



Developmental Evaluation Clinic (D.E.C.)

Postdoctoral Fellowship Training Program in Clinical Psychology

2025-2026

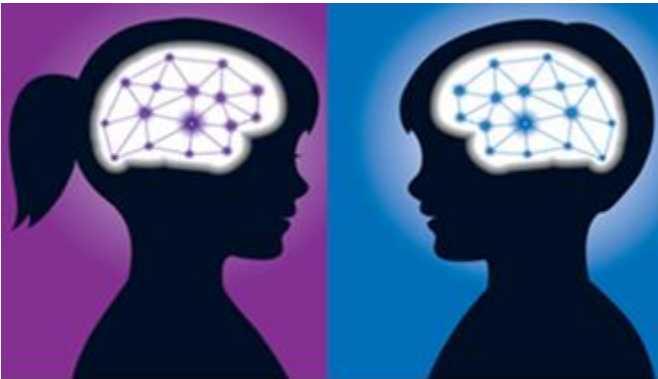


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**Welcome to D.E.C. and
Rady Children's Hospital ~ San Diego, CA!**

Program Description

The Developmental Evaluation Clinic (DEC) at Rady Children's Hospital San Diego (RCHSD) has operated continuously since 1974. DEC offers comprehensive developmental evaluation and referral services for infants and preschoolers, with a more limited range of services for 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 will 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.

Developmental Evaluation Clinic: Mission: To support the healthy development of children through compassionate, collaborative, and culturally sensitive comprehensive developmental evaluations and specialized services.

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>Primary role of fellow: Supervised diagnostic evaluations</p> <p>Opportunities:</p> <ul style="list-style-type: none"> • Participation on multi-disciplinary teams including Cochlear Implant, Feeding Team, Hematology/Oncology, Down Syndrome Clinic • Collaboration with other disciplines: Speech, Occupational Therapy, Physical Therapy, Audiology, Developmental-Behavioral Pediatrics
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	<ul style="list-style-type: none"> • 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
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	<p>Address: 11732 El Camino Real, San Diego, CA 92130</p> <p>Primary role of fellow: Supervised diagnostic evaluations</p> <p>Opportunities:</p> <ul style="list-style-type: none"> • 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
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	<p>Address: 3605 Vista Way, Oceanside, CA 92056</p> <p>Primary role of fellow: Supervised diagnostic evaluations</p> <p>Opportunities:</p> <ul style="list-style-type: none"> • 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
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	<p>Address: 333 H Street Chula Vista, CA 91910</p> <p>Opportunities:</p> <ul style="list-style-type: none"> • Exposure to a range of community-based prevention and intervention programs targeting: early childhood mental health, trauma resolution, developmental and behavioral screening, parent education
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	<p>Address: 25170 Hancock Avenue Murrieta, CA 92562</p> <p>Opportunities:</p> <ul style="list-style-type: none"> • Participation on multi-disciplinary teams: Autism MDT
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- 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

Why Rady Children's?

RCHSD is a nonprofit, 505-bed pediatric-care facility dedicated to excellence in care, research, and teaching. We are the only hospital in the San Diego area dedicated exclusively to pediatric healthcare and the region's only designated pediatric trauma center. In affiliation with the University of California, San Diego School of Medicine, we are the region's teaching hospital for the next generation of pediatric physicians. We are a major pediatric clinical research center, working in collaboration with world-renowned institutions, including UC San Diego and St. Jude Children's Research Hospital.

In October 2010, we opened our Acute Care Pavilion, making us the largest children's hospital in California (based on admissions). The facility helps to ensure that we will never turn a child away because our beds are filled. Parents and children come to Rady Children's from across the country to see our nationally renowned physicians, and our focus on research, teaching, and innovation is helping our patients to receive state-of-the-art care.

For several years, RCHSD has consistently ranked among the nation's Top 10 pediatric hospitals by U.S. News & World Report. These "Best Children's Hospital" rankings recognize the 50 leading pediatric facilities across the U.S. in 10 specialties: cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology and gastrointestinal surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology and lung surgery, and urology. In 2021, we achieved rankings in all 10 specialties surveyed, our Neonatology program was ranked as No. 4 in the country and our Orthopedics program as No. 7.



DEC Clinical Staff

DEC's clinical team is currently composed of 2 part-time licensed clinical psychologists, 1 part-time neuropsychologist, 1 full time neuropsychologist and 7 full-time licensed clinical 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.

See Appendix E for DEC's Training Team. 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 rotation. 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](#)
- [San Diego LEND \(ucsd.edu\)](#)
- [KidSTART](#)
- [Occupational Therapy](#)
- [Physical Therapy](#)
- [Speech-Language Pathology](#)

[POST COVID-19 PRACTICES](#)

Telehealth: Rady Children's Developmental Services is committed to safely meeting the health care needs of all children in our community and protecting everyone from exposure to COVID-19. In addition to select on-site visits, we offer some video (telehealth) visits securely on patient's computers or mobile devices. DEC currently conducts initial consultation and final feedback sessions via telehealth, as described below.

In-Person Visits: For appointments that are conducted in person, RCHSD takes every precaution to ensure each visit is as safe as possible, including:

- Conducting routine screening of health and potential exposures.
- Thoroughly disinfecting all toys, testing materials, and surfaces after sessions.
- Masks are available and optional for clinicians, patients, and families.

Please take comfort in knowing that all of our RCHSD locations are safe to visit! We are committed to our team members' and families' continued health, safety, and well-being.

Hybrid Evaluation Model: Unless clinically contraindicated, DEC currently utilizes a three-session model that combines telehealth and in-person visits.

Session 1: Initial 1-hour clinical interviews/consultations are offered via telehealth with caregivers and clinicians. During the initial interview, caregivers share their thoughts and observations regarding a child's current level of functioning as an individual learner and a social member of the family. The caregiver interview serves several important functions within the specialized evaluation process, beyond simple information-gathering. First, it establishes a flexible dialogue, allowing the discussion to be family-centered and an opportunity for rapport-building. Second, it allows the clinician to learn about the child and family in a more qualitative way while building rapport with the caregiver. In particular, the clinician can evaluate the accuracy of a caregiver's perceptions of their child. After the session, caregivers may be sent selected online questionnaires related to their perception of their child's behavior and functioning.

Session 2: The second session involves an in-person visit with caregiver and child. During this session, the child participates in standardized testing. The length and session contents are tailored to the reason for referral. The caregiver is present to observe and complete any additional measures.

Session 3: A final meeting between the clinician and caregiver is completed via telehealth. The focus of this session is to provide feedback and discussion about test results, diagnostic impressions, and treatment recommendations.

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.



APPIC Member Status

As of August 2021, DEC is a full member of the Association of Psychology Postdoctoral and Internship Center (APPIC).

Training Program Contact Information

Developmental Evaluation Clinic
Training Director, Meghan Lukasik, PhD
mlukasik@rchsd.org
Phone: (858) 966-1700 ext. 247286

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

DEC's Clinical Population and Focus of Training

Description

As a community-based pediatric clinic, DEC serves children under 18 years of age (primarily 0-5:11 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. Note: In addition to specialized, individual assessment tools based on diagnostic questions, every parent/caregiver will complete a Pediatric ACES and Related Life Events (PEARLS) to assess for adverse or traumatic early childhood experiences the child may have experienced. An adaptive behavior scale (e.g., The Vineland



Adaptive Behavior Scale (VABS-3) is also part of a typical assessment for almost every diagnostic question.

Evaluation Type	Approach/Rationale
Adoptions	<p>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 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, 2nd edition/BASC II, or Conners Early Childhood/Conners EC), and an informal, semi-structured assessment of the caregiver-child relationship as needed.</p>



Evaluation Type	Approach/Rationale
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, 2nd 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 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>

Evaluation Type	Approach/Rationale
	<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 developmental-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, 2nd 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 2nd edition/K-CPT II, selected measures from the NEPSY II.</p>
Autism Spectrum Disorders (ASD)	<p>ASD is one of the most commonly diagnosed disorders 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, Social Responsiveness Scale/SRS, Autism Spectrum Rating Scale/ASRS, Modified Checklist for Autism in Toddlers/ M-CHAT, or Communication and Symbolic Behavior Scales Developmental Profile Developmental Profile/CSBS DP).</p>

Evaluation Type	Approach/Rationale
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, 2nd 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	<p>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.</p>

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 nd 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 nd 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.

- 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

Supervision-10%

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. They are required to have active, valid licenses, free of any disciplinary action with the California Board of Psychology. In accordance with regulations set by APPIC's membership standards, American Psychological Association's Commission on Accreditation, and the California Board of Psychology, we provide doctoral interns with a minimum of two hours of individual supervision per week or 5% of direct service time for a 40-hour work week. An additional 2 hours of supervision will be provided in the form of a 1-hour group supervision and a required 1-hour didactic training. 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.

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 and part of the DEC team. Supervision activities may include but are not limited to case consultation, review and discussion of clinical activities, shadowing and co-assessment, and discussion of fellow's progress.

Group Supervision Fellows will meet with a designated group supervisor to focus on a variety of specific training topics including but not limited to the following:

- Learning and practicing various testing materials/batteries and discussing related issues such as scoring, interpretation, diagnostic conceptualization, and treatment recommendations.
- Discussion of department and team practices in test administration, report writing, diagnostic interviewing with caregivers, considerations in providing diagnostic feedback to parents, topics related to telehealth and services delivery.
- One full day a week focused on developing competency in infant assessment.
- Other focused opportunities for exposure to clinical specialties such as Neuropsych Assessment, complex differential diagnosis (trauma, FASD, early mental health), Feeding Team, Cochlear Implant Team, etc.

Required Didactic Training with Supervision Fellows will meet as a group once a week for a required didactic presentation, training, or workshop. These may be offered in person or through Zoom. A delegated licensed clinical psychologist supervisor will be present for all didactics that are not offered by a licensed clinical psychologist.

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. One hour of mandatory seminars, case conferences, clinical projects, or other didactic learning opportunities will be built into the fellow's weekly schedule through group supervision to ensure consistent attendance. There are multiple learning opportunities offered each week throughout the training year. Learning opportunities will be tailored to the fellow's clinical and long-term career interests.

Didactic Training Series Schedule DEC2023-24.docx

(Click on link to take you to most recent schedule)

Additional Seminars/Case Conferences/Professional 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.
- *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 (3rd 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* – Two-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 and adolescents)

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 in Appendix A for specific topics and dates.

Sample Weekly Training Schedule

Direct Clinical Assessment Services: 16-25 hours/week	
Observation & Participation in Live Developmental Evaluations	3-5 evaluations (10-15 hours)
Observation & Participation in Diagnostic Interviews and Feedback Sessions with Parents via Telehealth	6-10 telehealth Consults/Feedbacks (6-10 hours)
Indirect Clinical Services: 10-17 hours/week	
Direct Supervision During Hands-on Scoring of Test Protocols	Minimum of 1-2 hours/week
Direct Observation & Participation in Writing Patients' Developmental Evaluation Reports	3-5 reports (9-15 hours)
Supervision: 4 hours/week (minimum)	
Individual Supervision	2 hours/week; 2 hr w/ primary supervisor
Group Supervision/Didactic Training (see below)	2 hour/week with delegated supervisor with a focus on training
Live Supervision during co-assessment of comprehensive diagnostic assessments.	All cases (first 3-6 months). All cases reviewed and reports co-signed by supervisor.
Didactics, Seminars, Grand Rounds, & Additional Educational Opportunities:	
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 Conf.	3 days in September
San Diego Int'l Conf. 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
**See Didactic Training Calendar for full list of learning opportunity options	

Performance Evaluation Process

Every six months a 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. An example of the Performance Evaluation can be found in Appendix B.

These twice-a-year formal evaluations are supplemented by regular, ongoing feedback provided by DEC staff who are involved with training the fellow and by discussions and feedback provided during scheduled weekly individual and group supervision.

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 2nd month of the fellowship.

Tool	Age Range	Purpose
Global Measures Administered by DEC Clinician		
Bayley Scales of Infant and Toddler Development, 4 th 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 nd 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

Tool	Age Range	Purpose
		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 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 th 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.
Autism Diagnostic Observation Schedule 2 nd Edition (ADOS-2)	Starting at 12 months with Modules 1, 2, 3, and Toddler	The ADOS-2 is a semi-structured, standardized assessment of communication, social interaction, play/imaginative use of materials, and restricted and repetitive behaviors for assessing concern for possible autism spectrum disorders.
Supplemental Objective Measures		
Conners Kiddie Continuous Performance Test, 2 nd 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 th Edition	2 years to adult	Assessment of how children integrate their visual and motor abilities.
Supplemental Measures Completed with Parent/Caregiver/Teacher as Informant		
Developmental Profile, 4 th Edition (DP-4)	Birth to 21 years 11 months	The DP-4 measures development across five key areas: Physical, Adaptive Behavior, Social-Emotional, Cognitive, and Communication.
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.
Autism Spectrum Rating Scale (ASRS)	2 to 5 years	Assessment of symptoms and behaviors associated with ASD in young children. The ASRS also provides a DSM-5 Scale which indicates how closely the child's symptoms match the DSM-5 criteria for 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.

Tool	Age Range	Purpose
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 rd 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 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 rd 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 rd 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.

[Expectations for Successful Completion of Training](#)

Training Timeline:

Postdoctoral fellow training at DEC is based on a developmental approach with gradual and supportive progression toward clinical competence and independence. The training starts with passive observation during the first four to eight weeks with the fellow observing the

supervisor. At approximately week 7, the fellow will start taking a more active and lead role in the various aspects of the evaluation. During this time, the fellow will be observed by the psychologist who will evaluate performance using a clinical competency tool. By the sixth month the fellow is expected to have demonstrated competency and conduct all aspects of evaluations independently.

Successful completion of the Postdoctoral training program includes the following within a 12-month period:

1. A minimum of 1500 hours must be completed. The training program typically begins at the start of September and is in effect through the end of August. Fellows are expected to work 40 hours/week (with sick leave and planned-approved paid leave expected) and therefore will likely accrue more than this minimum by the end of the year. This time each week includes direct and indirect clinical services, supervision, and participation in learning activities.
2. Documented participation of a minimum of 4 hours a week supervised professional experience that includes a minimum of 2 hours of face-to-face individual supervision with a primary supervisor or another delegated licensed psychologist, and at least 1 hour a week of participation in group supervision and 1 hour a week in didactic learning activities. Exceptions: the clinic's planned weeklong closure (December 25-January 1) and planned paid/sick leave time.
3. Must demonstrate an "Independent" level on all competency measures. See Appendix C.
4. Must obtain ratings of "Can perform independently" (Rating = 3) on all areas of performance tool by 2nd evaluation period with no outstanding remediation plans in place. See Appendix B.
5. Must have closed all clinical cases including billing and required documentation.

Maintenance of Records

In accordance with the Commission of Accreditation (CoA) requirements, the DEC program maintains a confidential system of storing all postdoctoral fellow records including hire-in documentation, salary information, performance reviews, completion of trainings during the training year, and a final certificate of completion at the conclusion of the training program. The records will be stored in a secure electronic folder with access limited only to those whose job title specifically authorizes their access including the training director and for some documents, a designated Human Resource Manager affiliated with the department.

Due Process and Grievance Guidelines

DEC's training program is committed to the success of each fellow's performance. We recognize that events may occur in which a fellow's actions or behavior require feedback and 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 (Appendix D). They will also be given a guideline by which postdoctoral

fellows can pursue any grievance they might have with the Psychology Training Program (Appendix E).

Eligibility Requirements and Application Procedures

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

- Doctorate Degree in Clinical Psychology, School Psychology, or related fields.
- 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 (preferred)
- Bilingual/Spanish (preferred)

Applications are due by January 3, 2025 and should be submitted to [RCHSD's Career Page](#) (search: Postdoctoral Fellow - Developmental Evaluation Clinic) 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
- Note: applicants will be asked to provide 3 clinical references to be reviewed by our Human Resources Department.

Prospective fellows will be invited to interview in mid-January for openings in September of that same year. One or both of the Training Directors, a primary supervisor, and/or other member of the DEC team will be present. Interviews are typically conducted online via ZOOM. Those invited to interview are also 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 \$68,640 + 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.

[Appendix A: Sample Didactic Learning Series Schedule](#)

There are a wealth of didactic learning opportunities available to fellows each week throughout their training year. Participation in at least 2 hours per week is required with the option for additional hours. Several learning opportunities have been specifically scheduled and will be required while others are available hospital-wide and are optional. Learning opportunities will be tailored to the fellow’s clinical and career interests. The schedule is updated throughout the year. Click on the link to access the most updated version of this schedule: **[Didactic Training Series Schedule_DEC2023-24.docx](#)**

Appendix B: Sample Performance Evaluation Tool

Name of Postdoctoral Fellow: _____

Date: _____

Mid-Year / Final (*circle one*)

Rating Scale:

1	Can perform this skill inconsistently with assistance and/or supervision
2	Can perform with assistance and/or supervision
3	Can perform independently

Expectation	Rating
A) Maintains, implements & follows the policies & procedures of the hospital & assigned department within the scope of licensure/certification & established guidelines.	
B) Under supervision of a licensed psychologist, administers, scores & interprets psychological test batteries. Evaluates data & plans pertinent therapy programs for patients, per departmental guidelines.	
C) Under supervision of a licensed psychologist, follows treatment team recommendations & provides services to restore patients to optimal social & health adjustment.	
D) Participates in supervision process to prepare for licensing exam, per department protocol.	
E) Performs administrative duties as assigned, assigning cases, attending meetings, returning phone calls, documenting results.	
F) Protects confidentiality of patient data & clinical information.	

Supervisor Comments:

Appendix C: Sample Competency Tool

COMPETENCY: Administration of the Bayley Scales of Infant and Toddler Development – 4th Edition			
Name:		Title:	
Employee Number:		Department:	
Validation Method:			
CS – Case Studies	EX - Exemplars	P - Presentation	
D – Demonstration	MC – Mosby Checklist	QM – Quality Monitoring	
DG – Discussion Group	MT – Mosby Test	SP – Simulated Practice	
DR – Document Review	O - Observation	VT – Verbal Test	
		WT – Written Test	
Performance Levels:			
4: Can perform independently, adapt to problems situation, and teach this skill			
3: Can perform this independently			
2: Can perform with assistance and/or supervision			
1: Cannot perform this skill			
PERFORMANCE CRITERIA	Validation Method	Performance Level	Date/Initial
Technical: 1. Gathers appropriate materials for each subtest 2. Administers according to the manual instructions 3. Uses developmentally appropriate strategies for engaging the child and ensuring cooperation 4. Scores accurately using the computer scoring software or the manual			
Knowledge: 1. Demonstrates understanding of typical and atypical developmental expectations. 2. Demonstrates understanding of the 5 areas of development and how they are measured (cognitive, communication, motor, adaptive and social-emotional).			
Relationships/Interpersonal Communication			
Critical Thinking: 1. Compares scores to age referenced norms 2. Interprets scores within context of validity and reliability date of the measure 3. Integrates scores into overall diagnosis and conclusions regarding a patient			
Competency Validator Signature & Credentials:			
EDUCATION PLAN <i>(All performance levels of 2 or less require an education plan)</i>			

Appendix D: Due Process

DS DEC 305 – Department Guidelines for Due Process and Appeals, Psychology Training Program

Purpose: To provide options to address, support, coach and correct the performance or provision of clinical services for postdoctoral fellows.

These guidelines are provided to outline and protect the rights of the postdoctoral fellow and DEC's training program. The guidelines are written in detail to ensure fellows have a clear understanding of due process in connection with the formal evaluation process in the event a fellow displays any problematic behavior or does not meet the required level of competency as defined by our training program. The guidelines also provide a detailed explanation about how DEC manages instances when a complaint about the fellows performance or conduct is brought forward by any person.

Postdoctoral fellows ("fellows") participating in the Developmental Evaluation Clinic training program are employees of Rady Children's Hospital San Diego (RCHSD). As such, they are subject to all RCHSD policies and procedures, including those related to performance management and termination. RCHSD policies will have primary authority and are available on the RCHSD Intranet's Policies & Procedures page.

RCHSD is committed to the success of each fellow's performance. We recognize that events may occur in which a fellow's actions or behavior require feedback and course correction. With certain exceptions cited below, corrective/disciplinary action is generally intended to provide the guidance needed to allow the fellow to perform and act successfully in their role.

Rights and Responsibilities

Due process guidelines are provided to outline roles and responsibilities and to protect the rights of both the postdoctoral fellow and DEC's training program. It is an expectation that postdoctoral fellow and DEC's postdoctoral training program will be treated in adherence to ethical, legal and professional standards outlined in DEC's due process guidelines which have been adapted from APPIC's due process guidelines. Efforts shall be made to resolve issues at the lowest possible level, however, fellows are informed of subsequent more formalized due process procedures that they can take and/or that the training program may take if the concerns persist or cannot be resolved at a more informal level.

Fellows: Postdoctoral fellows have the right to due process procedures. They have the right to express concerns regarding their primary or delegated supervisors as well as any concerns regarding behaviors of other staff employed by Rady Children's Hospital. This includes concerns about the quality of their training as well as specific concerns about conduct of a supervisor or other staff member as well as the fellows belief that a violation, misapplication or misinterpretation of a personnel policy has occurred. In addition, they have the right to express concerns about discrimination, harassment, or retaliation.

In the event that concerns are raised about the fellow's problem behavior or the fellow's ability to achieve competencies within expected timeframes, this document provides the fellow with details about the training program's formal performance improvement process. Fellows will also be given information about the appeals and grievance process.

Training Program: DEC's postdoctoral training program has the right to express concerns about a postdoctoral fellow's performance and conduct. Feedback related to clinical competency as well as expectation of professional behavior and adherence to all RCHSD personnel policies will be given as part of each supervised experience as well as included in formal performance evaluations which occur twice a year; at mid year and during the final month of the training program.

Definition of Problematic Behavior and Performance Problems Related to Competency:

Complaints about problematic behavior or performance can be brought forward to the attention of the training program by any person in contact with the fellow including supervisors, other RCHSD staff, patients, and their caregivers. The training program will rely on the professional evaluation and judgment by the fellow's primary supervisor and Training Director to determine if a fellow's behavior or performance is problematic and if remediation is indicated. Any complaints will follow guidelines set for by the organization based on the nature of the complaint including formal discipline/termination when indicated. Concerns that are not able to be resolved at an informal level will be elevated to the Director and Senior Director of RCHSD Developmental Services. RCHSD's Human Resources department may also be included.

Problematic behavior is defined by:

- The fellow does not acknowledge or demonstrate understanding of change behaviors when a problem is identified.
- When change does not occur within specified timeframes provided to the fellow following implementation of a performance improvement plan.
- The fellow's behavior raises concern about the potential for harm to a patient.
- The fellow's behavior poses potential for ethical or legal issues if not addressed.
- The fellow's behavior has a negative impact on the quality of professional service delivered to a patient and family.

The fellow's behavior has a negative impact on interpersonal or professional relationships with staff.

- The fellow's behavior raises concerns about their ability to maintain the essential functions of their job.
- Remediation of the fellow's behavior requires more time than reasonably expected for a professional in the same training role.

Performance concerns also include the fellow's inability to attain competency on clinical measures or departmental and hospital processes as defined by the training program.

Performance concerns related to competency are defined by:

- The fellow's inability to achieve clinical competency on measures expected as part of the evaluation process.
- The fellow's inability to achieve competency on departmental processes and trainings including but not limited to the hospital and County electronic medical record systems and the County's required cultural humility and sensitivity and other required trainings.
- The fellow's inability to achieve competency on hospital learning center modules related to hospital practices, policies, and procedures.

Guidelines:

1. **Performance Expectations and Identifying Concerns:** Fellows are provided with a job description upon hire, which describes the expectations of their job performance, and clinical, departmental and hospital 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. Both formal and informal feedback about the fellow's professional behavior and progress toward competencies will include an emphasis on strengths as well as areas of growth. 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. *Timeframe: As soon as concern is identified*
2. **Notice:** Fellows receive continuous performance feedback via weekly supervision, competency tests, and bi-annual formal performance evaluations. 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. *Timeframe: Weekly*

Performance or behavior problems that pose a risk to self, patients, or the organization will be referred to Human Resources immediately and managed via RCHSD personnel policies. Violations of applicable laws and regulations, even unintentional, could potentially subject the fellow or RCHSD to civil, criminal or administrative sanctions and penalties; therefore, any fellow engaging in a violation of any law or regulation may be terminated from employment. Additionally, in such circumstances, the necessary information will be provided to appropriate law enforcement, licensure and/or

accreditation authorities. *Timeframe: Immediately upon identification of unsafe performance or violation of laws and regulations*

3. **Hearing:** If the fellow's performance or problematic behavior does not improve based on supervisor feedback and does not present a risk to self, patients, or the organization, a meeting will be held with the fellow, clinical supervisor, and Training Director. During this hearing, the clinical supervisor is responsible for presenting factual information regarding the concern and the fellow has a right to hear and to respond to the concerns.

4. **Formal Evaluation and Complaint Procedures:** The need for corrective action will be determined based on the Hearing. If corrective action is taken, at each step the Training Director is responsible for delivering the corrective feedback. The fellow is responsible for actively participating in a discussion of the feedback and, when indicated, signing documentation that they have received the corrective action. Their signature does not necessarily imply that the fellow is in agreement with the corrective action, but acknowledges receipt of the written documentation. One copy will be given to the fellow and the other copy will be distributed to the employee file housed in Human Resources.
 - Performance coaching. *Timeframe: At minimum weekly*
 - Verbal warning. *Timeframe: Within 10 days of identifying that performance has not improved based on coaching*
 - Written performance or behavioral expectations and improvement plan to be signed by fellow. When appropriate, the clinical supervisor and fellow will jointly create a Performance Improvement Plan detailing the unmet expectation(s), steps to be taken by the fellow, and steps to be taken by the supervisor. The Plan will be a specified duration and will be reviewed during weekly supervision to ensure that progress is being made. At the end of the Plan duration, if the fellow is consistently meeting all expectations, the Plan will be successfully closed. If the fellow is not meeting the expectations outlined in the Plan, additional corrective/disciplinary action will be taken, as described above. *Timeframe: Given concurrent with verbal warning; duration of 30, 60, or 90 days based on nature of infraction.*
 - Written warning to be signed by fellow. *Timeframe: Final day of improvement plan if performance or behavioral expectations have not been met.*
 - Final written warning to be signed by fellow, suspension of duties, disqualification, change of schedule/duties/work site, or any other actions deemed appropriate by management, up to and including separation of employment. *Timeframe: Determined in consultation with Human Resources; no later than 10 days of identifying that performance has not improved following Written warning.*

5. **Appeals Process:** The fellow may, at any time, appeal any corrective/disciplinary action by contacting the Training Director or (if the concern is with the Training Director) DS Director of Behavioral Health. The fellow is responsible for submitting, in writing, all relevant facts as well as the remedy they are requesting. The leader is responsible for reviewing the appeal and any existing documentation regarding the initial performance/behavior concern, may interview the clinical supervisor, Training Director, and others involved, and will consult with Human Resources as needed. The leader is responsible for responding to the fellow in writing within 10 business days. *Timeframe: 10 business days*

If the fellow is not satisfied with the response of the first-level leader, they may contact the next level of Division leadership (DS Director of Behavioral Health Services or DS Senior Director). The fellow may initiate this contact with or without the knowledge of their clinical supervisor or the Training Director. The fellow is responsible for submitting to the next-level leader their original appeal along with a description of the reason they are not satisfied with the response of the first level leader and the remedy they are requesting. Next-level division leadership is responsible for responding to the fellow with a final decision about their appeal within 10 business days. *Timeframe: 10 business days*

As an employee of RCHSD, fellows may at any time contact their Human Resources representative or file a complaint utilizing the organization's Compliance line. Processes and timelines will be met in accordance with RCHSD personnel policies.

Appendix E: Grievance Guidelines

DS DEC 306 – Department Guidelines for Grievance, Psychology Training Program

(adapted from Rady PPM704)

Purpose: To describe the process by which postdoctoral fellows can pursue any grievance they might have with the Psychology Training Program.

Postdoctoral fellows (“fellows”) participating in the Developmental Evaluation Clinic training program are employees of Rady Children’s Hospital San Diego (RCHSD). As such, they are subject to all RCHSD policies and procedures, including those related to employee complaints and grievances. RCHSD policies are available on the intranet’s Policies & Procedures page.

Guideline:

1. Informal Review - The first step in the grievance process is an informal review between the fellow and a Training Program representative (i.e. clinical supervisor or training director). During this meeting, the fellow will discuss their complaint with their immediate supervisor. If the complaint is not resolved to the fellow’s satisfaction, they may initiate a Formal Review.
2. Formal Review – If their complaint is not resolved by the Informal Review, the fellow may request a formal review within ten business days by providing the following information in writing to the Training Director, or (if their complaint is regarding the Training Director) to the DS Senior Director:
 - a. Description of their initial complaint
 - b. Date of the Informal Review meeting, description of the discussion, and reason they are not satisfied with the results
 - c. Remedy being requested

The leader will attempt to resolve the complaint and respond, both verbally and in writing, to the fellow as soon as possible but no later than ten calendar days following receipt of the request for Formal Review. If the leader determines that the grievance can not be resolved within the department, the fellow will be instructed to follow all relevant RCHSD Personnel Policies, as they apply to fellow who are considered employees of RCHSD.

External Resources – The American Psychological Association Office of Program Consultation and Accreditation can be reached at (202) 336-5979. A complaint form can be accessed on their website at www.accreditation.apa.org/complaints-and-third-party-testimony

Appendix F: Fellowship Training Structure

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 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 Co-Directors (TD)

Meghan Lukasik, Ph.D.

Victoria Moore, Psy.D.

Current Primary Supervisors

Stephany Cox, Ph.D.

Mercedes Pratt, Ph.D.

Additional Delegated Supervisors:

Rene Barbieri-Welge, Ph.D.

Debra Broadbooks, Ph.D.

Ayala Ben-Tall, Ph.D.

Rosalva Martinez, Psy.D.

Amanda Hyatt, Ph.D.

Carolyn Korbel, Ph.D.

Katherine Buchanan, Ph.D.

Melina Islas, Ph.D.

Senior Director of Developmental Services

Payal Beam, L.C.S.W.

Director of Developmental Services Behavioral Health Programs

Teresa Therieau, MPH

Management Analyst

Esther Choi

For more information, including a list of training staff biographies, visit DEC's website:
<https://www.rchsd.org/programs-services/developmental-evaluation-clinic/>

About the Training Directors:

Meghan Lukasik, Ph.D.

Dr. Meghan Lukasik has held various clinical and leadership roles over her 22+ years as a licensed clinical psychologist at Rady Children's Hospital. She received her doctorate in psychology from The California School of Professional Psychology in San Diego, CA (now Alliant University). She completed an APA Internship at Norristown State Hospital in Pennsylvania with a rotation at the Preschool Intervention Program (P.I.P.). She completed her postdoctoral training in San Diego, CA at Excelsior Academy/Learning Development Services and obtained additional postdoctoral hours completing neuropsychological assessments in a private practice setting.

Currently, in her role as Manager, Dr. Lukasik is responsible for the development and monitoring of clinical practices, policies and procedures, personnel performance, budget planning, and maintenance for the Developmental Evaluation Clinic (DEC). She has contributed as a subject matter expert in competitive grant proposals which resulted in recent long term contract awards, allowing DEC to serve children 0-5 years with Medi-Cal funding through San Diego County's Early Period Screening and Diagnostic Testing (EPSDT) program and Riverside County's University Health System (RUHS). These programs target underserved children in the community. The contracts are highly supportive of developmental and mental health initiatives and the clinical contributions of DEC's post-doctoral fellows. She has published articles and co-authored a chapter in a textbook on screening and assessment. She has been asked to present at locally, nationally, and internationally attended conferences on various topics in the field of neurodevelopmental disorders and early childhood mental health.

Clinically, Dr. Lukasik maintains a 20% clinical caseload where she provides outpatient diagnostic assessment of infants, toddlers, and school-age children funded by commercial insurance, private pay, and MediCal. Dr. Lukasik serves as a liaison between DEC and discipline leaders within the hospital (speech, occupational therapy, physical therapy, psychiatry, developmental pediatrics, mental health therapists, and medical specialists such as genetics and neurology and other specialty clinics). She is well known within the community and works closely with early intervention programs including San Diego Regional Center. Dr. Lukasik also serves as a safety and mental health consultant for the division of Developmental Services within Rady Children's and has provided trainings to clinicians and students related to telehealth practices during the COVID-19 pandemic as well as other topics related to differential diagnosis, early mental health, and trauma-informed practices.

Over the years, Dr. Lukasik has served as a primary supervisor for practicum students and postdoctoral fellows. She has also provided supervision for social workers in pursuit of their LCSW. She enjoys individualizing supervision goals to match the unique career objectives of those she supervises. She has been nominated twice as a "Rady Children's Hospital Employee of Excellence," including recent nominations from two clinicians who reported directly to her in 2020-2021. Dr. Lukasik is proud of DEC's 47-year history and looks forward to partnering with new staff to continue to grow and serve San Diego and Riverside County's most vulnerable children and families.

Victoria Moore, Psy.D.

Dr. Moore has been a licensed psychologist since 2008 and has worked at Rady Children's Hospital since 2015. She provides comprehensive developmental evaluations for a broad range of developmental, behavioral and mental health concerns, with a particular focus in autism spectrum disorders. She received her doctorate of clinical psychology from Indiana University of Pennsylvania. Prior to coming to Rady Children's, she completed an APA-accredited pre-doctoral internship at the May Institute, a postdoctoral fellowship at the Watson Institute, and provided evaluation, diagnosis, and treatment at the Southeast Missouri State University Autism Center. She has extensive experience in the assessment and treatment of autism spectrum disorders including conducting diagnostic assessments, providing direct 1:1 Applied Behavior Analysis (ABA) intervention in the home setting, facilitating psychoeducation and support groups for parents, and facilitating social skills groups for school-age children and teens with autism. Dr. Moore has been an invited guest expert on numerous radio and television news programs in Pennsylvania, Missouri, and California to discuss topics related to autism spectrum disorders.

Dr. Moore has taught courses in psychology and applied behavior analysis at Indiana University of Pennsylvania and at Southeast Missouri State University. During her time at the Watson Institute, she provided supervision to predoctoral interns in a range of clinical settings, including diagnostics assessments in a clinical setting, an integrated LEAP preschool, community summer camp settings for children with autism, parent groups, and social skills groups for children with autism. At the May Institute, Dr. Moore worked with Susan Wilczynski, Ph.D., Executive Director, National Autism Center/Vice-President, Autism Services, reading, analyzing, and scientifically coding peer-reviewed research articles on Autism treatment for the National Standards Project (a comprehensive effort by experts from across the country, including scientists, practitioners and creators of treatment programs, to develop evidence-based practice guidelines for educational and behavioral treatments for Autism Spectrum Disorders involving individuals under the age of 22) .

While at the Southeast Missouri State University Autism Center, Dr. Moore provided clinical training and supervision to other clinicians, interns, and externs from a variety of university programs, including Applied Behavior Analysis, Nursing, Counseling, Early Childhood Education, and Psychology. She was also invited to join an expert panel on the Missouri Autism Guidelines Initiative Committee to work on Autism Spectrum Disorders: Guide to Evidence-based Interventions (published 2012) describing best practices which enable effective interventions for persons with Autism Spectrum Disorders.

During her time here at Rady's Dr. Moore has served as a primary supervisor for postdoctoral fellows as well as onboarding clinical support and training for new staff and visiting medical professionals. She provides oversight for our didactic training programs, serves as a designated supervisor, and leads weekly group supervision for postdoctoral fellows. Dr. Moore was instrumental in the initial development and the on-going maintenance of our post-doctoral fellowship program and looks forward to welcoming our next new class of fellows!