



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

**CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY (CCAP)**  
**DOCTORAL INTERNSHIP TRAINING PROGRAM MANUAL**  
**2024 – 2025**

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UC Davis Medical Center, Dept. of Psychiatry and Behavioral Sciences



Sacramento County Child and Adolescent Psychiatric Services

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## **PROGRAM DESCRIPTION AND ADMINISTRATION**

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The UC Davis Medical Center, located in Sacramento, California, is an integrated, academic health system that is consistently ranked among the nation's top medical schools. Within the UC Davis School of Medicine, the Department of Psychiatry and Behavioral Sciences has strong collaborative relationships with Sacramento County's Department of Health Services and UC Davis Health. Our doctoral internship program in clinical child and adolescent psychology offers interns the best of both worlds: training from a strong academic approach that emphasizes evidence-based treatment in community mental health and integrated behavioral health outpatient settings. Alongside UC Davis clinical faculty, postdoctoral psychology fellows, as well as psychiatry residents and fellows, our psychology interns will receive their training and provide direct psychological services at their primary rotation, the **Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic**, which serves diverse Sacramento County Medi-Cal/EPSDT child and family recipients. In addition, interns will also get an opportunity to complete their secondary rotation at a **UC Davis Health Pediatric Clinic**, providing exposure to integrated behavioral health care. Both rotations allow interns to work alongside UC Davis clinical faculty, in a rich clinical training environment with postdoctoral psychology fellows, as well as psychiatry residents and fellows.



### **UC Davis Clinical Faculty**

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

Tanya Holland, Psy.D.

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

Olivia Briceño Contreras, Psy.D.

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

Melissa Hopkins, M.D.

Richelle Long, Ph.D.

Jennifer Bob, Psy.D.

Meera Ullal, Psy.D.

Danielle Haener, Psy.D.

# PROGRAM VALUES

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1. **Lead Person-Centered Care** in the best way, at the best time, in the best place, and with the best team
2. **Reimagine Education** by cultivating diverse, transdisciplinary, life-long learners who will lead transformation in health care to advance well-being and equity for all
3. **Accelerate Innovative Research** to improve lives and reduce the burden of disease through the discovery, implementation and dissemination of new knowledge
4. **Improve Population Health** through the use of big data and precision health
5. **Transform Our Culture** by engaging everyone with compassion and inclusion, by inspiring innovative ideas, and by empowering each other
6. **Promote Sustainability** through shared goals, balanced priorities and investments in our workforce and in our community



SACRAMENTO  
COUNTY

Department of Health Services

## **Our Mission**

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

## **Our Vision**

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

## **Our Values**

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

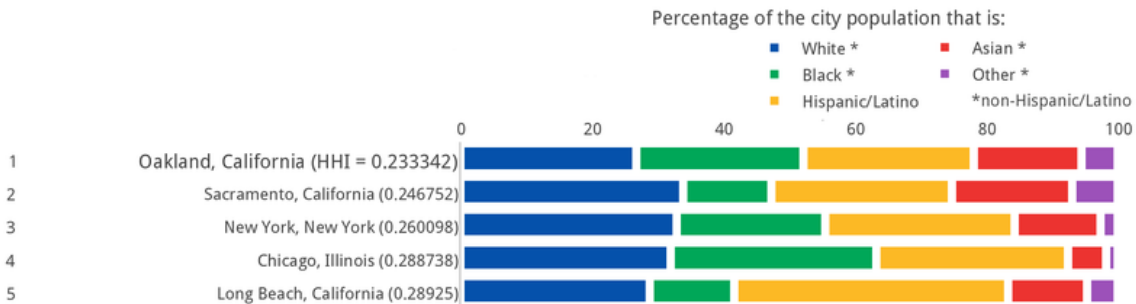
# LOCATION

Welcome to Sacramento, the state capitol of California!



Sacramento is located at the confluence of the Sacramento and American Rivers. It is the core cultural and economic center of the Sacramento area that spans seven counties. Its residents enjoy a beautiful city teeming with trees and an unsurpassed quality of life rich in culture, education, entertainment, and outdoor recreation. 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.”

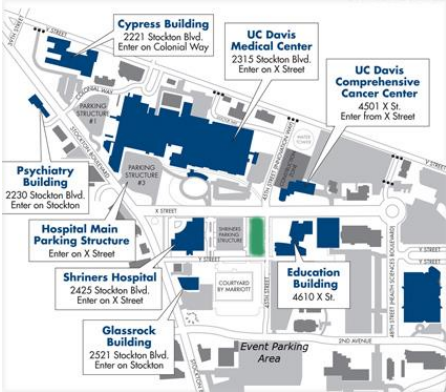
Major American Cities (pop>400k) Ranked by Diversity



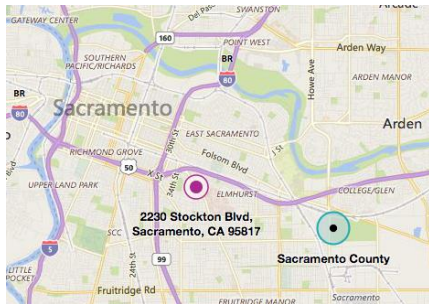
- **Population:** approximately 500,000 (city) and more than two million in metropolitan area
- **Climate:** Mediterranean. Mild year-round with dry summers with little humidity and a cooler/wet season from October through April
- **Attractions:** Large parks, a 23-mile river parkway and bike trail, historic neighborhoods, and a range of cultural attractions; Sacramento is centrally located, with many iconic cities and beautiful landscapes within a 3-hour-drive radius



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



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



The UC Davis Health Family Medicine, Internal Medicine, and Pediatrics has a main campus in Midtown Sacramento and a satellite campus in Citrus Heights. Trainees’ offices are located at the UC Davis Health Citrus Heights Clinic at 7551 Madison Ave.



## **DIVERSITY AND INCLUSION STATEMENT**

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

## **CAPS CLINIC STAFF AND POPULATION**

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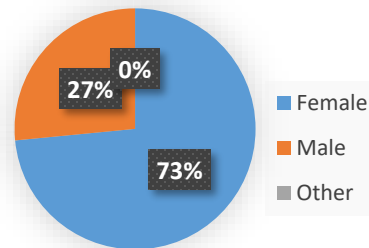
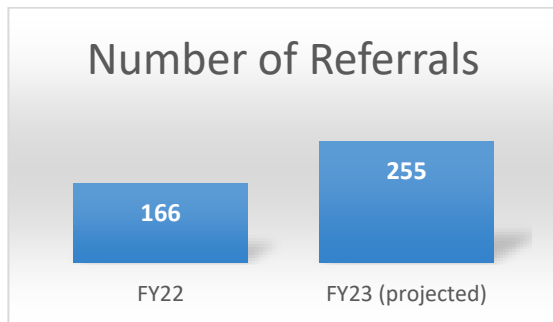
The CAPS Clinic is staffed by three full-time UC Davis faculty psychologists and three board-certified child psychiatrists. It is the primary training site for our doctoral psychology interns, as well as UC Davis' postdoctoral psychology and psychiatry fellows. Medical students also complete rotations at the CAPS Clinic. At our training site, there is a strong collaborative atmosphere and emphasis on interdisciplinary teamwork with county-employed clinicians (LMFTs, LCSWs, and one Psy.D.) and psychiatric nurses. Our trainees develop strong working relationships with a number of professionals within the community that enable them to best support their clients.

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.

# PEDIATRIC CLINIC STAFF AND POPULATION

A range of specialized medical and mental health professionals staff the UC Davis Health Family Medicine, Internal Medicine, and Pediatric Midtown Ambulatory Care Center Clinic. Specialties include family medicine, internal medicine, pediatrics, hepatology, neurological surgery, psychotherapy and psychiatry. It is the secondary training site for our doctoral psychology interns. Medical students and psychiatry residents in psychiatry also complete rotations at the Midtown Pediatric Clinic. Doctoral interns will be responsible for providing brief, targeted evidence-based interventions, primarily utilizing cognitive behavior therapy, to a child and adolescent population screened by their pediatricians to have moderate symptoms of depression and/or anxiety. Following a population health model, clients seen at the Pediatric Clinic benefit from early intervention approaches to reduce the development of severe and persistent mental health symptoms. Clients come from diverse backgrounds and identities that are representative of the Sacramento community. Eligible clients are ages 8 to 17. While most clients have insurance, this clinic can also serve individuals with Medi-Cal/EPSDT.

## Pediatric Clinic Client Demographics: Completed Treatment (2022-2023)



- 89 patients admitted to the program  
**48 completed treatment**
- **Depression protocol:** 23 patients
  - **Anxiety protocol:** 21 patients
  - **Extended protocol:** 3 patients

Gender	Count	Percentage
Female	36	73.47%
Male	13	26.53%
Other	0	0%

Age at Referral				
8- 11	12	24.48%	<b>Total=</b>	48
12- 14	7	16.32%	<b>Mean Age=</b>	14.04
15- 17	29	59.18%	<b>SD Age=</b>	2.60



## COMPETENCIES AND LEARNING ELEMENTS

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The primary goal of the one-year UC Davis Clinical Child and Adolescent Psychology (CCAP) Doctoral Internship Training Program is to promote professional growth and development and prepare interns for independent practice as health service psychologists with specialized experience with underserved child and family populations. We firmly believe it 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' development across different competency areas by recognizing their strengths, unique identities, and areas for growth. The program subscribes to a practitioner-scholar model, which emphasizes knowledge of current research to guide assessment and intervention with diverse, underserved, and oftentimes historically oppressed communities. The clinical psychology training program is a challenging and dynamic internship program that provides advanced training in the areas of direct evidence-based, developmentally appropriate, and culturally sensitive clinical service, professional development, ethical decision-making, and scholarly inquiry. We support interns in reflecting on their self-care practices in order to increase their longevity and effective engagement in the field. Successful interns are actively open to the learning process, adaptable, flexible, culturally curious, and collaborative.

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

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

### **1) Intervention**

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

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

## **2) Assessment**

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

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

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

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

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

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

#### **5) Research**

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

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

## **6) Professional Values and Attitudes**

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

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

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

## **8) Supervision**

- a. Develop and demonstrate knowledge of different theories and practices of supervision models.
- b. Apply supervision knowledge in direct or simulated practice with other health professionals. Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- c. Apply the supervisory skill of observing in direct or simulated practice.
- d. Apply the supervisory skill of evaluating in direct or simulated practice.
- e. Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
- f. Routinely approach supervision with a list of topics to discuss, prepare to present cases with needed supporting materials (e.g., completed charts, reports, notes, raw assessment materials) and use feedback to improve clinical effectiveness.
- g. Seek out immediate supervision in response to ethical issues or clinical risks appropriately.

## **9) Communication and Interpersonal Skills**

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

## **10) Self-Care**

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

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# **TRAINING ACTIVITIES AND EXPECTATIONS**

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Doctoral interns at the Sacramento County CAPS Clinic and the UC Davis Pediatrics Clinic provide several important services to our clients. Following a developmentally appropriate, culturally sensitive, and trauma-informed systems approach to client care, interns develop competencies throughout the training year in order to coordinate and collaborate with several professionals involved in the client's care, including those working in the mental health, medical, academic, and legal domains. Interns complete complex psychological testing at the CAPS Clinic. In addition, they conduct extensive psychological assessments. During the course of their training year, interns also participate in and may have the chance to co-facilitate the CAPS Clinic Comprehensive Multidisciplinary Assessment Team (CMAT) that is led by our faculty psychologists and post-doctoral fellows. Interns will have the opportunity to provide short-term individual therapy at the Pediatrics Clinic and longer-term individual and family therapy at the CAPS Clinic. Interns also complete intake services at both sites and help determine eligibility for Pediatric Collaborative Care clients. Lastly, interns will have opportunities to provide consultation and/or brief psychological screening within the CAPS Clinic and with outside providers.

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

1. **Primary Rotation:** CAPS Clinic- Community mental health (24 hours/3 days)
2. **Secondary Rotation:** Pediatrics Clinic- Integrated behavioral health (16 hours/2 days)
  - a. **10 -15 Hours/Week: Direct Clinical Service (Face-to-Face; Telehealth)**
    - **CAPS Clinic**
      1. 3 to 4 psychological testing cases over the course of the year
        - a. Up to 1 consultation and/or brief psychological screening case over the course of the year
        - b. Up to 1 comprehensive multidisciplinary assessment team (CMAT) consult case (based on interest and experience)
      2. 4 to 5 long-term individual, dyadic, and/or family psychotherapy sessions each week (5-8 cases over the course of the year)
        - a. 2-3 TF-CBT cases
      3. 4 to 5 intake assessments over the course of the year (as available)
    - **Pediatric Clinic**
      1. 10 to 12 individual brief CBT sessions each week (up to 50 cases over the course of the year)
      2. 1 to 4 intake sessions per month
  - b. **10 -14 Hours/Week: Indirect Clinical Service (Not Face-to-Face)**
    - Psychological screening and testing (scoring, interpretation, report-writing)
    - Case management and family collateral services (via phone) 1 to 2 hours/week
    - Consultation 1 to 2 hours/week
    - Clinical documentation (progress notes, psychosocial assessments)
  - c. **4-9 Hours/Week: Indirect Service**
    - 2 to 5 hours/week: Training seminars/didactics/case conferences
    - 1 to 2 hours/week: Non-billable services (i.e., managing appointments, emails, literature reviews, administrative duties)
    - 2 hours/month: Staff meetings
  - d. **4.5 - 5 Hours/Week: Supervision**
    - 3 hours/week: Individual assessment supervision (CAPS Clinic) and individual therapy supervision (CAPS Clinic and Peds Clinic)
    - 1 hour (bi-monthly): Professional development supervision
    - 1 hour (bi-monthly): CAPS psychology team group supervision
    - 1 hour/week: Peds Clinic group supervision (Systematic caseload review [SCR])

The clinical child doctoral interns are balancing their direct clinical service with several hours' worth of supervision, seminars, didactics, and case conferences each week. As a clinical psychology program, interns are responsible for spending 50- 65% of their time engaged in direct, billable clinical activity. These billable activities include those outlined above including: a) Direct clinical service and b) Indirect clinical services. Interns are expected to complete online documentation using Smartcare at the county clinic and EPIC at the Pediatric Clinic. We expect interns to complete progress notes within 48 working

hours. In addition, interns are expected to complete additional clinical documentation at the CAPS Clinic (treatment plans, psychosocial assessment paperwork, etc.) in a timely manner consistent with both professional expectations and specific county guidelines. All documentation will be reviewed and co-signed by their supervisors.

## CLINICAL TRAINING DESCRIPTION

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### Psychological Assessment

The CAPS Clinic's psychological assessment services are in high demand. Our assessment services often incorporate a collaborative/therapeutic assessment (C/TA) approach. The CAPS Assessment Program is currently managed by **Tanya Holland, Psy.D.** Depending on the level of need, testing referrals can be assigned as brief screenings (see Consultation and/or Brief Psychological Screening section), psychological testing, or comprehensive multidisciplinary assessment team (CMAT, p. 23).

Typically, assessments conducted at the CAPS Clinic are quite extensive and often include:

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

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

- Each assessment case can require approximately **8 to 12 hours** of work per week.
- Interns are expected to complete roughly **3 to 5** assessments during the training year.
- Although each testing referral is authorized for 4 months, it is anticipated that interns complete each assessment within 3 to 4 months.
- Based upon the referral question, measures we typically use include:
  - ❖ Academic achievement (WRAT, KTEA, WIAT)
  - ❖ Caregiver/teacher rating forms (BASC, BRIEF, Conners, ABAS, ECBI)

- ❖ (Neuro)Developmental (ADOS, BAYLEY)
- ❖ Drawings (Kinetic family, house-tree-person, D-A-P)
- ❖ Executive functioning, memory and attention (D-KEFS, CEFI, BRIEF, Conners [K-CPT, CPT, CATA], CMS, CVLT, WMS, WRAML)
- ❖ Intellectual/cognitive functioning (WISC, WASI, WAIS, WPPSI, KBIT, TONI)
- ❖ Neurodevelopmental delay screeners (ASRS, ASDS, ASQ, CARS, SCQ)
- ❖ Personality measures (M-PACI, MACI, MCMI, MMPI-A, MMPI, PAI-A)
- ❖ Relational measures (MIM, parenting stress inventory, stress index for parents of adolescents, parenting relationship questionnaire)
- ❖ Risk (Jesness Inventory, risk inventory and strengths evaluation, Hare PCL:YV)
- ❖ Self-report symptom checklists (BASC, Beck Youth Inventory, CDI, RCMAS, MASC, POMS, RSI, ARES, ADES, EQ-i:YV)
- ❖ Sensory processing screeners (Sensory profile questionnaire)
- ❖ Social problem solving (Roberts-2)
- ❖ Trauma (TSCC, TSCYC, UCLA-PTSD-RI, trauma and attachment belief scale)
- ❖ Neuropsychological measures (NEPSY, RBANS, Beery's VMI)
- ❖ Receptive/expressive language (CELF, PPVT, EVT)
- ❖ Occupational/career interest (Self-directed search, Strong Interest Inventory)

### **Consultation and/or Brief Psychological Screening**

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

- Each brief screening and/or consultation assessment can require approximately **4 to 8 hours** of work per week.
- Interns are expected to complete up to **1** brief screening assessments within the doctoral training year.
- We expect interns to complete screening cases in 2 to 3 months.

### **Therapy**

Interns receive robust training and clinical experience across two different outpatient settings for children and adolescents. They complete a rotation in community mental health at the CAPS Clinic and a rotation in pediatric integrated behavioral health in an ambulatory/ primary care center.



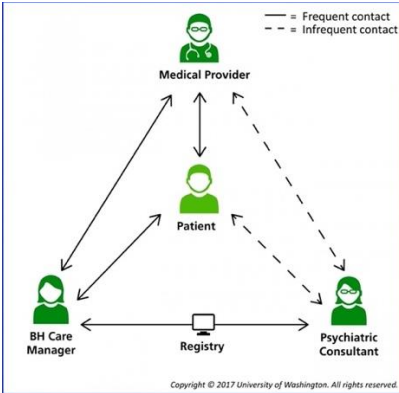
## **Community Mental Health: CAPS Clinic**

There are only a few clinics in Sacramento County in which psychologists, doctoral interns, and postdoctoral fellows in psychology are employed. As such, the CAPS Clinic often receives referrals for therapy cases that are considered more complex and in need of clinicians with a higher level of training. In general, each intern is expected to maintain a CAPS caseload of approximately **4 to 5** therapy clients throughout the training year, who are seen on a weekly basis. Primary supervisors work with Tricia Watters, LCSW, CAPS Clinic Program Coordinator to select clients that will meet the interns' training needs and preferences. In addition, priority is given to select 2 to 3 clients that would be an appropriate fit for TF-CBT. For other clients, interns can determine the type of treatment modality (individual, family, dyadic, group) and intervention (i.e., Family systems, CPP, ARC, CBT, DBT, ACT, FFT, interpersonal, etc.) that will fit best with each client. Interns need to balance their therapy caseload with their assessment caseload, therefore, supervisors encourage interns to provide 45-50 minute sessions per client weekly to bi-monthly. If clinically appropriate and approved by the intern's supervisor, interns can determine where they would like to meet with their clients (i.e., telehealth, 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, UC Davis staff are not reimbursed for mileage when they use their personal vehicles to deliver clinical care in the community. The County shall provide access to a County vehicle for use to provide field-based services in schools, client homes, and other community locations in Sacramento County. The County vehicle must be reserved through the CAPS program ASO I or designee and will only be used during business hours, Monday through Friday, 8am - 5pm.

Interns spend 1 to 2 hours per week providing case management to coordinate care and link their clients to available resources in the community. Interns coordinate care with caregivers, family members, teachers, family/youth advocates, CPS case managers, juvenile justice staff, pediatricians, psychiatrists, and other mental health providers. They also attend school meetings (i.e., I.E.P.'s) and/or medication management sessions.

## **Pediatric Collaborative Care/Integrated Behavioral Health: Pediatric Clinic**

Interns provide brief CBT to child and adolescent clients at the Pediatric Clinic following a collaborative care model. Collaborative Care requires a team of professionals with complementary skills who work together to care for a population of patients with common mental health conditions such as depression or anxiety. Collaborative Care patients are more than twice as likely to have significant improvement in their depression as compared to patients receiving usual care.



**PCP:** Identify symptoms of depression or anxiety and refer to Collaborative Care, if eligible

**BH Clinician (psychologist or psychology intern):** Provide 8-10 sessions of CBT for Depression or CBT for Anxiety

**Psychiatrist:** Provides ongoing consultation to therapist and PCP

### Who is Eligible?

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>▪ Evaluated by PCP</li> <li>▪ Age: 8-17</li> <li>▪ Depressive symptoms endorsed and diagnosed with mild/moderate depression (PHQ9 <math>\geq 10</math>= moderate+ range)</li> <li>▪ Anxious symptoms endorsed and diagnosed with mild/moderate anxiety (GAD-7 <math>\geq 10</math> or SCARED <math>\geq 25</math>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Already in treatment</li> <li>▪ Acute suicidality</li> <li>▪ Psychosis, bipolar, or moderate to severe neurodevelopmental disorders (intellectual disability, developmental disability, autism spectrum disorder)</li> </ul>

## SUPERVISION

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

Supervisors will be available to address more informal trainee concerns, although they are required to communicate these concerns with the training director to ensure issues are properly understood and addressed from a programmatic level.

- **Primary Assessment Supervision:** Doctoral interns are assigned one of the supervising psychologists as their primary assessment supervisor, with whom they meet individually for 1 hour each week to discuss assessment clients. The assessment supervisor is responsible for co-signing progress notes for screening and assessment clients. Assessment supervision also provides the opportunity to discuss various issues that pertain to the roles and responsibilities of an evaluator (e.g., responsibility, expectations, ethical concerns, interprofessional relationships, etc.). As the primary supervisor, they will also oversee other administrative duties across clinical sites, reviewing the overall training program, and discussing professional development-related issues.
- **Therapy Supervision:** Doctoral interns are assigned to two different supervising psychologists, who provide clinical oversight and supervision of therapy clients at the CAPS Clinic and the Pediatric Clinic. Individual therapy supervision meets on a weekly basis for 45 minutes to 1 hour to discuss therapy cases at each site. In addition, the therapy supervisor will be responsible for co-signing progress notes for therapy clients and overseeing other related administrative duties.
- **Pediatric Group Supervision (Systematic Caseload Review [SCR]):** Following an integrated behavioral health model, interns will meet with the psychiatry residents, and child and adolescent psychiatry fellows for group supervision for 1 hour. Interns will be asked to bring case-related material to engage in case consultation opportunities for therapy clients at the Pediatric Clinic. New intakes, acute issues, medication questions, and client updates (using outcomes measures) are prioritized. This group supervision is facilitated by **Melissa Hopkins, M.D.**, and **Meera Ullal, Ph.D.**
- **CAPS Psychology Group Supervision:** The purpose of this group supervision is to discuss evidence-based approaches to therapy and assessment. This group supervision also serves to foster a sense of community, building relationships, and increasing socialization across the team. **Drs. Richelle Long and Jennifer Bob** facilitate the Evidence-Based Practice (EBP) Therapy Group Supervision, which allows interns and fellows to provide case conceptualization within various EBPs they are learning throughout the training year. **Dr. Brandi Liles** will facilitate a monthly TF-CBT group consult call.
- **Professional Development Group Supervision:** In this bi-monthly supervision, interns will develop their professional identity and acquire competencies to support their growth across the training year. This group supervision space, facilitated by **Dr. Danielle Haener**, 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 be facilitated by **Dr. Olivia Briceño Contreras** and focuses on developing their supervision skills (via role-playing and peer supervision). Beginning in September, interns may begin to meet with fellows for supervision of a specific therapy and/or assessment case, under the supervision of **Dr. Richelle Long**, who facilitates the Lateral Supervision/Supervision of Supervision component for the post-doctoral fellows.

## **DIDACTIC SEMINARS AND CASE CONFERENCES**

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

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

### **Core Internship Seminars**

- **Orientation Seminar:** During the first couple months of the training year, the interns will participate in an orientation training to review the Intern Manual, APA ethics code, as well as the policies and procedures for UC Davis, CAPS Clinic, and Pediatric Clinic. The supervising psychologists, as well as the postdoctoral fellows facilitate these seminars, which also provides foundational didactic training on assessment services, diagnostic formulation, group therapy interventions, the phases of treatment, treatment planning, and goal setting. Interns will also attend both UC Davis and Sacramento County trainings to learn specific documentation requirements and how to complete online documentation during their first month of training. Interns are also invited to other child-focused internship programs in the department orientation seminars with the MIND Institute and EDAPT Clinic. These may include: MIND Assessment Fundamentals, EDAPT CBT Core Principles and Case Conference, Suicide Risk Assessment, and Mandated Reporting.
- **Intervention Seminar:** This seminar provides a special focus on evidence-based practices that are effective with our clinic population (listed below). All seminar

instructors will strive to include discussion about appropriate adaptations for telehealth.

- Cognitive Behavior Therapy (CBT)- Various faculty
- Dialectical Behavior Therapy (DBT) Case Conference- Dr. Meera Ullal
- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
  - Through the UC Davis CAARE Center, our interns will be provided a two-day introductory training and bi-monthly consultation calls to support eligibility for becoming certified in TF-CBT (other requirements are necessary for certification, including licensure).
- **Assessment Seminar:** This is a short-term seminar focused on therapeutic assessment and feedback. There may also be one-off assessment seminars throughout the year to receive training in specific areas.

### **Diversity Seminar**

- **Dr. Meg Tudor** leads this seminar twice per month throughout the training year (September- June), which provides an environment to bravely explore different aspects of individual diversity and discuss cases (Arao & Clemens, 2013). During the last two training years, the Diversity Seminar has been attended by the CCAP interns and fellows, as well as the trainees from the MIND Institute training programs in order to further enrich and diversify the discussions. A primary goal for interns will be to improve their understanding of individual and cultural diversity, the role it plays in client interactions, and how to replace fear and mistrust with cultural humility, mutual understanding, and respect.

### **Professional Development Seminar**

- As a joint collaboration between the **CCAP and MIND Institute psychology training programs**, the Professional Development Seminar is offered on a monthly basis and is facilitated by **Dr. Danielle Haener**. This seminar focuses on strengthening soft skills including critical thinking, problem solving, effective communication, public speaking, teamwork, work ethic, career management, self-care, and other topics designed to prepare the interns and fellows for entry-level practice.

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

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

## **Neurodevelopmental Seminar**

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

Seminar topics may include:

- ADHD
- ADOS-2
- Early Intervention for ASD
- Panel of Adults with Autism
- Neurodiversity
- Comorbid Mental Health Challenges and NDDs

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

This team-based assessment is unique to the CAPS Clinic. Members of the team include one or two psychologists and a child psychiatrist, as well as doctoral interns and fellows in psychology and psychiatry and rotating medical students. The team's psychologists and psychology fellows take the lead in conducting live, comprehensive psychological assessments behind a one-way mirror. These assessments are conducted with children and adolescents with extremely complex presentations who are referred to the team by mental health and medical professionals within the community. Oftentimes these clients' clinical presentations are complicated by serious medical problems and/or severe environmental stressors. Based on interest and demonstrated competency in assessment skills, interns may have the opportunity to contribute to a CMAT case with their Assessment Supervisor or postdoctoral fellow. Interns have also participated in brief, CMAT Consult cases.

## **Teaching and Presentation Opportunities**

Each intern will be able to develop their own intervention and/or assessment seminar (with a statement of training goals and objectives, an outline of relevant literature, audio/video material, data, and questions for the group), and present it to the clinic toward the end of the training year. The intern's primary supervisor and assessment supervisor will be able to assist them in preparing for their final project. Other teaching opportunities that arise may also be available to interns based on their interest and experience (e.g., teaching CBT to third year psychiatry residents).

## ADDITIONAL EDUCATIONAL OPPORTUNITIES

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

### UC Davis School of Medicine Grand Rounds

- Interns are invited to attend the department's biweekly grand rounds. Typically, the psychology team will attend grand round presentations that are applicable to our clinic population. Interns who have completed their dissertation defenses can also submit their topics to the training committee to be considered for Grand Rounds. 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. For more information about the Distinguished Lecturer Series, please visit: <https://health.ucdavis.edu/mindinstitute/events/dls/>

## APPOINTMENT, STIPEND, AND BENEFITS

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**Two applicants** will be accepted for the 2024 - 2025 training year. Clinical internship appointments are **full-time** (average 40-44 hour week) for one year. Our doctoral interns acquire a total of **2000 supervised hours** during the training year in order to fulfill licensure requirements for the state of California and qualify for various states' licensure requirements. Upon successful completion, the doctoral clinical child psychology intern will be awarded a certificate of internship completion from the UC Davis School of Medicine. Clinical moonlighting is not permitted.

**2024 - 2025 Training Year:** July 1, 2024 - June 30, 2025

Interns receive a stipend of \$23/ hour (or min \$46,000 for the training year), which is paid out on a biweekly basis. Applicable federal and state taxes and social security deductions are withheld. Interns receive approximately **40 days of paid time off** (including **24 vacation days** and **12 days** of sick time per year) **and paid holidays** (approximately **12 days off** per year for county and federal holidays). In addition, interns receive **4 educational/professional leave days**, which they can use for training, dissertation

release time, and/or licensure preparation. At this time, we are pleased to offer our interns **UC Davis Resident and Fellow benefits**. Active interns working at least 20 hours a week are eligible for coverage in the UC medical, dental, vision, life and disability insurance plans. For more information about the Resident and Fellow benefits plan, please visit:

[https://www.ucresidentbenefits.com/wp-content/uploads/2023/03/UCD-res-plan-brochure-23-WEB508\\_031423.pdf](https://www.ucresidentbenefits.com/wp-content/uploads/2023/03/UCD-res-plan-brochure-23-WEB508_031423.pdf)

Our interns have their own designated offices at both the CAPS Clinic and the Pediatric Clinic location in Citrus Heights. Interns are provided a personal computer, office phone, voicemail, and email (UC Davis and Sacramento County). All workstations are equipped to provide telehealth services (webcams). There is a possibility for requesting a telework schedule, which will have to be approved by their supervisor and training director in advance. At the CAPS Clinic, interns may request locked storage clipboards, county-issued cell phones, laptops, and noise machines, if approved to telework. Across clinical sites, interns are also provided administrative assistance (faxing, scanning, phone appointment reminders to clients, and phone calls when clients arrive to the office). Interns also have full access to the UC Davis libraries and associated services. They can utilize available art/play therapy materials located at the CAPS Clinic. In addition, interns can reserve a number of offices, observation rooms (with one-way mirror and audio/visual equipment), and the psychological testing office to provide confidential, direct services with CAPS Clinic clients.

## ACCREDITATION STATUS

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At this time, our internship training program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our program is also accredited by the American Psychological Association (APA). Our next self-study review period is currently under way. Any questions about accreditation may be addressed to: Office of Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002. Telephone: 202-336-5979.

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



## ELIGIBILITY AND APPLICATION PROCEDURES

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

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

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

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

Our application deadline is **Sunday November 10, 2024 (11:59PM, EST)**.

## SELECTION PROCEDURES

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Intern selection is made by a committee comprised of the training director, associate training director, and the supervising training psychologists. Applicants are rated on the basis of their clinical training (i.e., assessment and therapy), academic coursework, letter of recommendation, clinical and research interests, progress toward dissertation completion, and stated goals for internship. Strong writing skills are also favorably evaluated, as evidenced by the APPI essays and redacted psychological report. Those prospective candidates assessed by the committee to hold interests and goals most closely matching those opportunities offered by our program will be asked to participate in a virtual interview.

Prospective candidates will be notified via email by **Friday December 13, 2024** whether or not they will be granted a virtual interview (via Zoom) with the training director and supervisors. During the interview, candidates will also have the opportunity to meet with the current doctoral interns, postdoctoral fellows, clinical staff, and virtually tour the clinic. Interviews are typically for half a day and will be held mid-January. Interviews are required and weigh heavily in the matching process, as this provides an opportunity for program staff and applicants to determine fit. In addition, the program values applicants who are able to demonstrate an ability to balance strong interpersonal skills with professionalism. Interviews will only be offered to applicants who have submitted a complete application and only after these applications have been screened by the faculty. Applicants who wish to be considered for interviews should submit application materials prior to **November 10, 2024**.

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

## NON-DISCRIMINATION PRACTICES

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

veteran, in accordance with all applicable state and federal laws, and with university policy. As required by Title IX, the University of California, Davis, does not discriminate on the basis of sex in its educational programs, admissions, employment or other activities.

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

Wendi Delmendo  
Mark Hall, Fourth Floor  
One Shields Ave., Davis,  
California, 95616  
530-752-9466  
wjdelmendo@ucdavis.edu

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  
OCR.SanFrancisco@ed.gov

## PERFORMANCE EVALUATION

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The evaluation process is approached in a manner to provide timely feedback to and from the intern in order to ensure training goals and expectations are being met. All evaluations are completed utilizing an online system (Qualtrics, see Appendix C for scoring criteria for the Performance Evaluation). At the beginning of the internship year, interns complete a self-assessment of their experience relative to training objectives of the internship (see pages 9 to 13 for competencies and learning elements). The initial self-assessment opens a dialogue about the intern's strengths and specific training areas of growth. The interns are encouraged to develop a growth mindset by identifying how to further develop each competency throughout the training year.

Progress is monitored throughout the internship year, however, more formal verbal and written feedback provided mid-year (December) and at the end of the year (June). During these evaluations, the intern will meet with their individual supervisor(s) and/or training director to review the intern performance evaluation completed by the supervisor. These evaluations are used to provide an opportunity to communicate the intern's progress. At the end of the internship year, summative feedback is given to the intern during their final performance evaluation in June. In addition, the intern is expected to complete an informal, mid-year supervisor evaluation, which allows the intern to specify what the intern would like more (or less of) from their individual supervisor. The intern also completes a formal end-of-year supervisor evaluation, based on the supervisor competencies for health service psychologists, which aims to acknowledge supervisor strengths and areas for growth.

Lastly, a program evaluation is provided to the interns to complete at the end of the training year (June). This evaluation allows our interns to broadly evaluate program strengths and areas for growth. Interns rotate as representatives during the training

committee meetings, which provides them an opportunity to provide informal feedback about program strengths and areas for growth on a monthly basis. Our performance evaluation policy is further described in Appendix C. Serious concerns regarding an intern's performance will be addressed through due process procedures (see Appendix D). Interns are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary and/or therapy supervisor(s) first to resolve concerns informally. Supervisors will inform the training director of issues that arise in order to determine if additional programmatic support/response is required to maintain the integrity of the program. Formal procedures are described in Appendix E.

## **MAINTENANCE OF RECORDS AND PROGRAM COMMUNICATION**

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

In addition, our training program communicates with the director of clinical training (DCT) at the intern's graduate program during orientation/on-boarding, throughout the training year (by providing copies of the performance evaluations and/or if the intern needs additional support, as it pertains to our due process and grievance procedures), and at the completion of the program (to confirm successful graduation of the program).

# TRAINING PROGRAM CONTACT INFORMATION

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

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

For additional information, please contact:

University of California, Davis Health  
Department of Psychiatry and Behavioral Sciences  
Clinical Child and Adolescent Psychology (CCAP) Training Program  
2230 Stockton Blvd. Sacramento, CA 95817-1419  
Monica Mercado, Training Programs Administrator: 916-734-7865, [mmercado@ucdavis.edu](mailto:mmercado@ucdavis.edu)  
Dr. Tanya Holland, Interim Training Director: 916-875-1183, [tholland@ucdavis.edu](mailto:tholland@ucdavis.edu)

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## APPENDIX A- SAMPLE TRAINING SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday
<b>3</b>  <b>12:30-1:30</b> MIND LEND NDD Seminar	<b>4</b> <b>10:00 – 11:00</b> Peds Therapy Group Sup <b>11:30 – 12:30</b> DBT Seminar <b>1:00 – 2:00</b> Pediatric Group Sup/ SCR	<b>5</b> <b>8:15 – 9:45</b> CMAT <b>10:00- 11:00</b> Team Building Hour <b>11:00 - 12:00</b> CAPS EBP Group Sup <b>1:00 – 2:00</b> CBT Seminar	<b>6</b>  <b>10:00 – 11:00</b> CAPS Therapy Sup  <b>1:00 – 2:00</b> Assessment Sup	<b>7</b>
<b>10</b>  <b>12:30-1:30</b> MIND LEND NDD Seminar	<b>11</b> <b>10:00 – 11:00</b> Peds Therapy Sup <b>1:00 – 2:00</b> Pediatric Group Sup/ SCR	<b>12</b> <b>8:15 – 9:45</b> CMAT <b>10:00- 11:00</b> Prof. Dev't Group Sup <b>1:00 – 2:30</b> Diversity Seminar	<b>13</b> <b>10:00 – 11:00</b> CAPS Therapy Sup <b>11:00-11:15</b> Training Committee Rep  <b>1:00 – 2:00</b> Assessment Sup	<b>14</b>  <b>11:30 – 12:30</b> Grand Rounds
<b>17</b>  <b>12:30-1:30</b> MIND LEND NDD Seminar	<b>18</b> <b>10:00 – 11:00</b> Peds Therapy Sup <b>1:00 – 2:00</b> Pediatric Group Sup/ SCR	<b>19</b> <b>8:15 – 9:45</b> CMAT <b>10:00- 11:00</b> Prof. Dev't Seminar <b>11:00 - 12:00</b> Assessment Group Sup <b>1:00 – 2:00</b> Assessment Seminar	<b>20</b> <b>10:00 – 11:00</b> CAPS Therapy Sup  <b>1:00 – 2:00</b> Assessment Sup	<b>21</b>
<b>24</b>  <b>12:30-1:30</b> MIND LEND NDD Seminar	<b>25</b> <b>10:00 – 11:00</b> Peds Therapy Sup <b>1:00 – 2:00</b> Pediatric Group Sup/ SCR	<b>26</b> <b>8:15 – 9:45</b> CMAT <b>10:00- 11:00</b> Prof. Dev't Group Sup <b>11:30 - 12:30</b> Psych Team Group Sup <b>1:00 – 2:30</b> Diversity Seminar	<b>27</b> <b>10:00 – 11:00</b> CAPS Therapy Sup  <b>1:00 – 2:00</b> Assessment Sup	<b>28</b>  <b>11:30 – 12:30</b> Grand Rounds

## Sample Rotation Schedule

	<b>PEDS (in-office) Monday</b>	<b>PEDS (remote) Tuesday</b>	<b>CAPS (in-office) Wednesday</b>	<b>CAPS (in-office) Thursday</b>	<b>CAPS (in-office) Friday</b>
8:00 AM	ADMIN	IBH/CC PATIENT <i>*telehealth</i>	CAPS ASMT CLINIC/ CMAT	ADMIN	CAPS ASMT CLINIC
8:30 AM	IBH/CC PATIENT	ULLAL SUPERVISION		CAPS ASMT CLINIC	
9:00 AM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>	PROF DEVT SERIES		
9:30 AM	IBH/CC PATIENT	SCR GROUP SUP	travel	CASE MGMT	
10:00 AM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>	PSYCH TEAM GROUP SUP	x	x
10:30 AM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>			
11:00 AM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>	SEMINAR/ CASE CONFERENCE	x	x
11:30 AM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>			
12:00 PM	x	travel	HOLLAND SUPERVISION	x	CAPS CMH PATIENT
12:30 PM	LEND	x			
1:00 PM	DIDACTIC	IBH/CC PATIENT <i>*telehealth</i>	LONG- GROUP LONG- INDIV	CAPS ASMT CLINIC	CAPS CMH PATIENT
1:30 PM	x	IBH/CC PATIENT <i>*telehealth</i>			
2:00 PM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>	CAPS CMH PATIENT	CAPS ASMT CLINIC	CAPS CMH PATIENT
2:30 PM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>			
3:00 PM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>	CAPS CMH PATIENT	CAPS ASMT CLINIC	CAPS CMH PATIENT
3:30 PM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>			
4:00 PM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>	CAPS CMH PATIENT	CAPS ASMT CLINIC	ADMIN
4:30 PM	IBH/CC PATIENT	IBH/CC PATIENT <i>*telehealth</i>			



# APPENDIX B- SAMPLE DIDACTIC SCHEDULES

## Professional Development Seminar 2023- 2024

UC Davis MIND Institute

Clinical Child & Adolescent Psychology (CCAP) Program

**July 19, 2023 - August 15, 2024**  
**Wednesdays, 10:00 - 11:00 am**  
**Location: Zoom**

**Facilitator: Danielle Haener, Psy.D.**

### Description

This seminar focuses on strengthening soft skills that will enhance the trainees' professional practice including critical thinking, problem solving, effective communication, public speaking, teamwork, work ethic, career management, and self-care. Each session of this monthly seminar series includes a presentation by a member of the Training Committee, postdoctoral fellow, and/or intern covering professional development topics including ethical and legal issues in clinical practice, conflict resolution and communication skills, vicarious trauma and self-care, supervision models, and other topics designed to prepare the interns and fellows for entry-level practice.

### Goals

- Trainees will learn communication and problem-solving approaches to support the ability to maintain collaborative relationships and effectively manage stress and conflict in the workplace.
- Trainees will begin to develop supervision and consultation skills.
- Trainees will practice self-care and reflect on their individual risk for vicarious trauma and burn out.
- Trainees will develop readiness to pursue next steps in their career paths.
- Trainees will enhance their public speaking and presentation skills.

### Learning Objectives

Participants will be able to:

1. Discuss, reflect, and practice strategies to manage challenging conversations.
2. Practice strategies to facilitate their ability to provide patient centered feedback.
3. Engage in reflection on their communication style and ability to provide constructive and receive constructive feedback.
4. Engage in self-reflection and practice strategies to increase their effectiveness when managing difficult conversations.
5. Identify and apply theories of supervision that guide their supervision practices.
6. Identify and describe stages of supervision and techniques appropriate for each stage.
7. Discuss requirements, timelines, and best practices leading to successful application to fellowship, passing EPPP, licensing, and/or job search.

8. Explain the key components of an effective presentation.
9. Demonstrate appropriate public speaking and presentation skills while delivering presentations that highlights the intersection of their professional development and clinical work.
10. Provide consultation and constructive feedback to others to assist in the refinement of their presentation and public speaking skills.

### Seminar Schedule

DATE	TOPIC, DESCRIPTION, & LEARNING GOALS
July 19, 2023	Fellow Clinical Presentations Presenter: Danielle Haener, PhD. + trainees
	Fellows will present on topics of specialty learned during the course of their professional development series and their training within the MIND Institute.  Learning Objectives <ol style="list-style-type: none"> <li>1. Consult recent literature and evidenced based practices to develop a professional presentation as evidenced by scientific citations in their presentation.</li> <li>2. Formulate learning objectives and professional readings to help advance the knowledge of faculty and fellow trainees.</li> <li>3. Provide professional presentations to post-doctoral fellows and faculty.</li> <li>4. Receive constructive feedback and apply it to further refine their public presentation abilities.</li> </ol>
August 16, 2023	Fellow Clinical Presentations Presenter: Danielle Haener, PhD. + trainees
	Fellows will present on topics of specialty learned during the course of their professional development series and their training within the MIND Institute.  Learning Objectives <ol style="list-style-type: none"> <li>1. Consult recent literature and evidenced based practices to develop a professional presentation.</li> <li>2. Formulate learning objectives and professional readings to help advance the knowledge of faculty and fellow trainees.</li> <li>3. Provide professional presentations to post-doctoral fellows and faculty.</li> <li>4. Receive constructive feedback and apply it to further refine their public presentation abilities.</li> </ol>
September 20, 2023	ADOS -Seminar Week – See syllabus for this course
October 18, 2023	Interns: Orientation to Fellowship Application and Interviewing. Presenter: Dorcas Roa, Ph.D.
Interns	Participants will discuss benefits and alternatives to pursuing a doctoral fellowship. The seminar reviews application timelines, requirements, and process. Participants discuss strategies and suggestions to enhance their

	<p>application and highlight their strengths.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Discuss the benefits of pursuing a doctoral fellowship as a means of securing supervised clinical experience required for licensing in certain states.</li> <li>2. Explain the process of applying for fellowship, including where and how to apply, timelines, and the interview process.</li> <li>3. Explain what makes an applicant competitive for fellowship.</li> <li>4. Review and receive feedback on cover letters and CVs with fellows and faculty.</li> </ol> <p>Assigned Readings</p> <ul style="list-style-type: none"> <li>• Demystifying the Postdoctoral Experience: A Guide for Applicants Nicholas R. Forand and Allison J. Applebaum</li> </ul>
	<p>Fellows: Tackling the EPPP / Job Search Strategies Presenter: Danielle Haener, Psy.D.</p>
Fellows	<p>Participants will learn about the Examination for Professional Practice in Psychology (EPPP), including test structure, current pass rates, study skills and self-care strategies. A primary goal for participants will be to discuss and develop a study plan, as well as understand time management and stress reduction strategies when preparing for and when taking the test. Participants will also review job search strategies, including review of relevant databases.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Discuss test content and test domains.</li> <li>2. Describe types of test questions to better consolidate possible correct answers.</li> <li>3. Discuss EPPP Pass Rates, with a particular emphasis on predictors of successful outcomes.</li> <li>4. Develop a study plan individualized to the test taker's learning style, motivation, and individual needs.</li> <li>5. Identify and discuss appropriate self-care and stress reduction measures to be integrated into the study plan and when test taking.</li> <li>6. Discuss timeline for EPPP and job applications.</li> <li>7. Describe sources for job listings.</li> <li>8. Explain different types of positions (e.g., academic, hospital, clinical, etc.).</li> </ol>
November 15, 2023	<p>Providing Family Centered Feedback Presenter: Janice Enriquez, Ph.D.</p>
	<p>Participants will learn about family centered care competencies as applied to feedback sessions with families. They will identify adult learning principles and discuss how these are related to family centered care. Finally, participants will identify 2-3 family centered strategies that they will integrate in their own feedback sessions.</p>

	<p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Compare best uses of the “medical model” and the “family-centered model.”</li> <li>2. Recognize and integrate family-centered and clinician-centered qualities into feedback sessions.</li> <li>3. Identify 2-3 family-centered strategies to try in feedback meetings.</li> </ol> <p>Assigned Readings</p> <ul style="list-style-type: none"> <li>• Gabovitch, E.M and Curtin, C. (2009). Family-centered care for children with autism spectrum disorders: A review. <i>Marriage and Family Review</i>, 45 (5), 469 - 498.</li> </ul>
December 20, 2023	<p>Supervision: Theory and Practice- Stages of supervision Presenter: CAPS: Richelle Long, Ph.D. and Joanna Servin, Ph.D.</p>
	<p>Trainees will learn about different models of supervision and supervision competency and gain information on the differences between models and how they may be applied in different work settings or contexts.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Describe common models of supervision and how they may be applied.</li> <li>2. Engage in reflection on personal style and their personal areas of competence and development in providing supervision.</li> <li>3. Identify and discuss the differences between different models in responding to different scenarios.</li> </ol> <p>Assigned Readings</p> <ul style="list-style-type: none"> <li>• Coleiro, A. C., Creaner, M., &amp; Timulak, L. (2022). The good, the bad, and the less than ideal in clinical supervision: a qualitative meta-analysis of supervisee experiences. <i>Counseling and Psychology Quarterly</i>, 1-22.</li> <li>• Adams, L. J., MacLean, R. R., Portnoy, G. A., Beauvais, J., &amp; Stacy, M. A. (2022). Psychology trainee and supervisor perspectives on multicultural supervision. <i>Psychological Services</i>.</li> </ul>
January 17, 2024	<p>Supervision: Theory and Practice – Supervision models Presenter: CAPS: Richelle Long, Ph.D. and Joanna Servin, Ph.D.</p>
	<p>Trainees will learn about supervisor/supervisee stages of development and the interaction between them. They will have opportunities to reflect on the models learned in the previous seminar and how developmental stages may impact applying the different models.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Describe the developmental stages of supervisors and supervisees and reflect on their own developmental level.</li> <li>2. Articulate personal development goals for themselves as supervisors.</li> <li>3. Identify and describe an approach that fits with their developing sense of personal supervision skills.</li> <li>4. Apply problem solving methods from different theoretical models.</li> </ol>
February 21,	Self-Compassion and the Burden of Caring

2024	Presenter: Richelle Long, Ph.D.
	<p>Working in roles to care for the needs of others and hold the weight of their worlds can be rewarding and also very difficult work at times. Adding a global pandemic, social reckoning, and increased visibility of the injustice that has been well known to so many; these last few years have presented new challenges in balancing our needs as humans and as helpers. This workshop will provide a space to assess the current impact of doing important but challenging work and learn about the importance of trauma stewardship and self-compassion.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Utilize tools to self-assess levels of compassion satisfaction, compassion fatigue, and burn out as well as current self-care practices.</li> <li>2. Describe trauma stewardship and compassion satisfaction and their roles in encouraging more complete fulfilling lives for people who do challenging work helping others.</li> <li>3. Explain the individual nature of caring for oneself and develop a personal plan that is individually meaningful.</li> </ol>
March 20, 2024	Giving and Receiving Feedback: Difficult Conversations in the Workplace Presenter: Carlina Wheeler, Ph.D.
	<p>This seminar reviews helpful skills that support psychology trainees to give and receive constructive and positive feedback to maintain professional relationships and increase competency-based performance. Utilizing feedback scenarios and role-play, participants will learn and practice different models of feedback.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Define types of feedback and what contributes to effectively giving and receiving feedback.</li> <li>2. Identify and implement strategies to support learning and growth as the recipient of feedback.</li> <li>3. Demonstrate steps to giving positive and constructive feedback using observational skills with peers, colleagues, and supervisors.</li> </ol>
April 17, 2024	Preparing a Professional Talk Presenter: Meghan Miller, Ph.D.
	<p>Participants will learn about the components that comprise a successful presentation in both clinical and research settings. Through review of video and subsequent discussion, we will critically evaluate strengths and weaknesses of various presentations. We will also discuss key considerations when preparing for a presentation, such as location, resources available, audience type, setting, etc.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Describe the components of an effective presentation from format to structure to content.</li> <li>2. Explain the goals of a presentation, including presentation of research and/or clinical skills and knowledge as well as demonstration of teaching abilities.</li> </ol>

	<p>3. Develop the ability to communicate their work to a wide range of audiences.</p> <p>Assigned Readings</p> <ul style="list-style-type: none"> <li>· Sura et al., 2019. Ten simple rules for giving an effective academic job talk. <i>PLoS Computational Biology</i>, 15, e1007163.</li> </ul>
May 15, 2024	<p>Intern Professional Presentations: (Intersectionality of professional and clinical case conceptualization) - Presenter: Danielle Haener, Psy.D.</p> <p>Interns present on an area of interest developed over the course of the training year. Fellows will provide constructive feedback to interns related to their case conceptualization and presentation skills.</p> <p>Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Demonstrate the ability to consult recent literature and evidenced based practices to develop a professional presentation, as evidenced by scientific citations in their presentation.</li> <li>2. Formulate learning objectives and professional readings to help advance the knowledge of faculty and fellow trainees.</li> <li>3. Provide an informative and well-organized professional presentation to post-doctoral fellows and faculty.</li> <li>4. Demonstrate the ability to receive constructive feedback to refine professional presentation and teaching skills.</li> </ol> <p>Fellows Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Demonstrate the ability to provide constructive feedback and guidance to help others refine professional presentation skills.</li> <li>2. Demonstrate the ability to apply supervision knowledge to support psychology interns.</li> </ol>
June 19, 2024	<p>Intern Professional Presentations: Part 2 Presenter: Danielle Haener, Psy.D. + trainees</p> <p>Interns present on an area of interest developed over the course of the training year. Fellows will provide constructive feedback to interns related to their case conceptualization and presentation skills.</p> <p>Learning Objectives</p> <p>Participants will:</p> <ol style="list-style-type: none"> <li>1. Demonstrate the ability to consult recent literature and evidenced based practices to develop a professional presentation.</li> <li>2. Formulate learning objectives and professional readings to help advance the knowledge of faculty and fellow trainees.</li> <li>3. Provide an informative and well-organized professional presentation to post-doctoral fellows and faculty.</li> <li>4. Demonstrate the ability to receive constructive feedback to refine professional presentation and teaching skills.</li> </ol> <p>Fellow Learning Objectives</p> <ol style="list-style-type: none"> <li>1. Demonstrate the ability to provide constructive feedback and guidance to help others refine professional presentation skills.</li> <li>2. Demonstrate the ability to apply supervision knowledge to support</li> </ol>

	psychology interns.
July 17, 2024	Fellow Clinical Presentations Presenter: Danielle Haener, Psy.D. + trainees
Fellows and '24-25 interns	Fellows will present on topics of specialty learned during the course of their professional development series and their training within the MIND Institute.  Learning Objectives <ol style="list-style-type: none"> <li>1. Consult recent literature and evidenced based practices to develop a professional presentation as evidenced by scientific citations in their presentation.</li> <li>2. Formulate learning objectives and professional readings to help advance the knowledge of faculty and fellow trainees.</li> <li>3. Provide professional presentations to post-doctoral fellows and faculty.</li> <li>4. Receive constructive feedback and apply it to further refine their public presentation abilities.</li> </ol>
August 21, 2024	Fellow Clinical Presentations Presenter: Danielle Haener, Psy.D. + trainees
Fellows and '24-25 interns	Fellows will present on topics of specialty learned during the course of their professional development series and their training within the MIND Institute.  Learning Objectives <ol style="list-style-type: none"> <li>1. Consult recent literature and evidenced based practices to develop a professional presentation.</li> <li>2. Formulate learning objectives and professional readings to help advance the knowledge of faculty and fellow trainees.</li> <li>3. Provide professional presentations to post-doctoral fellows and faculty.</li> <li>4. Receive constructive feedback and apply it to further refine their public presentation abilities.</li> </ol>

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**Intervention Seminar:  
Cognitive Behavioral Therapy  
2023-2024**

UC Davis Health Clinical Child and Adolescent Psychology (CCAP) Internship Program  
UC Davis Dept. of Psychiatry and Behavioral Sciences

**Instructor:** Elizabeth Loyola, Psy.D.

**Description**

- Participants will be introduced to Cognitive Behavioral Therapy (CBT). A primary goal for participants will be to improve their understanding of brief CBT interventions for children, adolescents, and caregivers. Approaches to tailoring this evidence-based treatment for specific populations, evaluating treatment effectiveness, and coordinating with a multidisciplinary team will be discussed.

**Goals**

- Increase understanding of brief CBT interventions for children and adolescents and their caregivers.
- Become familiar with the differences in using CBT for depression and anxiety.
- Develop understanding of utilizing CBT within an integrated care model.
- Discuss modifications to CBT for Telehealth platform.
- Explore modifications of CBT for different populations (i.e. neurodiverse youth).
- Identify ways to measure treatment effectiveness and adjust interventions accordingly.

**Learning Objectives**

1. Develop an understanding of CBT principles.
2. Demonstrate an ability to implement brief CBT interventions and participate in role-plays and video/live supervision.
3. Examine relevant research on the implementation and modifications of CBT interventions for various populations.
4. Discuss how to use assessment measures to track clients' symptoms and progress throughout course of treatment.
5. Demonstrate understanding of working within a multidisciplinary team.
6. Apply knowledge to interventions at Peds Clinic.

**Suggested Texts**

1. Friedberg, R. D. (2018). *Clinical practice of cognitive therapy with children and adolescents: The nuts and Bolts*. Guildford Publications.
2. What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety (Hueber, Freeland & Toner, 2021)
3. A Therapist's Guide to Brief Cognitive Behavioral Therapy (Cully & Teten, 2008)



DATE	TOPIC & DESCRIPTION
ORIENTATION Tue. 7/18/23 9:30am	<p><b>Introduction</b></p> <p>Overview of Cognitive Behavioral Therapy: overview of manualized brief CBT interventions for depression and anxiety</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Discuss brief CBT interventions and overview of phases of treatment.</li> <li>2. Demonstrate understanding of evidence to support use of CBT for depression and anxiety in youth.</li> <li>3. Consider modifications for CBT being delivered via Telehealth platform.</li> </ol>
ORIENTATION	<p><b>Intake Procedures</b></p> <p>Overview of the intake procedures for PCCP.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify important patient factors to determine appropriateness of brief CBT intervention.</li> <li>2. Practice conducting brief, targeted intake.</li> <li>3. Be able to discuss treatment protocol and Collaborative Care model with caregivers and patients.</li> <li>4. Role-play brief report out to team for Systematic Caseload Review.</li> <li>5. Identify goals for treatment.</li> <li>6. Become familiar with enrolling patient in Compass Rose for tracking treatment progress.</li> </ol>
ORIENTATION-	<p><b>Cognitive Coping Skills</b></p> <p>Overview of Cognitive Coping Skills and interventions taught in brief CBT.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify core cognitive coping skills discussed in treatment when targeting depression and anxiety.</li> <li>2. Discuss tools used via Telehealth to facilitate patient acquisition of CBT skills.</li> <li>3. Understand where these skills are introduced in the course of brief CBT for depression and anxiety.</li> <li>4. Identify differences in how these skills are used when targeting depression vs. anxiety.</li> </ol>
ORIENTATION	<p><b>Behavioral Coping Skills (Behavioral Activation, Problem Solving, and Relaxation)</b></p> <p>Overview of behavioral skills taught in brief CBT.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify core behavioral coping skills discussed in treatment when targeting depression and anxiety.</li> </ol>

	<ol style="list-style-type: none"> <li>2. Discuss tools used via Telehealth to facilitate patient acquisition of CBT skills.</li> <li>3. Understand where these skills are introduced in the course of brief CBT for depression and anxiety.</li> <li>4. Understand and practice how to engage clients in behavioral activation.</li> <li>5. Implement relaxation interventions (deep breathing, progressive muscle relaxation, guided imagery).</li> </ol>
ORIENTATION-	<p><b>Building a Fear Hierarchy and Conducting Exposures</b></p> <p>Overview of developing a fear hierarchy and conducting exposures in sessions.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Understand and practice how to create a fear hierarchy for anxiety protocol.</li> <li>2. Identify exposures to use for different feared situations.</li> <li>3. Role-play providing psychoeducation about exposures and practice completing one with peer or using a vignette.</li> </ol>
ORIENTATION	<p><b>Additional Skill Building Sessions (Self-Compassion, Self-Esteem, Communication, etc.)</b></p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Discuss when a patient would benefit from additional skill building sessions and/or the extended protocol.</li> <li>2. Understand how to identify which additional skills individual clients might benefit from.</li> <li>3. Identify tools used in-person and via Telehealth to facilitate patient acquisition of additional skills.</li> </ol>
ORIENTATION-	<p><b>Role of Medication</b></p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Assess progress made in treatment, how to update treatment goals as needed, and identify whether any additional referrals may be indicated.</li> <li>2. Role-play mid-treatment check in with patient and caregiver(s).</li> <li>3. Understand when consultation with psychiatry team is warranted and how to discuss the utility of medications with patient and caregiver(s).</li> </ol>
<p><b>***Monthly CBT Series (2<sup>nd</sup> Wednesday 10am-11am) ***</b>  *unless otherwise indicated</p>	
11/1/23	<p><b>Tracking Treatment Progress</b></p> <p>Utilize observational and screening skills to monitor treatment progress and prepare for transfer or discharge of clinical services for pediatric collaborative care patients.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify and articulate the specific criteria that indicate when to refer a client to another professional or service provider, using a treatment decision-making model. outlining at least five distinct scenarios warranting referral, supported by evidence-based rationale.</li> </ol>

	<ol style="list-style-type: none"> <li>2. Develop a comprehensive understanding of the indications that necessitate the implementation of extended treatment protocols, using clinical case examples.</li> <li>3. Gain the knowledge and skills necessary to navigate the complexities involved in terminating therapeutic interventions with clients, how to conduct a termination session with patients and/or their caregivers, and properly documenting their discharge plan.</li> </ol>
12/20/23	<p><b>Adaptations for Neurodiverse Patients (ASD)</b> Apply CBT skills to a neurodiverse child population.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify ways to adapt CBT protocol for Autistic Youth.</li> <li>2. Discuss relevant psychoeducation about Autism and intersection with depression and/or anxiety.</li> <li>3. Create unique interventions to support with emotion identification/regulation, cognitive coping, and exposures.</li> </ol> <p><a href="#">Cognitive Behavioral Therapy (CBT) in Youth with Autism (2019) - YouTube</a></p>
1/17/24	<p><b>Diversity Considerations and Countertransference</b> Overview of possibilities and barriers for integrating cultural considerations into CBT assessment and intervention, including creative examples and self-reflection.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Understand the role of culture and identity in the development of CBT as an intervention, and current implications for CBT delivery with diverse populations.</li> <li>2. Discuss how providers' personal cultural identities interact with clients in effectively conveying skills.</li> <li>3. Review existing culture-specific CBT adaptations and identify ways to increase consideration of culture in Brief CBT assessment and treatment.</li> </ol>
2/14/24	<p><b>Creative Modifications for Younger Patients</b> Overview and examples on how to adapt CBT principles and techniques to our work with younger children, through creative-based approaches.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Understand and practice how to modify CBT interventions for younger children.</li> <li>2. Role-play CBT session, and how to modify the session in the moment using creative approaches.</li> <li>3. Provide younger children with a different and creative way to understand CBT techniques and principles.</li> </ol>
3/13/24	<p><b>Interdisciplinary Consultation</b> Supporting psychology trainees with the development of essential skills to effectively engage in interdisciplinary consultation within a collaborative care model, which facilitates comprehensive and integrated patient-centered healthcare delivery.</p>

	<p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Develop the ability to effectively communicate psychological findings and treatment recommendations to interdisciplinary team members in a collaborative care model.</li> <li>2. Refine skills in integrating psychological perspectives with those of other healthcare professionals to facilitate comprehensive patient care within an interdisciplinary framework.</li> <li>3. Acquire proficiency in navigating interdisciplinary consultations, utilizing psychological expertise to inform treatment planning and implementation in collaborative healthcare settings.</li> </ol>
4/10/24	<p><b>Case Conference: Initial Phase of Treatment</b>  Trainees will present on a case that allows them to discuss client's response to treatment interventions during the initial phase of treatment.</p>
5/8/24	<p><b>Case Conference: Middle Phase of Treatment</b>  Trainees will present on a case that allows them to discuss client's response to treatment interventions during the middle phase of treatment.</p>
6/12/24	<p><b>Case Conference: Final Phase of Treatment</b>  Trainees will present on a case that allows them to discuss client's response to treatment interventions during the final phase of treatment.</p>

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## DIVERSITY TRAINING SEMINAR

2024-2025

University of CA, Davis Dept. of Psychiatry and Behavioral Sciences  
Clinical Child and Adolescent Psychology (CCAP) Training Program

2<sup>nd</sup> and 4<sup>th</sup> Wednesday  
1:00pm-2:00pm

Zoom

Facilitated by: Dr. Megan Tudor

### Description

TBD

### **Expectations**

- Attendance is mandatory. If absent, trainees are expected to inform the instructor in advance and obtain missed content.
- Completion of pre- and post- assessments of the seminar.
- Participation in activities, role plays, and discussions. Completion of monthly readings, assignments, and reflections.

Please note that while participants are encouraged to challenge themselves in regards to the various topics, there is no requirement to disclose to a level that feels unsafe or unnecessarily uncomfortable. All activities and assignments allow for varying levels of self-disclosure. You will not be negatively evaluated if you have a personal reason to decide to not self-disclose. The facilitator understand that participants come to the seminar at different developmental levels.

### **Resources on Self-Disclosure**

<https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness/Disclosing-to-Others>

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## LEND/ARTP Neurodevelopmental Disabilities (NDD) Seminar

UC Davis MIND Institute

**September 12, 2022 – May 22, 2023**

**Mondays, 12:30pm-1:30 pm**

**Location: MIND Institute Board Room**

(in-person required for full-time LEND & ARTP trainees, optional for others)

**Zoom** (for all other trainees): <https://bit.ly/NDDseminar>

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**Instructor:** Meghan Miller, Ph.D. and Multidisciplinary Content Experts

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### Description

This interdisciplinary survey overview course takes a life course approach to understanding autism and related neurodevelopmental disorders from the clinical/behavioral perspective. Modules span fundamentals of specific disorders (e.g., autism, fragile X syndrome, Down syndrome, intellectual disability, language disorders, ADHD); early childhood and identification of neurodevelopmental concerns; school-aged children and adolescents; adulthood, culture, family, and context; co-occurring and related challenges; and policy and advocacy. Attendees include interns, postdoctoral fellows, and other interdisciplinary trainees from the LEND program as well as postdoctoral research fellows in the Autism Research Training Program.

### Goals

- Upon completion of this seminar, doctoral interns will have foundational knowledge about the clinical, behavioral, and “real-life” aspects of autism and other NDDs across the lifespan.
- Upon completion of this seminar, doctoral interns will have developed the skills necessary to communicate with interdisciplinary team members.

### Learning Objectives

Participants will be able to:

7. Explain the core diagnostic and associated features of the range of neurodevelopmental conditions described in the course from an interdisciplinary perspective and through a neurodiversity lens.
8. Describe methods for early identification for neurodevelopmental concerns.
9. Explain current early intervention approaches for autism.
10. Describe school-based interventions and supports for youth with neurodevelopmental concerns.
11. Explain issues facing adults with NDDs including employment experiences, supported decision-making, and social relationships.
12. Articulate challenges faced by families and individuals with neurodevelopmental concerns with respect to systems of care and associated stigma.
13. Explain the influence of contextual factors on individuals with NDDs and their families.
14. Describe policy and advocacy related efforts relevant to professionals, family members, and self-advocates.
15. Discuss and critically evaluate recent research approaches and findings in autism and neurodevelopmental disorders.

## Seminar Schedule

Note: Topic sequence subject to change. Any updates will be sent via Canvas.

DATE	TOPIC, DESCRIPTION, & LEARNING GOALS
<b>MODULE 1: Introduction to Autism and Related NDDs</b>	
September 12, 2022	Course Introduction and Overview of Autism
	<p>This session provides an overview of the course structure as well as an introduction to autism including history of the diagnosis, review of DSM-5 criteria, and current diagnostic and treatment practices.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the diagnostic criteria for autism.</li> <li>2. Describe at least one disparity or inequity with regard autism identification/diagnosis.</li> <li>3. Identify and discuss at least one thing you can learn from a basic researcher, a clinical researcher, and a community member/stakeholder.</li> </ol>
September 19, 2022	Social Attention and Social Communication Symptom in Autism
	<p>This session provides an overview of social attention symptoms in autism with a particular focus on developmental mechanisms.</p> <p><i>Presenter:</i> Peter Mundy, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Explain the role of social attention symptoms in the early identification and diagnosis of autism.</li> <li>2. Describe different types of experimental measures of social attention and how research with these measures has informed the field with regard to the timing and nature of the early onset of autism.</li> <li>3. Describe how research on social attention symptoms has informed the understanding of early intervention, social cognitive development, social motivation and infant to childhood symptom continuity in autism.</li> <li>4. Explain what is known about the impact of cultural or ancestral factors on early social attention development and that lack of knowledge may be significant limitation in current research on autism.</li> </ol>
September 26, 2022	Fragile X Syndrome, Down Syndrome, and Intellectual Disability
	<p>This session provides an overview of several neurogenetic syndromes often associated with autism including fragile X syndrome, Down Syndrome, and intellectual disability. Trainees are provided with background information on the behavioral phenotypes, biological features, and current research approaches.</p> <p>Presenters: Len Abbeduto, Ph.D. &amp; Angie Thurman, Ph.D.</p>

	<p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Explain the diagnostic criteria for intellectual disability, the heterogeneity of the condition, and some common genetic causes.</li> <li>2. Describe some of the complexities in studying and interpreting the comorbidity of intellectual disability and conditions such as autism spectrum disorder.</li> <li>3. Recognize and articulate gaps and barriers in inclusion of diverse samples of participants in research on genetic conditions associated with intellectual disability.</li> </ol>
October 3, 2022	<p><b>Restricted and Repetitive Behavior/Sensory Symptoms</b></p> <p>This seminar describes one of the core symptom domains related to autism spectrum disorder. An overview of restricted and repetitive behavior and sensory symptoms are provided in order to develop participants' foundational knowledge of the core symptoms of autism.</p> <p>Presenter: Girija Kadlaskar, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Explain the characteristics of restricted and repetitive behaviors in autism and how they may impact everyday functioning in autism.</li> <li>2. Identify and describe subtypes of sensory processing differences in autism.</li> <li>3. Apply interventions for sensory processing differences in autism.</li> </ol>
October 10, 2022	<p><b>Language Disorders and Evidence-Based Treatment</b></p> <p>This seminar provides an overview of common language disorders seen in individuals with autism and other neurodevelopmental disorders. It also describes current evidence-based interventions for language disorders, particularly in the context of autism.</p> <p>Presenter: Heather Thompson, Ph.D., CCC-SLP &amp; Nancy Castignetti, M.S., CCC-SLP</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe considerations for providing culturally sensitive care for individuals with autism from under-represented backgrounds, including children from monolingual and bilingual backgrounds.</li> <li>2. Describe types of language disorders present in children with autism.</li> <li>3. Apply evidence-based interventions used for treating language impairment in individuals with autism.</li> </ol>
October 17, 2022	<p><b>Attention-Deficit/Hyperactivity Disorder</b></p> <p>This seminar describes the core symptoms of ADHD, best practices for assessment and diagnosis of ADHD, and current evidence-based interventions. It also describes the history of the diagnosis and current research into early identification of ADHD.</p> <p>Presenter: Meghan Miller, Ph.D.</p>



	<p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the core symptoms of, and diagnostic process for, ADHD and inequities in patterns of diagnosis.</li> <li>2. Describe competing etiological models of ADHD.</li> <li>3. Explain evidence suggesting that autism and ADHD might have common risk factors.</li> </ol>
<b>MODULE 2: Early Childhood and Identifying Neurodevelopmental Concerns</b>	
October 24, 2022	Onset of Autism
	<p>This session is focused on providing trainees with an overview of the early emergence of autism. It details previous and current research approaches focused on identifying early signs of autism in infancy and toddlerhood and reviews common approaches to screening.</p> <p>Presenter: Devon Gangi, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify and describe what you knew about autism onset prior to this session and how it changed after the session.</li> <li>2. Describe how it is important to your field to understand patterns of onset.</li> <li>3. Describe factors that may account for disparities in access to services.</li> </ol>
October 31, 2022	Multidisciplinary Diagnostic Evaluation
	<p>This session provides an overview of different assessment approaches including multidisciplinary, transdisciplinary, interdisciplinary, and single discipline. Pros and cons of each approach are discussed. Current best practices for multidisciplinary evaluations for neurodevelopmental conditions are described.</p> <p>Presenter: Danielle Haener, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify and articulate the core components of an autism evaluation.</li> <li>2. Describe how transdisciplinary evaluations function and how different disciplines may contribute to an autism diagnosis.</li> <li>3. Identify and explain how gender, ethnicity, socioeconomic status and primary language spoken within the home impact diagnosis of autism.</li> </ol>
November 7, 2022	ADOS-2 Modules 1, 2, & Toddler – Overview
	<p>This seminar provides an overview of a commonly used diagnostic tool for autism: The ADOS. The history of measure development is reviewed, and case examples are provided to illustrate administration, scoring, and core features of autism.</p> <p>Presenter: Sarah Dufek, Ph.D.</p>

	<p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the Autism Diagnostic Observation Scale, 2<sup>nd</sup> Edition (ADOS-2), an assessment tool for evaluating autism symptoms.</li> <li>2. Explain the benefits and limitations of the ADOS-2.</li> <li>3. Describe the role of the ADOS-2 in determining eligibility for autism diagnosis, especially for children with traditionally limited access to services.</li> </ol>
November 14, 2022	<p><b>Early Intervention for Autism</b></p> <p>This session focuses on the history of intervention for autism as well as current best-practices in early intervention. Parent and self-advocate perspectives are presented.</p> <p>Presenter: Sarah Dufek, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Explain some impacts of current evidence-based autism early intervention from four perspectives: child, family members, professionals, and autistic advocates.</li> <li>2. Describe the evolution of current early intervention approaches over time.</li> <li>3. Explain the main early intervention approaches and functions and three best practices that distinguish high-quality approaches.</li> <li>4. Discuss the impact of early autism intervention on parents' functioning and levels of stress.</li> <li>5. Describe the influence of socio-economic status, race and ethnicity, and family resources on a child's access to early Intervention.</li> <li>6. Explain the goals and approaches to early intervention through a neurodiversity lens.</li> </ol>
November 21, 2022	<p><b>ADOS-2 Toddler Module – Video review and practice scoring</b></p> <p>This experiential seminar session focuses on reviewing a recording of an ADOS Toddler Module administration. Time to discuss administration matters as well as scoring and diagnostic impressions/decision-making is provided.</p> <p>Presenter: Sarah Dufek, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the lower Modules of the Autism Diagnostic Observation Scale, 2<sup>nd</sup> Edition (ADOS-2).</li> <li>2. Explain the benefits and limitations of the ADOS-2.</li> <li>3. Describe the role of the ADOS-2 in determining eligibility for autism diagnosis, especially for children with traditionally limited access to services.</li> </ol>
November 28, 2022	<p><b>Early Intervention Systems</b></p>

	<p>This session involves guest speakers from various early intervention systems throughout the region. Panelists provide an overview of the system in which they work, the services they provide, and address questions raised by trainees.</p> <p>Presenters: Department of Developmental Services/Regional Center representatives (Lauren Libero, Reyna Ambriz, Kristin Lunardi)</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the early intervention systems within the state of California.</li> <li>2. Explain eligibility criteria for Regional Center Services.</li> <li>3. Explain how early intervention services interact across systems (e.g., Regional Center, school district).</li> </ol>
<b>MODULE 3: School Age Children and Adolescents</b>	
December 5, 2022	<b>The School-Aged Child and NDDs</b>
	<p>The focus of this session is on providing a general overview of key tasks and developmental activities of school-aged children and how eligibility for special education is determined with an emphasis on students with autism. Differences between eligibility and diagnostic systems are discussed. The session also provides a description of positive behavioral support and multi-tiered systems of support within an educational environment.</p> <p>Presenter: Jean Gonsier-Gerden, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the special education disability categories and differentiate how the criteria for “autism” differs from <i>DSM-5</i> criteria for “autism spectrum disorder.”</li> <li>2. Broadly explain inclusive education.</li> <li>3. Explain disproportionality in identification, discipline, and placement/services.</li> <li>4. Describe systems-level initiatives to support the whole student’s educational needs, equity, and inclusion such as Multi-Tiered Systems of Support (MTSS), Positive Behavior Intervention Supports (PBIS) and Universal Design for Learning (UDL).</li> </ol>
December 12, 2022	<b>Adolescent Development in NDDs</b>
	<p>This session focuses on key developmental accomplishments of the adolescent period as well as challenges faced by adolescents with neurodevelopmental conditions.</p> <p>Presenter: Marjorie Solomon, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe Western culture’s views about the physical, social, cognitive, and identity development characteristic of normative adolescence.</li> </ol>

	<ol style="list-style-type: none"> <li>2. Explain the argument about why adolescence may be seen as period that constitutes a “second hit” on already compromised development in adolescents with autism, but also be able to argue the contrary position.</li> <li>3. Explain how the impact of social class, race, and ethnicity can influence the experience of adolescence.</li> </ol>
December 18, 2022	NO CLASS – WINTER BREAK
December 26, 2022	NO CLASS – WINTER BREAK
January 2, 2023	NO CLASS – WINTER BREAK
January 9, 2023	ADOS-2 Module 3 & 4 – Overview
	<p>This seminar provides an overview of the upper modules of a commonly used diagnostic tool for autism: The ADOS. The history of measure development is reviewed, and case examples are provided to illustrate administration, scoring, and core features of autism.</p> <p>Presenter: Sarah Dufek, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the upper Modules of the Autism Diagnostic Observation Scale, 2nd Edition (ADOS-2).</li> <li>2. Explain the benefits and limitations of the ADOS-2.</li> <li>3. Articulate the role of the ADOS-2 in determining eligibility for autism diagnosis, especially for children with traditionally limited access to services.</li> </ol>
January 16, 2023	NO CLASS – MARTIN LUTHER KING JR. HOLIDAY
January 23, 2023	Motor Issues and Evidence-Based Treatment
	<p>This session provides trainees with an understanding of the physical therapy discipline as well as motor issues commonly observed in children with neurodevelopmental disorders. A review of current evidence-based treatments for motor issues in autism/NDD is provided.</p> <p>Presenter: Katrin Mattern-Baxter, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the development of postural control and motor learning in typical development.</li> <li>2. Explain difficulties with postural control and motor learning in autism.</li> <li>3. Articulate implications for motor performance in autism.</li> <li>4. Discuss evidence of optimal treatment of motor skills in autism.</li> <li>5. Explain the limitations of current literature in regard to the diversity of studied populations.</li> <li>6. Discuss limitations of access to motor opportunities for children with autism.</li> </ol>
January 30, 2023	Inclusive Education

	<p>This seminar describes the history of segregated education for students with disabilities as well as current best-practices for inclusive education. It reviews the evidence behind inclusive approaches and describes a novel 4-year inclusive college program at UC Davis.</p> <p>Presenter: Beth Foraker</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Articulate the current evidence-base for inclusive educational practices.</li> <li>2. Describe the continuum of inclusion as crucial to adult outcomes and understand that inclusion in preschool and the early grades is a determining factor in adult outcomes.</li> <li>3. Explain how anti-racism and universal design for learning are the key elements in a fully inclusive classroom – creating a learning space that values all students and provides the tools for all students to be successful, self-directed learners.</li> </ol>
<b>MODULE 4: Adulthood</b>	
February 6, 2023	Panel of Adults with Autism
	<p>This session involves a panel of adults with autism who share about their personal experiences and address questions raised by the trainees.</p> <p>Moderator: TBD</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Discuss the unique personal experiences of three adult panelists with autism.</li> <li>2. Critically assess panelists' experiences within the context of their own field/specialty area.</li> <li>3. Articulate what systemic changes may be warranted to best serve individuals across the lifespan, including adulthood.</li> </ol>
February 13, 2023	Employment and adults with NDDs
	<p>This seminar focuses on describing the history of employment challenges faced by individuals with NDD as well as supports and new approaches to enhancing employment opportunities for this population.</p> <p>Presenter: Steve Ruder</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe current workforce engagement in employment for people on the spectrum.</li> <li>2. Identify and articulate challenges to employment for people with autism.</li> <li>3. Identify and explain effective employment strategies and supports for autistic employees.</li> </ol>
February 20, 2023	NO CLASS – PRESIDENTS' DAY HOLIDAY

February 27, 2023	Neurodiversity
	<p>This session provides an overview of the neurodiversity movement, the history of disability rights, and differences in models of disability including social models, medical models, and intersectional models. It is led by a neurodivergent researcher.</p> <p>Presenter: Patrick Dwyer, Ph.D. Candidate</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Discuss the perspective of a writer who supports acceptance of autistic and neurodivergent people.</li> <li>4. Identify and explain similarities and differences between the neurodiversity approach and the social model of disability.</li> <li>5. Outline 3 ways in which a neurodiversity perspective can be integrated into research and practice.</li> </ol>
<b>MODULE 5: Considering Culture, Family, and Context</b>	
March 6, 2023	Social Determinants of Mental Health
	<p>This session explores a range of social determinants of mental health across multiple levels of analysis. Participants are provided opportunities to apply the concepts to clinical cases they have encountered in their training.</p> <p>Presenter: Ruth Shim, M.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe key concepts associated with the social determinants of mental health.</li> <li>2. Evaluate the evidence of the impact of social determinants of mental health on NDD.</li> <li>3. Identify and articulate solutions to address the social determinants of mental health.</li> </ol>
March 13, 2023	Medical Home and Complex Systems
	<p>This session describes various systems of care for youth with autism and other NDDs. It highlights the features of the “medical home” and reviews barriers to establishing and accessing a medical home for youth with NDD.</p> <p>Presenter: Charleen Singh, Ph.D., FNP-BC, RN</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Articulate the value in considering the child’s culture when establishing a medical home.</li> <li>2. Recognize and describe barriers to establishing a medical home.</li> <li>3. Recognize and apply interventions to overcome equity and or accessibility within the established complex systems.</li> </ol>
March 20, 2023	Panel Discussion with Parents of Children with NDDs

	<p>This session involves a panel of parents of individuals with NDDs. Parent panelists provide an overview of their experience as a parent of a child with autism or another NDD and address questions raised by trainees.</p> <p>Moderator: Janice Enriquez, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe principles of family centered care and identify key factors to support families who care for a child with a NDD.</li> <li>2. Explain resources for family centered and culturally responsive care for families: the importance of family empowerment through resources.</li> <li>3. Discuss parent experiences and societal injustices related to race and culture.</li> <li>4. Describe the importance of self-care and self-compassion for caregivers of children with NDD.</li> </ol>
<b>MODULE 6: Advocacy and Policy</b>	
March 27, 2023	<b>Supported Decision-Making</b>
	<p>This seminar describes the process of supported decision-making as an alternative to conservatorship. The history and myths around conservatorship are described and discussed in the context of various policy, legal, and ethical issues.</p> <p>Presenter: Steve Ruder</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Explain the uses and limitations of conservatorship.</li> <li>2. Describe supported decision-making for adults with NDDs.</li> <li>3. Compare and contrast conservatorship and supported decision-making approaches.</li> </ol>
April 3, 2023	<b>Advocating for Students</b>
	<p>This session, led by a client's rights advocate/lawyer from Disability Rights California, provides trainees with an overview of students' and parents' rights with regard to education and students with disabilities.</p> <p>Presenter: Kelsey Handock, J.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe Disability Rights California.</li> <li>2. Explain clients' rights.</li> <li>3. Engage in advocacy on behalf of students.</li> </ol>
April 10, 2023	<b>Child and Family Services Policy in California</b>
	<p>As part of a module on advocacy and policy, this session provides an overview of current child and family services policy priorities in the state of California, including ways in which trainees can engage in the realm of mental health policy.</p>

	<p>Presenter: Adrienne Shilton</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe the public policy landscape in the State Legislature this year as it relates to children and families.</li> <li>2. Explain the ways in which policy is informed by stakeholder, practitioner, and researcher input.</li> <li>3. Apply strategies for becoming involved in the public policy process.</li> </ol>
<b>MODULE 7: Co-occurring and Related Challenges</b>	
April 17, 2023	<p>Comorbid Medical Issues and NDDs</p> <p>This session, presented by a developmental-behavioral pediatrician, provides an overview of common medical issues in youth with autism/NDDs using case-based discussion. Issues around use of complementary and alternative medicine (CAM) are also discussed in an interactive format.</p> <p>Presenter: Kathy Angkustsiri, M.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Discuss common medical comorbidities and treatments for children with autism.</li> <li>2. Describe the evidence base for complementary and alternative treatments commonly used by families.</li> <li>3. Apply a framework for talking to families about complementary alternative treatments.</li> </ol>
April 24, 2023	<p>Genetic and Genomic Aspects of NDDs</p> <p>This session will explore what is known about the role of genetics in autism and NDDs, including the contributions of genomic medicine. Common genetic conditions co-occurring with autism will also be discussed.</p> <p>Presenter: Joseph Chen, M.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. List 3 genetic differences that have been associated with autism.</li> <li>2. Explain the contributions and limits of genetic information with respect to diagnosis of autism.</li> <li>3. Describe recent advances in genomic medicine with respect to diagnosis and treatment.</li> </ol>
May 1, 2023	<p>Comorbid Mental Health Challenges and NDDs</p> <p>This session focuses on common co-occurring mental health conditions among individuals with NDD, with a particular emphasis on anxiety. Issues of diagnostic overshadowing are reviewed along with current best-practices for assessing, diagnosing, and treating co-occurring</p>



	<p>mental health conditions in individuals with autism or other NDDs using a case-based learning approach.</p> <p>Presenter: Breanna Winder-Patel, Ph.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify and describe common co-occurring mental health disorders in people with NDDs.</li> <li>2. List at least two barriers and enabling factors that influence access to mental health treatment for people with NDDs.</li> <li>3. Describe modifications to evidence-based interventions that may be useful for individuals with NDD.</li> </ol>
May 8, 2023	<b>Psychiatric Aspects of NDDs</b>
	<p>Using case-based learning approaches, this session focuses on understanding psychiatric aspects of autism and NDD including myths around psychiatric care, providing trainees with an understanding of when psychiatry referrals are appropriate, and current best practices with regard to medication and medication management for youth with NDDs.</p> <p>Presenter: Anu Gupta, M.D.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Discuss stereotypes, misconceptions and stigma around psychiatry.</li> <li>2. Describe a child psychiatrist's role in the diagnosis and treatment of psychiatric symptoms and behaviors in autism.</li> <li>3. Explain evidence-based treatments for common psychiatric co-morbidities of autism.</li> </ol>
<b>MODULE 8: Looking to the Future</b>	
May 15, 2023	<b>Annual Review of Top Autism Research Advances</b>
	<p>This capstone session provides an opportunity to learn about cutting-edge recent research in the field of autism. Research postdoctoral fellows present top research advances in the field during the prior year.</p> <p>Presenters: ARTP Trainees</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe with key advances in autism/NDD research over the past year.</li> <li>2. Articulate scientific approaches across a range of disciplines.</li> <li>3. Explain future directions in scientific research in autism.</li> </ol>
May 22, 2023	<b>End-of-Year Discussion &amp; Wrap-Up</b>
	<p>This session reviews the range of topics covered over the course of the seminar. Trainees are asked to identify key knowledge components learned over the course of the year and share with other trainees.</p>

Presenters: Meghan Miller, Ph.D.

Learning Objectives:

1. Engage in reflection on learning accomplishments over the course of the year.
2. Integrate a lifecourse perspective with policy, advocacy, and stakeholder perspectives.
3. Describe three ways in which you will apply the knowledge you gained in this seminar to your future work.

## **Dialectical Behavior Therapy for Adolescents (DBT-A) Seminar and Case Conference:**

Date/Time TBA

Zoom link to follow via Outlook invite

Instructor: Meera P. Ullal, Ph.D.

University of California, Davis Department of Psychiatry and  
Behavioral Sciences

### **DESCRIPTION**

Participants will be introduced to dialectical behavior therapy for adolescents (DBT-A). A primary goal will be to build a basic understanding of DBT-A. This seminar will review the theoretical foundation of DBT, clinical indications, and specific skills and their implementation within a community clinic setting. The final seminar session will involve case consultation, which will be followed by once monthly DBT-focused case conference wherein attendees will have the opportunity to discuss their own cases.

### **REQUIRED READINGS (may change from year to year)**

Mazza, J., & Dexter-Mazza, E. T. (2019). DBT Skills in Schools: Implementation of the DBT STEPS — A Social Emotional Curriculum. In *The Oxford Handbook of Dialectical Behaviour therapy* (pp. 719–734), Oxford University Press.

Mehlum, L., Tormoen, A.J., Ramberg, M., Haga, E., Diep, L.M., Laberg, S., Larsson, B.S., Stanley, B.H., Miller, A., Sund, A.M., & Groholt, B. (2014). Dialectical behavior therapy for adolescents with repeated suicidal and self-harming behavior: a randomized trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(10), 1082-1091.

Rathus, J., & Miller, A (2002). Dialectical behavior therapy adapted for suicidal adolescents. *Suicide and Life Threatening Behavior*, (32)2, 146-157.

White, A., Dunn, N., Matsunaga, E., & Dimeff, L. (2022). Innovations in practice: Feasibility and provision of dialectical behavior therapy skills training for adolescents and their families. *Child and Adolescent Mental Health*. <https://doi.org/10.1111/camh.12605>

Woodberry, K.A., & Popenoe, E.J. (2008). Implementing dialectical behavior therapy with adolescents and their families in a community outpatient clinic. *Cognitive and Behavioral Practice*, 277-286.

### **GOALS**

- Understand the theoretical foundation of DBT
- Assess and identify clinical indications for this treatment
- Be able to utilize and implement particular interventions drawn from DBT-A for a general adolescent clinic population
- Collaboratively review efficacy of interventions and adjust treatment planning as needed

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## Trauma Informed Care Series

2023-2024

UC Davis Health Clinical Child and Adolescent Psychology (CCAP) Training Program  
UC Davis Dept. of Psychiatry and Behavioral Sciences

**Wednesdays**

11:00 AM – 12:00 PM

**Instructor:** Richelle Long, Ph.D.

### Description

- Participants will be introduced to various topics and concepts related to providing services to children and their families who have experienced trauma. A primary goal for participants will be to improve their understanding of the impact of trauma on children and family systems and how that influences assessment, treatment and providers' own ability to respond and integrate the experience of providing trauma work into their concept of the work they do. Will provide guidance in how to conceptualize cases from a trauma informed care perspective.

### Goals

- Increase understanding of the impact of trauma on children and development.
- Understand the prevalence and challenges of trauma work in community mental health.
- Develop skills in interpreting assessment data from a trauma informed perspective.
- Develop skills in assessing trauma and having difficult conversations.
- Be able to develop creative approaches to intervening with trauma survivors.
- Understand the impact of trauma on family relationships and how to promote growth through treatment.
- Develop skills to understand and manage the impact of trauma work on providers and care for oneself.

### Learning Objectives

Participants will:

1. Receive information on the special considerations for working with children and families with trauma histories in a community mental health setting.
2. Review the diagnostic criteria of trauma and stressor related disorders and understand differential diagnoses when trauma is involved.
3. Examine testing/assessment data relevant to children with trauma histories and practice interpreting it with special consideration for trauma exposure.
4. Demonstrate knowledge of different therapeutic approaches and practice creative problem-solving intervention strategies.

5. Apply knowledge to their personal experience of the work they do and engage in self-reflection to promote personal awareness and an ability to properly care for oneself.

### **Seminar Schedule and Curriculum**

8/2/2023 Introduction to Working with Trauma in Community Mental Health

Trainees will each complete the Trauma Competency Self-Assessment and engage in conversation about their training and experience with providing trauma informed care and areas for growth in the training year.

Learning Objectives:

1. Understand their personal areas of competence and development in conducting trauma informed work.
2. Articulate personal engagement goals for the seminar.

8/16/2023 Assessing for Trauma and the Impact of Trauma on Assessment Results

Using de-identified test data, trainees will practice interpretation through a trauma lens and develop skills in conceptualization, data interpretation, and recommendation formation specific to working with children with extensive trauma exposure.

Learning Objectives:

1. Identify areas of development that are most effected by early trauma exposure and know how to approach assessment data with a trauma informed perspective.
2. Identify and know how to implement several assessment tools for trauma in children
3. Identify recommendations that can be helpful for children whose trauma history is impacting other areas of functioning

8/30/2023 Creative Therapeutic Interventions for Trauma and Flexibility in Treatment

Trainees will be exposed to various books, activities and resources to support therapeutic progress with trauma survivors. Will engage in creative problem solving to determine intervention strategies for current cases.

Learning Objectives:

1. Identify and implement various creative methods to engage and intervene with children in trauma-focused therapy.
2. Problem solve creative approaches and adaptations specific to trauma intervention

# APPENDIX C- PERFORMANCE EVALUATION POLICY

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

A **minimum level of achievement (MLA)** on each evaluation is defined as a minimum rating of “3” for each competency for the mid-year evaluation period (all learning elements must be at a “3”, per competency area) and a minimum rating of “4” for each competency for the final evaluation period (across all competency areas and learning elements). Interns who achieve this level of competence are considered prepared for independent, entry level practice, which means the intern has demonstrated:

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

The developmental rating scale for each evaluation is on a 7-point Likert scale, however interns can only achieve ratings between 1 and 5. The following rating values are included in the table below. If an intern receives a score less than the MLA (3 on the mid-year evaluation or a 4 on the final evaluation) on any learning element, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in the Internship Manual (p. 42). Interns must receive a rating of 4 or above on all learning elements across each competency area during their final end-of-year evaluation to successfully complete the program.

Developmental Level	Score	Scoring Criteria
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 learning elements 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 learning elements 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. <b>Expected across all learning elements 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. <b>Expected across all learning elements at end of the 1st evaluation period (mid-year).</b>
FELLOW	<b>6-- 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 learning elements 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>7-- 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

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

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning of the training year and during the two evaluation periods throughout the training year.

Additionally, interns will complete a formal evaluation of their individual and group supervisor(s) at the end of the training year. They have an opportunity to provide informal feedback to their individual supervisors at the mid-year. A program evaluation will also be completed at the end of the training year (June), in order to provide feedback that will inform any changes or improvements in the training program. The training director and associate training director will meet with the intern to discuss feedback given on the program evaluation.

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



# APPENDIX D- DUE PROCESS PROCEDURES

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

(Adapted from APPIC Due Process Guidelines)

### Introduction

This form provides UC Davis Health Clinical Child and Adolescent Psychology (CCAP) 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, the UC Davis child/pediatric medical director and/or the UC Davis chief of psychology 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 UC Davis-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. UC Davis Health CCAP 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. UC Davis Health CCAP 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, UC Davis Health CCAP 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 chief of psychology 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 chief of psychology.

- 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 chief of psychology. 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 chief of psychology. 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 chief of psychology. 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 chief of psychology.

**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 chief of psychology 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 chief of psychology 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 chief of psychology. At the end of the suspension period, the trainee's supervisor in consultation with the TCs and chief of psychology 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 chief of psychology 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 chief of psychology is to dismiss the trainee from the program, this dismissal becomes effective immediately following notice of the final decision. 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 Chief of Psychology 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 Chief of Psychology 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 chief of psychology. 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 chief of psychology 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 chief of psychology, then that appeal is reviewed by the chief of psychology in consultation with the CAPS management team. The chief of psychology 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 chief of psychology. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- b) Within five (5) workdays, an appeals hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) workdays of the completion of the review, the review panel submits a written report to the TCs, including any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
- c) Within three (3) workdays of receipt of the recommendation, the TCs will either accept or reject the review panel's recommendations. If the TCs reject the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the TCs may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.
- d) If referred back to the panel, the panel will report back to the TCs within five (5) workdays of the receipt of the TCs' request of further deliberations. The TCs then make a final decision regarding what action is to be taken.
- e) The TCs inform the trainee and if necessary the training program of the decisions made.
- f) If the trainee disputes the review panel's final decision, the trainee has the right to contact the Department of Human Resources at UC Davis to discuss the situation.

# APPENDIX E- GRIEVANCE PROCEDURES

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## Due Process Procedures for Handling Intern and Fellow Grievances

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

### Informal Review

First, the trainee should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or TCs in an effort to resolve the problem informally. Informal grievances related to supervisory related concerns will require an individual meeting with the TD. The purpose of this meeting is to gather information related to the concern. The TD will also have an individual meeting with the supervisor involved. These meetings are required in order for the TD to develop an informal plan to address the concern. Subsequent group meetings (with the trainee, supervisor(s), and TD) may be considered depending on the situation.

### Formal Review

If the matter cannot be satisfactorily resolved using informal means, the trainee may submit a formal grievance in writing to the TCs. If the TCs are the object of the grievance, the grievance should be submitted to another member of the training committee and/or the chief of psychology. The individual being grieved will be asked to submit a response in writing. The TCs (or training committee member or chief of psychology, 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 chief of psychology 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 chief of psychology 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 chief of psychology 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 chief of psychology 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 chief of psychology will document the process and outcome of the panel meeting. The trainee and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will



reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

# APPENDIX F- TRAINING STRUCTURE

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## Training Structure

As a smaller training program, the TD serves in programmatic, training/teaching, and supervisory roles. In addition, supervising psychologists also contribute to the development of training seminars and other opportunities. Volunteer clinical professors (VCP) 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:

### **Training Supervisors**

Tanya Holland, Psy.D., Interim Training Director  
Olivia Briceño Contreras, Psy.D., Associate Training Director

### **Additional Supervisors**

Melissa Hopkins, M.D.  
Richelle Long, Ph.D.  
Meera Ullal, PhD.  
Jennifer Bob, Psy.D.  
Danielle Haener, Psy.D.

### **UC Davis Programs Administrator**

Monica Mercado

As a commitment to strengthening the training program and fostering growth in the staff as training directors, supervisors, and/or teachers/trainers, the UC Davis-CCAP staff participate in monthly meetings. Once a month, the staff psychologists (not including VCP) participate in a **training committee meeting**. The training committee meetings ensure consistent communication between supervisory staff about all matters related to the trainees and the training program, as well as supervisory support. The agenda is set by the TD, however, other supervisory staff are encouraged to raise any issues that are relevant to discuss together. An intern representative also has the opportunity to attend at the beginning of the training committee meeting. Typically, each intern will get alternating opportunities to participate as an intern representative. The intern representative can utilize this time to provide feedback about the program or raise any concerns that he/she would like the training staff to discuss during the training committee.

## APPENDIX G- Telesupervision Policy

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In response to COVID-19, the program began to utilize telesupervision more frequently. The interns receive supervision mostly in person, with the exception of telesupervision being provided due to the remote nature of the Pediatric Clinic services. Telesupervision does not account for more than 1 hour of individual supervision or more than 2 hours of total supervision each week. Telesupervision is provided through a synchronous audio and video format whenever the supervisor (or other trainees for group supervision) are not located in the same physical location as the intern. Our program does not provide supervision by phone.

## APPENDIX H- PSYCHOLOGIST BIOGRAPHIES

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### **Olivia Briceño Contreras, PsyD**

Dr. Olivia Briceño Contreras is a bilingual, bi-cultural clinical psychologist and serves as the Associate Training Director of the Clinical Child and Adolescent Psychology internship and fellowship programs. She completed her graduate training in clinical psychology at Alliant International University, Sacramento, with an emphasis on infant mental health and her internship at the California Pacific Medical Center (CPMC) in San Francisco where she received clinical training experience in an outpatient clinic and primary care clinic within the tenderloin neighborhood. She completed her post-doctoral fellowship within our very own, UC Davis Clinical Child and Adolescent Psychology program at the CAPS community mental health clinic. Dr. Contreras provides a range of direct clinical services to the diverse population of children, adolescents, and families between the ages of 0-21 years, including individual, dyadic therapy and conducts psychological assessments for children and adolescents in both English and Spanish languages. In addition, she co-leads the TEAM Program, which is a foster care clinic contracted with CDSS, systems of care branch, serving counties across the state of CA. She has extensive experience in working with youth who have experienced various forms of complex trauma, through providing evidenced based treatments and culturally informed care. Her clinical, teaching and research areas include focus on improving treatment outcomes with children and adolescents through providing culturally informed care, family engagement and involvement in treatment, risk and resilience factors and early intervention treatment with young children.

### **Tanya Holland, Psy.D.**

Dr. Tanya Holland is a licensed clinical psychologist and serves as the Psychologist Supervisor and Interim Training Director for the CAPS Clinic. She graduated with Honors from UC Davis with a BA in Psychology. She went on to pursue her graduate degree in Clinical Psychology from Rutgers, The State University of New Jersey. During her training years she gained experience working in school-based, foster care, and infant mental health programs. She completed her internship and postdoctoral fellowship at the UC Davis CAARE Center where she specialized in working with children who experienced trauma and was trained in Parent-Child Interaction Therapy and Trauma Focused Cognitive

Behavioral Therapy. She now has 20 years of experience conducting diagnostic, child welfare, risk, and competency evaluations for both youth and adults. She currently provides brief dyadic treatments to children and their caregivers, conducts psychological assessments for children with Medi-Cal, and supervises trainees in conducting assessments. Her interest areas include children with incarcerated parents or who are systems involved themselves, helping parents understand and respond to the impacts of trauma on their children, and suicide risk assessment.

**Richelle Long, Ph.D.**

Dr. Richelle Long is a child clinical psychologist and assistant professor at the UC Davis Health, Department of Psychiatry and Behavioral Sciences, Child and Adolescent Psychiatry Division. 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 and Adolescent Psychology Postdoctoral 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.

## **ACKNOWLEDGEMENT OF RECEIPT OF DOCTORAL INTERNSHIP TRAINING MANUAL**

By signing, I acknowledge the following:

- a) I read the training manual and had an opportunity to ask questions.
- b) A paper or electronic copy has been made available to me to keep in my files.
- c) I understand the policies and expectations laid out herein.

**Please discuss any questions or concerns you have regarding the information contained in this handbook with the Training Director before signing this acknowledgement.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_