

UCDAVIS
HEALTH

MIND
INSTITUTE



**Doctoral Internship in
Clinical Psychology**

2024-2025

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PROGRAM INFORMATION

Overview

The UC Davis MIND Institute's APA-Accredited Doctoral Internship in Clinical Psychology is a collaboration between the MIND Institute's Division of Psychology, Division of Research, and the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Training Program. The program provides numerous activities to facilitate interns' ability to meet competencies and objectives of the training program. The one-year internship provides opportunities for interns to engage in the psychological assessment and treatment of youth (infancy to young adulthood) with neurodevelopmental conditions and other related medical and behavioral health needs. Interns have opportunities to learn in a collaborative and interdisciplinary setting during the training year, and to acquire discipline-specific skills through work with their clinical supervisors. The training program focuses on high-quality, evidence-based, interdisciplinary training in assessment and treatment of youth with neurodevelopmental and behavioral health conditions and provides interns with the breadth of clinical experiences that will prepare them for entry level practice as health service psychologists.

Our faculty is committed to an individualized, developmental approach to training. We aim to provide extensive initial guidance gradually evolving—depending on intern need—to a more hands-off approach in order to facilitate increased independence and professional growth. Throughout the course of the training year, interns are introduced to, and engaged in, evidence-based assessment and intervention practices.

The MIND Institute's commitment to, and expertise in, teaching and preparing professionals in the field of neurodevelopmental disabilities is evidenced by a number of currently-funded training programs, including the MCHB/HRSA-funded LEND program, which provides interdisciplinary postgraduate clinical training; the NIMH T32-funded postdoctoral Autism Research Training Program (ARTP), which trains basic and clinical scientists; the HRSA-funded University Center for Excellence in Developmental Disabilities (UCEDD), which collaborates with individuals and families to improve quality of life and community inclusion; and the MCHB-funded Leadership Training Program for Developmental Behavioral Pediatrics, which prepares pediatricians to use empirically supported practices.

The appointment begins July 1 and ends June 30 of each training year; if these dates fall on a weekend or holiday, start/end dates are the following/preceding business day, respectively. Interns are responsible for approximately 20 hours of direct and indirect clinical services through the Massie Family Clinic and 20 hours of supervision and other didactic and experiential learning activities through their participation in the LEND program and other MIND Institute activities. Interns are expected to engage in learning activities 40 hours per week for 12 months. After considering the 14 paid holidays, interns have the opportunity to accrue a total of 2,000 internship hours.

Setting and Population

The Internship is housed at the UC Davis MIND Institute on the UC Davis Medical Center campus in Sacramento, California, an integrated, academic health system that is consistently ranked among the nation's top medical schools. Sacramento is the third most diverse county in California and the 17th most diverse county in the U.S. (U.S. Census Bureau, 2020). The MIND Institute is internationally known as a leader in research and clinical care for children and adolescents with neurodevelopmental disabilities. It was founded in 1998 by parents of individuals with autism spectrum disorder (ASD) through legislation passed by the state of

California. The Institute brings together professionals from various disciplines united in one common vision: To improve the quality of life for individuals with neurodevelopmental disabilities.

All clinical activities within the internship program take place within the MIND Institute's outpatient clinic, the Massie Family Clinic. The clinic has eight (8) specially designed exam rooms, six (6) of which are equipped with one-way observation windows to allow live supervision of interns engaged in clinical care. A secure outdoor playground is also available for play and for observation. Social skills and other group therapy sessions utilize the larger Family Rooms which are well-equipped for group-based intervention. Didactic activities are either held in person at the MIND Institute or via remote teleconferencing platforms using secure UC Davis Health video conferencing platforms.

Faculty and clinical supervisors at the MIND Institute are renowned experts in their fields of research and clinical care and are engaged in a variety of collaborative activities linking clinical and scientific endeavors. Providers from various disciplines—including psychology, developmental pediatrics, social work, genetics, speech and language pathology, and psychiatry—serve more than 3,500 individual pediatric patients per year through the Massie Family Clinic, and interns will have opportunities to engage in interdisciplinary patient care in this setting.

The Northern California Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program is a graduate and post-graduate level, interdisciplinary leadership and service training program federally funded through HRSA's Maternal Child Health Bureau. The purpose of the Northern CA LEND is to train the next generation of practitioners and stakeholders—including neurodivergent individuals, self-advocates, and family members—in current best practices for diagnosis and treatment of neurodevelopmental disabilities (NDDs) while emphasizing collaborative interdisciplinary, family-centered, and culturally competent care. In order to improve the health and treatment of children with NDDs and their families, the next generation of practitioners, family members, and advocates will need leadership skills to increase capacity of the care delivery systems and develop new models of care provision. They must also have an unwavering commitment to high quality, evidence-based services.

Doctoral interns are considered Long-Term trainees within the LEND program, providing access to a variety of didactic seminars, and additional interdisciplinary clinical experiences. As long-term trainees, interns participate in a minimum of 500 hours of LEND seminars/curriculum and interdisciplinary clinical activities over the course of the training year, along with a leadership/research project which they present at the end of the training year. Interns receive a portion of their stipend from the LEND program. More information about the LEND program can be found [here](#).

Administrative Structure of Training Program

The **Training Director** is largely responsible for the quality and integrity of the Training Program. In this role, the Training Director is actively involved in the delegation of responsibility for the training program to the Associate Training Director, Clinical Supervisors, and the Training Committee. The Training Director ensures that the training program maintains the highest standards of excellence and compliance with APPIC membership and APA accreditation criteria/policies and APA Ethical Principles, as well as state and local standards and requirements. It is the Training Director's responsibility to ensure that adequate training opportunities exist for interns, including direct clinical service and didactics/seminars, and that such opportunities meet APPIC and APA requirements. The Training Director works closely with

the Associate Training Director to draft and maintain updated information about the training program in informational sources, including our website/program brochure, program Training Handbook, and in the APPIC portal. The Training Director also oversees intern recruitment, interviews, and match processes. In conjunction with the Training Committee, the Training Director is responsible for reviewing all applications and leading the selection of doctoral interns. The Training Director leads the Associate Training Director and Training Committee to ensure timely and regular evaluation of the interns and the overall training program as well as the program's compliance with due process and grievance protocols. Lastly, the Training Director provides clinical and administrative supervision of interns and staff, as assigned.

The **Associate Training Director** is largely responsible for administrative aspects of the program. The Associate Training Director works closely with the Training Director, Clinical Supervisors, and the Training Committee to maintain compliance with APPIC membership and APA accreditation criteria and policies and ensures that the program is effective in meeting its defined aims and competencies. In addition, the Associate Training Director supports the training program by coordinating non-direct care training opportunities (such as seminars and didactics); maintaining up-to-date training program information in materials available to prospective trainees; overseeing annual intern recruitment, interviewing, and matching processes; securing extramural funding to support the training program; providing technical assistance and consultation to ensure effective record keeping and administration of the training program; and developing and maintaining an expanding professional network that supports recruitment of high-quality interns.

The **Training Committee** is responsible for the day-to-day operations of the training program and consists of the Training Director, Associate Training Director, Leadership Education in Neurodevelopmental Disorders (LEND) Associate Director (Dr. Janice Enriquez), and Clinical Supervisors involved in the training program (Drs. Barajas, Deprey, Engstrom, Haener, Silver, and Tudor). Clinical research supervisors are not members of the Training Committee. The Training Committee also receives input from supervisors and trainees to ensure that the Training Program aligns with its aims and objectives. The Training Committee participates in regularly scheduled monthly meetings (3rd Friday) and other ad hoc meetings during which members discuss policies pertaining to training, address training issues, review quality improvement efforts, review Training Handbook changes and self-assessment results, and review and discuss trainees' progress. The Training Committee (or a designated member) also participates in due process and grievance procedures when initiated. Training Committee decisions are made by a majority vote with the Training Director holding the tie-breaking vote.

Clinical Supervisors are responsible for the clinical training and supervision of the trainees. All cases are assigned to the supervisor who is clinically responsible for each case and who oversees and signs off on all notes, reports, and any other documentation. All supervisors are licensed psychologists in the state of California. An intern is assigned one supervisor who oversees their training in therapy (individual therapy, therapy groups, and parent workshops) and another who oversees their training in assessment. The intern meets with each supervisor for 1.5 hours each week. Each supervisor is responsible for the intern's training, development, and performance in one of the two main clinical training areas (i.e., therapy or assessment) and maintains professional responsibility for the intern's clinical cases and co-signs all related documentation. One of the supervisors is designated as the "primary" supervisor. The primary supervisor has the overarching responsibility of providing guidance and support to the intern to ensure successful completion of the program. The primary supervisor reviews the overall training goals and assesses the intern's professional development. While all supervisors provide input informing the intern's evaluation, the primary supervisor takes the lead

in this process. The primary supervisor also provides administrative oversight including managing requests for leave/vacation or sick time, ensuring that the intern has adequate resources to carry out clinical responsibilities and coordinating the completion of any documentation needed to support the intern's completion of graduate program requirements and future application for licensure as a health service psychologist. Clinical supervisors may also be assigned as ancillary supervisors (in the areas of research, therapy, assessment) as needed to widen an intern's clinical experiences and exposure to different clinical styles.

The MIND Institute **Administrative Leadership** consists of the MIND Institute's Executive Director and the Chief Administrative Officer. The Administrative Leadership provides guidance to the Training Director and Associate Training Director regarding overarching agency matters as well as contract and legal issues, reviews requests for funding, and is apprised of any program changes or site-specific concerns. The Executive Director of the MIND Institute also participates in Due Process and Grievance Procedures of the training program as needed (see Due Process and Grievance Procedure below).

Statement on Diversity, Equity, and Inclusion

The UC Davis MIND Institute and the Doctoral Internship are committed to advancing diversity in the recruitment and training of all interns as well as among faculty and staff who serve as mentors and supervisors. As a training program, we recognize the significance of continued learning in order to facilitate growth and enhance a climate of diversity, equity, accessibility, and inclusion. We also recognize the rich learning environment created by collaboration among interns, faculty, and staff from diverse backgrounds and with diverse identities. The MIND Institute and the Doctoral Internship Program are further committed to fulfilling our mission to help all families affected by neurodevelopmental challenges and to promote equal access to high-quality health care and education for all members of our community. We take pride in the achievements of all members of our community, and we celebrate our differences. We strive to build and maintain a culture and climate based on mutual respect and caring and to ensure that equity and social justice are woven into the work we do every day as we address the mission of the MIND Institute and our training programs. The MIND Institute's diversity, equity, and inclusion goals are aligned with those of UC Davis Health and the Association of University Centers on Disabilities. More information can be found here:

<https://www.aucd.org/template/index.cfm>.

The Internship program is committed to training individuals from diverse backgrounds, and who are committed to serving children and families from diverse backgrounds, in the area of neurodevelopment and preparing them to enter the field of health service psychology. Interns in our program have opportunities to contribute to agency-wide diversity, equity, and inclusion (DEI) efforts by joining the [MIND Institute's DEI committee](#), actively engaging in DEI-related trainings (both as a learner and a co-presenter), and participating in agency-wide community building activities to uphold a work climate focused on equity and justice as demonstrated by respect and support for one another. The program also emphasizes the benefits of receiving and providing mentorship, particularly for interns from underrepresented backgrounds in the field. Based on mutual interest, significant efforts are made to provide interns with the opportunity to work with supervisors and faculty with shared identities for mentorship into the profession. The agency also offers opportunities for interns to mentor undergraduate students from diverse and underrepresented communities through Maternal Child Health Careers/Research Initiatives for Student Enhancement - Undergraduate Summer Program (MCHC/RISE-UP), a program focused on eliminating health disparities by introducing qualified, diverse undergraduate scholars to the fields of medicine, psychology, and public health. More information about the opportunities, learning activities, initiatives, and practices focused on

maintaining a diverse and equitable workplace is available on [the MIND Institute website](#).

APPIC Member Status

The UC Davis MIND Institute Clinical Psychology Training Program’s Doctoral Internship was awarded APPIC Membership status on April 20, 2022 (APPIC Member Number 2556). Our program abides by all APPIC membership criteria and policies.

Accreditation Status

The UC Davis MIND Institute Clinical Psychology Training Program’s Doctoral Internship was granted accreditation, on contingency by the American Psychological Association, with the initial date of accreditation as May 8, 2024. Our program intends to seek full accreditation upon obtaining the required two years of distal outcome data from prior doctoral interns. Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org

FACULTY AND STAFF

The UC Davis MIND Institute is an internationally recognized leader in research and clinical care for NDDs and serves as an innovative and broad-based center for educating and training the next generation of professionals in NDDs. Faculty include nationally recognized trainers in gold-standard neurodevelopmental assessment and leaders in best-practices treatment modalities for individuals with NDDs.

The Massie Family Clinic and Research Clinic within the MIND Institute are the primary training sites for our interns. In addition to clinical psychology doctoral interns and fellows, these training sites support other trainees from various training programs such as the LEND program and postdoctoral research program ARTP (Autism Research Training Program). Providers from various disciplines, including psychology, developmental pediatrics, social work, genetics, speech and language pathology, and psychiatry provide services through the MIND Institute Massie Family Clinic.

All supervisors are licensed clinical psychologists with extensive experience in the content area they supervise. The intern's supervisors must be faculty/staff of the MIND Institute, have a doctoral degree in Clinical, Counseling, or School Psychology, and hold a valid license to practice as a psychologist in the state of California. Training faculty and supervisors are listed below.

Program Leadership

Dorcas Liriano Roa, Ph.D., Training Director. Dr. Roa has been a licensed psychologist at the UC Davis MIND Institute since 2007 and began serving as director of Psychological and Behavioral Health in 2018. She is currently the chief psychologist for the Massie Family Clinic, serving as the primary clinical supervisor for 7 psychologists. Dr. Roa has also provided training and supervision to research coordinators and psychology trainees working in NDD-related research labs housed at the MIND Institute. Her clinical work focuses on assessing and diagnosing neurodevelopmental disorders, such as intellectual disabilities, ASD, and ADHD, as well as other mental health conditions in order to guide families and children towards appropriate and evidence-based interventions. She is bilingual/bicultural and able to provide culturally competent care to native Spanish speakers. She earned her Ph.D. from Northeastern University's APA-accredited counseling psychology program, completed an APA-accredited internship at UMASS Medical Center/Worcester State Hospital, and completed postdoctoral training in neuropsychology at the Cambridge Health Alliance/Harvard Medical School. Dr. Roa is a member of the APA Division 33 Intellectual and Developmental Disability/ASD and Division 40 Clinical Neuropsychology, California Psychological Association, National Association of Neuropsychology, and Hispanic Neuropsychological Society.

Meghan Miller, Ph.D., Associate Training Director. Dr. Miller joined the faculty at UC Davis in 2017 and is currently an Associate Professor and Vice Chair of Psychology in the Department of Psychiatry & Behavioral Sciences and a faculty member at the MIND Institute. Previously, she served as the Associate Director for the UC Davis CTSC Mentoring Academy for Research Excellence from 2020-2022. She is a licensed clinical psychologist in California whose specialty is in early diagnosis of, and comorbidity between, ASD and ADHD. Dr. Miller earned her Ph.D. in Clinical Psychology from the University of California, Berkeley's APA-accredited program and completed an APA-accredited internship at Oregon Health & Science University. She completed a clinical research postdoctoral fellowship at the UC Davis MIND Institute. Dr. Miller currently leads several ongoing research projects funded by the National Institute of Mental Health

focused on the identification of shared and distinct early developmental pathways to ASD and ADHD. Within her lab and the MIND Institute's clinic, she trains and mentors learners from the undergraduate to the postdoctoral levels and leads one of the core required didactics for interns (the weekly Neurodevelopmental Disorders seminar). Dr. Miller is a member of the Society for Clinical Child & Adolescent Psychology (SCCAP)/APA Division 53's Education and Standards Committee for which she currently chairs the Routh Dissertation Grant review committee. She also serves as the SCCAP/Div 53 liaison on the Clinical Child and Pediatric Psychology Training Council (American Board of Clinical Child & Adolescent Psychology) training guidelines Steering Committee and Task Force. Finally, Dr. Miller serves on the leadership committee of the MIND Institute's Autism Research Training Program and is a member of the Baby Siblings Research Consortium.

Supervisors

Kimberly Barajas, Ph.D., Clinical Supervisor. Dr. Barajas is a licensed clinical psychologist. She received her Ph.D. from the University of Southern Mississippi (APA-accredited) and completed her doctoral internship at the University of Mississippi Medical Center (APA-accredited). Dr. Barajas subsequently completed a postdoctoral fellowship at Seattle Children's Hospital. She specializes in assessing and diagnosing neurodevelopmental disabilities and providing evidence-based therapies for children displaying behavior difficulties (noncompliance, defiance, temper tantrums) and symptoms of anxiety. She is bilingual/bicultural and often works with families who prefer services be provided in Spanish. Dr. Barajas serves as a supervisor for individual cognitive behavioral therapy (CBT) and group parent management training (PMT) and participates as a member of the Training Committee.

Lesley Deprey, Ph.D., Clinical Supervisor. Dr. Deprey is a licensed psychologist with a specialty in NDDs with an emphasis on assessment and comorbidities in ASD. She received her Ph.D. in Counseling Psychology from the University of Alberta, Canada (CPA-Accredited), and completed her doctoral internship at River Oak Center for Children (APA-Accredited) and a postdoctoral fellowship at the MIND Institute. She is a Certified Trainer on the Autism Diagnostic Interview-Revised (ADI-R) and Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), the field's current gold-standard ASD measures, and leads reliability and fidelity training on these measures at the MIND Institute. Dr. Deprey is currently the Co-Chair of the Hearts and MINDs training series and runs the monthly ADOS-2 training attended by interns. She has been involved in the evaluation of research participants in studies investigating ASD, fragile x syndrome, and other genetic disorders. She has expertise in the design and analysis of research studies in ASD and she has been a sub-investigator and clinical rater for FDA clinical drug trials. She also has a private practice conducting ASD evaluations in the community. Dr. Deprey supervises interns placed within the IDDRC's Clinical Research Assessment Core and serves as a member of the Training Committee.

Erin Engstrom, Ph.D., Clinical Supervisor. Dr. Engstrom is a licensed clinical psychologist who specializes in assessment of NDDs and cognitive behavioral therapy (CBT) for anxiety in youth and young adults with ASD. She received her Ph.D. in Clinical Psychology from the University of California, Santa Barbara (APA-Accredited) and completed an APA-accredited doctoral internship and fellowship at the University of Colorado School of Medicine, JFK Partners. She leads the Facing Your Fears program, a CBT intervention group for children and teens with ASD and anxiety. Dr. Engstrom also has clinical and research experience supporting teens and young adults with NDDs who are transitioning into higher education and employment settings. Dr. Engstrom serves as a primary supervisor for individual and group therapy and participates as a member of the Training Committee.

Janice Enriquez, Ph.D., Clinical Supervisor. Dr. Enriquez is a licensed clinical psychologist within the Developmental and Behavioral Pediatrics Division at the MIND Institute. She received her Ph.D. in Clinical Psychology from Loma Linda University (APA-Accredited) and completed a doctoral internship (APA-Accredited) and postdoctoral fellowship at the UC Davis CAARE Center. She is primarily involved in clinical, training, and diversity efforts. She serves as the Associate Director of the University Center for Excellence in Developmental Disabilities (UCEDD) and the Director of the Leadership Education in Neurodevelopmental and other related Disabilities (LEND) Programs. She is also the Chair of the Diversity, Equity, and Inclusion Committee at the MIND Institute and serves on a national disability AUCD Multicultural Council leadership board. Past and current clinical and research interests pertain to the identification of developmental delay in infants at high risk due to medical conditions, neuropsychological and behavioral functioning of children diagnosed with neurodevelopmental and genetic disorders, evaluation and treatment of developmental and socioemotional concerns related to child abuse, evidence-based assessment and treatment of childhood concerns (PCIT, PC-Care, CBT, Triple P-developmental disabilities), and health disparities. She also co-directs an undergraduate pathway program funded by Centers for Disease Control and Prevention (CDC). Dr. Enriquez acts as a supervisor for therapy in the Parent Child-Care therapy service and serves as a member of the Training Committee.

Danielle Haener, Psy.D., Clinical Supervisor. Dr. Haener is a licensed psychologist at the MIND Institute and an Assistant Clinical Professor of Pediatrics. Dr. Haener received her Ph.D. in Clinical Psychology from Argosy University (APA-Accredited) and completed a doctoral internship (APA-Accredited) and postdoctoral fellowship at Western Youth Services. Dr. Haener specializes in assessments for children ages 12 months through young adulthood which serve to identify ASD, developmental disorders, ADHD, and mood and behavioral disorders. Dr. Haener also specializes in group-based social skills interventions for children and adolescents with autism spectrum disorder and is the Director of the MIND Institute's Social Skills program. Dr. Haener serves as a supervisor to interns in the area of assessment and group therapy and participates as a member of the Training Committee.

Sally Ozonoff, Ph.D., Clinical Research Placement Supervisor. Dr. Ozonoff is a licensed psychologist at the MIND Institute and a Professor in the Department of Psychiatry & Behavioral Sciences at UC Davis. She received her Ph.D. in Clinical Psychology from the University of Denver (APA-Accredited) and completed a doctoral internship at the University of North Carolina (APA-Accredited). Dr. Ozonoff is a world-renowned expert in ASD, particularly the early phenotype. She directs a federally-funded research program focused on early screening for autism. Current research in her lab is focused on testing and validating a telehealth diagnostic tool for autism. She provides clinical supervision to interns through their clinical research placement, which includes conducting diagnostic assessments (telehealth and in-person) of young children suspected of autism or NDDs.

Carrie Silver, Ph.D., Clinical Supervisor. Dr. Silver is a licensed clinical psychologist at the UC Davis MIND Institute. She completed her Ph.D. in Clinical Psychology at Suffolk University (APA-Accredited), followed by a doctoral internship (APA-Accredited) and postdoctoral fellowship at the UC Davis CAARE Center. Her interests include diagnostic assessment of neurodevelopmental and mental health concerns in children. She also has specialized training in providing evidenced-based therapy with at-risk youth, including those with a history of trauma. Dr. Silver serves as a supervisor to interns in the area of assessment and participates as a member of the Training Committee.

Megan E. Tudor, Ph.D., Clinical Supervisor. Dr. Tudor is a licensed psychologist at the MIND

Institute and an Assistant Clinical Professor of Pediatrics. Dr. Tudor completed her Ph.D. in Clinical Psychology from Stony Brook University (APA-Accredited), a doctoral internship at Oregon Health & Science University (APA-Accredited), and a postdoctoral fellowship at the Yale Child Study Center. Her specialties include autism assessment and cognitive behavioral therapy (CBT) targeting anxiety, aggression, and other symptoms commonly experienced by youth with developmental disabilities. Her research focuses on enhancing clinical services for youth and families, most specifically, siblings of children with autism. Dr. Tudor serves as a supervisor to interns in the training program and as a member of the Training Committee.

MIND Institute Leadership Administration

- MIND Institute Executive Director: Aubyn Stahmer, Ph.D.
- MIND Institute Chief Administrative Officer: Michele Ono, M.S.
- Executive Assistant: Dawn Lloyd

INTERNSHIP AIMS, COMPETENCIES, AND LEARNING ELEMENTS

The overarching aim of the internship program is to promote professional development and prepare doctoral interns for independent practice as clinical child and adolescent psychologists, with an emphasis on supporting youth with NDDs and other behavioral health needs.

In the context of a clinical and research institute that is renowned for its research and clinical care for children and adolescents with neurodevelopmental disabilities, interns build core skills throughout the year and demonstrate readiness to provide clinical services at an elevated level of independence. They achieve this through direct supervised experiences in assessment, therapy (individual and group), consultation, and exposure to clinical research with a patient population that is diverse in age and clinical presentation, including patients with NDDs as well as neurotypical development. Clinical practices are grounded in science and help shape future professionals whose clinical work is based on cutting-edge research. The training program includes didactics and training experiences which, together with close supervision, shape the interns' professional development and ability to practice at the highest level of ethical decision-making and professionalism and to effectively work with patients from diverse backgrounds and life experiences. Through these activities over the course of the one-year Doctoral Internship Program, interns develop skills in each of APA's nine Profession-Wide Competencies:

1) Assessment

- a. Demonstrate proficiency in collecting relevant data using multiple sources and methods (i.e., structured/unstructured clinical interview, behavioral observations, mental status exams, collateral information, and test results) to understand the referral questions, presenting problem, and differential diagnoses.
- b. Describe evidence-based rationale for selecting/applying appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics.
- c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- d. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, and distinguishing the aspects of assessment that are subjective from those that are objective.
- e. Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural).
- f. Demonstrate current knowledge of, and ability to apply, diagnostic classification systems and functional and dysfunctional behaviors, including in the context of the assessment and/or diagnostic process while considering patients' strengths and needs.
- g. Demonstrate increasing proficiency in communicating orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- h. Produce well-integrated reports that demonstrate the ability to synthesize the patient's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations.
- i. Demonstrate increasing proficiency in using best practice measures in the assessment and diagnosis of NDDs (for example, administration and scoring of the ADOS-2), and independently administer these tools with fidelity.

2) Intervention

- a. Establish and maintain effective relationships with the recipients of psychological services including establishing rapport, eliciting participation and engagement with the therapeutic

process, and maintaining therapeutic boundaries.

- b. Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals.
- c. Demonstrate the ability to implement interventions informed by the current scientific literature, assessment findings, patient characteristics, and contextual variables.
- d. Demonstrate increasing independence using evidence-based techniques in individual and group therapy with youth.
- e. Demonstrate the ability to seek out and apply the relevant research literature to inform clinical decision making to optimize mental health outcomes and achieve treatment goals.
- f. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- g. Develop the ability to the effectiveness of the treatment and adapt intervention methods and goals in line with ongoing evaluation.
- h. Develop the ability to generalize skills (e.g., teaching, assessment, behavior management) across patients, settings, and scenarios when appropriate.

3) Research & Scholarly Activities

- a. Seek out scholarly articles to support the implementation of evidence in guiding clinical decision making, test selection, therapeutic tools and strategies, and case conceptualization.
- b. Demonstrate increasing ability to adapt and apply research principles with a diverse community population, including individuals with neurodevelopmental disabilities.
- c. Demonstrate substantial independence in critically evaluating research or other scholarly activities.
- d. Demonstrate ability to disseminate research or other scholarly activities (e.g., clinical case studies, case conference, presentation, publications, program development projects) at the local (including at UC Davis), regional, and/or national levels.

4) Ethical and Legal Standards

- a. Demonstrate knowledge of, and ability to, apply APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines (at the state, regional and federal level.)
- b. Recognize ethical dilemmas as they arise, describe any competing interests, and apply knowledge of ethical principles to resolve ethical/legal dilemmas.
- c. Demonstrate knowledge of specific and appropriate procedures for assessing harm or danger to self or others, and ability to implement this knowledge or take required steps to safeguard the welfare of others; this includes taking appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons.
- d. Conduct self in an ethical manner in all professional activities.

5) Individual and Cultural Diversity

- a. Demonstrate self-awareness of one's own culture, personal history, attitudes, and biases and their potential impact on clinical work with patients and families.
- b. Demonstrate awareness of the impact of culture and worldview on patients' perspectives and attitudes toward clinical services including assessments and therapy.
- c. Demonstrate the ability to integrate awareness/knowledge of individual and cultural differences while providing clinical services or serving in a professional role.
- d. Demonstrate an ability to work effectively with diverse individuals or groups encountered during the training year, including those whose identities, demographic characteristics, or worldviews may conflict with one's own.
- e. Demonstrate the ability to consider diversity (race, ethnicity, gender, education, economic status, language, immigration status, disability status, etc.) when selecting, administering, and

interpreting psychological instrumentation, conceptualizing cases, generating diagnostic formulations, and making treatment recommendations and referrals.

- f. Demonstrate increasing current theoretical and empirical knowledge as it relates to diversity across professional activities including research, training, supervision/consultation, and service; this includes the ability to apply a framework for working effectively within areas of individual and cultural diversity not previously encountered over the course of prior training.

6) Professional Values, Attitudes, and Behaviors

- a. Behave in ways that reflect the values and attitudes of the institution and the field of psychology, including concern for the welfare of others, respect, integrity, accountability, and excellence.
- b. Seek out opportunities to engage in self-care and self-reflection leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision).
- c. Demonstrate awareness of their own competencies, skills, strengths, and needs and seek out timely supervision in response to clinical risks and challenging cases.
- d. Respond professionally in increasingly complex situations with increasing independence.
- e. Keep timely, clear, relevant documentation in compliance with institutional timelines, standards, and procedures.
- f. Demonstrate ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties.
- g. Actively seek, and demonstrate openness and responsiveness to, feedback and supervision to improve clinical practice.
- h. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).

7) Consultation and Interdisciplinary skills

- a. Demonstrate knowledge and respect for the roles and perspectives of other professions involved in consultation or interdisciplinary team, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).
- 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.
- c. Demonstrate the ability to establish and maintain productive working relationships with members of the interdisciplinary team including clinicians, physicians, psychiatrists, consultants, trainees, educational staff, interpreter services, and other community partners.
- d. Educate other disciplines on issues that help improve care and positive outcomes for patients with neurodevelopmental disorders and their families, including behavioral management strategies, community resources, evaluation practices, and treatment recommendations.

8) Supervision

- a. Demonstrate the ability to apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. This may include, but is not limited to, role-played supervision with others and peer supervision with other trainees.
- b. Apply supervisory skills of observing in direct or simulated practice.
- c. Apply supervisory skills of evaluating in direct or simulated practice.
- d. Apply supervisory skills of giving guidance and feedback in direct or simulated practice.
- e. Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.
- f. Understand and appropriately verbalize the primary model(s) that guide one's provision of supervision.

9) Communication and Interpersonal Skills

- a. Demonstrate the ability to establish and maintain positive rapport and effective communication with those receiving professional services, supervisors, trainees, colleagues, and community partners.
- b. Demonstrate self-awareness and self-modification related to non-verbal communication, including appropriate management of personal affect.
- c. Demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts while maintaining appropriate boundaries and professional demeanor.
- d. With increased independence, produce and comprehend oral, nonverbal, and written communications that are informative, well-integrated, and that demonstrate a thorough grasp of professional language and concepts.

CLINICAL TRAINING AND LEARNING ACTIVITIES

The program offers a well-balanced training experience in which interns engage in experiential learning activities related to assessment approximately 20% of the time, individual and group therapy or psychoeducation approximately 20% of the time, clinical research placements approximately 10% of the time, seminars and didactics approximately 20% of the time, supervision activities approximately 20% of the time, LEND leadership and community placements, 5% of the time, and various administrative activities approximately 5% of the time.

At the beginning of each year, each intern is assigned a therapy supervisor and an assessment supervisor who also act as mentors throughout the internship period. During the first week, a two-day orientation program acquaints the new interns with the range of training opportunities available at the MIND Institute, and interns and their supervisors develop **an individualized training plan (ITP)** to identify specific individualized training goals and activities for the year from a developmental perspective. A comprehensive review of the intern's career goals and objectives is identified at the beginning of the training year and during the evaluation process that occurs every four months to aid in providing relevant, constructive feedback that will facilitate the intern's transition into independent practice. The ITP is completed and signed by the intern and supervisor within the first two months of the training year.

Clinical Training Activities

- **Therapy.** Interns provide both individual and group therapy for 4-6 hours per week using evidence-based practices. Interns are responsible for 2-4 therapy cases at any given time throughout the year. Clinical services are provided in person and via telehealth, as appropriate.
 - **CBT Individual Therapy.** The CBT clinic is a primary setting for supervised individual therapy experience. In this setting, interns provide 1:1 cognitive behavioral therapy (CBT) for anxiety to youth (ages 3-17) with autism, youth with complex neurodevelopmental/medical needs, and typically developing youth with anxiety. Each patient is seen for 12-16 sessions (weekly) to achieve targeted behavior goals. Evidenced-based practices include cognitive restructuring, building adaptive coping mechanisms, and exposure/response prevention. Interns commonly treat specific phobias, separation anxiety, social anxiety, obsessive-compulsive behavior, generalized anxiety, uncommon fears associated with ASD, and potentially other symptoms that commonly co-occur with anxiety (e.g., tics, sleep disturbance, problem behavior). Interns learn specialized modifications for the effective treatment of anxiety in ASD.
 - **PC-CARE:** Interns have opportunities to provide individual therapy using an evidence-based intervention, PC-CARE. PC-CARE is an 8-week intervention designed to improve the quality of the caregiver-child relationship and to teach caregivers skills to help them manage their children's challenging behaviors. Interns work with a supervisor certified in PC-CARE to support children between the ages of 1 and 7 and their caregivers with behavioral management strategies to address disruptive, defiant, or aggressive behaviors at home or school.
 - **Group Therapy.** Interns co-lead social skills groups for children, adolescents, and young adults with ASD and other neurodevelopmental concerns, and co-facilitate psychoeducation groups for parents of children with ADHD. Descriptions of the groups facilitated by interns are as follows:
 - *Social Skills Program:* Interns co-lead social skills training groups with children with autism spectrum disorder, ages 8-16. The social skills training program has been offered at the MIND Institute for the past 20 years and is a primary setting where interns gain group therapy, consultation, and peer supervision experience. The Social Skills Program groups meet in person for two consecutive 10-week series', totaling 20 weeks of social skills training experience. Participants are carefully screened and matched in terms of age and functional level to ensure group cohesion. Interns help group members learn strategies to support conversational skills, reciprocal social exchanges, friendship, and problem-solving. Group members are assigned social activities to be completed over the course of the week to help

generalize learned skills. A parent education group runs concurrently with the child social skills group.

- *Anxiety Treatment Group*: Interns co-facilitate a 14-week anxiety therapy group utilizing the Facing Your Fears program, a group CBT-based intervention for children aged 8-14 with anxiety and their caregivers. Facing Your Fears includes a comprehensive curriculum designed to help youth develop their awareness and insight into their anxiety and/or fears and learn ways to effectively manage their symptoms and generalize CBT strategies to home and community settings. It also includes a parent education component allowing interns to gain experience in caregiver psychoeducation/training.
 - *ADHD Behavioral Parent Education Workshop*: Interns have opportunities to participate in a behavioral education group for parents who have a child with a diagnosis of ADHD. Workshops are offered four times per year. The workshops run for 10 weeks each and sessions are 90-minutes in length. This parent group is offered remotely. Groups are led by a licensed clinical psychologist with trainees from various disciplines. The goals of the Parent Education Workshops include increased understanding of ADHD, improved parent-child interaction, creating a more structured and predictable home environment, and better home-school coordination. Topics include multimodal treatment of ADHD, educational rights and learning styles of children with ADHD, executive functioning, and the use of positive discipline and behavior supports.
 - *Parent Management Training*: Interns have opportunities to provide behavior management training in a group therapy format to caregivers of children referred due to difficulties with emotional regulation, impulsivity, and disruptive behaviors. Parent Management Training groups run for 10 sessions and are held two times per year.
- **Diagnostic Assessment.** Interns engage in developmental, psychological, and neuropsychological evaluations as follows:
 - **Psychological and Developmental Assessments.** Interns participate in psychodiagnostic assessments through the Massie Family Clinic 8-10 hours per week (one evaluation, one to two intakes/follow-up visits), conducting psychological assessment and testing for diagnostic purposes including test administration, scoring, and comprehensive report writing under the supervision of MIND Institute psychologists. Interns gain experience in the assessment of individuals (infancy through young adulthood) with a wide range of clinical conditions including developmental or intellectual delay, ASD, ADHD, learning disabilities, anxiety, and depression. Interns are also exposed to children and youth with neurotypical development who present with behavioral or mental health concerns. These assessments are designed to identify cognitive and developmental strengths and weaknesses, assess adaptive functioning, provide diagnostic clarification, determine the need for intervention, and provide relevant recommendations and resources to families. Assessments incorporate measures of development, cognition, play, socioemotional functioning, and adaptive behavior. Assessment of other cognitive domains (e.g., attention, executive functions, language, visual-motor skills, memory, and learning) is included as needed.
 - **Interdisciplinary Team Evaluation.** As participants in the MIND Institute's LEND program, interns participate in several interdisciplinary, team-based evaluations throughout the year for medically complex children with neurodevelopmental concerns alongside trainees and faculty from speech-language pathology, physical therapy, developmental-behavioral pediatrics, special education, stakeholders (i.e., family members or self-advocates), and other disciplines represented within the LEND program. Interns participate in quarterly interdisciplinary evaluations (approximately 2 days/16 hours per quarter) using best practice evaluation methods and working with team members to formulate case conceptualizations and recommendations. These evaluations are provided pro bono.
 - **Clinical Research.** Interns have dedicated time (4 hours per week) to participate in clinical research

through their clinical research placement. Several clinical research placement options exist including: 1) joining the Clinical Translational (CT) Core, which supports the MIND Institute's Intellectual and Developmental Disabilities Research Center (IDDRC) with diagnostic assessment services and neurobehavioral characterization of children participating in research studies at the MIND Institute; 2) joining a research faculty member's laboratory and administering assessments that are part of the research protocol, assisting with data collection/management, and/or contributing to publications; 3) joining a research faculty member's laboratory and providing evidence-based therapy services in the context of an intervention trial; or 4) participating in independent research opportunities that meet their learning goals. The clinical research placement for each intern will be determined through the ITP process.

- **Supervision and Consultation**

- **Supervision and mentoring of group therapy volunteer staff.** Interns have opportunities to co-lead group therapy (social skills or an anxiety-treatment group, depending on intern interest) for children and adolescents with autism and other neurodevelopmental concerns. In this role, interns have opportunity to provide supervision to junior group leaders (e.g., non-clinical research assistants, practicum trainees, other staff volunteers) who are often relatively new to providing therapeutic supports to children with neurodevelopmental conditions. Supervision duties may include training others on the evidence-based curricula, providing guidance to implement behavioral supports within the group, and supporting others to set and track patient goals and complete necessary clinical documentation. Interns also provide oversight to junior group leaders during parent engagement and feedback sessions as part of each weekly group lesson.
- **ECHO Autism.** The ECHO model is a teleconferencing program connecting our hub team of autism experts at the UC Davis MIND Institute and practitioners at remote locations. Community practitioners can join this program using a teleconferencing platform on their phones or personal computers from anywhere. Through this program, practitioners working in underserved and rural areas have access to an interdisciplinary group of experts, receive training in understanding and treating issues related to autism, and participate in case conferences to promote their confidence in working with complex children and families. The MIND Institute has two ECHO programs: One with a primary care curriculum, and another focused on advanced topics. The program is offered in English and Spanish. Interns may spend the first 6 months in the primary care program and the second 6 months in the advanced topics program, providing consultation through this knowledge-sharing network with the goal of providing best practices and excellent specialty care to providers serving children with ASD and their families in their own communities. ECHO Autism sessions are held monthly.
- **Psychoeducation and Community Outreach.** Interns have opportunities to provide presentations and trainings on topics of interest (i.e., diagnosis, treatment, intervention for NDDs) to peers, parents, schools, and community providers/agencies throughout the Sacramento area and Northern California. Interns typically provide 1-2 community presentations/trainings per year. These opportunities are arranged as they arise by LEND and Doctoral Internship Training Program staff based on requests from local community agencies.

- **Indirect Clinical Services.** Interns are provided with 4-6 hours per week of administrative time for non-direct clinical activities including charting, responding to email, scoring, interpretation, report-writing, case management, consultation, family collateral services via phone, and other administrative activities.

Seminars and Trainings

- **Required intern-specific training activities**

- **Summer Seminar Series: Assessment Fundamentals (2.5 hours weekly, July and August).** This course covers the fundamentals of assessment in children and youth with neurodevelopmental concerns as well as typical development. It is an orientation to the primary

assessment measures used throughout the year to evaluate global development (in children under 5), intellectual development, neurocognitive functions, and socioemotional development in children ages 6-18. This seminar is for psychology interns; it is attended by both the MIND Institute doctoral interns and those within another APA-accredited doctoral internship on the UC Davis Health campus (Clinical Child & Adolescent Psychology [CCAP], Department of Psychiatry & Behavioral Sciences).

- **Summer Seminar Series: Developmental Fundamentals (2.5 hours weekly, July and August).** This seminar covers fundamental child development topics, including developmental theories, developmental milestones, biological mechanisms in development and behavior, temperament, attachment, family and social factors, psychometric properties, and administration of best practice measures for developmental screening and assessments for infants and children, and topics related to systems of care. Attendees include psychology interns and Developmental-Behavioral Pediatrics Fellows.
- **Professional Development Seminar (1 hour monthly).** Each session of this monthly seminar series includes a presentation by a member of the Training Committee or other psychology staff/faculty covering professional development topics including ethical and legal issues in clinical practice, risk assessment and management, mandated reporting, vicarious trauma and self-care, how to review a research paper, and other topics designed to prepare the intern for entry-level practice. Attendees include psychology interns (including interns from the CCAP program) and postdoctoral fellows.
- **Diversity Training Seminar (1 hour every two weeks, September through June).** This seminar aims to support the participant's ongoing development of cultural awareness, cultural humility/sensitivity, and cultural knowledge. Participants are provided with an environment to explore different aspects of their own identity and diversity and the dynamic role it plays in client interactions and clinical care. This seminar is attended by psychology interns (including interns from the CCAP program) and fellows
- **Autism and Neurodevelopmental Disorders Seminar (1 hour weekly, September through May).** This interdisciplinary survey overview course takes a life course approach to understanding ASD and related neurodevelopmental disorders from the clinical/behavioral perspective. Modules span fundamentals of specific disorders (e.g., ASD, 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 psychology interns, postdoctoral fellows, and other interdisciplinary trainees from the LEND program as well as postdoctoral research fellows in the Autism Research Training Program. Interns are expected to actively participate in discussion.
- **Treatment Seminar/Working with Families Across Contexts (1 hour weekly, September through May).** This introductory seminar involves an overview and discussion of core principles related to evidence-based treatment of young children with ASD or other neurodevelopmental concerns with a particular focus on parent coaching. Discussion is based on assigned learning materials, previous experience (personal, professional, clinical), and group sharing. Weekly learning materials include questions to guide learning and discussion points are provided by leaders. Attendees include psychology interns, postdoctoral fellows, and other interdisciplinary trainees from the LEND program as well as postdoctoral research fellows in the Autism Research Training Program.
- **Leadership Development Seminar (1.5 hours monthly, September through May).** This seminar occurs monthly and seeks to aid interns in the development of leadership skills including time management, managing people, leadership style, managing feedback conversations, and effective presentations. Attendees include psychology interns, postdoctoral fellows, and other interdisciplinary trainees from the LEND program as well as postdoctoral research fellows in the Autism Research Training Program.
- **Summer Seminar Series: Advanced Skills in ASD Assessment (2 hours weekly in June).**

This end-of-the-year series focuses on ensuring that interns achieve reliable administration and scoring of the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). Interns will demonstrate one administration of ADOS-2 lower modules (Toddler, 1, or 2) and one administration of upper modules (3 or 4) with no more than one administration error. Interns will also be expected to score two ADOS-2 protocols with 80% reliability.

- **Other required MIND Institute-wide colloquia/seminars**

- **ADOS-2 Clinical Workshop and Ongoing ADOS-2 Training (1 hour monthly).** An initial 3-day ADOS-2 introductory/clinical training workshop is held each fall and uses a lecture format and live demonstrations to introduce the basic principles of administering and scoring the ADOS-2 (modules 1 through 4 and toddler module), providing an essential step toward competence in using the ADOS-2 as part of a clinical assessment and/or for research purposes. Attendees complete the course with a fundamental understanding of the ADOS-2 modules, in addition to experience observing and scoring two assessments with the support of a certified trainer. In addition, interns attend a monthly training that incorporates group video review of ADOS-2 assessment administrations allowing for co-scoring and discussion to establish and/or maintain reliability/fidelity with this tool. It is led by certified ADOS-2 trainers and CMEs are available. Attendees include psychology interns, postdoctoral fellows, faculty, and research and clinical staff.
- **Distinguished Lecturer Series (1.5 hours monthly, October to May).** The Distinguished Lecturer Series invites world-renowned scientists to the MIND Institute to present their research findings to MIND Institute faculty, staff, and trainees as well as the community. Topics vary from year to year but past topics have included early detection of autism spectrum disorder in primary pediatric care, everyday technologies in the lives of children with autism, the impact of language environments on learning, early predictors of psychiatric disorders, neural circuit approaches to mental illness, improving treatments for ADHD, nutrition and early cognitive development, and peer group interventions for ADHD. Attendees include psychology interns, postdoctoral fellows, faculty, research and clinical staff, and community members.

- **LEND-Specific Activities**

- **Leadership/Research Project.** Doctoral interns participate in a supervised, year-long leadership/research project under the guidance of their primary supervisor or a separate research mentor, as determined by their interests, goals, and research match. Projects address a topic related to improving access to evidence-based, interdisciplinary assessment, treatment, and/or services for youth with neurodevelopmental disorders and their families. Projects may vary in scope and topic based on individual needs, interest, and experience, but include clear hypotheses or goals, operationalized procedures, data collection and/or analysis (which may be quality improvement data), and well-defined outcomes. Interns present their projects at a Research Seminar Series in May (15-minute oral presentation).
- **Community Placement.** Interns will be placed in at least one community site that serves youth (early childhood, school-aged children, and/or adolescents). All community training sites provide interdisciplinary service and family-centered care. Prior placements have included local preschools, agencies that serve unhoused families, and local birth-to-five agencies, among other agencies/organizations.

- **Other optional learning and professional development opportunities (attendance strongly recommended).** Because these learning opportunities are *optional*, they are not included on the didactic calendar.

- **Massie Family Clinic Provider Staff Meeting (1 hour monthly).** This is a monthly meeting for clinical providers, ancillary staff, and trainees working in the Massie Family Clinic. It is led by the medical director of the clinic and covers a range of topics related to day-to-day operations in the clinic and across UC Davis Health System. The clinic meetings are interdisciplinary and provide

an opportunity for professional development, covering important topics relevant to clinic operations, practice guidelines, billing and coding practices, as well as discussion of clinical topics and sharing of resources of relevance to providers of various disciplines. Attendees include psychology interns, postdoctoral fellows, faculty, and research and clinical staff.

- **Research Seminar Series (1 hour twice per month).** This seminar provides a forum for the scientific presentation of research that is conducted at the MIND Institute, UC Davis campus, or outside the University. Speakers may be individual researchers or teams of researchers focused on a topic of interest related to the goals of the MIND Institute. Speakers are encouraged to communicate in a manner that will be understood by scientists across many disciplines, encouraging cross-discipline discussion and understanding. Topics vary from year to year, but past topics have included early communication outcome measures in children with Down Syndrome, language use and identity in autism, developmental profiles of intellectual disability, parent-mediated interventions for autism, and gastrointestinal issues in individuals with autism. Attendees include psychology interns, postdoctoral fellows, faculty, and research and clinical staff.
- **Psychiatry Grand Rounds (1 hour twice per month).** The Department of Psychiatry and Behavioral Sciences Grand Rounds topics vary and are presented in a forum that helps integrate scientific advances and best clinical practice to promote excellence in psychiatric and behavioral healthcare. This event is presented in a synchronous, virtual (i.e., live Zoom) format and is intended only for behavioral/mental health professionals and clinical providers.

Supervision

The overarching goal of supervision is to guide the intern toward achieving competence in the provision of psychological health services. Supervision is a collaborative relationship between an intern and a supervisor that extends over time and that has both facilitative and evaluative components. All supervisors are licensed clinical psychologists with vast experience in the specific areas in which they are providing supervision. In accordance with CA regulation, supervisors are available at all times the intern is accruing supervised professional experience (SPE). Over the course of in-person or telehealth clinical activities, supervisors maintain clinical responsibility for patient care. Interns have opportunities to meet and establish relationships with all supervisors in person at the beginning of the training year.

Interns receive a **minimum** of 4 hours of regularly scheduled supervision per week, as well as substantial live supervision each week while providing direct services. This amounts to an average of 8 hours of supervision from licensed psychologists each week across individual scheduled, live, and group supervision, as detailed below.

- **Individual Supervision.** Interns receive 3 hours of individual supervision per week, at least 4-8 hours of live supervision during provision of clinical services, and regular supervision in the context of their clinical research placement, as described below.
 - **Weekly individual supervision.** Interns are assigned two main supervisors who oversee all clinical work and review/approve all documentation, including diagnostic assessments, therapy notes, reports, and other charting requirements. One supervisor carries the responsibility for teaching and training in the area of individual and group therapy and the other in the area of psychological assessment. Interns meet with each supervisor on a weekly basis for 1.5 hours. Interns are expected to come to supervision prepared with cases and supporting materials to be reviewed. Interns also use this time for professional development by learning new assessment methods, fine-tuning therapy strategies, exploring ethical and diversity issues, and addressing any professional or collaboration needs.
 - **Live supervision.** Additionally, interns receive at least 4-8 hours per week of live supervision over their assessment and therapy work. As part of their assessment work, interns meet in-person with their supervisor for 30 minutes before starting each case to review the history and referral question and generate an assessment plan. Interns reconvene with their supervisor for

an additional 30 minutes towards the end of each assessment session and have opportunities to co-score autism specific measures (e.g., ADOS-2), review test results and behavioral observations, discuss case conceptualization, formulate clinical diagnoses, and prepare recommendations and a feedback plan. Throughout the 3-4 hours the intern is providing direct assessment services, the supervisor is present in the room as a co-evaluator or behind a two-way mirror providing supervisory guidance and feedback in real time. In their therapy work, interns meet with the supervisor for 10-15 minutes after each session to process the session and refine the treatment plan as needed. The supervisor is also present in the clinical space with the intern functioning as co-therapist and providing live observation for each 45-50-minute therapy session.

- **Clinical research placement supervision.** Interns also receive an additional 1 hour of weekly supervision through their placement in the Clinical Translation research core or other research lab. This supervision typically takes place as live supervision while conducting assessments or delivering therapeutic interventions as part of the research study. Interns may also be assigned other ancillary supervisors (in the areas of research, therapy, assessment) as needed to widen an intern's clinical experiences and exposure to different clinical styles.
- **Group Supervision.** Interns participate in two forms of group supervision, in addition to interdisciplinary group-based case consultation.
 - **Weekly supervision of therapy groups:** The first is group supervision to support their co-facilitation of therapy groups. This occurs for at least one hour per week while the groups are in progress (i.e., Facing Your Fears Anxiety Group Treatment Program and/or Social Skills Group – September through May). As part of this group therapy group supervision, interns and other group co-facilitators meet with the clinical psychologist or other licensed provider leading the group to plan group activities, strategize around challenging behaviors, review participants' progress towards goals, and review group processes.
 - **Monthly group supervision (1 hour per month):** In addition, interns participate in *monthly group supervision sessions* that are co-led by the Training Director and/or a supervisor (with facilitation from post-doctoral fellows and members of the Training Committee as needed). These monthly intern group supervision meetings are designed to facilitate interns' continued development of increasingly independent skills that will be employed over the course of the training year. Related clinical case presentations, topical group processes, and role-playing exercises are also employed. Interns are expected to actively participate in group supervision.
 - **Case Consultation.** As part of their participation in the LEND interdisciplinary evaluations, interns also participate in accompanying interdisciplinary, group-based case discussions on a quarterly basis. While participating in evaluations with children concerning neurodevelopmental disabilities, interns receive supervision and mentorship from psychology faculty and other disciplines (e.g., speech language pathology, special education, nursing, developmental pediatrics, psychiatry, genomic medicine), and engage in discussions with an interdisciplinary cohort of trainees and faculty to formulate case conceptualizations and identify recommendations and best practices for providing culturally and linguistically competent and sensitive care, and family centered resources. In addition, through a series of clinical workshops, trainings, and seminars, (e.g., Hearts and MIND Seminar, ADOS-2 trainings), interns have extensive opportunity for group-based consultation, clinical discussions, and constructive feedback alongside other trainees and MIND Institute faculty.

Sample Weekly Training Schedule

| Direct Clinical Services: 17-20 hours per week | |
|--|--|
| MIND Institute Massie Family Clinic | |
| Diagnostic Evaluations | 8-10 hours weekly; 1 case per week with live supervision |
| Intakes and Follow-up Visits | 1-3 hours weekly; initial diagnostic interviews and follow-up sessions with live supervision |
| Individual Therapy | 2-4 hours weekly with live supervision |
| Group Therapy or Parent Education Group | 2-3 hours weekly group therapy (+1 hour group supervision including group planning, preparation, and debriefing) |
| Clinical Research Placement | 4 hours weekly |
| ECHO Autism | 1.5 hours monthly telehealth consultation to providers |
| LEND Interdisciplinary Evaluation Clinic | |
| LEND Interdisciplinary Evaluations (quarterly) | 1 evaluation quarterly on interdisciplinary team |
| Indirect Clinical Services: 2-4 hours per week | |
| Case management, consultation, and family collateral services (via phone), and other administrative activities | |
| Supervision: Minimum of 4 hours per week | |
| Individual supervision | |
| Individual therapy supervision | 1.5 hours weekly |
| Individual assessment supervision | 1.5 hours weekly |
| Live supervision during direct clinical services | Each case (4-8 hours per week) |
| Clinical research placement supervision | 1 hour weekly |
| Group supervision | |
| Group supervision in context of group therapy | 1 hour weekly |
| Intern group supervision | 1 hour monthly |
| LEND Research/Leadership Project: 2-4 hours per week | |
| Independent work and consultation with mentor | 1-2 hours weekly |
| Community placement | 1-2 hours weekly |
| Seminars, Didactics, and Additional Training Experiences: 4-6 hours per week on average | |
| See descriptions above and Calendar of Structured Learning Activities | |
| Neurodevelopmental Disorders Seminar | 1 hour weekly |
| Treatment Seminar | 1 hour weekly |
| Leadership Seminar | 1.5 hours monthly |
| ADOS-2 Clinical Workshop/Ongoing Training | 1 hour monthly |
| Diversity Training Seminar | 2 hours monthly (held every other week) |
| Distinguished Lecturer Series | 1.5 hours monthly |
| Intern Professional Development Seminar | 1 hour monthly |
| Developmental Fundamentals (Summer) | 2.5 hours weekly in July and August |
| Assessment Fundamentals (Summer) | 2.5 hours weekly in July and August |
| Advanced Skills in ASD Assessment (Summer) | 2.5 hours weekly in June |
| Other optional learning opportunities | 2-5 hours weekly |

METHODS OF EVALUATION

Written Evaluations of the Intern and Expected Levels of Achievement

Throughout the training year, supervisors engage in open, ongoing dialogue with interns regarding their progress and the degree to which competencies are being met. Supervisors also monitor the intern's progress and provide professional development guidance. Interns receive formal written evaluations of their progress every four months (i.e., three times per year). The evaluation process involves completion of standardized evaluation forms and a face-to-face evaluation meeting between the intern and primary supervisor. The primary supervisor gathers input and feedback from all other supervisors and/or mentors related to the intern's performance and their progress toward their individual learning goals to incorporate this in their completion of the evaluation and their verbal feedback to the intern during the evaluation meeting.

Written evaluations are due by the last business day of October, February, and June. The evaluation's focus is on the intern's strengths and areas for improvement across the nine profession-wide competencies, including intervention; assessment; professional attitudes and behaviors; ethical and legal issues; individual and cultural diversity; communication and interpersonal skills; consultation and interprofessional skills; research; and supervision. At the first two evaluation points, this meeting also includes updating the intern's Individualized Training Plan (ITP) to reflect learning activities and objectives that have been accomplished and allow for the addition of new learning objectives for the remainder of the training year. This evaluation, along with review of the intern's ITP, helps to shape and refine learning goals as needed to maximize the intern's ability to reach expected competencies by the end of the training year (June 30).

The intern must meet the required minimum level of achievement across all elements of each competency area at each of the three evaluation periods. The minimum levels of achievement were established using a developmental approach to allow interns to demonstrate increased competency over the course of the year. On the first evaluation which takes place at the end of October each year, interns must receive ratings of at least Entry Level – 2 on all elements. Interns must receive ratings of at least Developing Competence Level – 3 on the second evaluation, which takes place at the end of February. At the end of the internship, interns are expected to demonstrate competency to perform at the level of an entry-level psychologist as measured by receiving ratings of Competence – 4 on all elements of the intern evaluation. Interns must meet the minimum level of achievement on all elements of the final evaluation in order to graduate from the internship. Interns are determined to meet the minimum level of achievement standard if they can function independently in a broad range of professional activities, generalize skills and knowledge to new situations, and self-assess when to seek additional training, supervision, or consultation. Due process will be initiated when the above minimum levels of achievement are not met as this is considered a significant performance issue (see Due Process Procedures below). Interns have the right to appeal any formal evaluation in which the minimum level of achievement has not been met.

Feedback to the Director of Clinical Training (DCT) at the intern's home doctoral program is provided at the end of each of the first two evaluation periods and at the completion of the internship, including a summary of intern performance and a copy of their completed Intern Evaluation. If successful completion of the program comes into question at any point during the internship year, or if an intern enters a remediation or probation plan as part of Due Process procedures due to a concern raised by a supervisor or an inadequate rating on an evaluation, the DCT at the intern's academic program will be notified in writing.

Written Evaluation of Supervisors

Interns also evaluate their supervisors three times per year and have opportunities to rate the degree to which a supervisor engages with respect and courtesy, presents as a positive professional role model,

is committed to supervision, maintains appropriate interpersonal boundaries, maintains clear and reasonable expectations for the intern, and supports the intern's successful completion of the program. Any item rated below 3 (Meets Needs and Expectations) requires immediate attention from the Training Director and/or the Training Committee.

Written Evaluation of the Training Program

Interns are asked to evaluate the Training Program annually. These evaluations are completed by interns during the final week of their training year. Interns are asked to consider their overall experience with didactic seminars, professional development opportunities, supervision, direct clinical experiences, and other experiential training using a 5-point rating scale (1 = Bad; 2 = Poor; 3 = Fair; 4 = Good; 5 = Excellent). All responses are reviewed by the Training Director and all feedback is carefully considered and shared with the Training Committee. Any ratings of "Poor" or "Fair" require action by the Training Committee to address the problematic item. Interns also have an exit interview with the Training Director, providing another opportunity for interns to provide informal feedback that can be used for quality improvement.

Finally, the Training Program surveys internship graduates annually for 3 years following the completion of the training to obtain distal data about their overall satisfaction with the program as well as their professional activities and accomplishments.

Minimum Requirements for Completion of Internship Training Program

To successfully complete the doctoral internship, interns must meet the following requirements by the end of the training year:

1. Verification that the intern has performed at a satisfactorily advanced level, as defined by a Level – 4 (Competence) or above across all elements of each competency area on the Intern Evaluation: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Assessment, Intervention, Professional Values, Attitudes, and Behaviors, Consultation and Interdisciplinary skills, Supervision, Communication, and Interpersonal Skills.
2. Licensure in the state of California requires 1,500 hours of supervised practice experience at the internship level and a minimum of 1,500 hours of supervised practice experience at the postdoctoral level (in addition to the successful completion of qualifying examinations – the national EPPP and California Professional Law and Ethics Exam [CLPEE]). The program offers 2,000 supervised hours over the course of the training year. Exceptions allowing completion of the program with a minimum of 1,500 hours may occur in rare instances when an intern must take a leave of absence. Details on this matter are in the **Information for Applicants** section.
3. An intern must be in good standing and free from active remediation or probation plan. If an intern was placed on remediation or probation during the training year, the issue(s) resulting in remediation must be successfully resolved for program completion.
4. An intern must complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one's training.
5. An intern must complete all necessary LEND Program and Division of Psychology exit procedures including completion of all training program evaluations; completion of all required patient or program documentation; return of all badges, keys, laptops; and providing the supervisor with all patient records, charts, test forms, etc.

DUE PROCESS PROCEDURES

Due process policies provide non-arbitrary and fair practices for identifying and managing problematic behavior or insufficient competence/performance in interns. Due process procedures are implemented when a supervisor, faculty, or staff member becomes aware of an intern's problem area or deficiency that does not appear resolvable by the usual supervisory support and intervention. The training program's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

The information below provides clarification of the intern's and the training program's responsibilities in due process, a definition of competence problems, discussion of the due process procedures, possible remediation and sanctions, and appeals procedures.

Rights and Responsibilities

These procedures protect the rights of both the intern and the training program; each has specific responsibilities in executing due process.

Interns: The intern has the right to be afforded every reasonable opportunity to remediate problems. Due Process procedures are not intended to be punitive; rather, they are meant as a structured opportunity for an intern to receive support and assistance to remediate concerns and successfully complete the training program. The intern has the right to be treated in a manner that is respectful, professional, and ethical. The intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The intern has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical; making every reasonable attempt to remediate behavioral and competency concerns; and striving to meet the aims and objectives of the program.

Doctoral Internship Program: The training program has the right to implement these Due Process procedures when called for as described below. The training program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The training program has a right to make decisions related to remediation for an intern—including probation, suspension, and termination—within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical; making every reasonable attempt to support interns to resolve the remediation of any behavioral and competency concerns; and supporting interns to the extent possible in successfully completing the training program.

Due Process Guidelines

Adapted from APPIC Due Process Guidelines

General due process guidelines include the following:

1. During the orientation period, interns receive, in writing, the MIND Institute's expectations related to professional functioning. The training directors (i.e., Training Director and Associate Training Director) and/or supervisors discuss these expectations in the context of the orientation to the program or group/individual supervision.
2. The procedures for evaluation, including when and how evaluations are conducted, are described. Such evaluations occur at meaningful intervals and in a timely manner.
3. The procedures and actions involved in decision-making regarding the problem behavior or intern concerns are described and included in the program's training handbook, which is provided to all interns and reviewed during the orientation process.
4. The training program will communicate early and often with the intern and, when needed, the intern's academic program, if any suspected difficulties that are significantly interfering with performance are identified.

5. The training directors will institute, when appropriate, a remediation plan for identified inadequacies including a timeframe for expected remediation and consequences of not rectifying the concern.
6. An intern may wish to initiate an appeals process; this handbook describes the steps of how an intern may officially appeal the training program's action(s).
7. The training program's due process procedures ensure that interns have sufficient time (as described in this due process document) to respond to any action taken by the program before implementation of such action.
8. When evaluating or making decisions about an intern's performance, training directors and supervisors use input from multiple professional sources.
9. The Training Director will document in writing, and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

Definition of Problematic Behavior and Competence/Performance Problems

Professional judgement should be used to determine when an intern's behavior, attitudes, or characteristics impede learning, competence, and professional development, thus extending beyond an issue or concern to problematic behavior that requires remediation. Such problematic behavior is identified when it includes one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training or supervision.
- The quality of services delivered by an intern is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention from training personnel is required.
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
- The problematic behavior potentially causes harm to a patient.
- The intern's behavior has potential for ethical or legal ramifications if not addressed.
- The intern's behavior negatively impacts the public view of the agency.
- The problematic behavior negatively impacts other interns/staff or impedes appropriate communication.

For the purpose of this document, competence/performance problems are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
- An inability to acquire professional skills to reach an acceptable level of competency.
- An inability to control personal stress, interpersonal difficulties, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning.

Informal and Formal Due Process Procedures

Informal Review. When a supervisor or other faculty/staff member believes that an intern's behavior is becoming problematic or that an intern is having difficulty consistently demonstrating an expected level of competence, the first step is to raise the issue with the intern directly and as soon as possible to informally resolve the problem. This may include increased supervision and resources, didactic training, and/or structured readings. No record is kept of this process.

The supervisor or faculty member who raised the concern will monitor the outcome. If the problematic behavior persists, a consultation with the Training Director is initiated to determine if a second informal resolution is warranted or if the problematic behavior needs to be escalated to a formal review.

Formal Review. A formal review of the intern's problematic behavior can be initiated for the following reasons:

- The intern's problematic behavior has been addressed via an informal review (see above), but the behavior remains unresolved.
- The intern does not achieve the specified minimum level of achievement in any of the major competency areas covered in the intern's formal evaluation (see Methods of Evaluation section).
- The matter is too great to manage through an informal review.

The following steps are taken once the need for a formal review has been identified:

Step 1. Notice: The intern is notified in writing that the issue has been raised to a formal level of review, and that a meeting will be held. The notice shall include a clear description of the problematic behavior or competence concern. The Notice should occur no later than five (5) business days from determination of need for a Formal Review.

Step 2. Hearing: The Training Director, supervisor, intern, and (if applicable) other faculty/staff raising concerns of problematic behavior or competence problems, hold a formal meeting (Hearing) to discuss the matter, and determine what action needs to be taken to address the issue. The intern can select an additional faculty member from the MIND Institute or from the intern's academic program to attend the Hearing and is strongly encouraged to do so if the supervisor or training directors have raised the problem. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. The hearing must be held within ten (10) business days from determination of need for a Formal Review.

Step 3. Outcomes and Next Steps: The Training Director provides a written Acknowledgement of Hearing to the intern, the supervisor, and, when applicable, any other faculty/staff directly involved in the Hearing. This acknowledgment notice shall include the date of hearing, participants in the hearing, a clear description of the problematic behavior or competence problem that has been brought to the attention of the intern, and any outcome decisions, such as that the problem is not significant enough to warrant further action/intervention or describing any formal support, remediation, or sanctions that are deemed necessary. The written Acknowledgement of Hearing occurs no later than five (5) business days from the Formal Review Hearing.

The intern may choose to accept the conditions or may choose to challenge the findings and actions proposed. The procedures for challenging the action are presented in the Appeal Procedures section below.

Supports and Sanctions

It is important to have meaningful ways to address problematic behavior or competence problems once identified. In implementing remediation or sanctions, the training program is mindful of balancing the needs of the intern, patients, other trainees, the training staff, and other agency personnel.

The first course of action is to support the intern through a remediation plan that helps them address problematic behavior or bridge any gaps in competence or skills. Additional sanctions occur only after careful deliberation and thoughtful consideration of the Training Director, supervisor, relevant members of the training staff and, when appropriate, the MIND Institute's Executive Director. The Director of Clinical Training at the intern's academic program will be notified if/when an intern is placed on a remediation plan or under sanctions. The two programs will work collaboratively to support the intern in addressing any problematic behavior or skill deficit(s).

The remediation and sanctions listed below may not necessarily occur in this order. The severity of problematic behavior plays a role in the level of remediation or sanction.

Remediation. When an intern is placed on a "Remediation Plan," the supervisor actively monitors and supports the intern to address, change, and/or improve the problematic behavior or competence issue.

This plan is shared with the intern in writing and includes:

- a) The actual behaviors or skills associated with the problem.
- b) Specific actions to be taken to rectify the problem.
- c) The timeframe during which the problem is expected to be ameliorated.
- d) The procedures designed to ascertain whether the problem has been appropriately remediated.

A remediation plan may include the following (not an exhaustive list):

- a) Modification of the intern's training schedule during a limited length of time to allow the intern to focus on specific areas of development.
- b) Increase in the amount of supervision, either with the same or additional supervisors.
- c) Change in the format, emphasis, and/or focus of supervision.
- d) Recommendation of personal therapy or similar support (i.e., Academic and Staff Assistance Program).
- e) Reduction of the intern's clinical or other workload.
- f) Requirement of specific academic coursework, seminar, or conference attendance.
- g) Other modifications identified by the Training Committee to support the intern in developing competence or remedying identified issues.

At the end of this remediation period, the supervisor provides a written statement indicating whether the problem has been remediated, which is shared with the intern, Training Director, and becomes part of the intern's file. If the problem has not been remediated, the supervisor and Training Director can revise and extend the Remediation plan for a specified period or proceed to the next step and place the intern on Probation. This extension of the Remediation or change of status to Probation would be documented and shared with the intern and placed in the intern's file.

Probation. Probation is also time-limited and remediation-oriented and allows for a period of increased supervision and support of the intern to address and improve problematic behavior or a competence problem. When the intern is placed on probation, the Remediation Plan is revised and updated to reflect the intern's ongoing needs. Supervision is increased as the Training Director (in addition to the supervisor) directly monitors the intern's performance. Written documentation to the intern shall include the intern's probationary status, length of probationary period, confirmation of a current Remediation Plan, and notification of whether the intern's behavior or competence problems may jeopardize their successful completion of the training program as well as other potential consequences that may result if improvement is not made. The intern's academic program is copied on this notification.

At the end of the probation period, the Training Director communicates in writing to the intern, and the academic program, regarding whether the conditions for revoking the probation have been met or if further courses of action are required. This may include continuation or revision of the Remediation Plan for a specified time period, or implementation of additional supports. If the Training Director and supervisor determine that there has not been sufficient improvement in the intern's behavior at the end of the probation period, then the Training Director will discuss additional potential courses of action with supervisor(s) and the Training Committee, including suspension of the intern's direct service activities.

Suspension of Direct Service Activities. If the problems are not rectified through the above-described remediation processes, or when a determination has been made that the welfare of the intern's patient(s) has been jeopardized, the intern's direct service activities will be terminated for a specified period (not to exceed 3 weeks), as determined by the Training Director in consultation with the intern's supervisor(s) and the Training Committee. Notice of Suspension is provided to the intern, and the academic program, within one (1) business day of the suspension decision and no later than ten (10) business days after the expiration of the most recent remediation period (i.e., timeframe designated for the problem to be ameliorated; see Remediation section above).

During this suspension period, the intern's Remediation Plan shall be reviewed to determine what additional support may help the intern make required behavioral or competence changes to remain in the program. This time also allows the Training Program to determine if the nature of the problem is one that can be addressed by further remediation, supervision, or mentoring, or if dismissal from the training program needs to be considered. The intern may continue to engage in non-direct service activities such as personal supervision, seminars, and didactics, provided that the intern's participation is productive and not disruptive to the learning process of others. At the end of the suspension period, the intern's supervisor(s), in consultation with the Training Director and Training Committee, will assess the intern's capacity for effective functioning and determine if/when direct service privileges can be resumed.

Administrative Leave can be arranged based on agreement of the intern, supervisor, MIND Training Director(s) and when deemed appropriate in supporting the intern's ability to address specific areas of development (such as participating in additional opportunities for educational, professional, or personal development).

If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the hours needed for completion of the training program, this will be noted in the intern's file. The Training Director will inform the intern of the effects the administrative leave will have on their stipend and benefits.

Dismissal. When specific interventions do not (after a reasonable period) rectify the problem, when the intern seems unable or unwilling to alter the behavior, or when the intern's problem cannot be adequately addressed by remediation, the Training Director and supervisor(s) will discuss with the MIND Institute's Executive Director the option of terminating the intern's participation in the training program and dismissal from the agency. The Executive Director of the MIND Institute will make the final decision about dismissal. This dismissal becomes effective immediately following notice of Dismissal, which should be provided to the intern, and the academic program, no later than the following business day.

Immediate dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor. In addition, if an intern compromises the welfare of a patient(s) or the agency community by an action(s) which generates grave concern from the Training Director and/or supervisor(s), the MIND Institute's Executive Director may immediately dismiss the intern from the training program. Notification to the intern's academic program will occur within 1 business day of the dismissal. This immediate dismissal may bypass steps identified in Informal and Formal Due Process Procedures and Sanctions described above.

Due Process: Appeal Procedures

If an intern does not agree with the aforementioned notifications, remediation, or sanctions, the intern can file a formal appeal in writing with supporting documentation with the MIND Institute's Executive Director. This allows for an appeals process that extends at least one step beyond the Training Director. The intern must submit this appeal within five (5) business days from their notification of any of the above (notifications or sanctions).

Within three (3) business days of receipt of a formal written appeal from an intern, the MIND Institute's Executive Director will consult with members of the program's Training Committee and convene a panel for an Appeals Hearing to be held within five (5) business days from the intern's written request for an appeal. The Appeals Panel will consist of the Executive Director of the MIND Institute, one faculty/staff member selected by the Training Committee, and one faculty/staff member selected by the intern involved in the matter. The intern may also choose to have a representative from their academic program participate in the Appeals Panel.

Within three (3) business days of the completion of the review, the Appeals Panel submits a written report to the Training Director, including any recommendations for further action. Recommendations made by the Panel will be made by majority vote.

Within three (3) business days of receipt of the recommendation, the Training Committee will either accept or reject the Appeals Panel's recommendations. If the Training Committee rejects the Panel's recommendations due to an incomplete or inadequate evaluation of the matter, the Training Director may refer the matter back to the Panel for further deliberation and consideration. The Training Director must provide, in writing, justification as to why the matter is being referred back to the Panel and highlight specific information or concerns not adequately addressed by the initial Review Panel. If the matter is sent back for review, the Panel will report to the Training Director, in writing, within five (5) business days of the receipt of the Training Director's request for further deliberation. The Appeals Panel has the final discretion of the outcome of the appeal. The Training Director will inform the intern, the intern's academic program, and the Training Committee of the decision made by the second review of the Panel within three (3) business days of obtaining the Panel's final decision.

If the intern disputes the Appeals Panel's final decision, the intern can contact the Ombud's Office and request mediation services: <https://ombuds.ucdavis.edu/services/mediation>.

If the matter remains unresolved, the intern can contact UC Davis Health Human Resources Employee and Labor Relations Unit to discuss the situation and seek final resolution.

GRIEVANCE PROCEDURES

Grievance Procedures are implemented in situations in which an intern raises a concern about a supervisor, faculty member, trainee, or any aspect of the training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. A record of all formal complaints against the training program or individuals associated with the training will be kept by the Training Director.

The intern is encouraged to first attempt to resolve such concerns informally with appropriate person(s) involved. If the matter cannot be resolved, the following grievance procedures are followed:

Informal and Formal Grievance Procedures

Informal Review. The intern should discuss the concern with the primary supervisor who may then consult with the Training Director and other members of the Training Committee to resolve the matter informally.

Formal Review. If the matter cannot be satisfactorily resolved using informal means or if the grievance involves the supervisor, the intern may submit a formal grievance in writing to the Training Director. If the Training Director is the subject of the grievance, the grievance should be submitted to another member of the Training Committee or the MIND Institute's Executive Director. The individual being grieved will be asked to submit a response in writing. The Training Director (or Training Committee member or MIND Institute Executive Director, if appropriate) will meet with the intern and the individual being grieved within ten (10) business days for a formal review meeting. In some cases, it may be appropriate to meet with the intern 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/issues 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 Training Director (or Training Committee member or MIND Institute Executive Director) will document the process and outcome of the meeting. The intern and the individual being grieved (if applicable) will be asked to report back to the Training Director (or Training Committee member or MIND Institute Executive Director) in writing within ten (10) working days regarding whether the issue has been adequately resolved.

If the matter is not resolved, the Training Director (or Training Committee member or MIND Institute Executive Director) will convene and chair a Review Panel consisting of themselves and at least two other members of the training faculty within ten (10) business days. The intern can select a specific member of the training faculty 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. The chair of the Review Panel will provide a written summary of outcomes and recommendations to the intern, all members of the Review Panel, and the Training Committee within three (3) business days.

Grievances: Appeal Procedures

If the intern wishes to appeal the outcome of the grievance or if the Review Panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved, the intern can pursue institution-wide complaint resolution processes. Please see UC Davis Health Human Resources Complaint Resolution Process (PSPSM 70):

<https://ucdavispolicy.ellucid.com/documents/view/211/active/>

INFORMATION FOR APPLICANTS

Eligibility Requirements

Applicants must be enrolled in an APA-, CPA-, or PCSAS-accredited doctoral program in Clinical Psychology (preferred), Counseling Psychology, or School Psychology and must have completed at least three years equivalent of full-time graduate-level study by the start of the internship. In addition, applicants must have the approval of their graduate program Director of Clinical Training, completed 400 direct practicum hours (minimum of 300 intervention/therapy hours and 100 assessment hours preferred) at the time of application, completed all doctoral coursework as required, passed the academic program's comprehensive exams (if applicable), and have a dissertation project proposal approved by their graduate program before the beginning of the internship.

The program participates in the APPIC Internship Matching Program. For Phase I and Phase II of the APPIC Match process, the program only accepts applicants who are enrolled in an APA-, CPA-, or PCSAS-accredited doctoral program as specified above. If an internship position is not filled after Phase II of the Match and the program enters the Post-Match Vacancy Service, the program will consider applicants from non-APA/CPA/PCSAS-accredited programs.

Applicants who are well-suited to this program have demonstrated a commitment to working with diverse individuals with NDD as demonstrated through clinical and research activities, have written at least 5 integrated psychological evaluation reports, have a theoretical orientation consistent with the program's (i.e., cognitive behavioral, behavioral), and have some experience with assessment and/or evidence-based treatments (cognitive behavioral therapy, parent-child interaction therapy, trauma focused cognitive behavioral therapy, etc.) with youth with a range of clinical diagnoses including NDDs. Additional attributes that have been determined to contribute to intern success at our site include: (1) a high degree of cultural humility and self-awareness/self-reflection around issues of diversity and equity; (2) experience providing services to individuals from a range of diverse backgrounds; (3) the ability to provide assessment or therapy services in a language other than English; (4) prior involvement in research related to diversity, equity, and inclusion; and (5) documented involvement in/commitment to diversity, equity, and inclusion (e.g., through professional memberships, extracurricular activities, research focused on diversity).

Appointment, Stipend, & Benefits

Length of Appointment. The MIND Institute will accept two interns for the 2024-2025 training year. The appointment begins July 1 and ends June 30 of each training year; if these dates fall on a weekend or holiday, start/end dates are the following/preceding business day, respectively. The internship is a one-year, full-time appointment, 40-hour work week. After accounting for the 14 holidays, interns can accrue up to 2,000 hours of supervised professional experience over the course of the training year. Please refer to the vacation policies below for important information on the impact of vacation time on SPE hours. Upon successful completion, the intern will be awarded a certificate of internship completion from the UC Davis MIND Institute at UC Davis Health.

Stipend. Doctoral interns are hired by UC Davis and receive a gross stipend of at least \$48,000 per year. Our stipend is consistent with Sacramento area doctoral internship training programs in clinical psychology. Applicable taxes, social security deductions, and benefits-related costs are withheld.

Benefits. Interns receive [UC Davis Resident and Fellow Health and Welfare benefits](#). Based on a 100% appointment, interns are eligible for coverage in the UC Davis medical, dental, vision, life, and disability insurance plans, with options to provide coverage for spouses/domestic partners and dependents. Additional benefits include:

- *Paid Time off:* Interns are allocated a total of 24 vacation days, 4 professional development days, and 12 sick days annually. These should be arranged in consultation with the supervisor.

- *Professional development resources.* Interns receive up to \$1,000 (for the training year) to cover professional development activities. Professional development funds can be used for conferences, trainings, and certifications in relevant clinical areas.
- *Leaves of absence:* Interns should discuss medical or parental leave with the Training Director as soon as the need for such a leave is identified, providing as much notice to the Training Director as possible. Interns taking a leave of absence must complete a minimum of 1,500 hours of training to be eligible for licensure in the state of California and meet the training program's exit criteria regardless of having taken a leave of absence. If an intern must take a leave, the intern, internship Training Director, and the intern's DCT from their home program will engage in open discussion to determine whether the intern wishes to graduate with 1,500 hours of training or extend the internship to achieve the full 2,000 hours. The intern's doctoral program will be closely consulted to ensure program graduation requirements will be met in such instances.
- *Parking:* Parking Services has partnered with ParkMobile (<https://health.ucdavis.edu/parking/parkmobile/>) to offer daily parking permit options to employees, students and affiliates at UC Davis Health. Utilizing the app allows more flexibility to only pay for parking as needed. This is particularly a good option for people that do not work on-campus every day. Interns should park in the Zone indicated below:

Zone# 42201 or 42203 – \$2.32 per day

Valid anywhere UC Davis Health "B" Parking is allowed, including lots 12, 17, 19 (marked stalls only), 22, 30, EDD, DOJ, Broadway, and Parking Structure 4.

Interns may purchase a monthly parking permit for \$58 per month. It can be automatically deducted from a paycheck and is pre-taxed. The monthly permit allows for parking in the same lots as ParkMobile (above). Please be aware that using ParkMobile is a less expensive parking option.

Support. Doctoral interns are provided with appropriate shared office space, computer access, and a phone line. Assessment and therapy materials required to carry out learning and clinical activities are provided as well. Interns have access to the UC Davis library system, which includes a health sciences branch at the UC Davis Medical Center and the main library on the Davis campus. The library provides loan services for written materials, access to the catalogs of all nine UC campuses, literature search tools such as PsychInfo and PubMed, and access to electronic journals. The Health System also offers confidential, cost-free assessment, counseling, consultation and referral services to all UC Davis Health System faculty and staff through the Academic and Staff Assistance Program (ASAP). If an intern is unable to obtain the necessary support, they are instructed to contact the Training Director who will make every effort to meet all reasonable requests.

Relevant Application Information

The MIND Clinical Psychology Training Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The 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 2556.

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.

Applications are to be submitted using the APPI online application located on the APPIC website (www.appic.org). Complete details about the application process are located on the [program's website](#). Any questions can be directed to the Training Director Office at (916) 703-0263 or hs-MIND_PsychTraining@ucdavis.edu.

Selection Procedures

Intern selection is made by a committee comprised of the Training Director, Associate Training Director, and training supervisors. Applicants are rated based on their clinical training (including assessment and psychotherapy), academic coursework, letters of recommendation, clinical and research interests, demonstrated commitment to equity and diversity, and stated goals for internship. 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 interviews.

Interns matching to our site must meet UC Davis Health employment requirements prior to formal appointment, including:

- Documentation of identity and employment authorization
- Completion of an online background check
- Completing pre-employment health screening (additional details [here](#))
- Providing documentation that doctoral program's requirements for starting an internship program have been completed prior to the start of the training year (by June 30)

Non-Discrimination Statement

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. 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.

The University of California, Davis, and the MIND Institute Clinical Psychology Training Program are interested in candidates who are committed to the highest standards of scholarship and professional activities, and to the development of a campus climate that supports equality of opportunity.

PROGRAM POLICIES

Policy on Telesupervision

The Training Program utilizes in-person supervision as the primary method of supervision in the program. However, high-quality, real-time, video-based telesupervision may be used in circumstances when a clinical service is offered in a primarily virtual format (e.g., individual teletherapy, group-based teletherapy). Any interns participating in provision of such telehealth services will engage in relevant telesupervision from the supervisor who oversees these services. Telesupervision may also be used in other situations such as when (a) it is necessary for the supervisor and intern to work from different physical locations and still have timely supervision; (b) unscheduled supervision is required to manage a clinical issue, crisis, or offer additional support to the intern; or (c) when in-person meetings are not feasible due to public health crises or weather-related emergencies prohibiting the intern and supervisor from being in the same location. Over the course of in-person or telehealth clinical activities, assessment and therapy cases are assigned to the supervisor who maintains clinical responsibility for patient care. Interns have opportunities to meet and establish relationships with all supervisors in person at the beginning of the training year.

Telesupervision is facilitated via UC Davis Health secured teleconferencing platforms (Zoom or Teams), or by phone only in cases of emergencies when such teleconferencing platforms are not available. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all interns. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Interns meet with IT personnel within the first two weeks of the internship to ensure that they have the appropriate programs installed on their laptops to facilitate any telesupervision and are adequately trained to use them. Technical difficulties that cannot be directed to the UC Davis Health IT Help Desk.

The use of videoconference technology for supervisory experiences related to provision of teletherapy services is consistent with our program's goals, as we emphasize access to behavioral healthcare services throughout Northern California, including rural and underserved areas which necessitate provision of therapy services in a virtual format.

Vacation Time

Interns must discuss vacation and other requests for leave with their primary supervisor. Interns are expected to abide by the following guidelines when making leave/vacation time requests:

1. At least six weeks advance notice of vacation or professional time off is required.
2. Vacation time cannot be taken in the first four weeks or last four weeks of the training year. If an intern has an emergency that requires time away during these critical weeks, the intern must consult with their primary supervisor and the Training Director.
3. Interns should work with their supervisor(s) to arrange coverage as needed for clinical responsibilities.
4. Interns are encouraged to consider the impact that vacation time may have on their accrual of supervised professional experience (SPE) hours. Accounting for 14 holidays when the medical center is closed, interns can accrue up to 2,000 hours of SPE. Interns are allocated a total of 24 vacation days, 4 professional development days, and 12 sick days annually. Interns who use the entirety of the 40 days (vacation, sick, and professional development) can accrue only 1,500 hours of supervised professional experience, which is the amount required for licensing in the state of California. However, interns who intend to seek licensure in other states should consider that state's licensing requirements when making time off requests, as some states require the accrual of 2,000 hours during the internship year to be eligible for licensure.
5. The Time Away/Vacation Request form should be completed and signed by the intern and

supervisor and submitted by email to the Training Director and the Human Resource manager in the Department of Psychiatry & Behavioral Sciences. A sample of the Time Away Form is included in Appendix D.

6. Unused vacation time is paid out at the end of the internship year. Unused sick or professional development hours are not paid out at the end of the year.

Expected Professional Behavior

1. Interns can contribute to a stimulating learning environment by being engaged and active learners. This involves active participation including raising questions, sharing thoughts or ideas, or otherwise demonstrating engagement in learning opportunities.
2. Interns have a wide range of clinical expertise. While an individualized training plan will be generated for each intern, the program may not be able to account for all variability in experience. Interns who are particularly advanced in their knowledge and experience are expected to take active steps to elevate their training through active engagement, knowledge sharing, and working together with their supervisor to identify growth opportunities.
3. Interns work alongside a wide range of staff, providers, and other trainees with different personalities, worldviews, and communication styles. If differences or conflicts arise, interns are expected to demonstrate communication and conflict resolution skills that will allow them to work effectively and collaboratively despite these differences. Significant conflicts or concerns about interactions are to be handled in a manner consistent with our grievance policy, the UC Davis Health Code of Conduct, and the APA Ethical Principles of Psychologists and Code of Conduct.
4. Interns will accurately represent their title, training status, and credentials in interactions with patients, staff, and the public. For instance, an intern cannot refer to themselves as “Doctor” as this would be a violation of the APA Ethical Principles of Psychologists.
5. Interns must maintain confidentiality and integrity of records. Records or patient information shall not leave the premises. Reports or other forms of PHI should not be emailed outside the Health System.
6. The training program strives to ensure that expectations, requirements, and deadlines for activities are clear. Interns are responsible for seeking clarification if they are unclear and to ensure that they respond to all expected deadlines for projects across the various aspects of the training program.
7. Interns are expected to conduct themselves in a professional manner during all aspects of their training activities, both clinical and non-clinical. General expectations for interns while completing all training related activities are as follows (list is illustrative, not exhaustive):
 - Demonstrate respect for patients and their families, colleagues, supervisors, staff, and other employees.
 - Complete all activities in a timely manner (e.g., arrival at meetings, completing written documents).
 - Adhere to all UCDH and MIND Institute policies and procedures regarding confidentiality.
 - Engage in training and professional behavior consistent with the most current ethical guidelines of the American Psychological Association (i.e., Ethical Principles of Psychologists and Code of Conduct) and UCDH Code of Conduct.
8. UCDH maintains a Professional Appearance Policy to which all employees and trainees (including interns) are expected to adhere. Specific details are located [here](#). Highlights include:
 - Trainees and staff must always wear their identification badge.
 - We strive to maintain a sensory friendly environment for our patients and staff. No colognes, perfumes, or strong body lotions are allowed, particularly in patient care areas.
 - Trainees and staff are expected to wear at least business casual attire in all contexts, even when not providing clinical care; no shorts, jeans, or other similar casual clothing. Avoid wearing clothing with logos or other markings that potentially may be offensive or uncomfortable for others.

Privacy and Security of PHI

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that created national standards to protect sensitive patient health information from being disclosed or discovered without the patient's consent or knowledge.

In compliance with UC Davis Health's privacy practices, interns have the responsibility to protect PHI information that they encounter over the course of their training, including in their direct patient care, case consultations, observations, documentation, and record keeping practices.

- Interns are not permitted to take original or copies of administered assessment protocols, patient records, or any other form of PHI outside of the MIND Institute.
- Interns will work with their supervisors to follow established HIPAA compliant procedures for scoring, report writing, and report sharing (e.g., UC Davis One Drive, secure internal emails, etc.).
- Interns have access to UC Davis Health/MIND Institute computers with security features and technology to prevent unauthorized access of PHI. When working on reports or other documentation containing PHI, interns should only use MIND Institute issued computers/laptops. Evaluation reports or patient documentation containing PHI should not be stored on personal computers.
- Interns who wish to keep work samples (not to exceed 10) should work in collaboration with their supervisors to create a deidentified evaluation for final approval by their supervisor.
- Case presentations outside of the MIND Institute require prior review and approval by the supervisor or training director. This guideline applies to class presentations, grand rounds, and oral presentations at conferences, as well as any written work for publication. When in doubt, please request consultation. Ordinarily, such public presentation will require written consent from the patient in advance.

Policy on Social Media

This policy provides guidance for interns' use of social media, which should be understood for purposes of this policy to include social networking sites (e.g., Facebook, Twitter, Instagram, Snapchat), YouTube, wikis, blogs, message boards, chat rooms, electronic newsletters, online forums, and other sites and services that permit users to share information with others in a contemporaneous manner.

Social media use should not interfere with the intern's responsibilities while onsite. UC Davis Health/MIND Institute-issued computers, iPads, or tablets are to be used for business purposes only. When using UC Davis Health/MIND Institute computer systems, use of social media for business purposes is allowed (e.g., viewing MIND Institute Facebook Live sessions).

Interns should be aware of the effect their actions may have on their image, as well as the MIND Institute's and its training program's image. Information that is posted or published may be public for a long time. Interns should use their best judgment when using social media to ensure that material available to the public is appropriate for a professional psychologist in training and not harmful to the MIND Institute, our training program, our employees, or our patients. Interns are not to publish, post, or release any information that is considered confidential or privileged including names, images, or other identifying information. It is recommended that interns set security settings on all social media accounts to "private."

It is also important for interns to maintain appropriate professional boundaries. Initiating contact with patients or families through social media sites is not permitted. Accepting invitations to join social media sites of patients is not recommended and interns are encouraged to decline invitations from patients/families to view or participate in their online social networks.

In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for additional guidance: <https://www.apa.org/about/social-media-policy>.

Policy on Maintenance of Records

Our program has a robust system for maintaining intern records. Intern records are electronically stored in a secured folder that is only accessible by the Training Director, Associate Training Director, and necessary administrative/clerical staff who assist in organizing both hard copy and electronic files. Hard copies of certain documents that require signatures are stored in a confidential, locked filing cabinet located in the Training Director's locked office and scanned into the electronic folder when all required signatures have been obtained and the document has been finalized.

The following documents are stored in a secured electronic folder as part of the intern file: Certificates of Completion; Intern Evaluations (3 per year for each intern); and Individual Training Plan, which provides a description of the training experiences for each intern. Documentation of Due Process proceedings, including remediation plans and progress monitoring, are also maintained in the intern file. The Training Director is responsible for storing and maintaining intern records. An electronic copy of the entire intern file is maintained indefinitely.

Additionally, records of any formal grievances received by the program are stored in a separate electronic folder for at least 10 years.

Policy on Moonlighting

Clinical moonlighting is not permitted. The internship is a full-time commitment. Interns are expected to refrain from providing clinical services outside of the internship context.

National Provider Identification (NPI) Number

As of May 20, 2007, all providers (staff and interns) seeing patients must have a National Provider Identification number. This number will stay with you throughout your professional career as a psychologist. If one has not already been assigned, please apply for your NPI by logging on to <https://nppes.cms.hhs.gov>. There is a toll-free number, 1-800-465-3203, listed on the website for all questions.

Helpful Links

- APA Ethical Principles of Psychology code of conduct: www.apa.org/ethics/code
- California Department of Consumer Affairs - Therapy Never Includes Sexual Behaviors: www.dca.ca.gov/publications/proftherapy.pdf
- UC Davis Health Code of Conduct: https://health.ucdavis.edu/compliance/pdf/about/UCD_Health_Code_of_Conduct.pdf
- UC Davis Principles of Community: <https://diversity.ucdavis.edu/principles-community>

APPENDIX A: INTERN DIDACTIC CALENDAR

All interns are required to attend several seminars series and trainings. Some of these seminars occur weekly, while some occur monthly, and others occur quarterly. Dates and times for each are provided on the Didactic Calendar below. See the Training Handbook for abstracts and learning objectives associated with each scheduled presentation/session. Please note that this calendar includes only those activities that are required. Other optional learning opportunities are available to interns, and interns will be notified of those opportunities as they arise.

Seminar/Didactic Abbreviations

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| ADOS = ADOS-2 Workshop/Monthly Training | DS = Diversity Training Seminar |
| AF = Assessment Fundamentals | LS = Leadership Seminar |
| ASAA = Advanced Skills in ASD Assessment | NDD = Neurodevelopmental Disabilities Seminar |
| DF = Developmental Fundamentals | PD = Professional Development Seminar |
| DLS = Distinguished Lecturer Series | TS = Treatment Seminar |

| Date | Time | Series | Topic | Presenter |
|-------------|-------------|--------|--|---|
| JULY | | | | |
| 7/1/24 | 9am -2:30pm | N/A | Orientation to the Program | Dorcas Roa, Ph.D., Meghan Miller, Ph.D., Diane Larzelere, & Brenda Shelton |
| 7/2/24 | 9am -4:30pm | N/A | Orientation to the Program | Dorcas Roa, Ph.D. & Supervisors |
| 7/2/24 | 9am -4:30pm | AF | Overview of Seminar & Orientation to MIND Institute Test Repository and Scoring Platforms (part of Orientation) | Dorcas Roa, Ph.D. |
| 7/3/24 | 9am -4:30pm | N/A | Orientation to the Program | Dorcas Roa, Ph.D. Kelly Heung, Ph.D., & Supervisors |
| 7/8/24 | 9am-11am | N/A | UCDH New Employee Orientation | UCDH HR |
| 7/8/24 | 1-4pm | N/A | Suicide Risk Assessment & Safety Planning | Sac EDAPT Online training |
| 7/9/24 | 11am-4pm | N/A | Suicide Risk Assessment & Safety Planning | Sac EDAPT Online training |
| 7/15/24 | 1-3:30pm | AF | Cognitive development: Wechsler Scales: Review of WPPSI-IV, WASI-II, WISC-V and WAIS-IV | Dorcas Roa, Ph.D. |
| 7/16/24 | 8am-12pm | N/A | EMR Classroom Training | |
| 7/17/24 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 7/17/24 | 1-2pm | | Group Supervision Seminar: Fellow Clinical Presentation | Danielle Haener, Psy.D., Jess Lee Ph.D. |
| 7/19/24 | 8am-4pm | N/A | MIND Institute Summer Institute on Neurodevelopmental Disabilities: Preparing for Next Steps: Navigating the Educational Journey from Early Intervention to High School and Beyond | MIND Institute Center for Excellence in Developmental Disabilities |
| 7/22/24 | 1-3:30pm | AF | Cognitive Development: Differential Ability Scales-2, SB-5, KABC-II, Woodcock Johnson-IV | Dorcas Roa, Ph.D. |
| 7/24/24 | 10am-12pm | N/A | EMR Onboarding | |
| 7/26/24 | 9-11:30am | DF | Welcome and Overview of Clinical Programs | All DBP Division Members |
| 7/29/24 | 1-3:30pm | AF | Early Developmental Measures: Bayley Scales of Infant Development-4 th Edition | Dorcas Roa, Ph.D. |

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| 7/31/24 | 1-2pm | PD | Fellow Clinical Presentation | Danielle Haener, Psy.D., Jess Lee, Ph.D. |
| AUGUST | | | | |
| 8/2/24 | 9-11:30am | DF | Foundations of DBP: Developmental Evaluations of Children | Carrie Silver, Ph.D. |
| 8/5/24 | 1-3:30pm | AF | Early Developmental Measures: Mullen Scales of Early Learning, Developmental Profile- 4 th Edition | Dorcas Roa, Ph.D. |
| 8/7/24 | 1-2pm | PD | Fellow Clinical Presentations | Danielle Haener, Psy.D. and trainees |
| 8/9/24 | 9-11:30am | DF | Temperament Review | Carrie Silver, Ph.D. |
| 8/12/24 | 1-3:30pm | AF | Neuropsychological Instruments for School Aged Children: NEPSY-II and DKEFS | Dorcas Roa, Ph.D. |
| 8/15/24 | 9-11am | | Latinx Cultural Considerations | Sac EDAPT Online training |
| 8/16/24 | 9-11:30am | DF | Socioemotional Development Review | Janice Enriquez, Ph.D. |
| 8/19/24 | 1-3:30pm | AF | Assessment of Learning & Memory, Language (CELF-5, CASL), Visuospatial Skills (Beery VMI, ROCF), and Sensory and Motor Functions | Dorcas Roa, Ph.D. |
| 8/21/24 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 8/21/24 | 1-2pm | | Group Supervision Seminar: Fellow Clinical Presentation | Danielle Haener, Psy.D., Emily Pompan, Ed.D. |
| 8/23/24 | 9-11:30am | DF | Developmental Screening | Kathy Angkustsiri, M.D. |
| 8/26/24 | 1-3:30pm | AF | Educational Assessment: WIAT-IV, CTOPP, WISC-V supplemental subtests | Dorcas Roa, Ph.D. |
| 8/30/24 | 9-11:30am | DF | Developmental Milestones, Socioemotional Development Review, Behavior Questionnaires: Social, Emotional, Behavioral Measures | Bibiana Restrepo, M.D. & Janice Enriquez, Ph.D. |
| SEPTEMBER | | | | |
| 9/3/24 | 9am-4pm | N/A | LEND Program Orientation | Aubyn Stahmer, Ph.D., Kelly Heung, Ph.D. |
| 9/4/24 | 9am-1pm | N/A | LEND Program Orientation | Aubyn Stahmer, Ph.D., Kelly Heung, Ph.D. |
| 9/6/24 | 9-11:30am | DF | Systems Of Care: Early Start, School-Based Services, Mental Health Systems, Policy, Law, Ethics | Robin Stewart, MSW Rachel Greenfield, MSW |
| 9/9/24 | 12:30-1:30pm | NDD | Course Introduction and Overview of Autism | Meghan Miller, Ph.D. |
| 9/9/24 | 2-3:30pm | LS | Lead from Where You Are | Janice Enriquez, Ph.D. & Viviana Barnwell |
| 9/9/24 | 4-5pm | TS | Introduction to Course and Expectations; Building Communication Norms | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 9/11/24 | 1-2pm | DS | Introductions; RESPECTFUL Model of Development | Megan Tudor, Ph.D. |
| 9/16/24 | 12:30-1:30pm | NDD | Social Attention and Social Communication Symptom in Autism | Peter Mundy, Ph.D. |
| 9/16/24 | 2-3:30pm | LS | Developing and Designing a Leadership Project | Yue Yu, Ph.D. |

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| 9/16/24 | 4-5pm | TS | Introduction to Course and Expectations; Building Communication Norms | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 9/17/24 | 8:30am-5pm | ADOS | ADOS-2 Introductory Clinical Workshop | Sarah Dufek, Ph.D. |
| 9/18/24 | 8:30am-5pm | ADOS | ADOS-2 Introductory Clinical Workshop | Sarah Dufek, Ph.D. |
| 9/19/24 | 8:30am-5pm | ADOS | ADOS-2 Introductory Clinical Workshop | Sarah Dufek, Ph.D. |
| 9/20/24 | 9am-12pm | RSS | Research Seminar Series: Datablitz | Multiple presenters |
| 9/23/24 | 12:30-1:30pm | NDD | Fragile X Syndrome, Down Syndrome, and Intellectual Disability | Angie Thurman, Ph.D. |
| 9/23/24 | 2-3:30pm | LS | Finding your Leadership Style | Janice Enriquez, Ph.D., Viviana Barnwell |
| 9/23/24 | 4-5pm | TS | Introduction to Restorative Practices and Introductions | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 9/25/24 | 1-2pm | DS | Intersecting Identities: Presentations | Megan Tudor, Ph.D. |
| 9/30/24 | 12:30-1:30pm | NDD | Restricted and Repetitive Behavior/Sensory Symptoms | Meghan Miller, Ph.D. |
| 9/30/24 | 2-3:30pm | LS | Policy and Advocacy 101: Why and How to Get Started | Kelly Heung, Ph.D., Nancy Castignetti, M.S., CCC-SLP |
| 9/30/24 | 4-5pm | TS | Cultural Humility | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| OCTOBER | | | | |
| 10/2/24 | 1-2pm | PD | Orientation to Fellowship Application and Interviewing | Dorcas Roa, Ph.D. |
| 10/7/24 | 12:30-1:30pm | NDD | Language Disorders and Evidence-Based Treatment | Heather Thompson, Ph.D., CCC-SLP & Nancy Castignetti, M.S., CCC-SLP |
| 10/7/24 | 2-3:30pm | LS | How to Read a Research Article/Plain Language Summaries & Infographics | Yue Yu, Ph.D. & Brianna Heath, Ph.D. |
| 10/7/24 | 4-5pm | TS | Neurodiversity, the Neurodiversity Paradigm, and the Neurodiversity Movement | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 10/9/24 | 1-2pm | DS | Intersecting Identities: Reflections | Megan Tudor, Ph.D. |
| 10/9/24 | 3:30-6pm | DLS | DLS Symposium | Multiple speakers |
| 10/14/24 | 12:30-1:30pm | NDD | Attention-Deficit/Hyperactivity Disorder | Meghan Miller, Ph.D. |
| 10/14/24 | 2-3:30pm | LS | Implementation Leadership | Aubyn Stahmer, Ph.D., Viviana Barnwell |
| 10/14/24 | 4-5pm | TS | Thinking Ecologically | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 10/16/24 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 10/16/24 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |

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| 10/21/24 | 12:30-1:30pm | NDD | Onset of Autism | Meagan Talbott, Ph.D. |
| 10/21/24 | 2-3:30pm | LS | Interdisciplinary Parent-Child Discussion #1 | Carrie Silver, Ph.D. |
| 10/21/24 | 4-5pm | TS | Family Centered Care: Caregivers | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 10/23/24 | 1-2pm | DS | NO CLASS | N/A |
| 10/28/24 | 12:30-1:30pm | NDD | Multidisciplinary Diagnostic Evaluation | Chandni Parikh, Ph.D. |
| 10/28/24 | 2-3:30pm | LS | Becoming Better Advocates: Learning from the History of the Disability Rights Movement | Brianna Heath, Ph.D. |
| 10/28/24 | 4-5pm | TS | Parent Mediated Interventions & Neuro-affirming Care | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| NOVEMBER | | | | |
| 11/4/24 | 12:30-1:30pm | NDD | ADOS-2 Modules 1, 2, & Toddler – Overview | Sarah Dufek, Ph.D. |
| 11/4/24 | 2-3:30pm | LS | Ethics in Research | Yue Yu, Ph.D. |
| 11/4/24 | 4-5pm | TS | Racial Justice and Neurodiversity Movement | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 11/6/24 | 1-2pm | PD | Providing Family Centered Feedback | Janice Enriquez, Ph.D. |
| 11/11/24 | 12:30-1:30pm | NDD | NO CLASS (VETERANS DAY HOLIDAY) | N/A |
| 11/11/24 | 2-3:30pm | LS | NO CLASS (VETERANS DAY HOLIDAY) | N/A |
| 11/11/24 | 4-5pm | TS | NO CLASS (VETERANS DAY HOLIDAY) | N/A |
| 11/13/24 | 1-2pm | DS | Ethnic, Cultural, and Racial Identity | Megan Tudor, Ph.D. |
| 11/18/24 | 12:30-1:30pm | NDD | Early Intervention for Autism | Sarah Dufek, Ph.D. |
| 11/18/24 | 2-3:30pm | LS | Interdisciplinary Parent-Child Discussion #2 | Carrie Silver, Ph.D. |
| 11/18/24 | 4-5pm | TS | Racial Justice and Neurodiversity Movement | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 11/20/24 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 11/20/24 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 11/25/24 | 12:30-1:30pm | NDD | Early Intervention Systems | Department of Developmental Services/Regional Center representatives (Lauren Libero, Reyna Ambriz, Kristin Lunardi) |
| 11/25/24 | 2-3:30pm | LS | Community Academic Partnerships: Culturally and Linguistically Competent Engagement | Janice Enriquez, Ph.D., Vanessa Avila-Pons, M.A., L.M.F.T. |
| 11/25/24 | 4-5pm | TS | NO CLASS | N/A |

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| 11/27/24 | 1-2pm | DS | NO CLASS | N/A |
| DECEMBER | | | | |
| 12/2/24 | 12:30-1:30pm | NDD | Autism Diagnosis and Inclusive Education | Jean Gonsier-Gerden, Ph.D. |
| 12/2/24 | 2-3:30pm | LS | Measurement/Introduction to Data Analysis | Yue Yu, Ph.D. |
| 12/2/24 | 4-5pm | TS | Learner Led Introduction | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 12/4/24 | 1-2pm | PD | Self-Compassion and the Burden of Caring | Danielle Haener, Psy.D. or MIND faculty |
| 12/9/24 | 12:30-1:30pm | NDD | Adolescent Development in NDDs | Marjorie Solomon, Ph.D. |
| 12/9/24 | 2-3:30pm | LS | Legislative and Media Advocacy | Lena van der List, D.O. |
| 12/9/24 | 4-5pm | TS | Learner Led Workgroups | N/A |
| 12/11/24 | 1-2pm | DS | Gender Identity, Gender Roles/Socialization | Megan Tudor, Ph.D. |
| 12/16/24 | 12:30-1:30pm | NDD | School Services for Students with Autism/NDD | Nicole Sparapani, Ph.D. |
| 12/16/24 | 2-3:30pm | LS | Leading Difficult Conversations | Janice Enriquez, Ph.D., Viviana Barnwell |
| 12/16/24 | 4-5pm | TS | NO CLASS | N/A |
| 12/18/24 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 12/18/24 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 12/23/24 | 12:30-1:30pm | NDD | NO CLASS (Winter Holiday) | N/A |
| 12/23/24 | 2-3:30pm | LS | NO CLASS (Winter Holiday) | N/A |
| 12/23/24 | 4-5pm | TS | NO CLASS (Winter Holiday) | N/A |
| 12/25/24 | 1-2pm | DS | NO CLASS (Winter Holiday) | N/A |
| 12/30/24 | 12:30-1:30pm | NDD | NO CLASS (Winter Holiday) | N/A |
| 12/30/24 | 2-3:30pm | LS | NO CLASS (Winter Holiday) | N/A |
| 12/30/24 | 4-5pm | TS | NO CLASS (Winter Holiday) | N/A |
| JANUARY | | | | |
| 1/6/25 | 12:30-1:30pm | NDD | ADOS-2 Module 3 & 4 – Overview | Sarah Dufek, Ph.D. |
| 1/6/25 | 2-3:30pm | LS | Taking the Mystery Out of a Legislative Visit | Kelly Heung, Ph.D., Nancy Castignetti, M.S., CCC-SLP |
| 1/6/25 | 4-5pm | TS | Disability Rights & Economic Oppression | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 1/8/25 | 1-2pm | DS | Personal Style/Psychological Maturity | Megan Tudor, Ph.D. |
| 1/13/25 | 12:30-1:30pm | NDD | Motor and Sensory Issues and Evidence-Based Treatment in Autism | Katrin Mattern-Baxter, Ph.D. |

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| 1/13/25 | 2-3:30pm | LS | Interdisciplinary Parent-Child Discussion #3: Intake | Carrie Silver, Ph.D. |
| 1/13/25 | 4-5pm | TS | The Ethics and Emotions of Diagnostic Feedbacks | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 1/15/25 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 1/15/25 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 1/20/25 | 12:30-1:30pm | NDD | NO CLASS (Martin Luther King Jr. Holiday) | N/A |
| 1/20/25 | 2-3:30pm | LS | NO CLASS (Martin Luther King Jr. Holiday) | N/A |
| 1/20/25 | 4-5pm | TS | NO CLASS (Martin Luther King Jr. Holiday) | N/A |
| 1/22/25 | 1-2pm | DS | Belief Systems/Spirituality | Megan Tudor, Ph.D. |
| 1/27/25 | 12:30-1:30pm | NDD | Inclusive Education | Beth Foraker |
| 1/27/25 | 2-3:30pm | LS | **Field trip to Capitol** + Deeper Understanding of the Political System to Increase Advocacy Success | Tanya Lieberman, Chief Consultant, Assembly Education Committee |
| 1/27/25 | 4-5pm | TS | Reflective Practice | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 1/29/25 | 1-2pm | PD | Supervision: Theory and Practice – Supervision Models | Richelle Long, Ph.D. |
| FEBRUARY | | | | |
| 2/3/25 | 12:30-1:30pm | NDD | Panel of Adults on the Spectrum | Moderator: Megan Tudor, Ph.D. |
| 2/3/25 | 2-3:30pm | LS | Policymakers Panel: Marking our LEND Voices Heard | Lupe Alonzo-Diaz, Christian Griffith, Kim McCoy Wade, Lucas Frerichs |
| 2/3/25 | 4-5pm | TS | Field Trip/Workgroup Time | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 2/5/25 | 1-2pm | PD | Supervision: Theory and Practice – Stages of Supervision | Richelle Long, Ph.D. |
| 2/10/25 | 12:30-1:30pm | NDD | Employment and Adults with NDDs | Steve Ruder |
| 2/10/25 | 2-3:30pm | LS | Data Analysis and Interpretation | Yue Yu, Ph.D. |
| 2/10/25 | 4-5pm | TS | Field Trip/Workgroup Time | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 2/12/25 | 1-2pm | DS | Economic/Class Background | Megan Tudor, Ph.D. |
| 2/12/25 | 4:30-6pm | DLS | TBD | TBD |
| 2/17/25 | 12:30-1:30pm | NDD | NO CLASS (Presidents' Day) | N/A |
| 2/17/25 | 2-3:30pm | LS | NO CLASS (Presidents' Day) | N/A |

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| 2/17/25 | 4-5pm | TS | NO CLASS (Presidents' Day) | N/A |
| 2/19/25 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 2/19/25 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 2/24/25 | 12:30-1:30pm | NDD | Neurodiversity | Patrick Dwyer, Ph.D. (pre-recorded) |
| 2/24/25 | 2-3:30pm | LS | Interdisciplinary Parent-Child Discussion #3: Team Discussion | Carrie Silver, Ph.D. |
| 2/24/25 | 4-5pm | TS | Family Centered Care: Siblings and Extended Family | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 2/26/25 | 1-2pm | DS | Geographical Location/Residence/Language | Megan Tudor, Ph.D. |
| MARCH | | | | |
| 3/3/25 | 12:30-1:30pm | NDD | Social Injustice and Mental Health | Ruth Shim, M.D. |
| 3/3/25 | 2-3:30pm | LS | Interdisciplinary Parent-Child Discussion #3: Family Feedback | Carrie Silver, Ph.D. |
| 3/3/25 | 4-5pm | TS | Learner Led Topic | TBD |
| 3/5/25 | 1-2pm | PD | Giving and Receiving Feedback: Difficult Conversations in the Workplace | Danielle Haener, Psy.D. |
| 3/10/25 | 12:30-1:30pm | NDD | Medical Home and Complex Systems | Charleen Singh, Ph.D., FNP-BC, RN |
| 3/10/25 | 2-3:30pm | LS | Advocating for Systems-Level Change | Kristen Wallman, MSW, MA |
| 3/10/25 | 4-5pm | TS | Learner Led Topic | TBD |
| 3/12/25 | 1-2pm | DS | Developmental Stage/Age/Lifespan | Megan Tudor, Ph.D. |
| 3/12/25 | 4:30-6pm | DLS | TBD | TBD |
| 3/17/25 | 12:30-1:30pm | NDD | Panel Discussion with Parents of Children with NDDs | Moderator: Sarah Dufek, Ph.D. |
| 3/17/25 | 2-3:30pm | LS | Coaching & Feedback, Part 1 | Aubyn Stahmer, Ph.D., Viviana Barnwell |
| 3/17/25 | 4-5pm | TS | Learner Led Topic | TBD |
| 3/19/25 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 3/19/25 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 3/24/25 | 12:30-1:30pm | NDD | Supported Decision-Making | Steve Ruder |
| 3/24/25 | 2-3:30pm | LS | Interdisciplinary Parent-Child Discussion #4: Intake | Carrie Silver, Ph.D. |
| 3/24/25 | 4-5pm | TS | Learner Led Topic | TBD |
| 3/26/25 | 1-2pm | DS | Trauma/Psychological Health | Megan Tudor, Ph.D. |
| 3/31/25 | 12:30-1:30pm | NDD | Advocating for Students | Kesley Handcock, J.D. |
| 3/31/25 | 2-3:30pm | LS | Coaching & Feedback, Part 2 | Aubyn Stahmer, Ph.D. & Viviana Barnwell |
| 3/31/25 | 4-5pm | TS | Learner Led Topic | TBD |

| APRIL | | | | |
|---------|--------------|------|--|---|
| 4/2/25 | 1-2pm | PD | Preparing a Professional Talk | Meghan Miller, Ph.D. |
| 4/7/25 | 12:30-1:30pm | NDD | Child and Family Services Policy in California | Adrienne Shilton |
| 4/7/25 | 2-3:30pm | LS | Designing and Delivering Effective Talks | Viviana Barnwell |
| 4/7/25 | 4-5pm | TS | Learner Led Topic | TBD |
| 4/9/25 | 1-2pm | DS | Family Background | Megan Tudor, Ph.D. |
| 4/9/25 | 4:30-6pm | DLS | TBD | TBD |
| 4/14/25 | 12:30-1:30pm | NDD | Co-occurring Mental Health Challenges and NDDs | Erin Engstrom, Ph.D. |
| 4/14/25 | 2-3:30pm | LS | Public Policy Advocacy for Systems Change: Harnessing the Power of Your Experience | Disability Rights California |
| 4/14/25 | 4-5pm | TS | Learner Led Topic | TBD |
| 4/16/25 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 4/16/25 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 4/21/25 | 12:30-1:30pm | NDD | Co-occurring Medical Issues and NDDs | Kathy Angkustsiri, M.D. |
| 4/21/25 | 2-3:30pm | LS | Interdisciplinary Parent-Child Discussion #4: Team Discussion | Carrie Silver, Ph.D. |
| 4/21/25 | 4-5pm | TS | Learner Led Topic | TBD |
| 4/23/25 | 1-2pm | DS | Unique Characteristics/Disability | Megan Tudor, Ph.D. |
| 4/28/25 | 12:30-1:30pm | NDD | Genetic and Genomic Aspects of NDDs | Joseph Shen, M.D. |
| 4/28/25 | 2-3:30pm | LS | Long-term Trainee Focus Group (End-of-year Wrap-up) | |
| 4/28/25 | 4-5pm | TS | Learner Led Topic | TBD |
| MAY | | | | |
| 5/5/25 | 12:30-1:30pm | NDD | Psychiatric Aspects of NDDs | Anu Gupta, M.D. |
| 5/5/25 | 2-3:30pm | LS | Research/Leadership Project Practice Talks | Yue Yu, Ph.D. |
| 5/5/25 | 4-5pm | TS | Reflections and Looking Ahead | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 5/7/25 | 1-2pm | PD | Intern Professional Presentations: Intersectionality of professional and clinical case conceptualization, Part 1 | Danielle Haener, Psy.D. & Trainees |
| 5/12/25 | 12:30-1:30pm | NDD | End-of-Year Wrap-Up | Meghan Miller, Ph.D. |
| 5/12/25 | 2-3:30pm | LS | Research/Leadership Project Practice Talks | Yue Yu, Ph.D. |
| 5/12/25 | 4-5pm | TS | In-person celebration | Vanessa Avila-Pons, M.A., L.M.F.T. & Jonathan Bystrynski, Ph.D. |
| 5/14/25 | 1-2pm | DS | Final Reflections | Megan Tudor, Ph.D. |
| 5/14/25 | 4:30-6pm | DLS | TBD | TBD |

| | | | | |
|-------------|-----------|------|--|--|
| 5/21/25 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 5/21/25 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 5/28/25 | 1-2pm | DS | Final Reflections, continued | Megan Tudor, Ph.D. |
| JUNE | | | | |
| 6/2/25 | 1-3pm | ASAA | Advanced Skills in ASD Assessment Reliable Administration and Scoring: Modules Toddler and 1 | Lesley Deprey, Ph.D., Sarah Dufek, Ph.D. |
| 6/4/25 | 10am-12pm | PD | Intern Professional Presentations: Part 2 | Danielle Haener, Psy.D. & Trainees |
| 6/9/25 | 1-3pm | ASAA | Advanced Skills in ASD Assessment Reliable administration and scoring: Module 2 | Lesley Deprey, Ph.D., Sarah Dufek, Ph.D. |
| 6/16/25 | 1-3pm | ASAA | Advanced Skills in ASD Assessment Reliable Administration and Scoring: Module 3 | Lesley Deprey, Ph.D., Sarah Dufek, Ph.D. |
| 6/18/25 | 12-1pm | ADOS | Monthly ADOS-2 Case Conference | Lesley Deprey, Ph.D. |
| 6/18/25 | 1-2pm | | Group Supervision Seminar | Danielle Haener, Psy.D. |
| 6/23/25 | 1-3pm | ASAA | Advanced Skills in ASD Assessment Reliable Administration and Scoring: Module 4 | Lesley Deprey, Ph.D., Sarah Dufek, Ph.D. |

APPENDIX B: DOCTORAL INTERN PERFORMANCE EVALUATION

UC Davis MIND Institute Clinical Psychology Doctoral Internship Program

Doctoral Intern Performance Evaluation

Training Year 2024 - 2025

Intern: _____

Primary Supervisor: _____

Dates of Evaluation (circle):

T1 (October)

T2 (February)

T3: End-of-Year (June)

Methods used in evaluating competency (check all that apply):

_____ Direct Observation

_____ Review of Audio/Video

_____ Case Presentation

_____ Documentation Review

_____ Supervision

_____ Comments from other staff/faculty

Rating Criteria:

1 – Significant Development Needed: Significant improvement in developmental functioning and skills acquisition is needed to meet expectations. Requires a Plan of Action to address any gaps in competence or clinical skills.

2 – Entry Level Competence: Demonstrates entry level competence for an intern. Expected across all competency areas at the start of the internship.

3 – Developing Competency: Demonstrates developing competency at the level of an established intern. Minimum expected level across all competencies at the end of the first and session evaluation time point.

4 – Competence: Expected level of competency for intern at completion of the training program across all areas to successfully graduate from the internship program. Demonstrates readiness for entry-level practice.

5 – High Competence: Demonstrates a high level of competence for a graduating intern and exceeds expectations.

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

The goal of internship is to prepare interns for the next step toward entry level to practice as a psychologist. While a trainee may have multiple supervisors, a single evaluation form addressing each of the profession-wide competencies is used to provide formal feedback to interns at three timepoints: by October 31 (T1), February (T2), and June (T3: End-of-Year). The evaluation is completed by the primary supervisor after consultation with all of the trainee's supervisors. The trainee is rated on a scale of 1-5 for each competency element (see below). Although average scores are computed for each competency area, interns are expected to at least meet the minimum level for each competency element.

Minimum level of achievement

October – Entry Level 2

February – Developing Competence Level 3

June – Competence, Level 4 at minimum

If an intern does not meet the minimum level of achievement (MLA) required on all competency elements at either of the first two evaluation periods, the program's due process procedures will be initiated. To successfully complete Doctoral internship, interns must achieve Competence Level – 4 on all elements by the end of the internship, thus demonstrating competency to perform at the level of an entry-level practitioner.

COMPETENCIES

| Goal 1. Intern will achieve competence in the area of: Assessment | |
|--|--|
| 1. Demonstrate proficiency in collecting relevant data using multiple sources and methods (i.e., structured/unstructured clinical interview, behavioral observations, mental status exams, collateral information, and test results) to understand the referral questions, presenting problem, and differential diagnoses. | |
| 2. Describe evidence-based rationale for selecting/applying appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics. | |
| 3. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. | |
| 4. 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. | |
| 5. Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural). | |
| 6. Demonstrate current knowledge of, and ability to apply, diagnostic classification systems and functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process while considering patients' strengths and needs. | |
| 7. 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. | |
| 8. Produce well-integrated reports that demonstrate the ability to synthesize the patient's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations. | |
| 9. Demonstrate proficiency in using best practice measures in the assessment and diagnosis of NDDs (for example, administration and scoring of the ADOS-2), and independently administer these tools with fidelity. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| Goal 2. Intern will achieve competence in the area of: Intervention | |
|--|--|
| 1. Establish and maintain effective relationships with the recipients of psychological services including establishing rapport, eliciting participation and engagement with the therapeutic process, and maintaining therapeutic boundaries. | |
| 2. Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals. | |
| 3. Implement interventions informed by the current scientific literature, assessment findings, patient characteristics, and contextual variables. | |
| 4. Demonstrate increasing independence using evidence-based techniques in individual and group therapy with youth. | |
| 5. Seek out and apply the relevant research literature to inform clinical decision making and intervention strategies to optimize mental health outcomes and achieve treatment goals. | |
| 6. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. | |
| 7. Evaluate intervention effectiveness of the treatment and adapt intervention methods and goals in line with ongoing evaluation. | |
| 8. Generalize skills (e.g., teaching, assessment, behavior management) across patients, settings, and scenarios when appropriate. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| Goal 3. Intern will achieve competence in the area of: Research & Scholarly Activities | |
|---|--|
| 1. Independently seek out scholarly articles to support the implementation of evidence in guiding clinical decision making, test selection, therapeutic tools and strategies, and case conceptualization. | |
| 2. Understand how to adapt and apply research principles with a diverse community population, including individuals with neurodevelopmental disabilities. | |
| 3. Demonstrate substantial independence in critically evaluating research or other scholarly activities | |
| 4. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including at UC Davis), regional, and/or national levels. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| Goal 4. Intern will achieve competence in the area of: Ethical and Legal Standards | |
|---|--|
| 1. Demonstrate knowledge of, and independently apply, APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines. | |
| 2. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve ethical/legal dilemmas. | |
| 3. Implement knowledge of specific and appropriate procedures for assessing harm or danger to self or others, including successfully implementing knowledge of appropriate actions to safeguard the welfare of others, including taking appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons. | |
| 4. Conducts self in an ethical manner in all professional activities. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| Goal 5. Intern will achieve competence in the area of: Individual and Cultural Diversity | |
|---|--|
| 1. Demonstrate awareness of the impact of culture and worldview on patients' perspectives and attitudes toward clinical services including assessments and therapy. | |
| 2. Demonstrate self-awareness of one's own culture, personal history, attitudes, and biases and their potential impacts on clinical work with patients and families. | |
| 3. Demonstrate the ability to integrate awareness/knowledge of individual and cultural differences while providing clinical services or serving in a professional role. | |
| 4. Demonstrate an ability to work effectively with diverse individuals or groups encountered during the training year, including those whose identities, demographic characteristics, or worldviews may conflict with one's own. | |
| 5. Independently consider diversity (race, ethnicity, gender, education, economic status, language, immigration status, disability status, etc.) when selecting, administering, and interpreting psychological instrumentation, conceptualizing cases, generating diagnostic formulations, and making treatment recommendations and referrals. | |
| 6. Demonstrate current theoretical and empirical knowledge as it relates to diversity across professional activities including research, training, supervision/consultation, and service; this includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their prior training. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| Goal 6. Intern will achieve competence in the area of: Professional Values, Attitudes, and Behaviors | |
|---|--|
| 1. Behave in ways that reflect the values and attitudes of the institution and the field of psychology, including concern for the welfare of others, respect, integrity, accountability, and excellence. | |
| 2. Seek out opportunities to engage in self-care and self-reflection leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision). | |
| 3. Demonstrate awareness of own competencies, skills, strengths, and needs and seek out timely supervision in response to clinical risks and challenging cases. | |
| 4. Respond professionally in increasingly complex situations with increasing independence. | |
| 5. Keep timely, clear, relevant documentation in compliance with institutional timelines, standards, and procedures. | |
| 6. Demonstrate ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties. | |
| 7. Seek and demonstrate openness/responsiveness to feedback/supervision to improve practice. | |
| 8. Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols). | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| Goal 7. Intern will achieve competence in the area of: Consultation and Interdisciplinary Skills | |
|---|--|
| 1. Demonstrate knowledge and respect for the roles and perspectives of other professions involved in consultation or interdisciplinary team, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice). | |
| 2. 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. | |
| 3. Establish and maintain productive working relationships with members of the interdisciplinary team including clinicians, physicians, psychiatrists, consultants, trainees, educational staff, interpreter services, and other community partners. | |
| 4. Educate other disciplines, community partners, and caregivers on issues that help improve care and positive outcomes for patients with neurodevelopmental disorders and their families, including behavioral management strategies, community resources, evaluation practices, and treatment recommendations. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| Goal 8. Intern will achieve competence in the area of: Supervision | |
|--|--|
| 1. Demonstrate the ability to apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals (includes role-played supervision with others and peer supervision with other trainees.) | |
| 2. Apply supervisory skills of [a.] observing, [b.] evaluating, and [c.] giving guidance in direct or simulated practice. | |
| 3. Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees. | |
| 4. Understand and appropriately verbalize the primary model(s) that guide provision of supervision. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |

Comments:

| Goal 9. Intern will achieve competence in the area of: Communication and Interpersonal Skills | |
|--|--|
| 1. Demonstrate the ability to establish and maintain positive rapport and effective communication with those receiving professional services, supervisors, trainees, colleagues, and community partners. | |
| 2. Demonstrate self-awareness and self-modification related to non-verbal communication, including appropriate management of personal affect. | |
| 3. Demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts while maintaining appropriate boundaries and professional demeanor. | |
| 4. Produce and comprehend oral, nonverbal, and written communications that are informative, well-integrated, and that demonstrate a thorough grasp of professional language and concepts. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | |
| Comments: | |

| OVERALL RATING (average of broad competence scores) | |
|--|--|
| Comments on intern's overall performance: | |
| Intern comments: | |

I acknowledge that my supervisor(s) reviewed this evaluation with me.

Intern's Signature

Date

Therapy Supervisor's Signature

Date

Assessment Supervisor's Signature

Date

APPENDIX C: SAMPLE INDIVIDUALIZED TRAINING PLAN (ITP)

The Individualized Training Plan (ITP) is to be completed by both the intern and their primary supervisor every three months during the training year. In addition, supervisors will be sent electronic evaluations to assess each intern's performance and progress in learning goals.

Instructions:

Interns work to increase their competencies in all required areas, as described in the Program Handbook. Specific competencies and how they are met will vary based on intern needs, clinical activities, didactic activities, and independent activities.

While all competencies are addressed in the training program, each intern also enters the program with specific learning goals, and the primary supervisor also has goals in mind for the assigned interns' professional development. At the start of the training year, each intern will develop, with their primary supervisor, an Individualized Training Plan that contains measurable learning objectives in the program competency areas. The intern will set Training Goals that cover the main areas of learning that the intern and the supervisor prioritize. For each goal area, the intern will develop measurable learning objectives that will demonstrate achievement of the goal. For each objective, the intern will develop a training plan consisting of activities that fulfill each step along with timeline and evaluation criteria for each.

The evaluation of each intern's progress will be driven by those individualized objectives and assessment criteria as documented in each Individualized Training Plan and by the program requirements as stated above and in the Program Handbook. All interns are expected to present projects or findings at meetings, to participate in the various clinical and didactic training experiences, to meet regularly with their supervisors, and to actively participate in all activities.

MIND Institute Doctoral Internship Program Individualized Training Plan

*Refer to the CPTP/LEND ITP Instructions for training activity-competency crosswalks.
Additional training goals can be added as appropriate.*

Intern Name: _____

Today's Date: _____

Primary Supervisor: _____

ITP Revision Dates: _____

Clinical Placements / Supervisor:

1. _____
2. _____
3. _____
4. _____
5. _____

CPTP Clinical Research Placement / Supervisor:

1. _____

LEND Community Placement(s) / Supervisor:

1. _____
2. _____

Training Goal 1: _____

| Training objectives | Competency addressed | | Plan/activities/steps for each objective <i>(add rows as needed)</i> | Estimated time (hrs) to be spent | Supervisor/ Mentor | Date for completion | Evaluation criteria |
|---------------------|----------------------|------|--|----------------------------------|--------------------|---------------------|---------------------|
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |

Training Goal 2: _____

| Training objectives | Competency addressed | | Plan/activities/steps for each objective <i>(add rows as needed)</i> | Estimated time (hrs) to be spent | Supervisor/ Mentor | Date for completion | Evaluation criteria |
|---------------------|----------------------|------|--|----------------------------------|--------------------|---------------------|---------------------|
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |

Training Goal 3: _____

| Training objectives | Competency addressed | | Plan/activities/steps for each objective <i>(add rows as needed)</i> | Estimated time (hrs) to be spent | Supervisor/ Mentor | Date for completion | Evaluation criteria |
|---------------------|----------------------|------|--|----------------------------------|--------------------|---------------------|---------------------|
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |

Training Goal 4: _____

| Training objectives | Competency addressed | | Plan/activities/steps for each objective <i>(add rows as needed)</i> | Estimated time (hrs) to be spent | Supervisor/ Mentor | Date for completion | Evaluation criteria |
|---------------------|----------------------|------|--|----------------------------------|--------------------|---------------------|---------------------|
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |
| | LEND | CPTP | | | | | |

APPENDIX D: TIME AWAY REQUEST FORM
CLINICAL PSYCHOLOGY TRAINING PROGRAM

NAME: _____

DATE: _____

VACATION REQUEST:

Date(s): FROM: _____ TO: _____

Date(s): FROM: _____ TO: _____

Comments: _____

Clinical sites and responsibilities:

Signature of supervisor(s) providing coverage:

SICK LEAVE TAKEN: (sick leave may be used for doctor appointments; submit in advance)

Date(s)/hours away: _____

Employee Date

Supervisor Date

cc: Kori Feinstein, HR manager: Fax – 916- 734-3384 or email: kafeinstein@ucdavis.edu
Clinical Site Training Director

APPENDIX E: ACKNOWLEDGMENT OF RECEIPT OF DOCTORAL INTERNSHIP TRAINING HANDBOOK

By signing below, I acknowledge the following:

- a) The Training Director reviewed the Training Handbook with me on _____ (date).
- b) A paper or electronic copy of the Training Handbook has been made available to me to keep in my files. I can also access the Training Handbook on the MIND Institute website. <https://health.ucdavis.edu/mindinstitute/education/psychology-training-program/index.html>
- c) I have been given opportunities to ask questions and have these questions answered by the Training Director. I have been encouraged to ask questions or seek clarification on any information delineated in the Training Handbook at any point during the training year.
- d) I have read the Training Handbook and understand the philosophy, aims, expected competencies of the training program, and requirements to complete the program.
- e) I acknowledge that I have received and read the Due Process and Grievance procedures which are included in the Training Handbook and agree to abide by these policies and procedures.

After carefully reading the Training Handbook and this form, sign this acknowledgement page and return to the Training Director. Please discuss any questions or concerns you have regarding the information contained in the Handbook with the Training Director before signing this acknowledgement.

Print Name: _____

Sign: _____

Date: _____