitute/events/dls/>

---

## **APPOINTMENT, STIPEND, AND BENEFITS**

---

**Two applicants** will be accepted for the 2021 - 2022 training year. Clinical fellowship appointments are **full-time** (average 40-hour week) for one year. Our post-doctoral fellows acquire a total of **1800 supervised hours** during the training year in order to fulfill licensure

requirements for the state of California and qualify for various states' licensure requirements  
*Clinical moonlighting is not permitted.*

**2021 – 2022 Training Year:** September 13, 2021 – September 12, 2022

Fellows receive a stipend of **\$48,900** (gross amount) for the training year, which is paid on a monthly basis. This stipend is competitive with other community mental health/academic medical center fellowship stipends in the area. Applicable taxes, social security deductions, and benefits-related costs are also withheld.

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

Postdoctoral fellows who satisfactorily complete the postdoctoral fellowship will acquire a total of 1800 supervised hours during the training year to fulfill licensure requirements for the state of California. The post-doctoral clinical child psychology fellow will be awarded a certificate of post-doctoral fellowship completion from the UC Davis School of Medicine.

## **ELIGIBILITY AND APPLICATION PROCEDURES**

---

Applicants must have attended an **APA-accredited doctoral graduate university** preferably in **clinical or counseling psychology**. Applicants from educational psychology with a strong emphasis in clinical training will be considered. Applicants must have attended an APA-accredited doctoral internship program. Applicants must have completed **all requirements for their doctoral degree prior to September 1, 2021**. Successful applicants will have acquired doctoral level **experience with children and adolescents** and have written at least **five child or adolescent integrated psychological assessment reports**.

Our application deadline is **Monday December 28, 2020 (11:59PM, EST)**. Early application is encouraged and applications will be reviewed as they are received. If you have any questions, please contact the Training Office at (916) 734-7523 or at [dhsucdfellowship@saccounty.net](mailto:dhsucdfellowship@saccounty.net).

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

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

## **SELECTION PROCEDURES**

---

Fellow selection is made by a committee comprised of the training director, the 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 fellowship. Strong writing skills are also favorably evaluated, as evidenced by the Fellowship Application essays and redacted psychological report. Those prospective candidates assessed by the committee to hold interests and goals most closely matching those opportunities offered by our program will be asked to participate in a virtual interview (via Zoom).

Prospective candidates will be notified via email by **Friday January 15, 2021** whether or not they will be granted an interview with the training staff and supervisors. Candidates will also have the opportunity to virtually meet with the current post-doctoral fellows, clinical staff, and tour the clinic. Half-day interviews will be held on **Friday February 5 and Monday February 8, 2021**. Interviews are required and weigh heavily in the selection 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 **December 28, 2020**.

The post-doctoral fellowship training program agrees to abide by the APPIC guidelines for Uniform Notification Date on **Monday February 22, 2021**. Information regarding APPIC Post-doctoral Selection Guidelines can be found at: <http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>

## PERFORMANCE EVALUATION

---

The evaluation process is approached in a manner to provide timely feedback to and from the fellow in order to ensure training goals and expectations are being met. At the beginning of the fellowship year, fellows complete a self-assessment of their experience relative to training objectives of the fellowship. The initial self-assessment opens a dialogue about the fellow's strengths and specific training areas of growth. Progress is monitored throughout the fellowship year, however, more formal verbal and written feedback provided at the mid-year (March) and end of the training year (September). During these biannual evaluations, the fellow will meet with their primary, assessment, and/or delegated supervisors to review the Fellow Performance Evaluation completed jointly by the supervisors, then time is spent in individual supervision to discuss more specific aspects of the evaluation. These evaluations are used to provide an opportunity to communicate the fellow's progress. At the end of the fellowship year, formal summative feedback is provided to the fellow. The Training Director may participate in the final performance evaluation.

In addition, the mid-year Supervisor Evaluation allows the fellow to informally specify what the fellow would like more (or less of) from the supervisor, while the end of year Supervisor Evaluation provides more specific feedback about the fellow's perspective and experience of the supervisor meeting supervisory standards and competencies defined by ASPPB Supervision Guidelines for Health Service Psychologists (February 2020). At the end of the fellowship year, formal summative feedback is provided to the fellow. The Training Director may participate in the final performance evaluation.

Lastly, the fellow is given the opportunity to provide informal feedback throughout the training year during the Training Committee, when acting as a fellow representative (see p. 49 for further detail). In addition, the fellow is responsible for providing formal feedback about the training program by completing the Program Evaluation at the end of the training year (September). Postdocs will be provided an opportunity to meet with the Training Director and the Associate Training Director to provide verbal feedback in addition to their written feedback.

Serious concerns regarding a fellow's performance will be addressed through due process procedures. Fellows are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary 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.

## ACCREDITATION STATUS

---

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

## NON-DISCRIMINATION PRACTICES

---

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

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

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

*Inquiries may also be directed to:*  
Assistant Secretary for Civil Rights of the Dept of Education  
San Francisco Office  
U.S. Department of Education  
50 Beale St., Suite 7200  
San Francisco, California, 94105-1813  
415-486-5555

# TRAINING PROGRAM CONTACT INFORMATION

---

More information about our program is available on our UC Davis webpage:

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

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: [DHSUCDfellowship@saccounty.net](mailto:DHSUCDfellowship@saccounty.net)

## APPENDICES

---

A) Training Sample Calendar	32
B) Sample Didactic Schedules	33
Core Fellow Seminars	33
Diversity Seminar	37
Zero to Five Seminar	39
C) Performance Evaluation Policy	41
D) Due Process Procedures	44
E) Grievance Procedures	51
F) Training Structure	53
G) Staff Biographies	54

## APPENDIX A- SAMPLE TRAINING CALENDAR

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> Primary Supervision	<b>5</b> <b>8:15 - 9:45</b> CMAT  <b>11:30 - 1:00</b> Psych Team Group Supervision  <b>1:00 - 2:00</b> Adv. Assessment Seminar  <b>2:00 - 3:15</b> 0-5 Seminar/ CPP Case Conference	<b>6</b>      <b>1:00 - 2:00</b> Delegated 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> Primary Supervision	<b>12</b> <b>8:15 - 9:45</b> CMAT  <b>11:30 - 1:00</b> Psych Team Group Supervision  <b>1:00 - 2:30</b> Diversity Seminar	<b>13</b>      <b>1:00 - 2:00</b> Delegated 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> Primary Supervision	<b>19</b> <b>8:15 - 9:45</b> CMAT  <b>12:00 - 1:00</b> Psych Team Group Supervision  <b>11:30 - 1:00</b> Adv. Assessment Seminar  <b>2:00 - 3:15</b> 0-5 Seminar/ CPP Case Conference	<b>20</b>      <b>1:00 - 2:00</b> Delegated 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> Primary Supervision	<b>26</b> <b>8:15 - 9:45</b> CMAT  <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>

*\*Activities in red are optional*

## APPENDIX B- SAMPLE DIDACTIC SCHEDULES

### Sample Core Fellow Seminars

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

<b>Date</b>	<b>Topic</b>	<b>Presenter</b>
9/18/19	Orientation Seminar AVATAR Training - CWS	Sacramento County
9/25/19	Orientation Seminars <i>*see Fellowship Calendar for specific times</i>	Training Faculty
10/2/19 1:00pm	Adv. Assessment Seminar: Risk Assessment and Management	Tricia Watters
2:00pm	Trauma-Informed Care Seminar Approaches to Assessing Trauma in Children	Dr. Long
10/9/19 8:30am	Sacramento Co. Documentation- Pt. 2	Sacramento County 7001-A E. Pkwy
1:15pm	Adv. Assessment Seminar: Overview of CAPS Psych Testing	Dr. Long
2:00pm	Trauma-Informed Care Seminar Impact of Trauma on Assessment Results	Dr. Long
10/16/19 1:00pm	Adv. Assessment Seminar: Therapeutic Assessment- Pt. 1	Dr. Long
2:00pm	Trauma-Informed Care Seminar Therapeutic Interventions and Treatment Planning	Dr. Long
10/23/19 1:00pm	Adv. Assessment Seminar: Therapeutic Assessment- Pt. 2	Dr. Long
2:00pm	Trauma-Informed Care Seminar Adaptations to Therapeutic Interventions	Dr. Long
10/30/19 1:00pm	Adv. Assessment Seminar: Neuropsychological Functioning	Dr. Haener
2:00pm	Trauma-Informed Care Seminar Sitting with Trauma	Dr. Long
11/6/19 1:00pm	Adv. Assessment Seminar: Neuropsychological Functioning	Dr. Haener
2:00pm	0-5 Seminar	Dr. Peerson

11/13/19 1:00pm	Adv. Assessment Seminar: Neuropsychological Functioning	Dr. Haener
2:00pm	0-5 Seminar	Dr. Peerson
11/20/19 1:00pm	Adv. Assessment Seminar: Neuropsychological Functioning	Dr. Haener
2:00pm	0-5 Seminar	Dr. Peerson
11/27/19	NO SEMINAR- HOLIDAY	--
12/4/19 1:00pm	Adv. Assessment Seminar: Developmental Functioning	Dr. Long
2:00pm	0-5/ CPP Seminar	Drs. Peerson & Long
12/11/19 1:00pm	Adv. Assessment Seminar: Developmental Functioning	Dr. Long
2:00pm	0-5/ CPP Seminar	Drs. Peerson & Long
12/18/19 1:00pm	Adv. Assessment Seminar: Developmental Functioning	Dr. Long
2:00pm	0-5/ CPP Seminar	Drs. Peerson & Long
12/25/19	NO SEMINAR- HOLIDAY	--
1/1/20	NO SEMINAR- HOLIDAY	--
1/8/20 1:00pm	Diversity Seminar	Dr. Wheeler
1/15/20 1:00pm	Adv. Assessment Seminar: Projectives (Drawings/Sentences)	Dr. Peerson
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
1/22/20	Diversity Seminar	Dr. Wheeler
1/29/20 1:00pm	Adv. Assessment Seminar: Projectives (Roberts-2: Administration/Scoring)	Dr. Long
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
2/5/20 1:00pm	Diversity Seminar	Dr. Wheeler
2/12/20	NO SEMINAR- HOLIDAY	--
2/19/20 1:00pm	Adv. Assessment Seminar: Projectives (Roberts-2: Scoring/Interpretation)	Dr. Long
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
2/26/20 1:00pm	Diversity Seminar	Dr. Wheeler

3/4/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Wheeler
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
3/11/20 1:00pm	Diversity Seminar	Dr. Wheeler
3/18/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Wheeler
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
3/25/20 1:00pm	Diversity Seminar	Dr. Wheeler
4/1/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Wheeler
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
4/8/20 1:00pm	Diversity Seminar	Dr. Wheeler
4/15/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Wheeler
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
4/22/20 1:00pm	Diversity Seminar	Dr. Wheeler
4/29/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Loyola
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
5/6/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Loyola
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
5/13/20 1:00pm	Diversity Seminar	Dr. Wheeler
5/20/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Loyola
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
5/27/20 1:00pm	Diversity Seminar	Dr. Wheeler
6/3/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Loyola
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long

6/10/20 1:00pm	Diversity Seminar	Dr. Wheeler
6/17/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS)	Dr. Loyola
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
6/24/20	End of Year Intern Appreciation Luncheon	All Faculty
7/1/20 1:00pm	Adv. Topics Seminar: Teaching	Dr. Wheeler
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
7/8/20 1:00pm	Adv. Topics Seminar: Teaching	Dr. Wheeler
7/15/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS: Refresher)	Dr. Wheeler
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
7/22/20 1:00pm	Adv. Topics Seminar: Diversity	Dr. Long
2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
7/29/20 2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
8/5/20 1:00pm	Adv. Topics Seminar: Ethics	Dr. Loyola
8/12/20 2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
8/19/20 1:00pm	Adv. Assessment Seminar: Projectives (RPAS: Refresher)	Dr. Loyola
8/26/20 2:00pm	CPP Case Conference	Dr. Peerson/Dr. Long
9/2/20 1:00pm	Adv. Topics Seminar: Integration of Science and Practice	Dr. Peerson
9/9/20	End of Year Fellow Appreciation Luncheon	All Faculty

---

## SAMPLE DIVERSITY TRAINING SEMINAR

---

**2021 - 2022**

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

**1:00pm - 2:30pm**

---

**Instructor: Carlina R. Wheeler, Ph.D.**

### **Description**

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

### **Goals**

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

### **Seminar Schedule\***

<b>Time</b>	<b>Topic</b>
1:00pm- 1:20pm	Group Discussion about Recent Events
1:20pm-1:40pm	Self-Assessment Activity
1:40pm- 1:50pm	Topic Overview
1:50pm- 2:30pm	Self-Reflection/Clinical Applications

*\*Schedule is slightly modified for the 21-22 Training Year due to instructor being on leave*

<b>DATE</b>	<b>TOPIC</b>	<b>DESCRIPTION</b>
<b>January- Week 2</b>	Introduction	Seminar Outline, Group Rules/Values, Key Concepts, RESPECTFUL Model, DSM Cultural Formulation
<b>January- Week 4</b>	(R) Religion and Spirituality	Beliefs, Practices, <i>Religious Prejudice</i>

---

<b>February- Week 2</b>	(E) Economic/Class Background	Occupation, Education, Ethnicity, Lifestyle, <i>Classism, Invisible Working Poor</i>
<b>February- Week 4</b>	(S) Sexual Identity and Gender	Gender Identity, Gender Roles/Socialization, Sexual Orientation, <i>Heterosexism, Sexism</i>
<b>March- Week 2</b>	(P) Personal Style/Psychological Maturity	Structural-Developmental Theories, Intellect, Insight, Morality, Social/Interpersonal, <i>Elitism</i>
<b>March- Week 4</b>	(E) Ethnic, Cultural, and Racial Identity	Language, Values, Traditions, Worldview, National Origin, Biological vs. Socio- Political Perspectives, <i>Racism, Ethnic Prejudice</i>
<b>April- Week 2</b>	(C) Chronological Stage/Age/Lifespan Challenges	Maturation, Lifespan Development, Physical Health, Generational Differences, <i>Ageism</i>
<b>April- Week 4</b>	(T) Trauma and Threats to One's Personal Well-Being	Psychological Health, Organic Factors, Chronic Stress, Power/Privilege, Coping Skills, Self-Esteem, Social Support, <i>Denial of Trauma's Importance</i>
<b>May- Week 2</b>	(F) Family Background, History and Dynamics	Family Organization/Structure, Family Influences on Identity, <i>Failure to Consider</i>
<b>May- Week 4</b>	(U) Unique Physical Characteristics	Appearance, Health, Ability, Disability, Racial Stereotypes, <i>Ableism, Disability Oppression</i>
<b>June- Week 2</b>	(L) Location of Residence/Geographical Location/Language	Geographic Regions, Immigration, Legal Status, Resources, <i>Linguism, Elitism</i>

## Sample Zero to Five Training Seminar

University of CA, Davis Department of Psychiatry and Behavioral Sciences  
Clinical Child Psychology Training Program  
Training Course Syllabus

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

### Description:

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

### Goals/Learning Objectives:

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

### Course Outline:

- I. Introduction to Infant Mental Health
- II. Diversity Informed Tenets
- III. Adverse Childhood Experiences (ACEs)
- IV. Theoretical Models – Touchpoints (Brazelton)
- V. Mutual Regulation Model & Still Face Paradigm (Tronick)
- VI. Theoretical Models - Behavioral Epigenetics
- VII. Brain Growth and Development –Prenatal
- VIII. Brain Growth and Development-Postnatal
- IX. Cognitive and Social-Emotional Development in ages 0-2 months
- X. Cognitive and Social-Emotional Development in ages 2- 6 months
- XI. Cognitive and Social-Emotional Development in ages 6-12 months
- XII. Cognitive and Social-Emotional Development in ages 12-24 months
- XIII. Cognitive and Social-Emotional Development in ages 24-36 months
- XIV. Emotional Regulation
- XV. Brains in Relationships: Understanding the Neurorelational Framework
- XVI. Function and Behaviors of the Regulation System
- XVII. Functions and Behaviors of the Sensory System

- XVIII. Trauma and the Developing Brain (prenatal)
- XIX. Trauma – post partum depression
- XX. Trauma (0 to 5 years)
- XXI. Assessment- Newborn Behavioral Assessment (NBO) & NCAST
- XXII. Assessments- NCAST & Engagement Cues
- XXIII. The Development of Play
- XXIV. Treatment- Child Parent Psychotherapy (CPP)

*Required and Suggested Readings:*

Brandt, K., Perry, B., Seligman, S., & Tronick, E (Eds.). *Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice.* (2014). American Psychiatric Publishing, Arlington, VA.

Fraiberg, S. (1959). *The Magic Years.* Scribner, New York.

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

Holmes, Margaret, M. (2000). *A Terrible Thing Happened.* Imagination Press, Washington D.C.

Lieberman, Alicia, F. (1993). *The Emotional Life of a Toddler.* The Free Press, New York.

Lieberman, Alicia, Ghosh Ippen, Chandra & Van Horn, Patricia (2016). *Don't Hit My Mommy!* Second Edition. Zero to Three Press, Washington D.C.

Lieberman, Alicia & Van Horn, Patricia. (2011). *Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment.* The Guilford Press, New York.

Lilas, Connie & Turnbull, Janiece. (2009). *Infant/Child Mental Health, Early Intervention, and Relationship-Based Practices: A Neurorelational Framework for Interdisciplinary Practice.* W.W. Norton Company, Inc. New York.

Snel, Eline (2013). *Sitting Still Like a Frog.* Shambhala Publications Inc., Boulder Colorado.

Zeanah, C. (Ed.), 2009. *Handbook of Infant Mental Health, 3<sup>rd</sup> Edition.* The Guilford Press, New York.

Zeanah, C., Carter, A., Cohen, J., Egger, H., Gleason, M., Keren, M., Lieberman, A., Mulrooney, K., & Oser, C. (2016). *DC: 0 to 5, Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.* Zero to Three. Washington D.C.

# APPENDIX C- PERFORMANCE EVALUATION POLICY

---

The UC Davis Clinical Child Psychology Fellowship requires that fellows demonstrate minimum levels of achievement across all training competencies and training elements. Fellows are formally evaluated by their primary supervisor (with input from their other supervisors) twice during the training year (March and September). Written evaluations are conducted using a standard rating form that is sent electronically via UC Davis MedHub. The evaluation form includes information about the fellows' performance regarding all of the expected training elements. Primary and assessment supervisors are expected to review these evaluations in-person with the fellows and provide an opportunity for discussion if the fellow has questions or concerns about the feedback. The Training Director attends the fellows' final performance evaluation review. The UC Davis Clinical Child Psychology Fellowship requires that fellows 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, fellows 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 "6" for each competency for the mid-year evaluation period (nearly all learning elements must be at a "6", and no more than one learning element can be rated at a "5", per competency area) and a minimum rating of "7" for each competency for the final evaluation period (across all competency areas and learning elements). Fellows who achieve this level of competence are considered prepared for independent, entry level practice, which means the fellow 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 fellows can only achieve ratings between 3 and 8. The following rating values are included in the table below. If an fellow receives a score less than the MLA ("6" on the mid-year evaluation or a "7" on the final evaluation) on an overall area of competency, or if supervisors have reason to be concerned about the fellow's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in the Fellowship Manual (p. 44). Fellows must receive a rating of 7 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 fellows are expected to complete 1800 hours of training during the fellowship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the fellow has progressed satisfactorily through and completed the fellowship program. Fellow evaluations and certificates of completion are maintained indefinitely by the Training Director.

In addition to the evaluations described above, fellows must complete a self-evaluation form at the beginning of the training year and during the two evaluation periods throughout the training year. Additionally, fellows 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 (September), 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 fellow to discuss feedback given on the program evaluation.

Fellows 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.
FELLOW	<b>7-- Advanced</b>	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>

		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

---

## 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

---

## 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

---

## Training Structure

As a smaller training program, the Training Director 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 Loyola, Psy.D.

### **Additional Supervising Psychologists**

Stacey Peerson, Ph.D.

Richelle Long, Ph.D.

Erik Youngdale, M.D.

Danielle Haener, Psy.D.

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

Tricia Watters, L.C.S.W.

As a commitment to strengthening the training program and fostering growth in the staff as training directors, supervisors, and/or teachers/trainers, the 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. A fellow representative also has the opportunity to attend the first 15 minutes of the Training Committee. Typically each fellow will get alternating opportunities to participate as an fellow representative. The fellow 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

---

### **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.