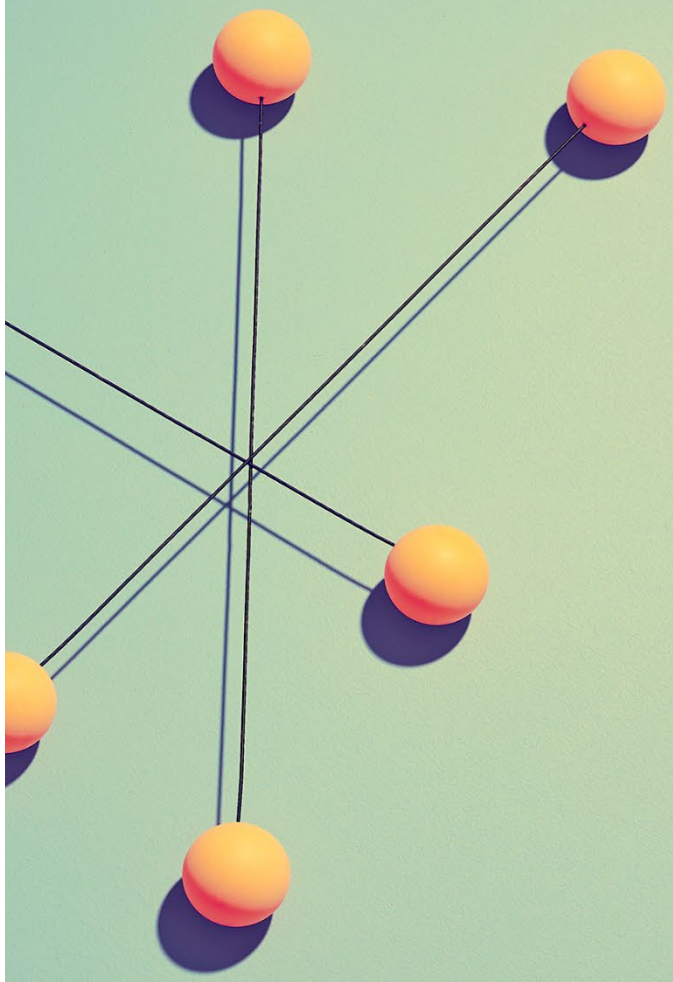
Internship Handbook

APA-Accredited Clinical Psychology Internship Program

Child Abuse Track (CAARE)
Child Maltreatment & Neurodevelopment Track (CMN)
Juvenile Justice Forensic Psychology Track (JJFP)



2026-2027

UC Davis CAARE Diagnostic & Treatment Center

UC DAVIS HEALTH | CHILDREN'S HOSPITAL
CAARE Center

BEST HOSPITALS
U.S.News & WORLD REPORT
RANKED IN 6 SPECIALTIES
2025-2026

Table of Contents

General Overview 3
UC Davis's Principles of Community 4
Internship Setting 5
Training Program Description 8
Appointment, Stipend, and Benefits 9
Eligibility, Recruitment, and Selection Procedures 11
Child Abuse (CAARE Center only) Track 13
Child Maltreatment and Neurodevelopment Track (CMN) Track 16
Juvenile Justice & Forensic Psychology (JJFP) Track 20
Additional Information for EBPs 23
Training Staff 24
Selected Staff Publications 27
Appendix A Procedures 28
Appendix B Procedures 34
Appendix C Procedures 35

General Overview

The Clinical Psychology Training Program offers a one-year APA accredited internship opportunity for students who have attended APA-accredited clinical, counseling and/or school psychology programs. The training program, which subscribes to a practitioner-scholar model, emphasizes knowledge of current research to guide assessment and intervention. Psychology interns develop competency in empirically supported treatments and make presentations on current research. The clinical psychology training program is a challenging and dynamic internship program with the goal of training ethical and competent future psychologists in the field of clinical psychology and child maltreatment who will contribute both to the welfare of society and to the profession.

For the 2026-2027 training year, there will be three separate training opportunities. Interested applicants can only apply to one Internship track. When applying, applicants should consider which Internship track best matches their previous experiences as well as future professional goals. Given the distinct track focus, we will not review any applications that are applying for more than one track.

Child Abuse Internship (CAARE Center only track – 5 positions)

Psychology interns can receive training and supervised experience in Parent-Child Interaction Therapy (PCIT) or Parent Child-CARE (PC-CARE), Trauma-Focused Cognitive Behavior Therapy (TF-CBT), psychological evaluations, child welfare evaluations, Infant Mental Health Therapy, intake assessments, individual and/or group therapy, and consultation to local agencies. There is also an opportunity to participate in Dialectical Behavioral Therapy (DBT) services and team meetings for those applicants who have participated on a DBT Team previously. Most CAARE Center clients range in age from 2 to 18 years, although adults are seen for family treatment, individual therapy, and evaluations. Location: CAARE Center

Child Maltreatment and Neurodevelopment Track (CMN track- 2 position)

Psychology interns in this track will receive training in infant mental health treatment with children ages 0 to 5 and their families and neurodevelopmental psychological assessments of infants and young children. Trainees will spend 50% of their time at the CAARE Center and 50% within Developmental and Behavioral Pediatrics at the MIND Institute. Interns will be provided training in one empirically based treatment approach, Parent-Child Interaction Therapy (PCIT) or Parent Child-CARE (PC-CARE) at the CAARE Center. In addition, they will be trained to conduct evidence based, neurodevelopmental evaluations with a focus on identifying developmental delay and autism spectrum disorder in young children. There is strong emphasis in working with under-resourced families and family centered care at both sites. Location: CAARE Center and MIND Institute

Juvenile Justice Forensic Psychology Internship (JJFP track- 1 position)

Psychology interns in this track will receive training in assessment and treatment of juvenile justice involved youth. Trainees will spend 50% of their time at the CAARE Center and 50% within the Sacramento County Probation Department Youth Detention Facility. Interns will be provided training in one empirically based approach, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). Other modalities such as Harm Reduction and Motivational Interviewing can be offered. In addition, they will be trained to conduct evidence based forensic evaluations (i.e., competency evaluation; juvenile sex offender evaluations; child welfare evaluations). Location: CAARE Center and Sacramento County Probation Youth Detention Facility.

UC DAVIS'S PRINCIPLES OF COMMUNITY

Prologue:

UC Davis is a diverse community comprised of individuals having many perspectives and identities. We come from a multitude of backgrounds and experiences, with distinct needs and goals. We recognize that to create an inclusive and intellectually vibrant community, we must understand and value both our individual differences and our common ground. The UC Davis Principles of Community is an aspirational statement that embodies this commitment and reflects the ideals we seek to uphold.

Principles of Community:

The University of California, Davis, is first and foremost an institution of learning, teaching, research and public service. UC Davis reflects and is committed to serving the needs of a global society comprising all people and a multiplicity of identities. The university expects that every member of our community acknowledges, values, and practices the following guiding principles.

We affirm the dignity inherent in all of us, and we strive to maintain a climate of equity and justice demonstrated by respect for one another. We acknowledge that our society carries within it historical and deep-rooted injustices and biases. Therefore, we endeavor to foster mutual understanding and respect among the many parts of our whole.

We affirm the right of freedom of expression within our community. We affirm our commitment to non-violent exchange and the highest standards of conduct and decency toward all. Within this context we reject violence in all forms. We promote open expression of our individuality and our diversity within the bounds of courtesy, sensitivity and respect. We further recognize the right of every individual to think, speak, express and debate any idea limited only by university regulations governing time, place and manner.

We confront and reject all manifestations of discrimination, including those based on race, ethnicity, gender and gender expression, age, visible and non-visible disability, nationality, sexual orientation, citizenship status, veteran status, religious/non-religious, spiritual, or political beliefs, socio-economic class, status within or outside the university, or any of the other differences among people which have been excuses for misunderstanding, dissension or hatred. We recognize and cherish the richness contributed to our lives by our diversity. We take pride in all our achievements, and we celebrate our differences.

We recognize that each of us has an obligation to the UC Davis community of which we have chosen to be a part. We will strive to build and maintain a culture and climate based on mutual respect and caring.

UC Davis Health and CAARE Center also recognizes the impact of systemic, cultural, social and economic factors on our clients and their families and values the diverse identities that build and enrich our clinic and hospital. We value the diversity and intersectionality of the clients and families served, and the importance of hiring professionals that share these identities. We endeavor to foster mutual understanding and respect among the many parts of our whole and therefore are committed to outreaching and welcoming interns and staff from varied backgrounds who share our values on diversity, equity, and inclusion.

INTERNSHIP SETTING

The University and the Medical Center

The University of California, Davis is one of ten University of California campuses. The UC Davis Medical Center is an integrated, academic health system encompassing a 530-bed acute care hospital, ambulatory care clinics, and an 800-member physician group. The Medical Center is one of five University of California teaching hospitals and is consistently ranked among the top ten medical schools and the top fifty hospitals in the country. The health system cares for approximately 9,000 adults and children each year and provides more charity care than any other hospital in the region. As the primary clinical education site for the School of Medicine and the only area provider of many medical services, the medical center plays an important part in the health and well-being of Northern California and has a major economic impact in the area.

The Department of Pediatrics, now over 40 years in existence, is rapidly growing, with more than 85 faculty members representing 12 areas of clinical, teaching and research expertise. We comprise part of the UC Davis Medical Center's faculty and help to staff the 120 bed non-freestanding UC Davis Children's Hospital. The Department has an innovative Pediatric Residency Program, three ACGME-approved fellowships and also is heavily involved in primary care education for our UC Davis medical students and for health-care providers in our community.

UC Davis CAARE Center

The Child and Adolescent Abuse, Resource, Evaluation Diagnostic and Treatment Center (CAARE Center) is an integral part of the Department of Pediatrics of the University of California, Davis Children's Hospital and School of Medicine. The mission of the CAARE Center is to provide superior clinical services to children and families, engage in clinical research, and provide training in the areas of child maltreatment and family violence. Training clinical psychology interns, postdoctoral fellows, and other health professionals has been a longstanding priority. The CAARE Center has been recognized at the local and national levels as a model program for the evaluation and treatment of child maltreatment. The CAARE Center falls under the auspices of UC Davis Children's Hospital, and is located near the main hospital in Sacramento, CA.

For over 26 plus years, the CAARE Center has been committed to offering high quality psychological treatment for abused and neglected children. Approximately 35% of clients are African American, 33% European American, 25% Hispanic, and 7% other ethnicities. Although presenting problems typically include a history of abuse, neglect and/or exposure to domestic violence, there is a broad range of presenting diagnoses in both children and parents, including mood disorders, anxiety disorders, adjustment disorders, disruptive behavior disorders, substance dependence, and personality disorders. The CAARE Center specializes in the use and dissemination of evidence-based treatments for childhood trauma, including Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Dialectical Behavior Therapy (DBT), and Parent-Child Care (PC-CARE). THE CAARE Center also provides services for clients with chronic suicidality, disordered eating, and substance misuse. Psychologists in the evaluation program conduct comprehensive psychological evaluations for children, child welfare evaluations of parenting ability, bonding evaluations, juvenile competency evaluations, juvenile sexual offender evaluations, and civil evaluations, as well as serve as expert witnesses in child abuse cases.

Ongoing research and training projects at the CAARE Center include a state funded project to provide crisis intervention and stabilization services for child victims of trauma, a California Emergency Management Agency (CalEMA) grant to develop and coordinate a Trauma-Focused Cognitive Behavior Therapy program, and grants to provide training and consultation for various treatments. In addition, through the years the CAARE Center has received a DOJ grant to provide services for youth at risk or with a history of sexual exploitation and to provide training for professionals who work with these youth, a National Child Traumatic Stress Network (NCTSN) grant to provide services to stabilize foster placements for children aged 1-5 years, a California Office of Emergency Services (CalOES) grant to provide services for children experiencing homelessness, and a CalOES grant to provide services to pregnant and parenting teens. More recently, the CAARE Center along with UC Davis Health ER Department were awarded funding to create a Trauma Recovery Center. The CAARE Center has also developed several new treatment programs, one for eating disorders and the other for substance misuse. Current research focus at the CAARE Center includes mechanisms related to PCIT effectiveness, the relation of trauma exposure and parent-child interactions, and the effectiveness of PC-CARE in various populations.

UC Davis Developmental and Behavioral Pediatrics (DBP)-MIND Institute

This training program is administered through the Department of Pediatrics. The DBP faculty and fellows are all housed at the UC Davis MIND (Medical Investigation of Neurodevelopmental Disorders) Institute, located at 2825 50th Street, Sacramento, CA. Additional resources for the program are provided by the UC Davis Center for Excellence in Developmental Disabilities. The department is clinically very active, caring for patients from not only our immediate area but from all over northern California, western Nevada and southern Oregon.

The MIND Institute is a collaborative, interdisciplinary biomedical research and clinical services center founded at UC Davis in 1998 by parents of individuals with an autism spectrum disorder (ASD). The Institute is dedicated to understanding the causes and consequences of ASD and other neurodevelopmental disorders and to the development of prevention programs, treatments, and cures for these disorders. The faculty includes basic and clinical scientists, physicians, and educators in fields as diverse as molecular genetics, psychiatry, immunology, pediatrics, neuropathology, psychology, neurology, neuroscience, toxicology, epidemiology, and education. The Institute staff also includes a highly skilled and dedicated cadre of personnel who provide research, clinical, and administrative support.

The Institute is housed in a two-building complex (100,000+ square feet) on the UC Davis Medical Center campus. The complex includes research laboratories for human neuroscience and basic science studies, pediatric clinics, faculty and staff offices, a public resource center, conference rooms, and an auditorium.

The main building is over 75,000 square feet and includes behavioral research laboratories, the Massie Family Diagnostic Clinic, academic offices, and meeting/conference facilities. The behavioral research laboratories and diagnostic clinic rooms are on the first floor and consist of specially designed examination rooms which are equipped with one-way observation windows and state-of-the-art video imaging and recording systems. The waiting areas are equipped with televisions, play equipment, and aquariums to keep children relaxed and occupied. A secure outdoor playground also is available, both for family respite and play, as well as for research-based observation and video recording. Offices and other spaces for academic, administrative, and support personnel are on the second floor. Common spaces include a resource center, a café, conference rooms, and a common entrance and open two-story atrium, all of which promote interactions among occupants, families, and visitors.

The trainees enrolled in the program will have access to a shared office on the second floor of the main building of the MIND Institute complex, work with other postdoctoral trainees participating in the Autism Research Training Program, and who are affiliated with other MIND laboratories and funded by other mechanisms. This allows for interaction across the rich and diverse programs of the Institute.

Sacramento County Probation Department-Youth Detention Facility

Sacramento County Youth Detention Facility provides a safe and secure environment for youth prior to Court as well as provides educational and vocational activities promoting the health and well-being of the youth served; encourages law-abiding behavior; teaches individual accountability for one's choices; and models pro-social behaviors for residents. Intern accepted into the JJFP track will have a shared office space at the youth detention facility for use as needed. Most of the youth are male (approximately 70%) and most of the youth are youth of color (over 75%).

The Sacramento Community

Sacramento, California's capital, is a relaxed, tree-filled suburban city which offers a variety of interesting and distinct activities. With a population of approximately 1.8 million, the Sacramento area provides multiple opportunities for historical, cultural, and recreational outings. Sacramento's rich historical heritage, revitalized in Old Sacramento, includes the Gold Rush era, as well as pioneering work in the mine and railroad industries. Culturally, Sacramentans enjoy theater, art museums, concerts, dance, restaurants, and the UC Davis Mondavi Center for the Performing Arts. Hiking, cycling, boating, swimming, and other outdoor activities are readily enjoyed in this area of numerous parks, open spaces, two major rivers, and a lake. Professional sports teams, including the Kings (basketball) and River Cats (baseball), call Sacramento home. It is this wealth of activities that contributed to *Newsweek* magazine naming Sacramento one of the ten best cities in the United States. In addition, Sacramento's rich ethnic and cultural diversity earned it *Time* magazine's "Most Diverse City" designation several years ago.

Sacramento is conveniently located near several of Northern California's other beautiful areas. San Francisco is approximately 1½ hours southwest of Sacramento. The Napa and Sonoma Wine Country is within an hour's drive northwest, and Lake Tahoe is approximately 1½ hours northeast of the Capital City.

TRAINING PROGRAM DESCRIPTION

Overview

The University of California, Davis CAARE Center Clinical Psychology Training Program offers a one-year full-time clinical psychology internship opportunity for students who have attended APA-accredited clinical, counseling, or school psychology programs. The Training Program, which subscribes to a practitioner-scholar model, emphasizes knowledge of current research to guide assessment and intervention. Psychology interns develop competency in empirically supported treatments and make presentations on current research. The Clinical Psychology Training Program is a challenging and dynamic internship program with the goal of training ethical and competent future psychologists in the field of clinical who will contribute both to the welfare of society and to the profession. The three internship tracks emphasize specializations in child maltreatment (Child Abuse Track), developmental disabilities (CMN Track) and Juvenile Justice (JJFP).

Accreditation

The Clinical Psychology Internship program is APA-accredited. Any questions about accreditation may be addressed to: Office of Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002. Telephone: (202) 336-5979.

Intern Performance Evaluations

At the beginning of the internship year, interns complete a self-assessment of their experience relative to training objectives of the internship. This helps focus the intern and supervisor on the intern's needs. Progress is monitored throughout the internship period. At the end of four months, eight months and 12 months, verbal and written feedback regarding the intern's performance is provided by the primary supervisor and/or secondary supervisor. These performance evaluations are used to communicate an assessment of the intern's progress. Evaluation of interns' performance is based upon direct observation throughout the training year. At the end of the internship year, formal summative feedback is given to the intern and sent to their Training Director. By the end of the year, an intern must obtain a minimal level of achievement (a 4) on the overall Professional Wide Competencies. Serious concerns regarding an intern's performance will be addressed through due process procedures (see Appendix A).

Grievance Procedures

Interns are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary supervisor first and resolve concerns informally. Formal procedures are described in Appendix A.

APPOINTMENT, STIPEND, AND BENEFITS

Appointment

Five applicants are typically accepted per year for the Child Abuse track, two applicants for the CMN track, and one applicant for the JJFP track. The internship typically begins July 1st and concludes June 30th the following year. This is a full-time, 40-45 hours per week appointment. Clinical moonlighting is not permitted.

Stipend

The current stipend for the 2025-2026 training year is $24/hr for all tracks at this time.

Benefits

Approximately 20 vacation days, four Education Days, all federal holidays, and 12 days of extended sick leave are offered for all interns. UC Davis also offers low-cost competitive medical, dental, vision, and retirement benefits. There is also legal insurance and disability/life benefits at a low cost. Interns also have the opportunity to attend free training in PCIT or PC-CARE and usually qualify for UC Davis PCIT or PC-CARE therapist certification by the end of the year (**CAARE Center and CMN Tracks only**). CAARE Only and JJFP interns have the opportunity to attend a free TF-CBT training with a Nationally Certified TF-CBT trainer and complete many steps toward National TF-CBT certification following the internship year (webcourse, introductory training, consultation calls). Additionally, interns are provided with workspace, a personal computer, voicemail and email, administrative assistance, and full access to the University of California, Davis libraries and associated services.

Pregnancy/Parental Disability Leave

All Interns are eligible for:

- Pay for Family Care and Bonding (PFCB) - https://ucnet.universityofcalifornia.edu/compensation-and-benefits/other-benefits/pay-for-family-care-bonding.html
- Short-Term Disability (STD): https://www.ucresidentbenefits.com/financial-benefits/disability-insurance/; the current flyer is also attached.
- Pregnancy Disability Leave (PDL): The timeframe a person is written out from work due to being disabled due to pregnancy. This is typically 6-8 weeks; however, it can vary based on the treating physician's assessment.

Interns who have worked for 12 months and 1250 hours are also eligible for:

- Family Medical Leave (FMLA) and California Family Rights Act (CFRA). FML/CFRA are not paid leave; however, they are job protection entitlements; https://www.ucop.edu/local-human-resources/op-life/leaves-of-absence/family-medical-leave-fml.html

Please note that all interns have 20 vacation and 12 sick days each academic year to use for compensation for any time frame, excluding while on an approved STD block. While on a STD block, interns will be placed on leave without pay status in Ecotime (managed by timekeeper) and UC Path.

Other Supportive Resources

Interns have access to mental health services through Academic and Staff Assistance Program (ASAP). All interns attend a year-long didactic on Compassion Fatigue, Secondary Trauma Stress and Vicarious Trauma for the purpose of providing support for our interns while they are providing services to our clients. Additionally, if an intern desires more support external from the CAARE Center, they may contact Employee Labor Relations (hr.ucdavis.edu/departments/elr/unit-assignments-health.com); UC Davis Harassment and Discrimination Assistance and Prevention Program (hdapp.ucdavis.edu); and UC Davis Ombudsman (ombuds.ucdavis.edu).

ELIGIBILITY, RECRUITMENT, AND SELECTION PROCEDURES

Eligibility Requirements

Applicants must be enrolled in a current APA-accredited doctoral program in clinical, counseling, and/or school psychology. Prior to the interview, applicants must have completed at least 3 years of graduate study, at least 600 hours of supervised practicum work (i.e., combined total for intervention and assessment), all doctoral course work as required and have an accepted dissertation proposal. The vast majority of applicants selected for the program have had practicum experience with children and adolescents.

Preferred Qualities

Applicants that tend to have the best fit have previous clinical experience (evaluations and therapy) with children and adolescents, and an interest in child maltreatment and/or trauma, as evidenced by research involvement or clinical training in this area. The University of California, Davis, and the CAARE Center 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.

Selection Process

Intern selection is made by a committee comprised of the Training Directors and internship training supervisors. Current interns also contribute to the application review and interview process, but they do not participate in the ranking of candidates. Applicants are rated on the basis of their clinical training (including assessment and psychotherapy), academic coursework, letters of recommendation, clinical and research interests, progress toward dissertation completion, and stated goals for internship. Candidates that hold interests and goals that most closely match the opportunities offered by our program are asked to participate in formal interviews. More recently we also include in the review of intern applicants, their cumulative life experiences outside of their academic history (e.g., relevant job and/or volunteer experiences); whether they are part of a HURM and/or an URM group; their linguistic capabilities; and related extracurricular activities (e.g., participation in community organization) with specific intent of interviewing applicants from less “traditional” graduate experiences.

All applicants are notified of their status no later than **December 15.** Based upon the success of the first virtual interview process for the 21-22 Training Year, we decided that the interview process will be conducted virtually going forward. In addition to receiving very positive feedback on the virtual interview process for the 21-22 and 22-23 internship cohorts, we know that having virtual interviews allows for more equitability among intern applicants who may not be able to afford to travel to multiple interview locations.

Highly ranked candidates are invited for virtual interviews with the Training Director, supervisors and other clinical staff. Candidates also have the opportunity to meet with current interns and post-doctoral fellows. For candidates being offered an interview and wish to see the facilities, a tour of the clinics can be arranged. Videos are provided to all applicants who are offered an interview. The videos include a virtual tour of the clinic, introductions from primary supervisors, and information about the UC Davis Health System and Sacramento region. These videos are very helpful for both the program and the applicants to determine whether the program is appropriate for them. Interviews generally take place during the first three weeks of January.

The training program follows the Association of Psychology Postdoctoral and Internship Centers' (APPIC) policies regarding internship offers and acceptances. Interns are instructed that the internship program agrees to abide by APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant and are told that if they encounter violations of APPIC policy to discuss it with the Training Directors and report the violation to *APPIC Standards and Review Committee, 733 15th Street NW, Washington, CA 20005, phone (202) 347-0022.*

Nondiscrimination Policy

The University of California prohibits discrimination against or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized).

The University of California, Davis, and the CAARE Center 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.

The program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the California Association of Psychology Internship Council (CAPIC).

APPLICATION PROCEDURES

Please submit only the APPI online application located on the APPIC website (www.appic.org). Follow the directions on the APPIC website for submitting your application. Our application deadline is ***November 1st.***

The online application should include the following:

- ✓ Cover letter
- ✓ APPI application
- ✓ Curriculum vitae
- ✓ Three letters of recommendation
- ✓ Official graduate transcripts

No supplemental application materials are required.

DEADLINE: Our application deadline is November 1st

CHILD ABUSE (CAARE CENTER ONLY) TRACK

TRAINING AIMS AND COMPETENCIES

Overview

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical experience, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center fosters the development of skills and a maturing professional identity.

Aims

Over the course of the one-year program, it is expected that interns will develop the following competencies:

1. Become proficient in conducting intake assessments, making diagnoses, developing treatment plans, and conducting individual therapy for children, adolescents, and caregivers with a history of maltreatment.
2. Become proficient in administering, scoring, and interpreting psychological tests and writing comprehensive evaluation reports.
3. Develop cultural competency in assessing and treating a multicultural population.
4. Demonstrate the knowledge and skills needed to conduct two empirically supported treatments (i.e., Parent-Child Interaction Therapy or Parent-Child CARE and Trauma-Focused Cognitive-Behavioral Therapy) competently.
5. Use knowledge of current research in the areas of intervention, assessment, and child maltreatment to guide assessment and treatment.
6. Develop and refine skills in consulting with school and other systems involved in client's life.
7. Develop ability to provide clinical case management as appropriate.
8. Make a professional and scientific presentation of a specific case or topic and integrate research into case presentations.
9. Work collaboratively as part of a multidisciplinary team of medical and mental health professionals.
10. Become knowledgeable on issues concerning professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.
11. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

General Training Duties

1. Interns will have approximately 17 hours of client contact per week comprised as follows:
    a. 10-12 individual therapy clients, 5 of which include designated TF-CBT cases
    b. 4 Parent-Child Interaction Therapy or Parent-Child CARE cases
    c. 1 psychological evaluation or child welfare evaluation
    d. Infant Mental Health Cases (if interested)

2. Interns will be responsible for conducting intake assessments.

3. Interns will participate in supervision, trainings, and meetings as follows:
    a. 1 hour of one-on-one PCIT or PC-CARE supervision per week;
    b. Weekly training in PC-CARE or

c. Live supervision of PCIT 2-4 Hours per week during client time;
d. 1 hour of TF-CBT supervision per week;
e. Live supervision (through video and one-way mirrors) as part of TF-CBT seminar;
f. 3 hours of didactic seminars per week;
g. General all-staff meetings twice per month;
h. 1 hour Training Directors' meeting monthly or more if needed;
i. Weekly supervision for evaluations, including live supervision and one-on-one supervision;
j. Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.

4. Interns will be responsible for completing all required clinical documentation (e.g., treatment plans, progress notes, discharge summaries) in a timely manner consistent with both professional expectations and specific county guidelines.

5. Interns will have the opportunity to attend the School of Medicine Grand Rounds, and other training activities.

MENTORING, SUPERVISION AND TRAINING

The Clinical Psychology Training Program provides a strong supervisory system to ensure that interns obtain individualized attention as they pursue their clinical training at the CAARE Center. In general, trainees participate in two hours of individual supervision and approximately two hours of live supervision a week. The use of "live" supervision is an integral part of training using observation mirrors, videotaping of treatment sessions and assessment interviews, and co-facilitation of treatment and assessment for all treatment programs. Opportunities for case and topic presentations occur in seminars and group supervision.

A strength of the Training Program is the mentoring and supervision provided by Training Supervisors. As the number of interns from diverse backgrounds (both visible and invisible) increases in our program, we are making a concerted effort to do our best to provide mentoring that recognizes the uniqueness that each intern possesses in terms of diversity and/or other differences including interns who are from the LGBTQ community and/or another minority group within the field of psychology. Our supervisors are instructed to discuss differences in identity explicitly and explore when relevant the relationship between supervisor and intern and for professional development issues. Part of the mentoring provided by supervisors includes encouraging self-advocacy for the interns (e.g., self-promotion, building confidence, navigating conversations with others about different identity or identities). Additionally, there may be a need for obtaining additional resources for interns through internal (other Departments/Sections within the Health System) and external (e.g., APA Mentoring Program-Disability/LGBTQ; Association of Black Psychologists). Evaluation of the mentoring for interns will be ongoing through direct feedback from interns.

Individual Supervision

Two hours of individual supervision are provided, one hour devoted to TF-CBT cases, and the other hour devoted to PCIT or PC-CARE cases. Other individual therapy cases are discussed during these supervision meetings as well. Multiple psychologists supervise evaluations, and the primary supervisor rotates with each case. Supervision is provided weekly for evaluations and often involves live supervision, approximately one hour a week. When a case (therapy or evaluation) is assigned, the intern should consult with the supervisor about procedures and relevant information.

Didactic and Clinical Presentations

Several required didactic trainings are conducted on a regular basis throughout the training year. These are in seminar/didactic format for the following topics:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Psychological Evaluation/Child Welfare Evaluations
- Parent-Child Interaction Therapy
- Trauma-Focused Cognitive-Behavioral Therapy
- Cultural Case Conceptualization Group Supervision
- PC-CARE
- Awareness & Management of Compassion Fatigue, Secondary Traumatic Stress and Vicarious Trauma

Training Directors' Meeting and Professional Development Seminar
This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. Professional development topics include: professional identity, preparing for EPPP/licensure, salary negotiation, etc. The meeting is conducted on a monthly basis or more as needed.

Other Training Opportunities
Interns have the opportunity to attend Pediatrics and Psychiatry Grand Rounds offered through the Medical Center and other trainings. Release time for attending other professional conferences may be arranged with the Training Directors and primary supervisor.

Anti-Racisim & Diversity, Equity, and Inclusion (DEI) Training Committee Participation
The overall mission of the AR/DEI Training committee is to promote diversity, inclusion, and equity among staff, trainees, and clients at the CAARE Center. The AR/DEI is staff-led and any CAARE Center staff or trainee, including interns, are welcome to join. The committee meets quarterly. The AR/DEI training focus is providing relevant trainings. In the past, an AR/DEI Committee has only focused on meaningful and sustainable changes. The current long term goals include: 1. Establish the CAARE Center as a culturally responsive organization within our larger community; 2. Increase recruitment, promotion, and retention of underrepresented minorities at the CAARE Center; and 3. Promote a diverse, inclusive, culturally responsive, anti-racist, equity/ social justice oriented atmosphere at the CAARE Center for staff and clients the creation of a resource folder on racism and racial trauma; initial revision of the internship and staff hiring process; and participation in the Sacramento County Behavioral Health Racial Equity Collaborative including the creation of a racial equity action plan.

Post-Doctoral Opportunities
In addition to psychology internship training, there are postdoctoral positions available every year. The Training Directors and supervisors provide significant support to interns related to postdoctoral career opportunities. Former interns have obtained Postdoctoral positions at a variety of places including Stanford University School of Medical; University of Washington; Child Advocacy Center-Austin, Texas; MIND Institute; Central Florida University; University of Oklahoma Health Sciences, and the CARES Institute.

CHILD MALTREATMENT AND NEURODEVELOPMENT TRACK (CMN) TRACK

TRAINING AIM AND COMPETENCIES

Overview

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical experience with children primarily between the ages of 0 to 5-years and their families, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center and Developmental and Behavioral Pediatrics fosters the development of skills and a maturing professional identity.

AIMS

Over the course of the one-year program, it is expected that interns will develop the following competencies:

1. Become proficient in conducting intake assessments, diagnostic evaluations, and developing treatment plans that include evidence-based treatments.

2. Conduct evidence-based evaluations for autism spectrum disorder and learn best practice evaluation methods for diagnosing neurodevelopmental disorders with young children.

3. Use an integrative approach to conceptualize complex cases and provide evidence-based recommendations.

4. Independently write comprehensive and objective diagnostic evaluation reports and discuss feedback regarding diagnoses and recommendations to families.

5. Conduct Parent Child Interaction Therapy (PCIT) or PC-CARE with parent-child dyads. Develop flexibility in using evidenced based intervention (PCIT/PC-CARE) with children having comorbid conditions, such as neurodevelopmental disorder, behavioral/mental health concerns, and/or medical conditions.

6. Solidify understanding of early child development and differentiate between typical vs. atypical developmental symptoms within the diagnostic process using the DSM-V.

7. Further understanding of developmental disabilities and patient advocacy.

8. Develop culturally sensitive and family centered care competencies in assessing and treating a multicultural population.

9. Work collaboratively as part of a multidisciplinary team of medical, mental health, speech language pathology, and other professionals on assessments, case conferences, and in didactics. Use knowledge of current research in the areas of intervention, assessment, development, and trauma and expand this knowledge to guide assessment and treatment.

10. Develop and refine skills in consulting with schools, Regional Centers, and other systems involved in client's life.

11. Develop ability to provide clinical case management as appropriate.

12. Learn to communicate research and clinical knowledge with professionals and families through professional and scientific presentations of a specific case or topic and presentations on research-based topics in didactics and journal clubs.

13. Become knowledgeable on issues relevant to professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.

14. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

General Training Duties

Interns will divide clinical training responsibilities with 20 hours at the CAARE Center and 20 hours at the MIND Institute with DBP:

DBP-MIND Responsibilities:

- Child Development Clinics: Diagnostic Evaluations
    - Regional Center Clinic: For ½ a day per week the intern will observe and eventually independently conduct best practice diagnostic evaluations with children up to 5-years of age through an ongoing Regional Center contract. These evaluations are for children with referral questions of ASD and/or global developmental delay are conducted with a speech language postdoc and psychology supervisor. The intern will score results, deliver feedback to families, and write comprehensive report of findings and recommendations.
    - LEND Interdisciplinary/Child Development Clinic: For ½ a day per week the intern will participate in LEND Interdisciplinary Evaluation clinic or other neurodevelopmental assessment clinic if they are available when these occur. These evaluations are for medically complex children with referral questions of autism, global developmental delay, and other neuropsychological, mental and physical health concerns.
- Baby Steps NICU Follow-up Clinic: For ½ a day per week the intern will participate in this clinic to conduct developmental assessments in a High-Risk Infant Follow Up (HRIF) clinic within an interdisciplinary setting, write and contribute to team report, and provide feedback and recommendations to families.
- 22q11.2 Deletion Syndrome Clinic: Once a month, the intern may provide developmental assessments for a child diagnosed with 22q11.2 Deletion Syndrome. Children within this clinic range in age from birth to 12-years old. The intern will participate in the intake assessment, evaluation, and complete scoring and report writing, as well as provide feedback to the family. They will also participate in interdisciplinary team evaluation with a Developmental Pediatrician on this day for this clinic.
- BRIDGE Clinic: Once a month, the intern may provide diagnostic assessments for toddlers ages 15-42 months referred to the MIND Institute due to concerns related to ASD. This is a multidisciplinary clinic that includes a developmental behavioral pediatrician, social worker, and psychologist. The goal is to provide fast and efficient diagnostic assessments and linkage to timely support services. The intern will administer and score results of testing, deliver feedback to families, and write up the results.

- *Additional options for training, time permitting and as available*:
    - Clinical opportunities: ADHD parent group, Social Skills Group
    - Leadership: Leadership Project (e.g., quality improvement study of a community or clinical program) that includes a presentation of project at the end of the year at LEND presentation

- Research: Research Project under the supervision of a researcher at the MIND Institute, that includes a presentation of project at the end of the year at LEND presentation

CAARE Center Responsibilities:

- Intake Assessments: Conduct intake assessments to determine appropriate treatment recommendation for young children and their families.
- Treatment: The intern will have approximately 10 contact hours per week comprised of the following: 4 PCIT/PC-CARE cases and 4-6 Infant Mental Health cases in clinic and/or home. It is anticipated that the intern will master delivery of PCIT/PC-CARE while also delivering this in a developmentally appropriate manner for use with young children having complex backgrounds and comorbid conditions.

Interns will participate in supervision, trainings, and meetings as follows:

DBP-MIND:

- Weekly DBP fundamentals course (e.g., topics include development, autism assessment, ADHD, Intellectual Disability, prematurity, sleep, feeding, enuresis, encopresis, sensory integration, motor coordination, anxiety, depression, case conceptualization, test administration, scoring tests, and report writing, resources for families).
- Complete UCEDD trainee modules as available
- Participate in LEND seminars as available
- 1 hour per week of individual supervision
- 2-4 Hours of Live supervision of assessments weekly
- Seminars:
    - 1.5 hours of Friday DBP Fundamentals seminars (4 times per month July to September; 2 times per month October to June)
    - 1 hour of monthly DBP Case based discussion
    - 1 hour of monthly DBP Journal Club
    - 1 hour of LEND Neurodevelopmental Disorders Seminar (12:30-1:30)
    - 1.5 hours per week of LEND Parent Coaching Seminar
    - **Optional:**
        - Other weekly LEND seminars (Leadership, Communication, J. Club)
        - Pediatric Grand Rounds (Fridays, 8-9)
        - MIND Institute Distinguished Lecture Series
        - MIND Institute Research Seminar Series
        - LEND Medium Term Meeting
- Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.

CAARE Center:

- General all-staff meetings twice per month through CAARE Center
- 1 hour Training Director's meeting monthly or more if needed at CAARE Center
- 1-2 Hour of weekly supervision for PCIT/PC-CARE cases through CAARE Center including live supervision
- 1 hour bimonthly Infant Mental Health consultations through CAARE Center
- 1 hour Parent Child Interaction Therapy Didactic or PC-CARE Didactic month for the year through CAARE Center

Interns will be responsible for completing all required clinical documentation (e.g., evaluation reports, treatment plans, progress notes, discharge summaries) in a timely manner consistent with both professional expectations and specific county guidelines.

Interns will have the opportunity to attend the School of Medicine grand rounds, and other training activities.

SUPERVISION AND TRAINING

The Child Maltreatment & Neurodevelopment Internship will provide supervision to ensure that interns are prepared for more independent practice working with young children and families upon completion. Interns will participate in 1-hour of weekly 1:1 supervision through DBP as well as live and group supervision, and 1-hour of 1:1 weekly supervision at the CAARE Center with a licensed clinical psychologist. In addition, interns will participate in an Infant Mental Health consultation program weekly and receive feedback from other medical attendings who will supervise multidisciplinary clinic. The use of "live" supervision is an integral part of training through the use of observation mirrors, videotaping of assessment and treatment, and co-facilitation of assessment and treatment for all programs. Opportunities for topic and case presentations occur in seminars, staff meetings, and group supervision.

Individual Supervision

Two hours of individual supervision are provided per week, one hour devoted to PCIT/PC-CARE cases and the other hour devoted to assessment cases. When a case (therapy or evaluation) is assigned, the intern should consult with the supervisor about procedures and relevant information.

Group Supervision

Supervision is provided on a weekly basis for PCIT/PC-CARE, infant mental health clients, and evaluations.

Didactic and Clinical Presentations

Several required didactic trainings are conducted on a regular basis throughout the training year. These are:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Parent-Child Interaction Therapy/PC-CARE seminar
- Infant Mental Health Consultation
- DBP fundamentals presentations, J. Club discussions, and Case Based Discussions
- Hearts & MINDS meeting with topics related to neurodevelopment and related comorbidities
- MIND Institute Summer Institute
- Multi-cultural Issues in Trauma and Child Maltreatment meeting
- Secondary Traumatic Stress and Vicarious Trauma seminar

Training Directors' Meeting and Professional Development Seminar

This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. The meeting is conducted on a monthly basis with the Training Directors or more as needed.

Other Training Opportunities

Interns have the opportunity to attend Pediatrics and Psychiatry Grand Rounds offered through the Medical Center. Interns will also have the opportunity to attend the MIND Institute Distinguished Lecture series, NICU Developmental Care Rounds, and participate in the ADHD parent group. Release time for attending other professional conferences may be arranged with the Training Directors and primary supervisor.

JUVENILE JUSTICE & FORENSIC PSYCHOLOGY (JJFP) TRACK

TRAINING AIMS AND COMPETENCIES

Overview

The training year is viewed as an opportunity for interns to obtain extensive supervised clinical and assessment experience, while developing knowledge and attitudes that encourage a scientific approach to practice. The supportive, challenging atmosphere of the CAARE Center fosters the development of skills and a maturing professional identity.

AIMS

Over the course of the one-year program, it is expected that interns will develop the following competencies:

1. Become proficient in administering, scoring, and interpreting psychological tests and writing comprehensive evaluation reports, including child welfare evaluations, juvenile sex offenders risk assessments, and juvenile competency to stand trial evaluations.

2. Become proficient in conducting intake assessments, making diagnoses, developing treatment plans, and conducting individual and group therapy for children, adolescents, and caregivers with a history of trauma and/or juvenile justice involvement.

3. Advance cultural competency in assessing and treating a multicultural population.

4. Demonstrate the knowledge and skills needed to conduct one empirically supported treatment (i.e., Trauma-Focused Cognitive-Behavioral Therapy) competently.

5. Use knowledge of current research in the areas of intervention, assessment, forensic psychology, and child maltreatment to guide assessment and treatment.

6. Develop and refine skills in consulting with the court, juvenile hall, and other systems involved in client's life.

7. Develop ability to provide clinical case management as appropriate.

8. Make a professional and scientific presentation of a specific case or topic and integrate research into case presentations.

9. Work collaboratively as part of a multidisciplinary team of medical and mental health professionals.

10. Become knowledgeable on issues concerning professional psychologists such as reporting laws, confidentiality, ethics, consultation, and supervision.

11. Demonstrate an ability to be self-reflective and make a realistic assessment of strengths and weaknesses.

General Training Duties

1. Interns will have approximately 17 hours of client contact per week comprised as follows:
    a. 10-12 individual therapy clients, at least 2 of which include designated TF-CBT cases seen at the CAARE Center, and at least 5 of which are youth incarcerated in the youth detention facility;
    b. 2 forensic evaluations per month;
    c. 2 therapy groups that are part of Trauma Informed Unit Programming in YDF.

2. Interns will be responsible for conducting intake assessments.

3. Interns will participate in supervision, trainings, and meetings as follows:
    a. 1 hour of one-on-one supervision per week for juvenile hall cases and group;
    b. 1 hour of one-on-one supervision per week for therapy cases seen at the CAARE Center, focused primarily on TF-CBT;
    c. 2 hours of weekly supervision for evaluations, including live supervision and one-on-one supervision;
    d. Live supervision (through video and one-way mirrors) as part of TF-CBT seminar;
    e. 2 hours of didactic seminars per week;
    f. General all-staff meetings twice per month;
    g. 1 hour Training Directors' meeting twice per month for the year;
    h. Telesupervision is part of the Training Program to allow for flexibility with work schedules as well as ongoing health concerns. This type of supervision does not account for more than one hour of the minimum required by SoA.

4. Interns will be responsible for completing all required clinical documentation (e.g., treatment plans, progress notes, discharge summaries, court reports) in a timely manner consistent with both professional expectations and specific county guidelines.

5. Interns will have the opportunity to attend a sponsored 2-day TF-CBT training by a Nationally Certified TF-CBT Trainer, training on forensic specialty topics (i.e., expert testimony), School of Medicine Grand Rounds, and other training activities.

SUPERVISION AND TRAINING

The Clinical Psychology Training Program provides a strong supervisory system to ensure that interns obtain individualized attention as they pursue their clinical training at the CAARE Center and partnering organizations. In general, interns participate in two hours of individual supervision; approximately two to four hours of live supervision; and supervision on group services. The use of "live" supervision is an integral part of training through the use of observation mirrors, videotaping of treatment sessions and assessment interviews, and co-facilitation of treatment and assessment for all treatment programs. Opportunities for topic and case presentations occur in seminars, staff meetings, and group supervision.

Individual Supervision

Two hours of individual supervision are provided, one hour devoted to CAARE Center cases, and the other hour devoted to forensic evaluations and JTRC assessments and/or psychological evaluations. Evaluations also involve live supervision approximately 2 hours a week. When a case (therapy or evaluation) is assigned, the intern should consult with the supervisor about procedures and relevant information.

Didactic and Clinical Presentations
Several required didactic trainings are conducted on a regular basis throughout the training year. These are:

- Clinical staff presentations with topics related to the field of child maltreatment, psychopathology, and professional development
- Psychological Evaluation/Forensic Evaluation didactic
- Trauma-Focused Cognitive-Behavioral Therapy seminar
- Multi-cultural Issues in Trauma and Child Maltreatment meeting
- Secondary Traumatic Stress and Vicarious Trauma seminar
- Forensic specialty topics (primarily completed at the beginning of the training year, in collaboration with adjunct forensic faculty)

Training Directors' Meeting and Professional Development Seminar
This meeting provides interns an opportunity to share information and discuss problematic issues or general concerns about the internship experience. Professional development topics include: professional identity, preparing for EPPP/licensure, salary negotiation, etc. The meeting is conducted on a monthly basis.

Post-Doctoral Opportunities
In addition to psychology internship training, there are postdoctoral positions available every year. Former interns have obtained Postdoctoral positions are a variety of places including Colorado MH Institute at Pueblo, UCSF, and CAARE Center.

ADDITIONAL INFORMATION FOR EBPS

Parent-Child Interaction Therapy (PCIT) – Dawn Blacker, PhD, Coordinator; Alexa Chandler, PhD, Supervisor

PCIT is an empirically supported treatment designed to help both parents and children. The program works with caregivers and children together to improve the quality of the parent-child relationship and to teach parents the skills necessary to manage the child's behavior problems. Interns will follow PCIT cases with an experienced therapist and be responsible for four cases. Because interns are taught by an experienced therapist, direct/live supervision and feedback is ongoing. Interns may be eligible for PCIT therapist certification by the UC Davis Training Center at the end of internship.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) – Brandi Liles, PhD, Program Coordinator

TF-CBT is an empirically supported treatment developed for youth with post-traumatic stress disorder, or emotional or behavioral problems (e.g., depression, anxiety) related to traumatic life experiences. This therapy model is provided to children ages 3-18 years who have experienced physical abuse, sexual abuse, or other traumatic events (e.g., car accidents, witnessing violence). Treatment involves individual sessions with the child and parent as well as joint parent-child sessions. TF-CBT has been used effectively with children from all socioeconomic backgrounds, living in a variety of settings (e.g., parents, foster care, group home), and from diverse ethnic backgrounds. Interns will be responsible for seeing TF-CBT cases and implementing the entire TF-CBT protocol. To facilitate learning and comfort with the model, interns will be involved in case presentations/discussions and live supervision. Interns will likely meet training and clinical requirements for TF-CBT certification following their internship year.

Psychological Evaluations – Blake Carmichael, PhD, Coordinator

The Psychological Evaluation Program provides multiple evaluation services for children, adolescents, and families. Evaluations are referred from various entities in the child welfare system, including social workers, treatment providers, and attorneys. Many of the evaluation services are conducted for dependency, juvenile, and family court. Referral questions may include requests for differential diagnoses, developmental assessment, cognitive functioning, and treatment recommendations. Referring parties also ask for input about a child's placement needs. In addition, court ordered evaluations frequently assess the quality and nature of parent-child relationships. This information is used to help the court determine if reunification services are to be offered to a parent and/or if parental rights should be terminated.

Interns are responsible for conducting psychological evaluations throughout the year. Testing instruments include cognitive and objective personality tests. Behavioral checklists, school observations, and collateral contacts with caregivers are also utilized. Readings are provided in the areas of child development, child maltreatment, and measure administration and interpretation.

TRAINING STAFF

Chelsea M. Alcantara, Psy.D., Supervisor, CAARE Center
Dr. Chelsea Alcantara is a licensed clinical psychologist who specializes in trauma, infant and early childhood mental health, and relationship-based interventions. She obtained her Psy.D. in Clinical Psychology at Sacramento's California School of Professional Psychology, Alliant International University. She completed her postdoctoral fellowship in Denver, CO with the Irving Harris Program for Infant Mental Health and Child Development. She has background working in integrated care clinics, intensive outpatient programs, and underserved outpatient agencies providing CBT, ERP, and dyadic models to children and families. At the CAARE Center, she conducts psychological evaluations, provides individual and dyadic therapy to children and adolescents, including PC-CARE and TF-CBT, co-facilitates the Evidence-Based Diagnosis and Treatment Didactic, co-leads Infant Mental Health Meetings, and supervises psychology interns. She also provides trainings through UCD Continuing and Professional Education Department on trauma and mental health diagnoses for 0-5 year olds. Her work revolves around support and advocacy for early intervention and early caregiver relationships to set the foundation for functioning across the lifespan.

Tiffany Anderson, PhD, Supervisor, CAARE Center
Dr. Anderson is a licensed clinical and forensic psychologist in California and Washington. She is a graduate of Palo Alto University with an emphasis in forensic psychology and completed internship at the CAARE Center as the 2nd ever JJFP intern. Dr. Anderson's postdoctoral fellowship through the University of Washington centered on conducting both juvenile competency evaluations and research on youth with ASD in the justice system. At CAARE, Dr. Anderson provides training/supervision for individual therapy (TF-CBT) and evaluations concerning child welfare issues, juvenile competency to stand trial, and juvenile sex offense risk assessment. She is also an Associate Training Director. Dr. Anderson's primary interests include evidence-based and culturally informed forensic assessment, advocacy for minoritized and underserved populations, improving mental health and justice-related policies across system levels, and compassion fatigue resources for helping professionals within the justice system (e.g., law enforcement, probation officers).

Dawn M. Blacker, PhD, Director of Operations and Training, CAARE Center
Dr. Blacker graduated from the California School of Professional Psychology-Alameda in 1998. She currently serves as Training Director and conducts psychological evaluations, Parent-Child Interaction Therapy, TF-CBT and DBT. Dr. Blacker received postdoctoral training in developmental disabilities and psychological assessment. Current interests include treatment of child physical and sexual abuse, developmental assessment of maltreated children, complex trauma, implementation of EBT's, CSEC and early intervention. Theoretical orientation: Cognitive-behavioral and developmental.

Jonathan Bystrynski, PhD, Clinical Supervisor, MIND Institute
Jonathan Bystrynski, Ph.D. is a licensed clinical psychologist in the Developmental and Behavioral Pediatrics division at UC Davis Health. He provides developmental evaluations for children and adolescents, including in the 22q11.2 Healthy Minds Clinic, Baby Steps HRIF clinic, and the PEARS Clinic. He also offers trauma-focused cognitive behavioral therapy (TF-CBT) and other forms of trauma-responsive care for neurodivergent youth. He teaches Northern California LEND trainees as well as PSC 168 for the UC Davis Department of Psychology. His clinical and research interests include trauma, developmental psychopathology, and gender-based violence.

Blake Carmichael, PhD, Evaluation Program Manager, CAARE Center
A graduate of University of California, Davis and Alliant International University, Dr. Carmichael specializes in psychological assessment and group/individual treatment of maltreated children and their families. He has extensive training and experience working with adolescent sex offenders and victims. Research interests include the impact of violence on families, the effectiveness of various

parenting/leadership styles, and the biological bases of aggression and psychiatric disorders. Dr. Carmichael completes psychological assessments, including but not limited to child welfare evaluations, juvenile sex offender risk assessments, and juvenile competency evaluations. He also provides expert witness testimony, primarily related to child sexual abuse.

Alexa Chandler, PhD, Clinical Supervisor, CAARE Center
Dr. Alexa Chandler is a licensed clinical psychologist who earned her Ph.D. in Clinical Psychology from the University of Arizona. She completed both her internship (CAARE Only Track) and postdoctoral training at the CAARE Center. Currently, Dr. Chandler provides a variety of evidence-based interventions (including PCIT, TF-CBT, and PC-CARE), co-facilitates trainings, and supervises trainees. She also has experience with psychological assessments and child welfare evaluations. Her interests include interventions for childhood trauma, interpersonal and familial relationship functioning, and the well-being of mental health providers.

Janice Enriquez, PhD, Supervisor, CMN Track, MIND Institute
Dr. Enriquez completed her graduate and clinical training at Loma Linda University, Harbor-UCLA Medical Center, and the UC Davis CAARE Center. She is currently a clinical psychologist within Developmental Behavioral Pediatrics, Associate Clinical Faculty within Pediatrics, the LEND Associate & Training Director, Co-Director of the Maternal Child Health Careers (MCHC) Research Initiatives for Student Enhancement Undergraduate Public Health Scholars (RISE-UP) Program, Chair of the MIND Institute Diversity, Equity and Inclusion Committee, as well as the Associate Director for the University Center for Excellence in Developmental Disabilities (UCEDD) program at the MIND Institute. Specialty areas include comprehensive developmental psychological, neurodevelopmental, and psychodiagnostic evaluations, evidence-based treatments, including Cognitive Behavioral Therapy, Parent Child Interaction Therapy, PC-CARE, and Triple P-for children with developmental delays.

Emily Johnson, PhD, Clinical Supervisor, CAARE Center
Dr. Emily Johnson earned her Ph.D. in Clinical Psychology from Southern Methodist University, where she studied the correlates of trauma in children and adolescents, with a specific focus on sexual abuse. She was a re-entry student to graduation school and, prior to returning for doctoral studies, was a high school teacher. Now, she is a licensed clinical psychologist at the CAARE Center, where she also completed her predoctoral internship (CAARE Only Track) and postdoctoral fellowship. Clinical interests include the treatment of child physical and sexual abuse, enhancing the relationship between children and caregivers, and addressing disordered eating behaviors. Dr. Johnson is an Associate Training Director and provides individual and dyadic therapies (TF-CBT, PCIT, and PC-CARE) and child welfare evaluations through the CAARE Center. She is also a member of the Eating Disorder Treatment Team at the CAARE Center and provides FBT for families of children and adolescents with disordered eating patterns. She also conducts evaluations for children and adolescents presenting with disordered eating through the UC Davis Adolescent Medicine Clinic.

Brand Liles, PhD, TF-CBT Program Coordinator, CAARE Center
Dr. Liles graduated from the University of Tulsa (TU) in Tulsa, Oklahoma in 2013. She completed her Psychology Internship at the CAARE Center in 2012 and now serves as the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Coordinator and is a Nationally recognized Master Trainer for TF-CBT. In addition, she specializes in Parent Child Interaction Therapy and conducts trainings at the CAARE Center and other agencies. For the past 5 years, Dr. Liles' trauma specialization has expanded to serving victims of commercial child sexual exploitation including training professionals in probation, child welfare, and mental health on providing trauma-informed services to youth who have been sexually exploited. Current interests include trauma, trauma-focused treatment, dissemination of empirically supported treatments, trauma-informed child welfare and probation systems, children and youth who have experienced sexual exploitation, and identifying secondary traumatic stress and vicarious trauma in professionals. Theoretical Orientation: Cognitive-Behavioral

Michele Ornelas Knight, PsyD, Director of Mental Health Services, CAARE Center
Dr. Ornelas Knight graduated from the University of Denver's Graduate School of Professional Psychology in 1999. Clinical experience includes treatment of children and adolescents with histories of trauma, treatment of adolescent and young adults with complex trauma histories, self-injurious behaviors and suicidal ideation. Current interests include emotional regulation in children and adolescents, complex trauma, and parenting children with histories of maltreatment. Theoretical orientation Cognitive-behavioral.

Ashley Peterson, Psy.D., Supervisor, CAARE Center
Dr. Ashley Peterson is a licensed clinical psychologist who specializes in trauma, adolescent and TAY mental health, and self-injury and suicidality. She obtained her Psy.D. in Clinical Psychology at Azusa Pacific University in Azusa, California. She completed her postdoctoral fellowship in San Francisco's Mission District at Oakes Children's Center. She has background working in underserved outpatient community mental health agencies and in school settings. At the CAARE Center, she conducts psychological evaluations and child welfare evaluations, and provides individual therapy to children and adolescents, including TF-CBT, DBT, and CBT-E. Her work revolves around support and advocacy for adolescents who have severe emotional dysregulation and risk behaviors.

Carrie Silver, PhD, Supervisor, MIND Institute
Dr. Silver is a Clinical Psychologist at UC Davis MIND Institute. This is a shared role in conducting assessments including for High-Risk Infant Follow Up clinic, Toddler clinic; training of interns, postdocs; therapy (Trauma Focused CBT, PC-CARE), and supporting research. Some of Dr. Silver's clinical and/or research interests include early detection and treatment of neurodevelopmental disabilities and intersection of trauma and NDDs including adaptation of treatment protocols for these populations.

SELECTED STAFF PUBLICATIONS

Liles, B.D., Blacker, D.M., Landini, J.L & Urquiza, A.J., (2016). A California Multidisciplinary Juvenile Court: Serving Sexually Exploited and At-risk Youth. *Behavioral Sciences and the Law*.

Folk, J., Tully, L. M., Blacker, D. M., Liles, B. D., Bolden, K. A., Tryon, V., ... & Niendam, T. A. (2019). Uncharted waters: Treating trauma symptoms in the context of early psychosis. *Journal of clinical medicine*, *8*(9), 1456.

Cragin, C.A., Straus, M.B., Blacker, D.M., Tully, L.M. & Niendam, T.A. (2017). Early Psychosis and Trauma-Related Disorders: Clinical Practice Guidelines and Future Directions. In Frontiers Journal, Trauma, Psychosis and Posttraumatic Stress Disorder, 71, Section 52.

Urquiza, A. J., Westin, A. M. L., & Blacker, D. (2016). Psychological evaluations to determine competency to parent. In T. R. Masson (Ed) Inside Forensic Psychology. Santa Barbara, CA: Praeger.

Blacker, D. M., Urquiza, A. J., Kalich, L., & Carmichael, B. D. (2016). Termination of Parental Rights. In T. R. Masson (Ed) Inside Forensic Psychology. Santa Barbara, CA: Praeger.

Shoemaker, E. Z., Tully, L. M., Niendam, T. A., & Peterson, B. S. (2015). The next big thing in child and adolescent psychiatry: interventions to prevent and intervene early in psychiatric illnesses. *Psychiatric Clinics of North America*, *38*(3), 475-494.

Blacker, D. M. (2014). PCIT with a Preschool-Age Boy Exposed to Domestic Violence and Maternal Depression: The Case of Jeremy S. In B. Allen & M. Kronenberg (Eds.),

Treating Traumatized Children: A Casebook of Evidence-Based Therapies. The Guildford Press: New York.

Urquiza, A. & Blacker, D. (2012). Parent-Child Interaction Therapy with Sexually Victimized Children. In P. Goodyear-Brown (Ed.), Handbook of Child Sexual Abuse: Intervention, Assessment, and Treatment. Wiley & Sons: New York.

Kalich, L., Carmichael, B., Masson, T., Blacker, D., Urquiza, A.J., (2009). Evaluating the evaluator: Guidelines for legal professionals in assessing the competency of evaluations in termination of parental rights cases. Journal of Psychiatry and the Law, 35(3), 365-398.

Timmer, S.G., Zebell, N., Culver, & Urquiza, A.J. (2009). Efficacy of Adjunct In-Home Coaching to Improve Outcomes in Parent-Child Interaction Therapy. Research on Social Work Practice, 20(1), 36-45.

Urquiza, A.J., Zebell, N., & Blacker, D. (2009). Innovation and Integration: Parent-Child Interaction Therapy as Play Therapy. In Athena Drewes (Ed.), Cognitive-behavioral therapy approaches to play therapy. Wiley & Sons: New York.

APPENDIX A PROCEDURES

Procedures for Handling Performance Issues

Whenever a supervisor becomes aware of an intern's problem area or deficiency that does not appear resolvable by the usual supervisory support and intervention, the following procedures will be followed.[1] These procedures provide the intern and staff with a definition of competence problems, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or competence problems.

I. Definition of Competence Problems

Competence problems are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

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

While it is professional judgment as to when an intern's behavior becomes a competence problem, problems typically become identified as competence problems when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by an intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required; and/or,
6. the intern behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address competence problems once they have been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group, the training staff, and other agency personnel. At the 4-month evaluation period, interns are expected to achieve rating of 3 (Moderately) or higher on at least 50% of all behavioral elements/items. At the 8-month evaluation period, interns are expected to obtain ratings of 4 (Mostly) or higher on at least 50% of all behavioral elements/items. At the 12-month evaluation period (end of internship), interns are expected to achieve ratings of 4 or higher on at least 80% of behavioral elements/items. Interns performing below these expectations at the 4- or 8-month evaluation periods will be allowed to complete a learning plan and/or remediation plan. In addition to these criteria, at the 4-month evaluation period, any rating of a 1 on a behavioral element/item will initiate a remediation plan. At the 8-month evaluation period, any rating of a 1 or 2 on a behavioral element/item will initiate a remediation plan. If at the 12-month evaluation period (end of internship) an intern receives a rating of a 1 or 2 on a behavioral element/item, they will not successfully complete their internship.

1. ***Verbal warning*** to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. ***Written acknowledgement*** to the intern formally acknowledges:
    a. that the Training Directors (TDs) are aware of and concerned with the performance rating;
    b. that the concern has been brought to the attention of the intern;
    c. that the TDs will work with the intern to rectify the problem or skill deficits, and;
    d. that the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgement will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship/fellowship.

3. ***Written warning*** to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
    a. a description of the intern's unsatisfactory performance;
    b. actions needed by the intern to correct the unsatisfactory behavior;
    c. the timeline for correcting the problem;
    d. what action will be taken if the problem is not corrected; and,
    e. notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship/fellowship by the TDs in consultation with the intern's supervisor and Director. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. ***Schedule Modification*** is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship/fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TDs. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
    a. increasing the amount of supervision, either with the same or other supervisors;
    b. change in the format, emphasis, and/or focus of supervision;
    c. recommending personal therapy;
    d. reducing or redistribution of the intern's clinical or other workload;
    e. requiring specific academic coursework.

The length of a schedule modification period will be determined by the TDs in consultation with the primary supervisor and the Director. The termination of the schedule modification period will be determined, after discussions with the intern, by the TDs in consultation with the primary supervisor and the Director.

5. ***Probation*** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship/fellowship and to return the intern to a more fully functioning state. Probation defines the relationship that the TDs systematically monitor for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes:
    a. the specific behaviors associated with the unacceptable rating;
    b. the recommendations for rectifying the problem;

c. the time frame for the probation during which the problem is expected to be ameliorated, and;
d. the procedures to ascertain whether the problem has been appropriately rectified.

If the TDs determine that there has not been sufficient improvement in the intern's behavior to remove the probation or modified schedule, then the TDs will discuss with the primary supervisor and the Director possible courses of action to be taken. The TDs will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TDs have decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the TDs will communicate to the Director that if the intern's behavior does not change, the intern will not successfully complete the internship/fellowship.

6. **Suspension of Direct Service Activities** requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TDs in consultation with the ADPS and Director. At the end of the suspension period, the intern's supervisor in consultation with the TDs will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

7. ***Administrative Leave*** involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship/fellowship, this will be noted in the intern's file and the intern's academic program will be informed. The TDs will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. ***Dismissal*** from the Internship/fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the competence problems and the trainee seems unable or unwilling to alter her/his behavior, the TDs will discuss with the Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship/fellowship due to physical, mental or emotional illness. When an intern has been dismissed, the TDs will communicate to the intern's academic department that the intern has not successfully completed the internship/fellowship.

III. Procedures for Responding to Inadequate Performance by an Intern

If an intern receives an "unacceptable" rating from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence), the following procedures will be initiated:

1. The staff member will consult with the Training Directors (TDs) to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the TDs is not the intern's primary supervisor, the TDs will discuss the concern with the intern's primary supervisor.
3. If the TDs and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TDs will inform the staff member who initially brought the complaint.
4. The TDs will meet with the Intern Supervisors Committee (ISC) to discuss the performance rating or the concern.

5. The TDs will meet with the Director to discuss the concerns and possible courses of action to be taken to address the issues.
6. The TDs, primary supervisor, and Director may meet to discuss possible course of actions.
7. Whenever a decision has been made by the Director or TDs about an intern's training program or status in the agency, the TDs will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's primary supervisor. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
8. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

IV. Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the training program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the intern, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding competence problems.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the intern, which describes how the intern may appeal the program's action. Such procedures are included in the intern handbook. The intern handbook is provided to intern and reviewed during orientation.
6. Ensuring that the intern has sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. When a matter cannot be resolved between the TDs and intern or staff, the steps to be taken are listed below.

1. Grievance Procedures

   There are two situations in which grievance procedures can be initiated. An intern can challenge the action taken by the TDs or a member of the training staff may initiate action against an intern. These situations are described below.

   a. *Intern Challenge*: If the intern wishes to formally challenge any action taken by the TDs, the intern must, within five (5) workdays of receipt of the TDs' decision, inform the TDs, in writing, of such a challenge. When a challenge is made, the intern must provide the TDs information supporting the intern's position or concern. Within three

(3) workdays of receipt of this notification, the TDs will consult with the Director and will implement Review Panel procedures as described below.

b. *Staff Challenge*: If a training staff member has a specific intern concern that is not resolved by the TDs, the staff member may seek resolution of the conflict by written request to the TDs for a review of the intern's behavior. Within three (3) working days of receipt of the staff member's challenge, the TDs will consult with the Director and a Review Panel will be convened.

2. Review Panel and Process
    a. When needed, a review panel will be convened by the Director. The panel will consist of three staff members selected by the Director with recommendations from the TDs and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
    b. Within five (5) workdays, a hearing will be conducted in which the challenge is heard, and relevant material presented. Within three (3) workdays of the completion of the review, the Review Panel submits a written report to the Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
    c. Within three (3) workdays of receipt of the recommendation, the Director will either accept or reject the Review Panel's recommendations. If the Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
    d. If referred back to the panel, they will report back to the Director within five (5) workdays of the receipt of the Director's request of further deliberations. The Director then makes a final decision regarding what action is to be taken.
    e. The Training Directors informs the intern and, if necessary, the training program of the decisions made.
    f. If the intern disputes the Director's final decision, the intern has the right to contact the Department of Human Resources to discuss the situation.

Due Process Procedures for Handling Intern Grievances

This document[2] provides interns a means to address general grievances related to training, supervision, and performance evaluations. Additionally, complaints regarding a specific university act that adversely affects the trainee's existing terms or conditions of employment are managed in similar fashion.

Step 1 – Informal Review

If an intern has specific concerns regarding training, supervision, and/or a supervisor's evaluations, it is first recommended that the intern attempt to resolve such concerns informally with appropriate persons involved and notify the Training Directors of such concerns prior to filing a formal grievance. If the concern is regarding the one of the Training Directors specifically, the intern should notify the Director of Mental Health Services directly. If the matter is not resolved to the intern's satisfaction, a meeting with one of the Training Directors and Director will be requested and conducted in a timely manner (approximately two to three weeks). The next step, if the issue remains unresolved, is for the trainee to request a meeting with the faculty liaison, the Training Director and Director.

Step 2 – Formal Review

A grievance that is not resolved by Step 1 may be presented in writing to Human Resources for review and written response by Department Chair. The grievance must be received within thirty calendar days after the date on which the trainee knew or could reasonably be expected to have known of the event or actions which gave rise to the complaint, or within thirty calendar days after the date of separation from the training program, whichever is earlier. A grievance form is available from the Human Resources

Administrator. The Department Chair will respond in writing to the resident within fifteen days after the date the formal grievance is provided by Human Resources to the Department for processing.

Step 3- Hearing
A grievance not satisfactorily resolved at Step 2, which alleges violation of written notice of dismissal, may be appealed in writing to Human Resources for a final and binding hearing, within ten calendar days of the date the Step 2 decision was received or due. The appeal will set forth the issues and remedies remaining unresolved.

Maintenance of Records

All interns have an identified file which includes their APPIC application, offer letter, and evaluation forms, among other documents. If there are formal complaints, they would be included in these files. These files are stored on a shared drive with password requirement and only administrative staff have access.

APPENDIX B PROCEDURES

Policy on Social Media[3]

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, and others. As such, it is recommended that interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to "private" and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites. They should never include clients as part of their social network or include any information that might compromise the confidentiality of a client in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the internship has some interest in how they are portrayed. If interns report engaging in, or are depicted on a website or in an email as engaging in, anything unethical or illegal, then that information may be used by the internship program to determine possible warning, probation, or other sanction. As a preventive measure, the program advises that interns and supervisors approach social media carefully. In addition, American Psychological Association's Social Media/Forum Policy may be consulted for guidance: http://www.apa.org/about/social-media.aspx.

APPENDIX C PROCEDURES

APA -27i

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: April 27, 2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	_____ **Yes** __X___ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Overall, the CAARE Center Internship and the 3 tracks desire to have potential applicants who have a strong interest in trauma and/or child maltreatment. Applicants in learning Empirically Based Treatments are strongly encouraged to apply. Other considerations include applicants who are flexible, curious, hardworking, and have a good sense of humor.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	**Yes**	No	Amount: 500
Total Direct Contact Assessment Hours	**Yes**	No	Amount: 100

Describe any other required minimum criteria used to screen applicants:
Most successful applicants have completed at least 5 comprehensive psychological evaluations; and have a strong interest in the area of trauma/violence as evidenced by clinical work and/or dissertation topic.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$24/hr	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	**Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	**Yes**	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	
Hours of Annual Paid Sick Leave	96	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No
Other Benefits (please describe): **Access to EAP Support, Administrative Support, Access to Library Resources, Therapy Resources**		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2022-2025	
Total # of interns who were in the 3 cohorts	25	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Academic teaching	0	3
Community mental health center	0	2
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	6	5
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	2
Health maintenance organization	1	1
School district/system	0	0
Independent practice setting	2	2
Other	0	1

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.