



**Developmental  
Evaluation Clinic  
(D.E.C.)**

**Postdoctoral Fellowship Training Program in  
Clinical Psychology**

**Training Brochure  
2022-2023**



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## Program Description

The Developmental Evaluation Clinic (DEC) at Rady Children's Hospital San Diego (RCHSD) has operated continuously since 1974. DEC offers developmental evaluation and referral services for infants, preschoolers and school-age children. The goals of our evaluations are to:

- Identify developmental, learning, and social delays.
- Determine the significance of delays and behavior problems.
- Determine the need for further assessment/intervention.
- Recommend participation in educational or therapeutic programs.
- Link children and families to needed services.
- Provide comprehensive reports to parents and providers.

DEC is housed within the Developmental Services division of RCHSD, a division made up of 14 programs that screen, evaluate, and treat children with behavioral needs, developmental delays, disabilities, and injuries. The various departments in Developmental Services provide educational services such as behavioral and developmental classes in the fields of occupational therapy, physical therapy, and speech and language therapy for children, as well as consultation services in these fields. Through diagnostic, intervention, and treatment, the Developmental Services teams work to prevent secondary behavioral and developmental problems, helping children to reach their full developmental and functional potential.

The Postdoctoral Fellowship Training Program at DEC serves families and children under the close supervision of a licensed psychologist within an outpatient clinic setting affiliated with a pediatric hospital. The primary focus of this training program is the development of excellence in diagnostic assessment of our youngest and most vulnerable children ages birth through 5 years, with some exposure to school-age educational and neuropsychological evaluations.

Postdoctoral fellows will spend the first four to eight weeks observing licensed psychologists conduct diagnostic interviews with parents/caregivers, both in person and via telehealth; selecting and administering a psychological testing battery; scoring and interpreting test results; preparing an evaluation report that includes differential diagnosis and recommendations; and conducting feedback sessions with parents/caregivers, both in person and via telehealth. Fellows will spend the subsequent 10-12 weeks performing these tasks under the direct supervision of a licensed psychologist. Once the fellow demonstrates competence in each area, as measured by their primary supervisor and/or the clinical director, the fellow work independently with children and their families, independently performing all parts of a comprehensive developmental evaluation for the duration of the fellowship. Each step of training will proceed with consideration given to the fellow's previous experience, comfort level, and level of demonstrated proficiency.

DEC services are available at 5 locations across San Diego and Riverside counties, with postdoctoral fellow training opportunities available at the Main campus in San Diego, and satellite clinics in Torrey Hills, Murrieta, Chula Vista, and Oceanside. DEC clinics are housed in the same physical buildings as other Developmental Services specialties including speech/language, occupational therapy, physical therapy, and audiology among others, which allows for multidisciplinary collaboration, consultation, and training opportunities. There are also opportunities for collaboration with medical professionals, including developmental and

behavioral pediatricians and psychiatry. Opportunities for multidisciplinary grand rounds, seminars, and continuing education are available either on-site or through Zoom and other distance learning platforms. At the completion of this 12-month training program, fellows will have a strong clinical skill set to gain employment in the field of pediatric developmental assessment.

## **Training Mission, Vision, and Values**

DEC's postdoctoral training program follows the mission, vision and values of Rady Children's Hospital and the specific vision of the Division of Developmental Services.

### **RCHSD Mission**

To restore, sustain and enhance the health and developmental potential of children through excellence in care, education, research, and advocacy.

### **RCHSD Vision**

We will be a leader, recognized nationally and internationally, for excellence in patient care, education, research, and advocacy.

### **RCHSD Values**

We demonstrate CARES values – Compassion, Accountability, Respect, Excellence and Service – with patients, families, visitors, the community, and our team members.

### **Developmental Services: Vision:**

Innovative and collaborative care for every child, every family, every day.

## **Training Goals and Objectives**

The goals of DEC's postdoctoral training program are to:

1. Train postdoctoral level fellows to become proficient in assessment, differential diagnosis, and clinical formulation of children ages birth-six years with complex diagnostic presentations.
2. Provide fellows the supervised clinical experiences needed to be eligible for licensure in the state of California upon completion of this program.

Objectives:

1. Gain exposure to wide variety of developmental, early mental health/behavioral, medical conditions, and family systems through participation in professional development opportunities.
2. Develop independent assessment skills using empirically supported measures.
  - a. Demonstrate understanding of typical vs. atypical early childhood development.
  - b. Demonstrate understanding & consistent use of a trauma-informed approach.
3. Develop competencies interviewing and feedback.
  - a. Demonstrate engagement skills and cultural sensitivity with parents/caregivers throughout the assessment process.
  - b. Learn to give difficult feedback to families.
4. Learn to document and write comprehensive reports in accordance with regulatory guidelines.
5. Learn to collaborate with related disciplines.

## Unique Training Activities

- Obtain competencies in administration of ADOS 2 modules.
- Exposure to children with complex trauma and early mental health concerns in infants and children.
- Infant assessment (birth-2 years).
- Exposure to medically fragile and genetically complex presentations.
- Opportunities for collaboration with broad spectrum of professionals working in early intervention.

## Location

Rady Children's has locations throughout San Diego and Southern Riverside Counties.



As described below, fellow training opportunities are offered at all five of DEC's clinics, including the "Main" site and four satellites throughout San Diego County and Southwest Riverside County.

	<p>Address: 3665 Kearny Villa Road, San Diego, CA 92123</p> <p><b>Primary role of fellow:</b> Supervised diagnostic evaluations</p> <p><b>Opportunities:</b></p> <ul style="list-style-type: none"><li>• Participation on multi-disciplinary teams including Cochlear Implant, Feeding Team, Hematology/Oncology, Down Syndrome Clinic</li><li>• Collaboration with other disciplines: Speech, Occupational Therapy, Physical Therapy, Audiology, Developmental-Behavioral Pediatrics</li><li>• Exposure to a range of community-based prevention and intervention programs targeting: early childhood mental health, Autism, trauma resolution, child welfare, developmental and behavioral screening, parent education, complex developmental and mental health needs, school-based intervention</li></ul>
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Address:  
11732 El Camino Real,  
San Diego, CA 92130  
**Primary role of fellow:** Supervised diagnostic evaluations  
**Opportunities:**

- Participation on multi-disciplinary teams: Autism MDT
- Collaboration with other disciplines: Speech, Occupational Therapy, Physical Therapy, Developmental-Behavioral Pediatrics, Neurology, Genetics
- Exposure to a range of community-based prevention and intervention programs targeting: early childhood mental health, Autism, developmental and behavioral screening, parent education



Address: 3605 Vista Way,  
Oceanside, CA 92056  
**Primary role of fellow:** Supervised diagnostic evaluations  
**Opportunities:**

- Collaboration with other disciplines: Speech, Occupational Therapy, Physical Therapy, Audiology
- Exposure to a range of community-based prevention and intervention programs targeting: early childhood mental health, trauma resolution, developmental and behavioral screening, parent education, school-based intervention



Address: 333 H Street  
Chula Vista, CA 91910  
**Opportunities:**

- Exposure to a range of community-based prevention and intervention programs targeting: early childhood mental health, trauma resolution, developmental and behavioral screening, parent education



Address: 25170 Hancock Avenue  
Murrieta, CA 92562  
**Opportunities:**

- Participation on multi-disciplinary teams: Autism MDT
- Collaboration with other disciplines: Speech, Occupational Therapy, Physical Therapy, Audiology, Developmental-Behavioral Pediatrics, Neurology
- Exposure to a range of community-based prevention and intervention programs targeting early childhood mental health and Autism

## **DEC Supervisory Clinical Staff and Training Team**

DEC's clinical team is currently composed of two part-time licensed clinical psychologists, two part-time neuropsychologists, and five full-time licensed clinical psychologists, with an opportunity to expand to eight full-time psychologists. Minimum qualifications for hire as a Clinical Psychologist include at least 2 years of experience in the assessment of children under age 6 years, experience testing school-age children, licensure in the State of California and CPR/BLS certification by the American Heart Association. While DEC's full-time psychologists assume the role of primary supervisor, all licensed psychologists participate in training fellows. Postdoctoral fellows are regarded as a member of the team, with an emphasis on the development of their clinical and professional skills through team collaboration and opportunities to build relationships with our internal and community partners.

As a small clinic, DEC's Training Director (TD) may serve as a primary supervisor along with another full-time psychologist. To ensure the fellow has exposure to a wide range of clinical expertise and styles, other licensed psychologists on the team will also participate in weekly direct training and individual supervision of the fellows through in-person co-evaluations and facilitation of other learning experiences in the form of group supervision, didactic seminars, and other trainings.

### **Training Team**

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

Meghan Lukasik, Ph.D.

#### **Primary Supervisors**

Victoria Moore, Psy.D.

Themba Carr, Ph.D.

#### **Additional Delegated Supervisors:**

Rene Barbieri-Welge, Ph.D.

Ayala Ben-Tall, Ph.D.

Ryan Kaner, Psy.D.

Carolyn Korbel, Ph.D.

Alice Lim, Psy.D.



#### **Senior Director of Developmental Services**

Payal Beam, L.C.S.W.

#### **Management Analyst**

Shelley Turner, L.C.S.W.

Additional information including a list of training staff biographies, can also be found on DEC's website: <https://www.rchsd.org/programs-services/developmental-evaluation-clinic/>.

## [Developmental Services / Related Programs and Services](#)

Developmental Services, the largest division within RCHS, offers many programs that may be part of the postdoctoral training experience. Please click on the links below for descriptions of each partner program.

- [Alexa's PLAYC](#)
- [Audiology \(Hearing\)](#)
- [Autism Discovery Institute](#)
- [Children's Care Connection \(C3\)](#)
- [Developmental Screening & Enhancement Program \(DSEP\)](#)
- [Down Syndrome Center](#)
- [Feeding Team](#)
- [Healthy Development Services \(HDS\)](#)
- [HealthySteps](#)
- [High-Risk Infant Follow-Up Clinic](#)
- [KidSTART](#)
- [Occupational Therapy](#)
- [Physical Therapy](#)
- [Speech-Language Pathology](#)

## [Diversity, Equity, and Inclusion](#)

At Rady Children's, we believe in creating an environment that's as healthy for our staff as it is for our patients. This means striving to understand the needs of our community and our employees. It means seeking out innovative solutions. And it means that we will always continue to learn and grow.

Rady Children's Leadership Team is working to further our commitment to Diversity, Equity and Inclusion. We selected an external subject matter expert to support our efforts and to engage with us to listen and reflect. DEC's postdoctoral fellows will have opportunities to participate in hospital and departmental level trainings, staff discussions, and other opportunities related to this important initiative. Like all members of the DEC team, postdoctoral fellows will be expected to complete a minimum of 4 hours of annual training in the area of sensitivity and humility with multiple opportunities built into the training program throughout the year.



## Accreditation Status

As of August 2021, DEC is in the process of applying for membership in the Association of Psychology Postdoctoral and Internship Center (APPIC).

## DEC's Clinical Population and Focus of Training

### **Description**

As a community-based pediatric clinic, DEC serves children birth through 18 years and their families. All children and youth have been identified as having developmental, social-emotional, academic, or neuropsychological needs or risks requiring a comprehensive diagnostic evaluation. Autism Spectrum Disorder is the most frequent diagnosis among children seen at DEC (39%), followed by speech delays and disorders (16%), developmental delay (10%), and Attention-deficit Hyperactivity Disorder (10%). Children are frequently referred to DEC by their primary care physician or a community-based screening program. DEC has several formal partnerships to serve special populations of children, including those with full-scope Medi-Cal (California's Medicaid product), those active to Child Welfare Services (including specialized evaluations for children undergoing an adoption process), individuals diagnosed with Angelman Syndrome, children and youth with Cochlear Implants, and those who have undergone cancer treatment.

Fellows will primarily serve children under age six with Medi-Cal (primarily low income) but will have opportunities to participate in a range of evaluation types and ages including educational and neuropsychological evaluations.

### **Training offered in specialized evaluation types:**

Postdoctoral fellows will have opportunities to participate in specialized evaluations across a range of clinical areas and diagnostic considerations. They will learn the importance of beginning every evaluation with an assessment of the child's overall cognitive, language and motor functioning using standardized measures (Bayley 4, DAS II, WPPSI IV, WISC 5, etc.) to provide a developmental context for evaluating social-emotional and behavioral concerns. Understanding of the caregiver/parent-relationship and the caregiver's perception of their child's needs will also be emphasized.



<b>Evaluation Type</b>	<b>Approach/Rationale</b>
Adoptions	A change in the child's caretaking environment can have a significant impact, either positive or negative, on the child's short- and long-term social-emotional health and overall learning. For children involved with CWS or going through the adoption process, the caregiver interview will include a component focused specifically on the child's current placement. Special attention will be given to placement stability, routines, and

<b>Evaluation Type</b>	<b>Approach/Rationale</b>
	<p>structure since the child came into the current home, as well as the caregiver's knowledge of the child's prior experiences and placements. <u>Targeted Measures:</u> Developmental History Questionnaire; Caregiver interview regarding parent-child relationship; questionnaires to assess social-emotional/behavioral functioning (e.g., Child Behavior Checklist/CBCL or Behavior Assessment System for Children, 2<sup>nd</sup> edition/BASC II, or Conners Early Childhood/Conners EC), and an informal, semi-structured assessment of the caregiver-child relationship as needed.</p>
Attachment Concerns	<p>The younger the child, the more significant the relationship is in terms of the child's overall level of functioning. The risks for disrupted attachment relationships can be found in children who experience prolonged stays in the NICU, separation and loss such as separation from parents during extended deployment in the military or changes in placement, and caregiving by parents who might be emotionally unavailable due to use of drugs/alcohol or parental mental illness.</p> <p>Therefore, the assessments provided at DEC will pay special attention to a child's caregiving history as well as the current caretaking environment. Special attention will also focus on the parent's capacity to set limits and provide an appropriately ordered environment, to engage the child in interaction while being attuned to the child's state and reactions, to meet the child's needs for attention, soothing and care, and to support and encourage the child's efforts to achieve his/her optimal level of performance.</p> <p>Through formal assessment, structured observation, and informal interviews, the psychologists at DEC will develop a comprehensive understanding of the child's attachment environment and will determine if therapeutic intervention is needed to strengthen the attachment relationship.</p> <p><u>Targeted Measures:</u> Caregiver Interview regarding parent-child relationship; questionnaire to assess social-emotional/behavioral functioning (e.g., Child Behavior Checklist/CBCL or Behavior Assessment System for Children, 2<sup>nd</sup> edition/BASC II, or Conners Early Childhood/Conners EC), informal, semi-structured assessment of the caregiver-child relationship.</p>
Attention-Deficit Disorders (ADHD)	<p>Attention deficit disorders are among the most common childhood conditions. Caregivers of children with attention deficit disorders often struggle as the child's activity level and difficulty with impulse control can be exhausting for the caregivers and cause struggles within childcare settings.</p> <p>Assessments for attention deficit disorders, particularly at younger ages, require careful consideration of the possibility of other diagnoses such as oppositional defiant disorders, anxiety disorders, or trauma, which also</p>

<b>Evaluation Type</b>	<b>Approach/Rationale</b>
	<p>affect behavior. Assessments at DEC include a thorough assessment to determine if the behavioral profile of the child is consistent with an attention deficit disorder. This diagnosis requires that behaviors are seen in two settings, leading to both parent and teacher and/or daycare provider input to be incorporated into the assessment.</p> <p>An appropriate diagnosis at an early age can provide early intervention for children who have difficulty with attention and impulse control, preventing disruption of daycare/preschool placement and improved parent/child interactions. An appropriate diagnosis also enables the clinician to determine whether behavioral intervention and/or a referral to the primary care physician or specialist (e.g., psychiatrist or dev-behavioral pediatrician) would be an appropriate next step in the child’s care.</p> <p><u>Targeted Measures:</u> questionnaire to assess social-emotional/behavioral functioning (e.g., Child Behavior Checklist/CBCL or Behavior Assessment System for Children, 2<sup>nd</sup> edition/BASC II, or Conners Early Childhood/Conners EC), Caregiver-Teacher Report Form, ADHD Rating Scale-5 (ADHD RS-5) for Children and Adolescents; ADHD Rating Scale IV Preschool Version (ADHD IV-P); Behavioral Rating Inventory of Executive Functioning–Preschool (BRIEF-P), Conners Kiddie Continuous Performance Test 2<sup>nd</sup> edition/K-CPT II, selected measures from the NEPSY II.</p>
Autism Spectrum Disorders (ASD)	<p>ASD is one of the most devastating disorders diagnosed in early childhood. In addition to becoming more prevalent, it is also now diagnosed at earlier ages with risk for autism identified as young as 12 months of age or earlier. This has led to the development of earlier interventions designed to address the social, communication, and repetitive behaviors associated with this diagnosis. Early identification and intervention have led to dramatic improvements for children with ASD.</p> <p>Evaluations for ASD at DEC are based on the latest research in the field and include standardized observational measures that extend down to the toddler years as well as developmental assessments to differentiate developmental and language delays and other mental health concerns. Parent measures are also included, as research has consistently demonstrated that diagnostic validity is improved when using a parent completed and child observational measure in combination with clinical judgment. Staff at DEC remain up to date on the Autism Diagnostic Observation Schedule, 2nd edition (ADOS-2), the gold standard measure used to diagnose an autism spectrum disorder, through participation in booster trainings as well as regular checks on reliability of coding.</p> <p><u>Targeted Measures:</u> Autism Diagnostic Observation Schedule-2 (ADOS-2); Child Behavior Checklist (CBCL) and at least one measure of social behavior and communication (Social Communication Questionnaire/SCQ,</p>

<b>Evaluation Type</b>	<b>Approach/Rationale</b>
	Social Responsiveness Scale/SRS or Modified Checklist for Autism in Toddlers/ MCHAT or Communication and Symbolic Behavior Scales Developmental Profile Developmental Profile/CSBS DP).
Neurodevelopmental Disorders	<p>Given the well-established literature on the connection between in utero exposure to alcohol and neurodevelopmental and behavioral disorders in children, accurate diagnostic assessment is critical. Neurodevelopmental Disorders associated with prenatal alcohol exposure (often referred to as fetal alcohol spectrum disorders) are another important classification of childhood disorders that are often misunderstood, missed, and/or misdiagnosed by professionals.</p> <p>These disorders are characterized by delays in neurocognitive functioning, delays in adaptive functioning, and difficulties with executive functioning. Individuals are often impulsive, have poor working memory, have difficulties regulating emotions, display poor problem-solving skills and have difficulties being flexible.</p> <p>The experienced clinicians at DEC are comfortable asking sensitive questions about alcohol use in pregnancy. The clinicians are also skilled in their comprehensive approach to the assessment process using measures that help differentiate symptoms that overlap with neurodevelopmental disorders. They are also skilled in talking with birth parents and other caregivers about the impact of alcohol exposure on a child’s development and providing appropriate treatment recommendations for school and home needs.</p> <p>DEC is continually evaluating its assessment processes to ensure that the program is current and on the cutting edge of assessment practices when there are concerns about symptoms associated with a fetal alcohol spectrum disorder.</p> <p><u>Targeted Measures:</u> Caregiver Interview regarding prenatal history; questionnaires to assess social-emotional/behavioral functioning (e.g., Child Behavior Checklist/CBCL or Behavior Assessment System for Children, 2<sup>nd</sup> edition/BASC II, or Conners Early Childhood/Conners EC), a measure of adaptive functioning (e.g., Vineland Adaptive Behavior Scale III/VABS 3 or Adaptive Behavior Assessment System Third Edition/ABAS-3), a measure of executive functioning (e.g., Behavior Rating Inventory of Executive Functioning Preschool /BRIEF-P and an informal, semi-structured assessment of the caregiver-child relationship as needed.</p>
Neuropsychological Concerns	Neuropsychological perspective may be needed even among very young children, such as when a child has experienced brain injury or has a history of seizures, or a brain tumor. At these times, neuropsychologists conduct assessments to determine the effect that these injuries, insults, or tumors may have on development or behavior and to help determine accurate treatment plans targeting affected areas of the brain.

Evaluation Type	Approach/Rationale
	<u>Targeted Measures:</u> Questionnaire to assess social-emotional/behavioral functioning (e.g., Child Behavior Checklist/CBCL or Behavior Assessment System for Children, 2 <sup>nd</sup> edition/BASC II, or Conners Early Childhood/Conners EC), NEPSY – II; Behavior Rating of Executive Functioning Preschool Version/BRIEF-P; Conners Kiddie Continuous Performance Test 2 <sup>nd</sup> edition (K-CPT 2)

## Learning Elements

DEC’s postdoctoral training program is designed to provide fellows with a comprehensive experience in the developmental assessment and diagnosis of children and adolescents. The primary focus of this training program is the development of excellence in diagnostic assessment of our youngest and most vulnerable children ages birth through five years.

Fellows will have the opportunity to develop competencies in parent/caregiver interviewing; administration of psychological testing as part of a comprehensive diagnostic evaluation for a wide range of developmental, behavioral, medical, and mental health concerns; become proficient with scoring and interpretation of tests; learn to generate treatment recommendations based on the results of evaluation; write comprehensive evaluation reports; provide feedback to parents/caregivers; collaborate with DEC’s clinical team as well as clinicians from other departments within Developmental Services, physicians, teachers, and other community stakeholders; and to participate in grand rounds, seminars, staff meetings, case consultations, quality assurance and/or research projects, and continuing education opportunities.

At the completion of this 12-month training program, fellows will have a strong clinical skill set to gain employment in the field of pediatric developmental assessment.

### **Learning Elements:**

- Observation & participation in live developmental evaluations.
- Direct supervision during hands-on scoring of test protocols.
- Direct observation & participation in patients’ developmental evaluation reports.
- Direct observation & participation of parental feedback.
- Required reading of published articles relating to the evaluation of children and adolescents.
- Participation in an ADOS2 training and ADOS2 recalibration training
- Participation in scheduled departmental Continuing Education Training
- Attendance at staff clinical meetings

## **Clinical Assessment Services-80%**

***Observation & Participation in Live Developmental Evaluations:*** Demonstrate clinical competency in conducting comprehensive developmental and psychological evaluations for individuals (infants through age six) with a wide range of developmental, mental health, and

medical conditions including but not limited to Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, anxiety, depression, learning disorders, oppositional/defiant behavior, language disorders, intellectual disability, trauma, fetal alcohol spectrum disorders and other prenatal exposures, and genetic syndromes. Demonstrate the ability to select and competently administer a wide range of psychological tests including assessments for cognitive, achievement, language, motor, visual-spatial/visual motor, adaptive skills, mood/anxiety screeners, trauma screeners, social-emotional/social-communication, mental health and suicide screeners, autism, general behavioral, and executive functioning based on the diagnostic questions.

***Direct Supervision During Hands-on Scoring of Test Protocols:*** Demonstrate clinical competency in both hand- and computer-assisted scoring of a wide range of clinician-administered and self-report and/or parent-completed testing protocols. Show solid understanding of psychometric properties of tests; be able to discuss reliability and validity of various measures; and be able to discuss various types of scoring, how they are related on a psychometric conversion table, and what they mean in specific diagnostic considerations.

***Direct Observation & Participation in Writing Patients' Developmental Evaluation Reports:*** Develop competency in writing comprehensive evaluation reports integrating the referral source and diagnostic question, relevant child and family background, developmental history, presenting concerns, interpretation of testing results, diagnostic summary and related DSM-5 and/or ICD-10 codes, and specific interventions and referrals. Demonstrate ability to compose shorter progress notes to document diagnostic interview and feedback sessions with parents. Demonstrate the ability to use approved templates and Smart Phrases in the electronic health record (EPIC) to document all aspects of patient care.

***Direct Observation & Participation of Parental Feedback:*** Demonstrate the ability to provide feedback to caregivers (and in some cases to older children/adolescents as may be clinically indicated) regarding test results, diagnosis, and treatment recommendations and referrals. Demonstrate ability to discuss with caregivers all aspects of the evaluation process, meaning of test scores, diagnostic considerations, and treatment planning in a knowledgeable, professional, compassionate, and culturally sensitive manner, allowing for questions from caregivers and time for them to process feelings during and after the feedback session.

## **Supervised Professional Experience - 10%**

### **Supervision**

All individual supervisors are licensed clinical psychologists employed by Rady Children's Hospital, have doctoral degrees in psychology, and are licensed to practice in the State of California. The primary supervisor will assume professional and ethical responsibility for the psychological functions performed by the fellow. Supervisors are required to have active, valid licenses, free of any disciplinary action with the California Board of Psychology. Supervision of fellows is established in accordance with regulations set by APPIC's Standards of Accreditation and the California Board of Psychology. Consistent with APPIC membership criteria, a minimum of 2 hours of individual, weekly supervision will be provided to each fellow; at least 1 hour of which will be with the primary supervisor and a 2<sup>nd</sup> hour will be with either the

primary supervisor or a delegated supervisor during a 40-hour work week. To ensure consistency, supervision will be scheduled at a standing, recurring time each week. Sessions may be either in person or via secure telehealth. A clinical supervisor will always be physically present on the same site as the fellow and available via an open-door policy and by pager in case of emergency. In addition, in accordance with the CA Board of Psychology's supervision requirements, DEC provides supervision of doctoral fellows for minimum of at least 4 hours a week or 10% of their total time.

***Individual Supervision:*** Fellows will be provided with at least 2 hours of individual face-to-face supervision per week with a focus on supervision of their direct psychological services. At least 1 hour will be with the primary supervisor and another hour will be with the primary supervisor or a delegated supervisor who is a licensed psychologist.

***Group Supervision:*** 1 hour of weekly Group Supervision will be held with DEC's 2 postdoctoral fellows and Training Director or another delegated licensed psychologist within DEC. The focus of Group Supervision will be on supervision of the fellows' direct psychological services.

***Additional supervision:*** a minimum of at least 1 additional hour of supervision will also occur weekly with the primary supervisor or a delegated licensed DEC psychologist during live co-assessments and supervised review of cases, raw assessment data, and written reports. It is expected that given the structure of DEC's yearlong training process, this amount of supervision will be exceeded. For the first 4-6 months of the fellowship, fellows will be working alongside a licensed psychologist performing co-assessments, with the expectation of obtaining more clinical independence during the second half of the training year. During the second 6-8 months of the training year, supervised live co-assessments will occur as needed. In addition, all cases assigned to the fellow will be reviewed by the primary or a delegated supervisor and all reports will be co-signed by a supervisor throughout the training year.

## **Didactics, Grand Rounds, & Additional Educational Opportunities**

As a teaching hospital affiliated with San Diego State University and University of California San Diego, RCHSD has numerous educational opportunities. The postdoctoral fellow be assigned weekly and/or monthly continuing education sessions provided at staff meetings, grand rounds, CME Seminars, and through online access of previously recorded continuing education activities and/or presentations. Two hours of mandatory seminars, case conferences, clinical projects, or other didactic learning opportunities will be built into the fellow's weekly schedule to ensure consistent attendance. The supervisor and fellow will jointly identify at least one additional seminar or conference per month, based on the fellow's learning needs and clinical interests, for a minimum of 8 hours per month of learning activities. There are multiple learning opportunities offered each week throughout the training year. Most fellows will exceed the 2 hours a week and learning opportunities will be tailored to the fellow's clinical and long-term career interests.

### **Mandatory Seminars/Case Conferences (currently via telehealth)**

- *Autism Research and Practice Seminar* – One hour per month (4th Friday), facilitated by clinical faculty of UC San Diego Department of Psychiatry.

- *Child & Adolescent Psychiatry Grand Rounds* – One to two hours per month, facilitated by clinical faculty of UC San Diego School of Medicine. These are recurring meetings held every 2nd and 4th Tuesday from 1-2 p.m.
- *DEC Case Conference* – At least one hour per month (typically the 1<sup>st</sup> Tuesday), facilitated by clinical staff of the Developmental Evaluation Clinic. Fellows will take the lead on one case conference by presenting on a case of their choice and leading a 1-hour team discussion about the patient’s background, diagnostic/referral question, assessment process, diagnostic conclusions, treatment recommendations, and any other relevant information. Cases may also be presented by fellows during Group Supervision.
- *Multi-Disciplinary Case Consultation* – At least one hour per month discussion of case with other providers including Developmental-Behavioral Pediatrician, Neurologist, Geneticist, Audiologist, Occupational, Physical, or Speech Therapists. Opportunities through KidSTART, the Autism Discovery Institute and Health Development Services.

### **Optional Seminars/Case Conferences/Professional Conferences**

- *Pediatric Grand Rounds* – One-hour (recurring most Friday mornings) Program of Rady Children’s Hospital-San Diego and the Department of Pediatrics of UC San Diego School of Medicine. Various presenters on a variety of topics from within as well as outside of Rady's Children’s Hospital.
- *Schwartz Rounds* – One hour every-other-month (3<sup>rd</sup> Friday), case-based or themed discussion with less emphasis on the clinical presentation and more time spent exploring and sharing the emotional work of caring for the seriously ill, facilitated by RCHSD’s Schwartz Steering Committee
- *Diversity Equity and Inclusion (DEI) Seminars* – Dates and times vary, coordinated by RCHSD’s DEI Council.
- *“We Can’t Wait” Early Childhood Mental Health Conference* – Three-day annual conference focused on topics in early childhood mental health, coordinated by the County of San Diego.
- *San Diego International Conference on Child & Family Maltreatment* – Five-day annual conference focused on topics in child and family well-being, coordinated by RCHSD’s Chadwick Center for Children and Families.

### **Required Reading of Published Articles (related to evaluation of children)**

Complete assigned reading from peer-review publications on a range of topics including but not limited to psychological assessment practices, updates, and research outcomes; assessment of historically marginalized populations; cultural humility and sensitivity awareness; trauma-informed assessment and therapy; impact of sensory deficits on assessment; considerations of the impact when conducting an assessment in a language other than the child’s primary language or when using interpreters during an assessment; HIPAA compliance; ethical considerations; and best practices in a range of therapeutic interventions.

### **Participation in ADOS-2 Training/Re-Calibration**

Fellows will participate in an ADOS-2 initial training and follow-up “recalibration” training provided through RCHSD’s Autism Discovery Institute or other approved training site. Under supervision, gain competency in ADOS-2 administration for children of all ages using the Toddler Module, Module 1, Module 2, Module 3 (and in rare instances Module 4), demonstrating knowledge of how to choose the appropriate module based on age, developmental level, and language skills as specified in the ADOS manual. Demonstrate ability to interpret ADOS-2 results to use in differential diagnosis and the development of appropriate treatment recommendations.

### **Participation in Weekly Topical Didactic Learning Activities**

Fellows will participate in a variety of topical didactic learning activities, including presentations by cross-disciplinary clinicians and/or program leaders in Developmental Services, including psychology, speech & language therapy, occupational therapy, physical therapy, feeding team, cochlear implant, hematology and oncology, KidSTART, audiology, and others. Please refer to the sample didactic learning series calendar for specific topics and dates.

### **Clinical Triage / Intensive Care Coordination Services-10%**

Fellows will spend four hours per week assisting the DEC psychologists and Patient Access Representative (PAR) team in clinical triage / intensive care coordination activities during which they will take referrals from the PAR team and make a clinical determination whether the child is an appropriate fit for a comprehensive diagnostic evaluation or whether a referral to mental health, behavioral health, out-patient psychiatry, Regional Center, or school-based services is warranted. Time spent in this role will include record review and contact with families.

### **Sample Weekly Training Schedule**

<b>Clinical Assessment Services 80% of time or 32 hours/week</b>	
<b>Direct Clinical Assessment Services: 18 hours/week</b>	
Observation & Participation in Live Developmental Evaluations	4 evaluations (12 hours)
Observation & Participation in Diagnostic Interviews and Feedback Sessions with Parents via Telemedicine	6 telemedicine Consults/Feedbacks (6 hours)
<b>Indirect Clinical Services: 14 hours/week</b>	
Hands-on Scoring of Test Protocols	2 hours/week
Direct Observation & Participation in Writing Patients' Developmental Evaluation Reports	4 reports (12 hours)
<b>Other Clinical Services: 10% or 4 hours/week</b>	
Clinical Triage/Intensive Care Coordination with families:	Patient contact amount will vary. 4 hours a week
<b>Supervised Professional Experience minimum 10% of total time or 4 hours a week</b>	
Individual Supervision	2 hours/week
Group Supervision	1 hour/week

Additional live Supervision during Comprehensive Diagnostic Assessments (first 6 months). Supervisor will also consult on cases, review raw assessment data, and co-sign on all reports for all cases throughout the year.	Minimum of 12-15 hours a week doing supervised co-assessments during first 4-6 months. During the second 6-8 months, a minimum of 4 hours/week of additional supervision is expected in the form of case discussion and the supervisor's review of raw data and written reports.
<b>Didactics, Seminars, Grand Rounds, &amp; Additional Learning Opportunities: 2 hrs/week min</b>	
Autism Research and Practice Seminar	1 hour/month
Child & Adolescent Psychiatry Grand Rounds	2 hours/month
DEC Case Conference	1 hour/month
Multi-Disciplinary Case Consultation	1 hour/week
Pediatric Grand Rounds	1 hour/week (most weeks)
Schwartz Rounds	1 hour/alternate months
Diversity Equity and Inclusion (DEI) Seminars	Dates vary
We Can't Wait" Early Childhood Mental Health Conference	3 days in September
San Diego Int'l Conference on Child & Family Maltreatment	5 days in January
Required Reading of Published Articles	varies
Participation in Weekly Topical Didactic Learning Activities	1-2 hours/week
<b>**See Didactic Training Calendar for full list of learning opportunity options</b>	

## **Performance Evaluation Process**

Fellows receive continuous performance feedback via weekly supervision, competency tests, and bi-annual written performance evaluations that will be saved in their secure personnel file. Clinical supervisors, trainers, and the Training Director are responsible for providing timely and specific feedback regarding performance and/or problematic behavior, and recommendations for improvement. At the start of the training program, fellows will be given copies of the Due Process and Grievance procedure guidelines. These documents outline how DEC addresses postdoctoral fellows' deficiencies and how the postdoctoral fellows handle any grievances they have about their training or supervision. The documentation includes: a description of formal evaluation and complaint procedures, the program's and fellow's responsibilities and rights in the process, and the appeal process.

Fellows are provided with a job description upon hire, which describes the expectations of their job performance, and clinical competencies with defined timelines for achieving competence. During

hospital orientation, fellows complete training modules regarding their responsibilities as RCHSD employees, examples of which include but are not limited to, privacy and confidentiality, HIPAA, and code of conduct. Further, clinical supervisors and the Training Director partner with fellows to establish their patient schedule to which they are expected to adhere. Fellows are responsible for meeting all training program expectations. Clinical supervisors and the Training Director are responsible for communicating behavioral and/or performance concerns to the fellow as soon as possible. Minor infractions and early indications that a fellow is not meeting expectations will be communicated to the fellow during weekly clinical supervision as soon as the concern is identified. The clinical supervision setting will be used to provide the fellow with performance feedback, coaching, and guidance to improve performance.

Every six months a formal written Performance Evaluation is completed based on the fellow’s RCHSD job description. These performance reviews are conducted by the fellow’s primary supervisor and Training Director, with input from other licensed psychologists who have been delegated to work with the fellow. The Performance Evaluation tool mirrors RCHSD’s Human Resources standard performance assessment process. These twice a year formal evaluations are supplemented by regular, ongoing feedback provided by DEC staff who are involved with training the fellow. Trainers will meet with the fellow at least once per month to discuss areas of training focus, the fellow’s progress, and suggestions for growth. Conversely, the fellow will participate in monthly meetings with the Training Director to provide feedback about their trainers and experience in the program.

**Competencies**

Department Systems/ Processes: Fellows are required to demonstrate competence in navigating and documenting within all relevant Electronic Health Record systems, and in adhering to telehealth best practices. Competency is determined via observation, demonstration, and record review completed by the primary supervisor.

Commonly Used Measures and Processes for children 0-5: Prior to independent administration of a standardized measure, fellows must demonstrate competency in the administration, scoring, and interpretation of the measure. Competency tests are tailored to each individual measure and are completed by the primary supervisor or a delegate with expertise in the specific tool. These competency tests are administered upon completion of training on each measure, typically starting within the 2<sup>nd</sup> month of the fellowship.

<b>Tool</b>	<b>Age Range</b>	<b>Purpose</b>
<b>Global Measures Administered by DEC Clinician</b>		
Bayley Scales of Infant and Toddler Development, 4 <sup>th</sup> Edition (Bayley-IV)	1 to 42 months	Assessment of developmental competencies; identifies strengths and deficits across five major developmental domains: cognitive, language, motor, social-emotional and adaptive behavior.
Differential Ability Scales, 2 <sup>nd</sup> Edition (DAS-II), including Spanish Supplement	30 to 71 months	Assessment of cognitive abilities, including verbal and visual working memory, immediate and delayed recall, visual recognition and matching, processing and naming speed, phonological processing, and understanding of basic number concepts important to learning; the Early Years core battery includes verbal, nonverbal, and spatial reasoning subtests appropriate for ages 2:6 to 6:11. There

<b>Tool</b>	<b>Age Range</b>	<b>Purpose</b>
		is also a DAS-II Early Years Spanish Supplement with test instructions provided in Spanish and scoring using a primarily Spanish-speaking normative sample of children.
Wechsler Preschool and Primary Scale of Intelligence, 4 <sup>th</sup> Edition (WPPSI-IV)	2.5 to 7 years, 7 months	Assessment of cognitive development for preschoolers and young children. Includes two age bands; the primary battery for ages 2:6-3:11 years includes verbal comprehension, visual spatial and working memory scales. The battery for ages 3:11 to 7:7 includes verbal comprehension, visual spatial, working memory, processing speed, and fluid reasoning scales.
<b>Supplemental Objective Measures</b>		
Conners Kiddie Continuous Performance Test, 2 <sup>nd</sup> Edition (K-CPT 2)	4 to 7 years	7.5 minute performance-based assessment completed by the child using a computer; used to assess attention deficits in young children using pictures of familiar objects. The child is asked to respond to targets and refrain from responding to non-targets that appear on the computer screen.
Beery-Buktenica Developmental Test of Visual- Motor Integration, 6 <sup>th</sup> Edition	2 years to adult	Assessment of how children integrate their visual and motor abilities.
<b>Supplemental Measures Completed with Parent/Caregiver/Teacher as Informant</b>		
Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP)	6 to 24 months	Norm-referenced screening and evaluation tool used to assess the communicative competence of infants and toddlers, measured by predictors of language development such as eye gaze, gestures, sounds, words, understanding, and play. Often given to infants and toddlers when there are concerns about early signs of an Autism Spectrum Disorder.
Child Behavior Checklist (CBCL)	18 months to 5 years	Assessment of behavioral, social, and emotional problems in two major categories: internalizing (i.e., anxious, depressive, and over-controlled) and externalizing (i.e., aggressive, hyperactive, noncompliant, and under-controlled) behaviors.
Caregiver-Teacher Report Form (CTRF)	18 months to 5 years	Assessment of behavioral, social, and emotional problems specific to the daycare provider or toddler/preschool teacher as the informant. Children are assessed in two major categories: internalizing and externalizing behaviors (similar to the CBCL).
Behavior Assessment System for Children, 3 <sup>rd</sup> Edition (BASC-3)	2 years to adult	Assessment of various aspects of behavior and personality, including positive (adaptive) as well as negative (clinical) dimensions as perceived by the caregiver/parent or teacher/daycare provider.
Conners Early Childhood (Conners EC)	2 years to 6 years	Assessment of caregiver and teacher/childcare provider perception of behavioral, social, and emotional problems. This measure also assists in measuring whether or not the child is appropriately meeting major developmental milestones (Adaptive Skills, Communication, Motor Skills, Play, and Pre-Academic/Cognitive)
Ages and Stages Questionnaire Social-Emotional (ASQ-SE)	1 to 72 months	Screening tool used to assess social-emotional concern in the areas of self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with

<b>Tool</b>	<b>Age Range</b>	<b>Purpose</b>
		people. At DEC, this is typically used in children under age 18 months. The CBCL is used for children 18 months+.
Behavior Rating Inventory of Executive Functioning Preschool version (BRIEF-P)	2 to 5 years	Assessment of executive function and self-regulation in preschool- age children. A Behavioral Regulation Index and Metacognition Index are combined to form a Global Executive Composite. The composite is based on three indices– Inhibitory Self-Control, Flexibility, and Emergent Metacognition.
Vineland Adaptive Behavior Scales, 3 <sup>rd</sup> Edition, Interview Edition (VABS-III)	Birth to adult	A standardized semi-structured parent interview used to assess functioning levels in four different developmental domains: 1) Communication, 2) Daily Living Skills, 3) Socialization, and 4) Motor Skills. The use of the Vineland has been endorsed as a measure of adaptive functioning by the World Health Organization.
Adaptive Behavior Assessment System, 3 <sup>rd</sup> Edition (ABAS 3)	Birth to adult	Assessment of adaptive skills which may be used as an alternative to the VABS-II (above). It is used: 1) to identify an individual’s strengths and weaknesses and response to daily demands, 2) as part of diagnostic assessment of developmental disorders including intellectual disability, autism spectrum disorders and early signs of learning problems, and 3) to measure progress over time. The forms may be completed independently by a parent or caregiver or may be read aloud to a caregiver with limited reading skills.

## [Due Process and Grievance Guidelines](#)

DEC’s training program is committed to the success of each fellow’s performance. Formal performance evaluation will be completed at 6 months and during the final month of the training year. In addition feedback about performance and behavior provided weekly from the primary or delegated supervisors working with the fellow. We recognize that events may occur in which a fellow’s actions or behavior require course correction. With certain specified exceptions, any corrective/disciplinary action is generally intended to provide the guidance needed to allow the fellow to perform and act successfully in their role. At the start of the training year, fellows will be provided with detailed information related to Due Process. They will also be given a guideline by which postdoctoral fellows can pursue any grievance they might have with the Psychology Training Program.

## [Eligibility Requirements and Application Procedures](#)

The following are minimum requirements to be eligible for a fellow position with DEC.

- Must have completed all requirements for a Doctoral Degree in Clinical Psychology before the start of the fellowship. Prior to the first day of fellowship, the fellow must provide a diploma or written letter from the Director of Graduate Studies at their graduate institution verifying the completion of all degree requirements.
- 1 year of experience with clinical assessment of children, preferably testing children under age 6 year
- Clinical exposure to children with Autism Spectrum Disorders

- Educational background in diagnostic assessments
- APA accredited doctoral graduate program & predoctoral internship
- Bilingual/Spanish (preferred)

Applications are due by December 1, 2021 and should be submitted to [RCHSD's Career Page](#) (search: Postdoctoral Fellow - Developmental Services) and must include the following in order to be considered:

- Cover letter indicating interest and brief description of your training goals
- Two letters of recommendation from previous/current supervisors
- Curriculum vitae
- One redacted sample report

Prospective fellows will be invited to interview in mid-January for openings in September of that same year. The Training Director, primary supervisor, and one other member of the DEC team will be present. Due to the current pandemic, interviews may be conducted online via ZOOM. Those invited to interview are invited to tour the facility in advance of an offer, however, this is not required.

### **Selection Procedures**

Once an individual has matched to this program, RCHSD will conduct a criminal background record check and COVID vaccine verification as required by California Law. A final match is contingent upon successful review and approval by RCHSD's Occupational Health and Safety and Human Resources Departments.

### **Stipend and Benefits**

The post-doctoral fellow position at Rady Children's Hospital Developmental Evaluation Clinic is a paid position. The annual stipend is \$54,080 + benefits for a full-time, 1-year casual position. Over the course of one year, a full-time employee earns 9 sick days and 23 paid leave days. The paid leave days include the 8 major holidays plus 15 other days, or 3 weeks. Rady Children's Hospital's Human Resources department does annual reviews of salaries for all job descriptions to ensure that our salaries are competitive and comparable to similar positions in our region.

### **Non-Discrimination Practices**

Rady Children's Hospital does not discriminate on the basis of race, color, religion, ancestry, national origin, age, physical or mental disability, sex/gender, gender identity, sexual orientation, military status, veteran status, genetic information, pregnancy, pregnancy-related conditions, marital status, socioeconomic status, homelessness, or any other category protected under applicable law in treatment or employment at the hospital.

## **Training Program Contact Information**

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For more information, please visit the website for the [Developmental Evaluation Clinic \(DEC\)](#).