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

CLINICAL CHILD PSYCHOLOGY
POST-DOCTORAL FELLOWSHIP TRAINING PROGRAM
2018 – 2019

UCD Medical Center, Dept. of Psychiatry and Behavioral Sciences

Sacramento County Child and Adolescent Psychiatric Services
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PROGRAM DESCRIPTION AND ADMINISTRATION

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

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

UC Davis Clinical Faculty

Training Director
Stacey Peerson, Ph.D.

Assistant Clinical Training Director
Carlina R. Wheeler, Ph.D.

Supervising Psychologists
Carlina R. Wheeler, Ph.D.
Richelle Long, Ph.D.
Stacey Peerson, Ph.D.
Elizabeth Solomon, Psy.D.
Margaret Bezmalinovic, Psy.D.

CAPS Medical Director
Robert Horst, M.D.

Sacramento County Child and Family Mental Health

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

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**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*
Welcome to Sacramento, the state capitol of California!

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

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

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

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<tr>
<th>City</th>
<th>Percentage Population</th>
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<tr>
<td>Oakland, California</td>
<td>60%</td>
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<tr>
<td>New York, New York</td>
<td>36%</td>
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<tr>
<td>Chicago, Illinois</td>
<td>58%</td>
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<tr>
<td>Long Beach, California</td>
<td>57%</td>
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<tr>
<td>San Jose, California</td>
<td>78%</td>
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<tr>
<td>Boston, Massachusetts</td>
<td>83%</td>
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<tr>
<td>San Diego, California</td>
<td>68%</td>
</tr>
<tr>
<td>San Francisco, California</td>
<td>64%</td>
</tr>
<tr>
<td>Houston, Texas</td>
<td>79%</td>
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The UC Davis Department of Psychiatry and Behavioral Sciences is located in Sacramento, California, approximately 20 miles east of the main UC Davis campus, in Davis, California.

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

Robert Horst, M.D. serves as the medical director for the CAPS Clinic, which is staffed by four full-time UC Davis faculty psychologists and three psychiatrists. Many of our UCD clinical staff are bicultural and/or bilingual (e.g., Spanish, Farsi, and Mandarin).

CAPS Clinic is the primary training site for our postdoctoral psychology fellows, as well as UC Davis’ child and adolescent psychiatry fellows. Medical students and residents in psychiatry also complete rotations at the CAPS Clinic.

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

CAPS CLINIC POPULATION

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

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

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

Age

Race

Gender

Presenting Problem

- None: 29
- Adult personality and behavior: 1
- Bipolar: 12
- Childhood and Adolescence: 64
- Depressive: 35
- Other Mood Disorders: 21
- Psychological development: 11
- Schizophrenia, psychotic and delusional: 17
- Stress related, anxiety and adjustment: 45

Number of Clients
TRAINING GOALS AND OBJECTIVES

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

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

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

1) **Interview, Evaluation, and Conceptualization**
   a. Establish rapport, demonstrate empathy, elicit participation and cooperation, and attend to the content of clinical interactions.
   b. Conduct effective interviews to gather necessary information to reach a differential diagnosis and a clear understanding of the dynamics sustaining the problem.
   c. Assess high risk behaviors, and recommend interventions to maintain safety of clients and others.
   d. Attend to both the content and process of clinical interactions.
   e. Consider relevant personality and psychotherapy theory/research and understand problems and/or diagnostic categories within an evidence-based theoretical and conceptual framework.
   f. Utilize evidence-based theoretical and conceptual frameworks to generate hypotheses regarding appropriate assessment and/or treatment strategies from a number of modalities.

2) **Psychotherapeutic Intervention**
   a. Establish healing relationships with CAPS Clinic clients, maintain therapeutic boundaries, separate own issues from those of the client.
   b. Maintain an awareness of trainee’s own impact on the treatment process.
c. Keep timely, clear, relevant progress notes that document service in a fashion compliant with the funding source (e.g. Medi-Cal) requirements.
d. Develop intervention skills in a range of modalities (i.e., individual, family, dyadic, and group therapy).
e. Identify goals of treatment, Implement interventions, and assess effectiveness of interventions with client and/or the family.
f. Develop ability to provide clinical case management as appropriate and link client and client’s family to available resources in the community.
g. Seek out scholarly literature to inform and guide clinical decision, and treatment selections, consider relevant psychotherapy research and use a variety of treatment modalities and intervention skills to successfully assist the clients in reaching these goals.

3) **Assessment and Diagnosis**
   a. Competently select, administer, and score a battery of age appropriate tests selected to lend clarity to the referral question and assist in differential diagnosis using the DSM-5.
   b. Gain flexibility in conducting different types of clinical interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status examinations.
   c. Write a sufficient number of integrated psychological assessment reports in a timely fashion to demonstrate ability to synthesize testing data and developmental knowledge with patient history, family SES, and cultural background and lead to a clear conceptualization and thoughtful treatment and school-specific recommendations.

4) **Screening and Consultation**
   a. Develop the specific skills to elicit sufficient information to determine appropriateness for screening and consultation with interdisciplinary staff within the CAPS Clinic, as well as outside providers from other agencies, CPS, and school staff.
   b. Select screening tool to address the referral question, score and interpret results once complete, and review results with referring party.

5) **Use of Supervision**
   a. Routinely approach supervision with a list of topics to discuss, prepared to present with needed supporting materials (e.g. completed charts, reports, notes, raw assessment materials) and use feedback to improve clinical effectiveness.
   b. Seek out immediate supervision in response to clinical risks appropriately.

6) **Ethical and Legal Standards**
   a. Demonstrate good judgment when faced with ethical decisions, seek information and/or consultation to behave consistent with APA ethical principles, California laws and regulations.
b. Know and follow specific and appropriate procedures for assessing danger to self or others, managing aggressive clients, reporting child, elder, dependent adult, and/or spousal abuse.

7) Professional Behavior and Development
   a. Develop communication and interpersonal skills in order to work well as a team member.
   b. Discuss issues as they arise and resolve conflict directly, quickly, and appropriately with staff, peers, and supervisors.
   c. Challenge self and demonstrate a sincere desire to learn by engaging in self-reflection, participating in trainings, seeking out additional input and knowledge, and actively applying learning from both supervision and seminars.
   d. Demonstrate progress in developing a professional identity and demonstrate appropriate professional demeanor and boundaries.
   e. Develop awareness of own strengths, limitations, and personal stress level and seek out needed assistance to behave in a professional manner.

8) Self-Care
   a. Manage personal stress and/or emotional responses in a way that does not result in inferior professional services to the client or interfere with job responsibilities.
   b. Refine time management skills in order to prioritize clinical, administrative, and training duties.

9) Interdisciplinary/Interprofessional Skills
   a. To become familiar with systems issues as they impact the functioning of a community health outpatient clinic.
   b. Participate in treatment and disposition planning for individual clients and families.
   c. Participate in problem-solving among members of a multi-disciplinary team.
   d. Develop productive working relationships with other disciplines involved in treatment of clients including members of multi-disciplinary team, clinicians, and medical consultants, psychiatrists, and CPS workers.
   e. Educate other disciplines on the value and limitations of psychological test data.

10) Sensitivity to Individual and Cultural Diversity
    a. Demonstrate awareness of the impact of culture on the client’s view of therapy/assessment and work flexibly and effectively with diverse clients.
    b. Display sensitivity to and respect for cultural, ethnic, religious, gender, sexuality, and financial diversity. Consider all such diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to the community.
c. Consider the impact the trainee’s own race, culture, gender or socio-economic status may have on the client’s perception of the assessment or the assessment process as a whole and is able to address in a constructive manner in supervision.

11) Scholarly Inquiry and Evidence-Based Care
a. Seek out scholarly literature to inform and guide clinical decisions, treatment selections and questions to supervisors.
b. Consider relevant personality and psychotherapy theory and research in clinical thinking and supervision.
c. Understand problems and/or diagnostic categories within an evidence-based theoretical conceptual framework that guides hypothesis generation regarding appropriate assessment and/or treatment strategies.

12) Additional Fellow Specific Goal
a. Individual Goal: The fellow will develop his or her own training goal for the year based on the initial self-assessment completed with their primary supervisor.

TRAINING ACTIVITIES AND EXPECTATIONS

Fellows at the CAPS Clinic provide several important services to our clients. Following a developmentally appropriate, culturally sensitive, and trauma-informed systems approach to client care, fellows develop competencies throughout the training year in order to coordinate and collaborate with several professionals involved in the client’s care, including those working in the mental health, medical, academic, and legal domains. The County has a deep commitment to providing treatment that “meets clients where they are,” which allows providers to tailor their interventions to each client. Fellows provide short-term and long-term individual and family therapy, which if appropriate, may be conducted outside the clinic setting in the client’s school or home. Fellows also complete intake services for two-month assessments, psychotherapy, medication management, and psychological testing referrals. In addition, fellows conduct extensive psychological assessments that typically involve school observations, interviews with caregivers, treatment providers, and teachers, and the administration of objective and projective personality measures. During the course of their training year, fellows also participate on and lead the Comprehensive Multidisciplinary Assessment Team (CMAT) that is facilitated by our faculty psychologists at the CAPS Clinic. Fellows also have the opportunity to co-facilitate and develop therapy groups. Lastly, fellows will have opportunities to provide consultation and/or brief psychological screening within the CAPS Clinic and with outside providers.
1. Average 40 hours per week for about 50 weeks (2000 fellowship hours total)

   a. **22 -28 Hours/Week: Direct Clinical Service**
      - 8 to 10 Individual and Family Psychotherapy cases over the course of the year
      - Case Management (ongoing)
      - 1 to 2 Intake Assessments (weekly, as available)
      - 3 to 6 Psychological Testing cases over the course of the year
      - 2 to 4 Consultation and/or Brief Psychological Screening cases
      - 1 to 2 Comprehensive Multidisciplinary Assessment Team (CMAT) case(s)
      - 1 Group Therapy Co-Facilitator (based on interest and experience)
      - Infant-Parent Mental Health Cases (based on interest and experience)

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

   c. **4-5 Hours/Week: Supervision**
      - 2-3 hours: Individual Primary, Therapy, and Assessment Supervision
      - 1.5-2 hours: General Group Supervision/Assessment Group Supervision

   d. **Additional Fellow Specific Activity**
      - Program Development and Evaluation
      - Teaching and Presentations
      - Participate in Faculty's Available Research Opportunities
      - Department and MIND Institute Grand Rounds and Other Training Activities

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

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

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

**CLINICAL TRAINING DESCRIPTION**

**Therapy**

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

In general, each fellow is expected to maintain a workload of approximately 8 to 10 therapy clients throughout the training year who are seen on roughly a weekly basis. Sacramento County Medi-Cal/EPSDT does not restrict therapy providers to using specific theoretical orientations or techniques in their work with clients. As such, providers can determine the type of treatment modality (individual, family, dyadic, group) and intervention (i.e. Family Systems, CPP, ARC, TF-CBT, CBT, DBT, ACT, FFT, Interpersonal, Psychodynamic, etc.) that will fit best with each client. In addition, there are no limits on how often or for how long clinicians work with their clients. As such, clinicians can choose the frequency and duration of therapy services as well. Clinicians can determine where they would like to meet with their clients (i.e. CAPS Clinic, school, home, church, local café, etc.).

Typically, clinicians also

- Coordinate care with caregivers, family members, teachers, CPS case managers, juvenile justice staff, pediatricians, psychiatrists, and other mental health providers.
- Attend school meetings (i.e., I.E.P.’s).
- Attend medication management sessions.
- Observe clients at school or home.

**Group Therapy**

The county allows the psychology team to develop, implement, and facilitate group therapy programs to address the evolving needs of the clinic. We typically offer a series of three to four groups per training year. Past groups have included: social skills, anger management (with Aggression Replacement Training components), and coping skills (with Dialectical Behavior Therapy components). Fellows have the opportunity, based on experience and
interest, to participate in, co-facilitate, and develop ongoing client and/or parent groups with Carлина R. Wheeler, Ph.D. and Elizabeth Solomon, Psy.D. It is expected that each fellow will get the opportunity to co-facilitating 1 to 2 groups by the end of the training year.

**Psychological Assessment**

There are only a few clinics in Sacramento County that conduct psychological assessments for individuals with Medi-Cal. As such, the CAPS clinic’s psychological assessment services are in high demand. Carлина R. Wheeler, Ph.D. manages the CAPS Assessment Program, while Stacey Peerson, Ph.D. oversees the CMAT Program. Typically, assessments conducted at the CAPS Clinic are quite extensive and often include:

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

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

- Each assessment can require approximately **30 hours** of work.
- Fellows are expected to complete roughly **4 to 6** assessments within the post-doctoral training year.
- Fellows are typically assigned 1 to 2 assessment cases at a time for the first third of the year, and then will be assigned 2 to 3 assessments cases at a time for the remainder of the year.
- Although the Child ACCESS team authorizes us to work on an assessment for 4 months, it is anticipated that fellows complete each assessment within about 3 to 4 months.
- Based upon the referral question, measures we typically use include:
  - Academic Achievement (WRAT)
  - Caregiver/Teacher rating forms (BASC, BRIEF, ABAS, Vineland, TSCYC)
  - Drawings (Kinetic Family, House-Tree-Person)
  - Intellectual/Cognitive Functioning (WISC, WASI, WPPSI, KBIT, TONI)
  - Pervasive Developmental Delay Screeners (ASDS, ASQ, CARS, SCQ)
  - Personality Measures (M-PACI, MACI, MMPI-A, MMPI)
Relational Measures (MIM, Trauma and Attachment Belief Scale, Parenting Stress Inventory/Stress Index for Parents of Adolescents, Parenting Relationship Questionnaire)
Self-Report Symptom Checklists (BASC, Beck Youth Inventory, CDI, RCMAS, TSCC, ADES)
Sensory Processing Screeners (Sensory Profile Questionnaire)
Social Problem Solving (Roberts-2)
Projective (Rorschach, TAT, Rotter Incomplete Sentences Blank)
Neuropsychological Measures (WRAML, Beery's VMI)
Receptive/Expressive Language (PPVT/EVT)
Occupational/Career Interest (Self-Directed Search)

Comprehensive Multidisciplinary Assessment Team (CMAT)
- This team is based out of the CAPS Clinic. Members of the team include two psychologists and a psychiatrist, as well as psychology fellows and fellows in psychology and psychiatry and rotating medical students. The team's psychologists and psychology fellows and 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.
  - Each assessment can require approximately 30 hours of work.
  - Fellows are expected to complete roughly 1 to 2 assessments within the post-doctoral training year.

Consultation and/or Brief Psychological Screening

Fellows will receive specific training prior to providing brief screening and consultation services with clinicians within the CAPS Clinic (as well as from outside agencies) in order to clarify diagnostic questions or to monitor treatment progress. The fellows are responsible for scoring and interpreting a range of self-report measures (i.e., BASC, Beck Youth Inventories) that the trained clinician and/or fellow administered. The fellow then completes a brief 3 to 6 page report before meeting with the referring clinician (and/or client and his/her family) to review test results and recommendations. This service is currently supervised by Carlina R. Wheeler, Ph.D. and Richelle Long, Ph.D.
- Each brief screening and/or consultation assessment can require approximately 10-15 hours of work.
- Fellows are expected to complete roughly 2 to 4 brief screening assessments within the post-doctoral training year.
SUPERVISION

All primary supervisors of fellows are University of California Davis, Medical Center clinical faculty members who have doctoral degrees in Clinical or Counseling Psychology and are licensed to practice in the state of California. They are required to be in good standing with the California Board of Psychology. In accordance with regulations set by APPIC, APA, CoA, and the California Board of Psychology, our training program provides post-doctoral fellows a minimum of **4 hours** of supervision per week (3 hours of individual supervision and 1.5 to 2 hours of group supervision).

- **Primary Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their primary supervisor, with whom they meet on an individual and weekly basis to discuss their personal and professional experiences throughout the post-doctoral year. Primary supervisors may also supervise 2 to 3 of the fellow’s therapy clients. In addition, the primary supervisor will be responsible for overseeing administrative duties (documentation timeliness, submitting time-off requests, completing timecard, etc). The fellow may also use this time to review the overall training program, as well as assess his or her professional development and training goals.

- **Therapy Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their therapy supervisor, with whom they meet on an individual and weekly basis to discuss the majority of his or her therapy clients. In addition, the therapy supervisor will be responsible for reviewing therapy client documentation (i.e., notes, initial/annual clinical bundle, client treatment plans, etc.).

- **Assessment Individual/Group Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their primary assessment supervisor, with whom they meet individually on an as needed basis to discuss assessment clients. The primary assessment supervisor is responsible for reviewing assessment client progress notes. The fellows also participate in bi-monthly assessment group supervision with the two supervising psychologists in order to gain additional experience presenting their cases and receiving more diverse feedback and support. Assessment group supervision also provides the opportunity to learn new measures and discuss various issues (e.g., responsibility, expectations, ethical concerns, interprofessional relationships, etc.) that pertain to the role of a provider of psychological testing in order to further develop this area of professional development. Lastly, participation in CMAT provides the unique opportunity for live supervision of psychological testing. During the last quarter of the training year, the fellow may be assigned a different supervisor to supervise 1 to 2 assessment cases in order to widen the fellow’s exposure to different assessment supervision and report-writing styles.
Group Supervision: Group supervision meets twice per month and is facilitated by our Volunteer Clinical Faculty (VCF), Margaret Bezmalinovic, Psy.D. In our commitment to providing our fellows with support and guidance as they transition from students into professionals, fellows are encouraged to use these meetings as opportunities to discuss a range of topics. Many fellows have used the time to discuss issues related to their training, organizational processes, balancing their work and professional life, and/or professional development and career choices. In addition, the Special Topics Seminar, which meets three times a month, may also count toward to fellow’s supervision hours.

Supervision of Supervision: Dependent on the expansion of our training program as well as the fellow’s level of competency and interest, fellows may receive supervision of supervision. Accordingly, fellows may provide fellows supervision of a specific therapy and/or assessment case, under the supervision of the primary or assessment supervisor.

DIDACTIC SEMINARS AND CASE CONFERENCES

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

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

Special Topics Seminar

This seminar meets three times per month throughout the training year. The post-doctoral fellows meet with the psychology team, who rotate through facilitating this seminar twice per month. Once per month, we invite psychologists and other providers from the community to present as part of our program’s dedication to providing fellows with exposure to different perspectives, settings, and a diverse range of clientele. This seminar is organized with respect to the fellow’s developmental tasks for the training year (from orientation/foundational to intermediate topics to advanced topics). While segments of the seminar will provide didactic training, this seminar encourages participation from all team members.
These seminars are designed to provide the fellows the opportunity to learn about potential career paths, as well as to develop working relationships with other professionals in the field. Common topics include preparing for the EPPP and licensure, starting a private practice, culture and psychology, vicarious traumatization and self-care, early identification and treatment of psychosis, mental health and juvenile delinquency, Child Protective Services, law and ethics, and couples and family therapy. There is also special focus on trauma given our clinic’s population. As such, Richelle Long, Ph.D. facilitates the Trauma Series, embedded within this seminar. In addition, each fellow will have the opportunity to gain experience facilitating this seminar by presenting his or her research/dissertation topic, conducting case presentations, and developing his or her own presentation (with an outline of relevant literature, audio/video material, data, and questions for the group). The fellow’s primary supervisor will be able to assist him or her in preparing for the final project.

**Developmental Seminar**
- This seminar meets once per month and is facilitated by one of our volunteer clinical faculty psychologists, Lisa Farquhar, Ph.D. Dr. Farquhar lends her expertise in child and adolescent development to help our fellows gain a better understanding of their client’s clinical presentation and treatment within the context of their development.

**Therapy Case Conference**
- This seminar meets once per month and is also facilitated by Lisa Farquhar, Ph.D. and one rotating clinical faculty member. The structure of this seminar is such that one of the fellows presents an ongoing therapy case to the group, highlighting challenges and difficulties with the case and allowing for discussion of clinical issues that are related to the therapy process. Such structure allows fellows to gain exposure to a variety of models for conceptualizing, diagnosing, and treating a range of clients with multiple demographic backgrounds and presenting problems in varying treatment settings.

**Rorschach Seminar**
- This weekly seminar is led by Carlina R. Wheeler, Ph.D. and Stacey Peerson, Ph.D. from September to January, and subsequently once per month. Because we recognize that not all post-doctoral fellows will have familiarity with the Rorschach, this course aims to provide our fellows with the basic foundation for the administration, scoring, and interpretation of the Rorschach in order to utilize this measure for a minimum of psychological testing clients.

**Zero to Five Seminar**
- This six month seminar begins in February and is led by Stacey Peerson, Ph.D. The Zero to Five Seminar focuses specifically on the unique developmental needs and key issues affecting young children and their families. Topics may include: brain development, relational needs, behavioral and mental health concerns, language and
literacy development, the role of screening and early intervention, cultural influences, and the specific impacts of maltreatment on early childhood development. Depending on the fellows’ educational and clinical experience working with the 0-5 population, there may be opportunities to utilize this time to conduct case conferences on infant-parent mental health cases.

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

**ADDITIONAL EDUCATIONAL OPPORTUNITIES**

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

**Interpersonal Process Group**
- Psychology fellows are invited to join psychotherapy process groups with residents in psychiatry. These groups are facilitated by Martha Gilmore, Ph.D. (mlgilmore@ucdavis.edu) and three other volunteer clinical faculty, and meet once per week from September until July. They provide the unique opportunity for members to gain considerable insights into their own ways of relating to others as well as the interpersonal dynamics that arise in a group setting. Many of our fellows who have participated in these groups have greatly valued their experience and the opportunity to develop long-lasting relationships with other group members.

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

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

M.I.N.D. Institute Speaker Series

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

**APPOINTMENT, STIPEND, AND BENEFITS**

**Two applicants** will be accepted for the 2018 - 2019 training year. Clinical fellowship appointments are **full-time** (average 40-hour week) for one year. Our post-doctoral fellows acquire a total of **1800 supervised hours** during the training year in order to qualify for various states’ licensure requirements. Clinical moonlighting is not permitted.

**2018 – 2019 Training Year:** September 17, 2018 – September 13, 2019

Fellows receive a stipend of **$47,476** for the training year, which is competitive with other community mental health/academic medical center fellowship stipends in the area. Applicable federal and state taxes and social security deductions are withheld. We are proud to offer our fellows **core benefits** provided by the University of CA, Davis.

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

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

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

NON-DISCRIMINATION PRACTICES

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

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

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

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

The evaluation process is approached in a manner to provide timely feedback to and from the fellow in order to ensure training goals and expectations are being met. At the beginning of the fellowship year, fellows complete a self-assessment of their experience relative to training objectives of the fellowship. The initial self-assessment opens a dialogue about the fellow’s strengths and specific training areas of growth. Progress is monitored throughout the fellowship year, however, more formal verbal and written feedback provided every four months (January, May, September). During these triannual evaluations, the fellow will meet with each supervisor to review the Fellow Evaluation completed by the supervisor and the Supervisor Evaluation completed by the fellow. These evaluations are used to provide an opportunity to communicate the fellow’s progress. In addition, the Supervisor Evaluation allows the fellow to specify what the fellow would like more (or less of) from the supervisor. At the end of the fellowship year, formal summative feedback is given to the fellow and sent to the Training Director and Assistant Clinical Training Director.

Serious concerns regarding a fellow’s performance will be addressed through due process procedures (see Appendix in Program Manual).

Fellows are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary supervisor first and resolve concerns informally. Formal procedures are described in the Program Manual.

ELIGIBILITY AND APPLICATION PROCEDURES

Applicants must have attended an APA-accredited doctoral graduate university preferably in clinical or counseling psychology. Applicants from educational psychology with a strong emphasis in clinical training will be considered. Applicants must have attended an APA-accredited doctoral internship program. Applicants must have completed all requirements for their doctoral degree prior to September 1, 2018. Successful applicants will have acquired doctoral level experience with children and adolescents and have written at least five child or adolescent integrated psychological assessment reports.

Our application deadline is Friday January 12, 2018 (11:59PM, EST). Early application is encouraged and applications will be reviewed as they are received. If you have any questions, please contact the Training Office at (916) 734-2614.

Electronic submissions are preferred and should be emailed to Kori Feinstein at kafeinstein@ucdavis.edu. Your application will be considered complete upon receipt of the following:
A completed Child Psychology Fellowship Application (located on our website)

A cover letter

A current curriculum vitae

A psychological evaluation of a child or adolescent with all identifying information removed

Three letters of recommendations- preferably two from internship and practicum placement supervisors and one from current graduate school faculty (sent directly from the writer via email to speerson@ucdavis.edu and kafeinstein@ucdavis.edu)

**SELECTION PROCEDURES**

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

Prospective candidates will be notified via email by **Friday January 26, 2018** whether or not they will be granted an interview with the training staff and supervisors. Candidates will also have the opportunity to meet with the current post-doctoral fellows, clinical staff, and tour the clinic. Interviews will be held on **Monday February 5 and Tuesday February 20, 2018**. Interviews are required and weigh heavily in the selection process, as this provides an opportunity for program staff and applicants to determine fit. Should economic or other reasons interfere with a highly ranked candidate’s ability to travel for an in-person interview, a case-by-case decision will be made by training staff to arrange an alternative video/phone interview. Interviews will only be offered to applicants who have submitted a complete application and only after these applications have been screened by the faculty. Applicants who wish to be considered for interviews should submit application materials prior to **January 12, 2018**.

The post-doctoral fellowship training program agrees to abide by the APPIC guidelines for Uniform Notification Date on **Monday February 26, 2018**. Information regarding APPIC Post-doctoral Selection Guidelines can be found at: [http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines](http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines)