The Guidance Center has been providing quality mental health services since 1946. Formerly known as The Greater Long Beach Child Guidance Center, the agency was founded by a group of local public school teachers and counselors who were concerned about the mental health needs of children with behavior and learning problems in school. A relatively small clinic for many years, the agency became affiliated with the Long Beach Memorial Medical Center and Miller Children’s Hospital and moved its offices to the grounds of the Medical Center.

During the past 15 years, the agency enjoyed considerable growth and increased the number of programs, clients served and community-based locations significantly. Between 1995 and 2001, The Guidance Center grew from a relatively small clinic in Long Beach with a satellite office in San Pedro, to a major community mental health service provider employing more than 150 mental health professionals, support staff, administrators, and interns. Today, the Center provides services to children and families at three sites within Long Beach and its surrounding communities. In addition to a large outpatient center in Downtown Long Beach, the Center has operated a satellite clinic in San Pedro since 1977, and a model interagency “System of Care” program in Compton since 1998. The Center also has provided outpatient services in Avalon, on Catalina Island, since 2001.

The Guidance Center is a major contract agency, providing specialty mental health services for the Los Angeles County Department of Mental Health, and also works closely with the Long Beach and Paramount Unified School District (providing on-campus mental health services at over 40 schools), and the County Departments of Children and Family Services and Probation. System-wide, clinicians and trainees provide thousands of hours of clinical assessment and treatment services monthly, including diagnosis, crisis intervention, individual, collateral, group, and family psychotherapy, individual and group rehabilitation services, case management, in-home and school-based services, intensive service programs for children and adolescents, psychiatric evaluation and medication services, outpatient substance abuse treatment, and psychological testing. Clients include children from 0 to 24 years and/or parents/caretakers, who are from a broad spectrum of lower and middle-income households, with cognitive, emotional, interpersonal, behavioral, school, and family problems. In terms of ethnicity, TGC clientele are approximately 62% Hispanic origin, 24% African-American, 10% Anglo-American, and 2% Pacific Islander. The Guidance Center has a 70 year history of providing full scope mental health services to the most disadvantaged families within the greater Long Beach area.

Approximately 42% of our budget is dedicated to prevention and early intervention services through the State of California Mental Health Services Act (MHSA) and requires utilizing of evidence based practice and proven outcomes within our clinic. We have several county funding sources that allow
us to provide different levels of specialty mental health services (outpatient care, Field Capable Clinical Services, Full-Service Partnership) to disadvantaged families. We also receive additional funding through the Educationally Related Mental Health Services (ERMHS) to provide contracted services with the school district to students whose mental health disorder prevents them from benefitting fully from academics. Additionally, we have funds allotted to provide treatment for unaccompanied minors from Honduras and Guatemala, intervention to parents with children whose mental illness prevents them from working (CalWorks program), and funds to prevent children and adolescents from being removed from their biological families (Family Preservation program). Together, we offer a wide range of services to disadvantaged families which allows fellows to develop their competencies in diverse settings and with diverse youth.

Multidisciplined clinical staff and trainees work closely with parents, school personnel, allied agencies, and other resources to address each child's difficulties in a professional and coordinated manner. All staff clinicians are state licensed, or otherwise qualified mental health professionals, in one of California’s major mental health disciplines. Moreover, The Guidance Center has a robust training department. In addition to doctoral psychology fellowship training, TGC has a well-respected APA-Accredited psychology internship training program, and serves as a training site for doctoral psychology practicum students and MFT/MSW trainees from local programs. The agency is licensed by the State Department of Health Services as a Psychology Clinic.

**Miller Women’s and Children’s Hospital** is a not-for-profit, pediatric teaching hospital that treats more than 8,000 children each year and has become a regional pediatric destination for more than 84,000 children, who need specialized care in outpatient specialty and satellite centers. The hospital opened in 1970, with many innovative patient and family centered care features, such as patient rooms to accommodate a parent’s overnight stay. Miller Children’s opened with 65 active pediatric physicians and surgeons along with services such as an expanded Neonatal Intensive Care Program (NICU), cleft palate program, allergy, ear, nose and throat, endocrine, urology and general surgery. In the United States, there are less than 70 free-standing children’s hospitals, including Miller Children’s, that provide teaching, research and comprehensive pediatric care. Miller Children’s is recognized as one of the eight free-standing children’s hospitals in California and incorporates patient and family centered care.

More than 750 pediatric specialists and sub-specialists, as well as nearly 100 OB/GYNs, including 10 high-risk pregnancy specialists (maternal-fetal specialists), ensure that the highest quality, compassionate care is given to each patient and their family. The hospital has seven major inpatient care centers within the hospital and comprehensive outpatient specialty centers that feature more than 40 sub-specialties; and include 16 California Children Services (CCS) approved center of care clinics. These Centers provide specialized care for children with chronic conditions, such as asthma, irritable bowel disease, congenital heart defects, diabetes, autism, cancer and serious blood disorders.

**ABOUT LONG BEACH, CA**
Located on the coast about 25 miles southeast of downtown Los Angeles, Long Beach is the fourth largest city in California, with a population of 462,257 people (2010 census). The City of Long Beach is one of the most ethnically diverse communities in the United States, offering all the world-class amenities of a large metropolitan city while maintaining a strong sense of community and neighborhood pride. Long Beach is home to the Queen Mary, Aquarium of the Pacific, several museums and theaters, Long Beach Airport, an award-winning school district and recreation programs, its own Health Department, miles of beaches and bike paths, five golf courses, five hospitals and two historic ranchos. In 2012, the City of Long Beach was designated a Silver-Level Walk Friendly Community for walkability initiatives and programs.
ABOUT THE FELLOWSHIP TRAINING PROGRAM

BACKGROUND. Fellows see patients who are part of The Guidance Center’s, The Whole Child Program (TWC). TWC is dedicated to improving the psychological, behavioral, emotional, and social well-being of children, adolescents and young adults with chronic health conditions, medical complexity, and special health care needs. As a specialized program within a Department of Mental Health-funded community mental health center, TWC has a specific emphasis on applying community psychology values (e.g. empowerment, social justice, interdisciplinary partnerships) to the treatment of pediatric patients. These values are emphasized in every aspect of the program. As such, the fellowship program is, in part, designed to build advanced competency in adapting the community mental health model to provide care for underserved youth with healthcare complexity and their families.

TWC specializes in assessing and treating the unique emotional and behavioral needs of children and adolescents who are receiving medical treatment for one or more health conditions. In particular, TWC has a focus on recognizing the strengths of youth aged 6-24 and their families; and helps families build upon those strengths to foster improved adjustment and adaptive coping with their specialized health care needs.

TWC and by extension, the postdoctoral fellowship is a collaboration between The Guidance Center (TGC) and Miller Children’s and Women’s Hospital. The full-time, one-year fellowship in child psychology provides a particular focus on mental health assessment and supportive treatment to underserved youth and families who have one or more medical conditions. Treatment is provided both as part of the pediatric consult team at Miller Children’s and Women’s Hospital and in our outpatient specialty mental health program at The Guidance Center. Many psychologist-client contacts are field-based (home, medical appointments, school, via telehealth, etc.) to overcome treatment barriers for vulnerable families. Cases seen in the outpatient clinic are typically referred directly via hospital discharges or by MCWH outpatient specialty medical clinics (e.g. endocrine, nephrology). Advanced training is provided in the understanding of major pediatric illnesses and required medical regimens.

COVID-19 SPECIFIC UPDATES: We anticipate that by the start of the 2021 training year that all of our services will be in-person. However, we also hope that telehealth will remain a part of our service delivery menu for clients, and therefore fellows may provide services via telehealth.

POSITIONS. For the 2021-2022 training year, we will accept one fellow.

AIM AND OBJECTIVES. Consistent with the agency’s mission, the doctoral psychology fellowship program’s aim is “to develop fellows competent in providing specialty mental health care following a community model within field based and inpatient pediatric settings.”

Developed based on the work of the Society for Pediatric Psychology Competency Benchmarks Task Force, the following are the program’s expected areas of competence:

1. **Knowledge:** To ensure that fellows have crosscutting knowledge of clinical child psychology and pediatric psychology
2. **Science:** To ensure that fellows utilize scientific evidence and literature to inform practice
3. **Professionalism/Interpersonal Effectiveness:** To ensure that fellows are able to represent psychology in the most appropriate manner
4. **Application of Knowledge:** To ensure that fellow are able to independently apply knowledge
and theory to diverse patients and presenting problems

5. **Supervision:** To graduate fellows who demonstrate a working knowledge of the theories and methods of supervision and ability to provide supervision to develop supervisees

Staff members at all levels of the Center are accustomed to treating fellows as colleagues; they are given responsibilities and opportunities commensurate with their advanced level of education, training, and skill development. Because advanced clinical training in human services involves issues of quality assurance, supervision and training involves ongoing evaluation of the fellow's performance while at the same time providing the freedom, support, and responsibility to grow professionally. Professional development includes integrating the science and practice of psychology, acquiring and demonstrating a broad range of clinical competencies, and transitioning from a student to professional self-awareness.

Fellows are included in all TGC activities and their input, feedback, and suggestions are responded to and incorporated during program evolution, evaluation, changes, and refinement. Because fellows grow and develop through the supervised experience of working with "real life" problems, situations, and families, their services are appropriately billable and result in some revenue generation for the Center.

**Core Training Elements.**

1. **Supervised clinical experience in all aspects of specialty mental health with children, adolescents, parents, and families.** These services include: intakes and assessment; clinical case management; a range of psychotherapeutic interventions and modalities, including implementation of evidence-based interventions; clinical case consultation with other treatment staff, schools, and allied agencies; crisis intervention; and termination planning and discharge. Services are provided in the office, client’s homes, schools, parks, medical clinics, and via telehealth following agency COVID-19 guidelines.

As a community mental health center, providing field-based therapy by meeting clients in settings that are familiar and safe for them (i.e., parks, homes, clinics) is a necessary component of successful treatment for families who may otherwise not access services due to financial barriers; when allowed by COVID-19 guidelines. Training in the complexities of specialty mental health allow our fellows a unique perspective and the flexibility necessary for work in all types of integrated care settings. Fellows are expected to become well-versed in brief and long-term interventions that do not fit the traditional 50 minute session, rapid assessment utilizing screening tools (e.g., Patient Health Questionnaire-9, Youth Outcome Questionnaire, PedsQL) and semi-structured interviews (KSADS-PL).

Over the course of the training year, fellows deliver services with outpatient clients with whom there are opportunities for fellows to deliver individual, family, and group services in the office and field. As primary therapists responsible for all aspects of direct service delivery to approximately 8-10 ongoing therapy cases (12.5 billable hours per week; average of 45 hours per month). Fellow caseloads are comprised of children, adolescents, and transitional aged youth who have both a chronic medical and mental health condition that impact one another. Cases are intended to be short to medium-term with most patients discharging (including within-agency transfer to a non-medical program) within 4-6 months.

In addition to carrying a 50% caseload of clients at TGC, the pediatric psychology fellow will also provide clinical care at Miller Children’s & Women’s Hospital Long Beach. The hospital
provides specialized pediatric care for children and young adults, with medical conditions ranging from common to complex. The fellow will 1) participate in interdisciplinary rounds and care/family conferences, 2) provide consultation to interdisciplinary treatment teams serving inpatients, 3) assess harm to self or others and provide behavioral de-escalation of patients, family members, and/or staff as necessary, and 4) evaluate and provide brief, problem-focused treatment of childhood psychological disorders (i.e., adjustment disorder, depression, anxiety) and medical treatment adherence as identified while the patient is hospitalized under the supervision of a licensed psychologist.

2. **Advanced Consultee-Centered Consultation.** Fellows are expected to provide consultation with agency therapists and hospital staff to offer expertise in treatment planning and/or to determine if a client meets criteria for the program, where relevant. Disposition screenings are often hospital-based and may involve administering psychological measures and conducting brief clinical assessments over the phone.

3. **Supervision of practicum students.** As part of the training to become professional psychologists, fellows have the opportunity to supervise doctoral-level psychology practicum students in a group supervision format with a licensed psychologist. Psychology practicum students are obtaining experience in therapy (including with Whole Child Program Clients) and psychological assessment. Supervision of supervision occurs every other week; and fellows receive formal formative and summative feedback twice per year.

4. **Interprofessional Consultation** to agency staff, hospital personnel, and other individuals within a client’s treatment team/system. Fellows are expected to interact with the community at large and with specific allied agencies, other programs, and funding sources in a manner that facilitates and enhances the operation of the Center.

5. **Teaching.** Fellows are expected to provide at least 4 didactic seminars on relevant therapy and/or testing topics to the doctoral and master level practicum students over the course of the year. In addition, fellows are expected to provide a presentation at least once per year to medical residents during the hospital noon conference.

6. **Exploration of individual and cultural diversity** through interprofessional consultation/professional development supervision and through case conceptualization. A unique component of the training department includes the exploration of individual values. All supervisors present their morality genograms at the beginning of the year in order to foster conversations regarding diversity and how they impact relationships. By the second or third month of the program, fellows and interns also present to supervisors their morality genograms depicting their core values and how those do or do not impact clinical work and supervision. The program also sponsors a Diversity Fishbowl discussion every other month that fellows are expected to attend. The discussion focuses on one aspect of diversity and allows all staff to develop a better understanding of one another.

**CLINICAL SUPERVISION**

Each fellow will have one hour of supervision for every 10 hours worked (10%) each week during the course of the training year. At least three of those hours are individual, face-to-face
supervision hours with a licensed psychologist. Fellows also receive 1 hour per week of supervision by a licensed psychologist or 1 hour per week of group supervision focused on interprofessional consultation and professional development. Bilingual fellows will have the opportunity to participate in Spanish language supervision.

**Seminars & In-service Training.** Several forms of didactic training are offered over the course of the training year. These didactic opportunities are as follows:

1) **In-service Training:** Clinical In-Service trainings are provided on a monthly basis for all outpatient clinical staff and fellows on topics related to the child therapy and intervention. Fellows are expected to make the decision regarding attendance based on their own professional growth needs.

2) **Hospital-based Trainings:** Throughout the training year, fellows are required to attend Grand Rounds at Miller Children’s Hospital, Pediatric Noon Conference, Family Medicine Noon Conference and/or various neuropsychological seminars, interdepartmental child abuse meetings, and topical conferences. Fellows are expected to attend a didactic training on each day they are at the hospital.

3) **Community-based Trainings:** Fellows are able to identify and attend community-based trainings, as relevant to the work conducted by the agency. Fellows may utilize their continuing education funds and time to attend such trainings or conferences. All conference attendance must be pre-approved by the Director of Training.

Additional meetings attended by fellows include:

1) **All-Staff Meetings,** held on a quarterly basis: These meetings provide opportunity for the fellows to interface with staff from all agency locations. Executive staff provide overviews of agency functioning from a larger state, federal, and local perspective, providing information regarding funding, law, and the impact on mental health service delivery.

2) **Integrated Care Team Meetings,** held on a monthly basis on the first Wednesday of the month. These meetings allow for the team to communicate regarding any programmatic issues related to integrated care work and to do case consultation. Clinical staff outside of the TWC program who are carrying TWC cases also attend this conference in order to obtain clinical case consultation.

**Typical Work Week and Expectations.**

General weekly schedule (subject to change based on agency need):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake assessment, therapy, consultation @ TGC &amp; hospital</td>
<td>20-25 hours</td>
</tr>
<tr>
<td>Total Clinical Activities</td>
<td>Approximately 20-25 hours per week</td>
</tr>
<tr>
<td>Individual/group clinical supervision</td>
<td>4 hours</td>
</tr>
<tr>
<td>Didactics, Grand Rounds, Family Medicine Lectures</td>
<td>2 hours</td>
</tr>
<tr>
<td>Team Meetings</td>
<td>0-1 hour</td>
</tr>
<tr>
<td>Documentation, Travel, Other</td>
<td>4 hours</td>
</tr>
<tr>
<td>Supervision of Practicum Students</td>
<td>1 hour</td>
</tr>
<tr>
<td>Provision of Didactic Seminar to Practicum Students</td>
<td>3 hours (includes preparation time)</td>
</tr>
<tr>
<td>Total Other</td>
<td>15.0 hours</td>
</tr>
<tr>
<td>Total time per week</td>
<td>40 hours</td>
</tr>
</tbody>
</table>
There is a large degree of flexibility for fellows to determine their own schedule and training plan. Fellows are considered to be salaried, exempt employees so may work more than 40 hours in the week in order to complete clinical care and documentation. On average, the work week is 40 hours.

**Workload Expectations.** This weekly schedule is approximate and may change based on the needs of the clients and agency. Fellows are expected to spend a majority of their time in direct experiential activities. Fellows are expected to provide at least 12.5 hours of billable services per week, which is a productivity expectation. Fellows will not fail the training if the expectations are not met due to factors outside the fellows' control. If other competency areas are defined as the reason for not accruing sufficient hours, then it is possible that the fellow will not successfully complete the program.

**Psychology Training Committee and Fellowship Core Training Staff**

**Kendra Bailey, Ph.D.** Director of Training, Supervision of Supervision  
Areas of Interest: psychodynamic and attachment theories, family therapy, and psychological assessment.

**Lisa Fasnacht-Hill, PhD.** Pediatric Neuropsychologist, Supervisor/Consultant  
Areas of interest: pediatric rehabilitation, traumatic brain injury, school re-integration, integrated care

**Lauren Ford, Psy.D.** Assistant Director of Training, Pediatric Clinical Psychologist, Primary Supervisor  
Areas of Interest: Child and adolescent chronic illness, multidisciplinary collaboration, adapting cognitive behavioral therapy for healthcare settings, healthcare worker resiliency

**Brittany Jondle, Psy.D.** Pediatric Clinical Psychologist, Supervisor/Consultant  
Areas of Interest: adolescent mental health, eating disorders, chronic illness, juvenile justice

**Dawn Vo-Jutabha, Ph.D.** Chief Clinical Officer, Supervision of Supervision  
Areas of interest: developmentally focused-clinical psychology, supervision training, development of psychology professionals/training, adapting evidence-based treatments for specific populations, and psychological assessment

**Christina Zavalza, Psy.D.** Staff Clinical Psychologist, Spanish supervision  
Areas of interest: immigration trauma, international mental health care, psychological testing, integrated healthcare

**Stipend and other benefits:**
Fellows are considered exempt employees and are provided all the benefits of that status.

| Annual stipend/salary for full-time fellows | $59,240 |
| Fellows who are fluently bilingual in Spanish and English (and pass a verbal test) will receive an additional $5,000 annual stipend. | Paid on the 7th and 22nd of every month |

| Program provides access to medical insurance for fellow | Yes, fellow is fully covered for medical, dental, and vision if the HMO plan is chosen. | The first day of the month following 30 days of employment. |
Trainee contribution to cost required?
No, not for HMO plan. Fellow has the option to purchase a PPO plan for additional out of pocket cost.

Coverage of family member(s) available?
Yes, at cost to fellow.

Coverage of legally married partner available?
Yes, at cost to fellow.

Coverage of domestic partner available?
Yes, at cost to fellow.

Hours of Annual Paid Personal Time Off (PTO and/or Vacation)
120 hours per year

Hours of Annual Paid Sick Leave
64 hours per year

Other Benefits
1. 40 hours per year for pre-approved continuing education
2. $150 towards continuing education workshop reimbursement
3. Work related mileage reimbursement ($0.53.5/mile)
4. Fellow contribution to 403b retirement plan
5. Employee Assistance Program
6. Employee Discounts through Fun Express
7. Work space
8. Personal laptops
9. One-way mirror therapy rooms
10. $75 towards therapy supplies
11. Secretarial and record-keeping support
12. Internet access
13. Mobile phone for agency calls

Training Dates:
The 2021-2022 training year will begin Monday August 23, 2021 and end Friday, August 19, 2022. The training year consists of 52 weeks of full-time work and provides approximately 2,000 hours of supervised experience toward licensure. Note: hours will be less if all sick and vacation time are taken during the year.

Application Process
Multicultural and bilingual applicants are encouraged to apply, as Los Angeles County and the greater Long Beach region are areas of great ethnic and cultural diversity; and TGC strives to recruit and retain diverse staff at all levels.

Please submit the following application materials directly to Sherrie Yu-Nunez at SYu@TGCLB.org by 5:00p.m. Pacific Standard Time on December 4, 2020
1) A cover letter that specifies the unique reason(s) for applying to this particular fellowship program and how your previous experiences are a good fit for our program. Please tell us which aspects of the program or agency set us apart from other community mental health/pediatric psychology fellowship programs, and what specifically prompted you to apply to our program.
2) Curriculum Vitae
3) Graduate Transcript
4) Letter from your DCT stating that you are expected to have your degree conferred by 8/23/2021
5) 3 Letters of recommendation from individuals who know your direct clinical skills and, if applicable, your supervisory and teaching skills. Letters of recommendation should be sent directly from your letter writers.

*** Please note that the APPA CAS is not required.
Because of the number of applications received, questions that are not answered by the above material can best be communicated by e-mail to Lauren Ford, PsyD, Assistant Director of Training, at LFord@tgclb.org. Please do not call.

**Interviews & Selection**

Applicants will be notified by January 8, 2021 if they have been selected for an interview. Interviews will occur mid- to late- January 2021. Interviews generally include an open house followed by two 1-hour interviews with members of the training faculty. Applicants also will have the opportunity to meet and ask questions of the current fellow. The open house and interviews will be conducted via Zoom in Pacific Standard Time (PST). On-site interviews are not being offered this application cycle due to Covid-19. Offers will be made by February 8, 2021.

Our program emphasizes a broad conceptualization of diversity and strongly encourages applicants with a desire to work with diverse, and in particular underserved, populations to apply. To the extent that applicants and fellows are comfortable, questions regarding values and how they may help or hinder work with underserved minority populations will be addressed in the interview and during the fellowship.

*Please note: Due to agency insurance policies and DMV requirements, and because fellows are expected to deliver mental health services in the field (requiring driving), fellows must obtain a valid California driver’s license prior to the start of the training year. Further, to ensure that safe driving is a priority, fellows must maintain the following: a valid drivers license that is neither suspended nor expired; have no more than 3 minor driving violations and/or accidents combined within the last 3 years; no major driving violations within the last 5 years. Fellows must also have sufficient vehicle insurance coverage and pass a background/fingerprinting check. For the hospital setting, fellows must also pass the hospital required drug screening, physical exam and immunization titers.*

The program’s policies and procedures manual is available upon request.