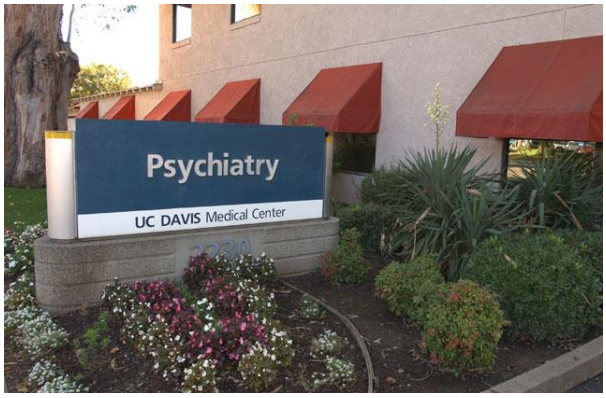
UC DAVIS HEALTH

UNIVERSITY OF CALIFORNIA, DAVIS
SCHOOL OF MEDICINE
Department of Psychiatry and Behavioral Sciences

CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY (CCAP)
DOCTORAL INTERNSHIP TRAINING PROGRAM MANUAL
2025 – 2026



Above: UC Davis Medical Center, Dept. of Psychiatry and Behavioral Sciences
Below: Sacramento County Child and Adolescent Psychiatric Services

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PROGRAM DESCRIPTION AND ADMINISTRATION

UC Davis Medical Center, located in Sacramento, California, is an integrated, academic health system that is consistently ranked among the nation's top medical schools. Within UC Davis School of Medicine, the Department of Psychiatry and Behavioral Sciences has strong collaborative relationships with Sacramento County's Department of Health Services and UC Davis Health. Our doctoral internship program in clinical child and adolescent psychology offers interns the best of both worlds: training from a strong academic approach that emphasizes evidence-based treatment in community mental health and integrated behavioral health outpatient settings. Alongside UC Davis clinical faculty, postdoctoral psychology fellows, as well as psychiatry residents and fellows, our psychology interns will receive their training and provide direct psychological services at their primary rotation, the **Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic,** which serves diverse Sacramento County Medi-Cal/EPSDT child and family recipients. In addition, interns will also get an opportunity to complete their secondary rotation at a **UC Davis Health Pediatric Clinic**, providing exposure to integrated behavioral health care. Both rotations allow interns to work alongside UC Davis clinical faculty, in a rich clinical training environment with postdoctoral psychology fellows, as well as psychiatry residents and fellows.

UC Davis Clinical Faculty

Training Director (TD)
Lindsey Overstreet, Psy.D.

Associate Training Director (ATD)
Olivia Briceño Contreras, Psy.D.

Additional Supervising Psychologists and Psychiatrists
Tanya Holland, Psy.D.
Melissa Hopkins, M.D.
Richelle Long, Ph.D.
Maggie Del Cid, Ph.D.
Meera Ullal, Psy.D.
Danielle Haener, Psy.D.

PROGRAM VALUES

1. **Lead Person-Centered Care** in the best way, at the best time, in the best place, and with the best team
2. **Reimagine Education** by cultivating diverse, transdisciplinary, life-long learners who will lead transformation in health care to advance well-being and equity for all
3. **Accelerate Innovative Research** to improve lives and reduce the burden of disease through the discovery, implementation and dissemination of new knowledge
4. **Improve Population Health** through the use of big data and precision health
5. **Transform Our Culture** by engaging everyone with compassion and inclusion, by inspiring innovative ideas, and by empowering each other
6. **Promote Sustainability** through shared goals, balanced priorities and investments in our workforce and in our community

Our Mission
To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency

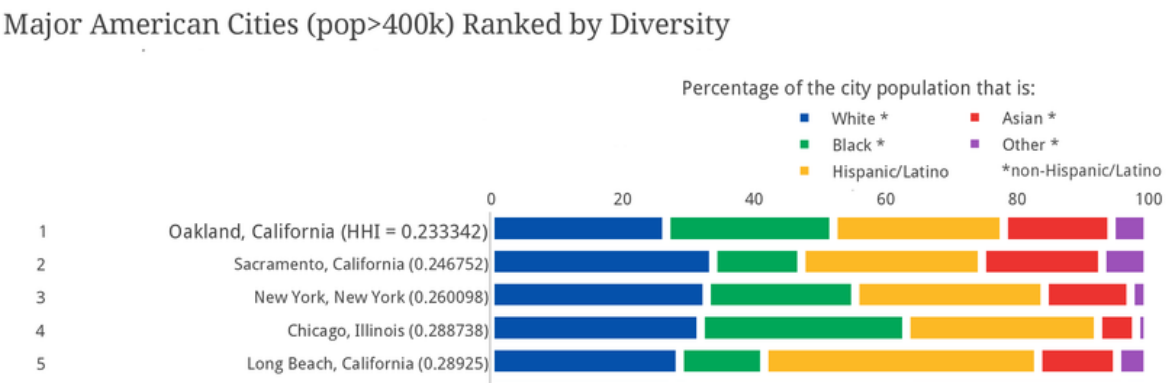
Our Vision
We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

Our Values
Respect, Compassion, Integrity • Client and/or Family Driven • Equal Access for Diverse Populations • Culturally Competent, Adaptive, Responsive and Meaningful • Prevention and Early Intervention • Full Community Integration and Collaboration • Coordinated Near Home and in Natural Settings • Strength-Based Integrated and Evidence-Based Practices • Innovative and Outcome-Driven Practices and Systems • Wellness, Recovery, and Resilience Focus

LOCATION

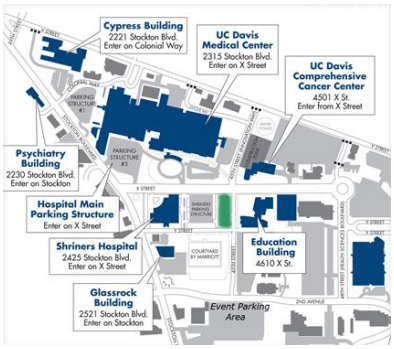
Welcome to Sacramento, the state capitol of California!

Sacramento is located at the confluence of the Sacramento and American Rivers. It is the core cultural and economic center of the Sacramento area that spans seven counties. Its residents enjoy a beautiful city teeming with trees and an unsurpassed quality of life rich in culture, education, entertainment, and outdoor recreation. Named America's most ethnically and racially integrated city by Time magazine, Sacramento is "proud to be a city where everyone is in the minority."

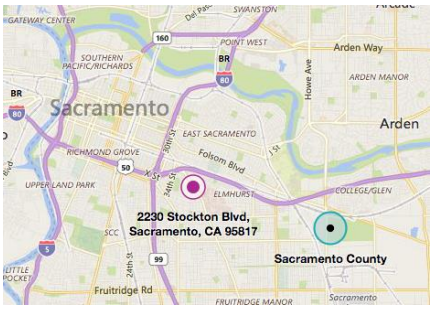


- **Population**: approximately 500,000 (city) and more than two million in metropolitan area
- **Climate**: Mediterranean. Mild year-round with dry summers with little humidity and a cooler/wet season from October through April
- **Attractions:** Large parks, a 23-mile river parkway and bike trail, historic neighborhoods, and a range of cultural attractions; Sacramento is centrally located, with many iconic cities and beautiful landscapes within a 3-hour-drive radius

University of California Davis, Department of Psychiatry and Behavioral Sciences is part of the medical center campus and is located in Sacramento, approximately 20 miles east of the main UC Davis campus, in the City of Davis, California.



The CAPS Clinic is located at the Granite Regional Park (GRP), which is less than 5 miles away from the UC Davis Medical Center campus. The GRP provides a fishing pond, nearby walking paths, outdoor benches, soccer fields, and a newly constructed skate park. The CAPS Clinic is also located near a light rail station that provides frequent shuttle services. Business hours are from 8:00am – 5:00pm, therefore interns are not expected to work outside business hours, unless other arrangements have been made with the intern's supervisors.



UC Davis Health Family Medicine, Internal Medicine, and Pediatrics has a main campus in midtown Sacramento and a satellite campus in Citrus Heights. Trainees' offices are located at the UC Davis Health Citrus Heights Clinic at 7551 Madison Ave.

DIVERSITY AND INCLUSION STATEMENT

As a training program, the UC Davis Health Clinical Child and Adolescent Psychology (CCAP) Doctoral Internship stands for diversity, inclusion, equity, and justice. We are committed to creating a welcoming training and teaching environment that respects individual differences while supporting the attainment of nationally recognized competencies for becoming a health service psychologist. To this end, we commit to: recognizing and addressing unconscious bias within our training organization, making efforts to recruit and retain diverse trainees and faculty from historically underrepresented groups in the field, engaging our team to create a more just and inclusive environment, developing the space for all team members to gather, share, and learn from one another, and to increase our awareness for inequality, power and privilege, discrimination, and various forms of oppression across clinical, professional, and personal settings to better engage in respectful and inclusive practices.

CAPS CLINIC STAFF AND POPULATION

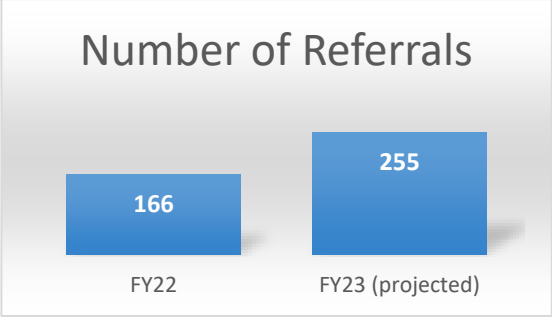
The CAPS Clinic is staffed by three full-time UC Davis faculty psychologists and three board-certified child psychiatrists. It is the primary training site for our doctoral psychology interns, as well as UC Davis' postdoctoral psychology and psychiatry fellows. Medical students also complete rotations at the CAPS Clinic. At our training site, there is a strong collaborative atmosphere and emphasis on interdisciplinary teamwork with county-employed clinicians (LMFTs, LCSWs, and one Psy.D.) and psychiatric nurses. Our trainees develop strong working relationships with a number of professionals within the community that enable them to best support their clients.

The CAPS Clinic is a county-operated outpatient community mental health clinic for roughly 275 infants, children, adolescents, and transitional-aged youth (ages 0 to 21-years-old), who receive therapy, psychological testing, and/or medication management services. The CAPS Clinic solely serves children and adolescents who have mental health coverage through California's state-funded health care program, Medi-Cal/EPSDT. These clients present with a wide range of complex diagnostic concerns. Most of our clients and their families struggle with multiple environmental stressors, including low income, unemployment, poor social support, and/or family history of mental health or alcohol/substance abuse problems. Oftentimes, our clients and their family members have also experienced complex developmental trauma, maltreatment, exposure to other adverse childhood experiences, and may be involved with Child Protective Services (CPS). Clients may also be involved with the juvenile justice system and are on probation. In addition, many of our clients experience difficulties in the learning environment and are provided special educations services (i.e., 504 Behavior Plan or IEP). Clients represent diverse backgrounds and identities.

PEDIATRIC CLINIC STAFF AND POPULATION

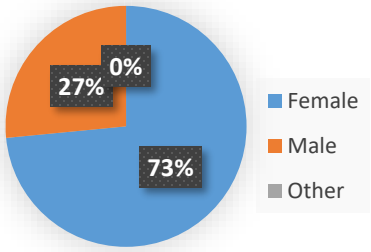
A range of specialized medical and mental health professionals staff the UC Davis Health Family Medicine, Internal Medicine, and Pediatric Ambulatory Care Center Clinic. Specialties include Family Medicine, Internal Medicine, Pediatrics, Hepatology, Neurological Surgery, Psychotherapy and Psychiatry. It is the secondary training site for our doctoral psychology interns. Medical students and psychiatry residents in psychiatry also complete rotations at the Citrus Heights Pediatric Clinic. Doctoral interns will be responsible for providing brief, targeted evidence-based interventions, primarily utilizing Cognitive Behavior Therapy, to a child and adolescent population screened by their pediatricians to have moderate symptoms of depression and/or anxiety. Following a population health model, clients seen at the Pediatric Clinic benefit from early intervention approaches to reduce the development of severe and persistent mental health symptoms. Clients come from diverse backgrounds and identities that are representative of the Sacramento community. Eligible clients are ages 8 to 17. While most clients have insurance, this clinic can also serve individuals with Medi-Cal/EPSDT.

Pediatric Clinic Client Demographics: Completed Treatment (2022-2023)



89 patients admitted to the program
48 completed treatment

- **Depression protocol**: 23 patients
- **Anxiety protocol**: 21 patients
- **Extended protocol**: 3 patients



Gender		
Female	36	73.47%
Male	13	26.53%
Other	0	0%

Age at Referral				
8- 11	12	24.48%	**Total=**	48
12- 14	7	16.32%	**Mean Age=**	14.04
15- 17	29	59.18%	**SD Age=**	2.60

COMPETENCIES AND LEARNING ELEMENTS

The primary goal of the one-year UC Davis Clinical Child and Adolescent Psychology (CCAP) Doctoral Internship Training Program is to promote professional growth and development and prepare interns for independent practice as health service psychologists with specialized experience with underserved child and family populations. We firmly believe it is our responsibility to train interns and fellows who will exercise strong clinical judgment and contribute both to the welfare of society and to the profession. Our clinical child training program is committed to the lifelong learning process and aims to create an environment that supports trainees' development across different competency areas by recognizing their strengths, unique identities, and areas for growth. The program subscribes to a practitioner-scholar model, which emphasizes knowledge of current research to guide assessment and intervention with diverse, underserved, and oftentimes historically oppressed communities. The clinical psychology training program is a challenging and dynamic internship program that provides advanced training in the areas of direct evidence-based, developmentally appropriate, and culturally-sensitive clinical service, professional development, ethical decision-making, and scholarly inquiry. We support interns in reflecting on their self-care practices in order to increase their longevity and effective engagement in the field. Successful interns are actively open to the learning process, adaptable, flexible, culturally curious, and collaborative.

Over the course of the one-year UC Davis Clinical Child and Adolescent Psychology (CCAP) Doctoral Internship Program, interns will receive training and supervised experience in therapeutic interventions (e.g., individual, family, and group therapy), psychological testing (e.g., comprehensive psychological evaluations, intake assessments, and brief psychological screening), and consultation (e.g., to internal providers and to local agencies/schools).

It is expected that the interns will develop competencies in a range of areas outlined by the Association of State and Provincial Psychology Boards (ASPPB), the Association of Psychology Postdoctoral and Internship Centers (APPIC), the American Psychological Association (APA), the Commission on Accreditation (CoA), and the APA Standards of Accreditation (SoA) for Health Service Psychology (HSP). These competencies include:

1) Intervention

a. Establish and maintain effective relationships with the recipients of psychological services (by establishing rapport, eliciting participation and cooperation, attending to the content and process of clinical interactions, and maintaining therapeutic boundaries to separate own issues from those of the client).
b. Develop evidence-based intervention plans specific to the service delivery goals utilizing client input.
c. Implement interventions informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables.
d. Develop intervention skills in a range of modalities (i.e., individual, family, dyadic, and group therapy).

e. Demonstrate the ability to seek out and apply the relevant research literature to inform clinical decision making (e.g., treatment modalities and intervention skills) to successfully assist the clients in reaching treatment goals.
f. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
g. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
h. Keep timely, clear, relevant progress notes and other documentation that is compliant with the funding source (e.g. Medi-Cal) requirements.
i. Develop the ability to provide clinical case management as appropriate and link client and client's family to available resources in the community.

2) Assessment

a. Gain flexibility in conducting different types of clinical interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status examinations to gather necessary information to reach a differential diagnosis and a clear understanding of the dynamics sustaining the presenting problem.
b. Select and apply socio-cultural and age-appropriate assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
c. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
d. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
e. Write a sufficient number of integrated psychological assessment reports in a timely fashion to demonstrate ability to synthesize testing data with relevant background that informs conceptualization, diagnostic impressions, and recommendations.
f. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
g. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
h. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

3) Ethical and Legal Standards

a. Demonstrate knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct.
b. Demonstrate knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state (CA), regional and federal levels.

c. Be knowledgeable of and act in accordance with relevant professional standards and guidelines.
d. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
e. Know and follow specific and appropriate procedures to maintain safety of clients and others (e.g., assessing danger to self or others, managing aggressive clients, reporting child, elder, dependent adult, and/or intimate partner abuse).
f. Demonstrates ethical conduct in all professional activities and with clients, co-workers, and others.

4) Individual and Cultural Diversity

a. Demonstrate awareness and understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
b. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
c. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
d. Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity (e.g., sensitivity to and respect for age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status, and other relevant identities).
e. Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
f. Demonstrate the ability to independently apply their knowledge and approach in working flexibly and effectively with the range of diverse individuals and groups encountered during internship.
g. Consider all such diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to the community.

5) Research

a. Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities at the local (including the host institution), regional, or national level.
b. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
c. Seek out scholarly literature to inform and guide clinical decisions, treatment selections and questions to supervisors.

6) Professional Values and Attitudes

a. Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
b. Challenge self and demonstrate a sincere desire to learn by engaging in self-reflection regarding one's personal and professional functioning, engage in activities to maintain and improve performance, well-being, and professional effectiveness (e.g. participating in trainings, seeking out additional input and knowledge).
c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

7) Consultation and Interdisciplinary/Interprofessional Skills

a. Become familiar with multidisciplinary settings and demonstrate knowledge and respect for the roles and perspectives of other professions.
b. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior (e.g., role-played consultation with others, peer consultation, and/or provision of consultation to other trainees).

8) Supervision

a. Develop and demonstrate knowledge of different theories and practices of supervision models.
b. Apply supervision knowledge in direct or simulated practice with other health professionals. Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
c. Apply the supervisory skill of observing in direct or simulated practice.
d. Apply the supervisory skill of evaluating in direct or simulated practice.
e. Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
f. Routinely approach supervision with a list of topics to discuss, prepare to present cases with needed supporting materials (e.g., completed charts, reports, notes, raw assessment materials) and use feedback to improve clinical effectiveness.
g. Seek out immediate supervision in response to ethical issues or clinical risks appropriately.

9) Communication and Interpersonal Skills

a. Develop effective communication and interpersonal skills and the ability to manage difficult communication well (e.g., discuss issues as they arise and resolve conflict directly, quickly, and appropriately with internal staff, external providers, peers, and

supervisors, and engage in appropriate collaboration, professional demeanor, and boundaries).

b. Develop and maintain effective relationships with a wide range of individuals, including colleagues across disciplines, communities, organizations, supervisors, supervisees, and those receiving professional services.
c. Demonstrate a thorough grasp of professional language and concepts by producing, comprehending, and engaging in communications (oral, nonverbal, and written) that are informative and well-integrated.

10) Self-Care

a. Develop awareness of own strengths, limitations, personal stress level, and/or emotional responses and is open to discuss the impact of burnout, vicarious traumatization, and compassion fatigue.
b. Actively integrates self-reflective practice and feedback to manage personal stress and/or emotional responses that does not result in inferior professional services to the client or interfere with job responsibilities by seeking out needed assistance to behave in a professional manner.
c. Demonstrates ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties.

TRAINING ACTIVITIES AND EXPECTATIONS

Doctoral interns at the Sacramento County CAPS Clinic and the UC Davis Pediatrics Clinic provide several important services to our clients. Following a developmentally appropriate, culturally sensitive, and trauma-informed systems approach to client care, interns develop competencies throughout the training year in order to coordinate and collaborate with several professionals involved in the client's care, including those working in the mental health, medical, academic, and legal domains. Interns complete complex psychological assessments at the CAPS Clinic. During the course of their training year, interns also participate in and may have the chance to co-facilitate the CAPS Clinic Comprehensive Multidisciplinary Assessment Team (CMAT) that is led by our faculty psychologists and post-doctoral fellows. Interns will have the opportunity to provide short-term individual therapy at the Pediatrics Clinic and longer-term individual and family therapy at the CAPS Clinic. Interns also complete intake services at both sites and help determine eligibility for Pediatric Collaborative Care clients. Lastly, interns will have opportunities to provide consultation and/or brief psychological screening within the CAPS Clinic and with outside providers.

Average 40-44 hours per week for about 50 weeks (2000 internship hours total)

1. **Primary Rotation:** CAPS Clinic- Community Mental Health (24 hours/3 days)
2. **Secondary Rotation:** Pediatrics Clinic- Integrated Behavioral Health (16 hours/2 days)

a. **<u>10 -15 Hours/Week: Direct Clinical Service (Face-to-Face; Telehealth)</u>**
   - **CAPS Clinic**
     1. 3 to 4 Psychological Testing cases over the course of the year
        a. Up to 1 Consultation and/or Brief Psychological Screening case over the course of the year
        b. Up to 1 Comprehensive Multidisciplinary Assessment Team (CMAT) Consult case (based on interest and experience)
     2. 4 to 5 long-term Individual, Dyadic, and/or Family Psychotherapy sessions each week (5-8 cases over the course of the year)
        a. 2-3 TF-CBT cases
     3. 4 to 5 Intake Assessments over the course of the year (as available)
   - **Pediatric Clinic**
     1. 10 to 12 Individual Brief CBT sessions each week (up to 50 cases over the course of the year)
     2. 1 to 4 intake sessions per month

b. **<u>10 -14 Hours/Week: Indirect Clinical Service (Not Face-to-Face)</u>**
   - Psychological Screening and Testing (scoring, interpretation, report-writing)
   - Case Management and Family Collateral Services (via phone) 1 to 2 hours/week
   - Consultation 1 to 2 hours/week
   - Clinical Documentation (progress notes, psychosocial assessments)

c. **<u>4-9 Hours/Week: Indirect Service</u>**
   - 2 to 5 hours/week: Training Seminars/Didactics/Case Conferences
   - 1 to 2 hours/week: Non-billable services (i.e., managing appointments, emails, literature reviews, administrative duties)
   - 2 hours/month: Staff meetings

d. **<u>4.5 – 5 Hours/Week: Supervision</u>**
   - 3 hours/week: Individual Assessment Supervision (CAPS Clinic) and Individual Therapy Supervision (CAPS Clinic and Peds Clinic)
   - 1 hour (monthly): Professional Development Supervision
   - 1 hour (weekly): DBT Group Supervision
   - 1 hour/week: Peds Clinic Group Supervision (Systematic Caseload Review [SCR])

The clinical child doctoral interns are balancing their direct clinical service with several hours' worth of supervision, seminars, didactics, and case conferences each week. As a clinical psychology program, interns are responsible for spending 50- 65% of their time engaged in direct, billable clinical activity. These billable activities comprise those outlined above, including: a) Direct Clinical Service and b) Indirect Clinical Services. Interns are expected to complete online documentation using Smartcare at the county clinic and EPIC

at the Pediatric Clinic. We expect interns to complete progress notes within 48 working hours. In addition, interns are expected to complete additional clinical documentation at the CAPS Clinic (treatment plans, psychosocial assessment paperwork, etc.) in a timely manner consistent with both professional expectations and specific county guidelines. All documentation will be reviewed and co-signed by their supervisors.

CLINICAL TRAINING DESCRIPTION

Psychological Assessment

The CAPS Clinic's psychological assessment services are in high demand. Our assessment services often incorporate a Collaborative/Therapeutic Assessment (C/TA) approach. The CAPS Assessment Program is currently managed by **Tanya Holland, Psy.D.** Depending on the level of need, testing referrals can be assigned as brief screenings (see Consultation and/or Brief Psychological Screening section), psychological testing, or Comprehensive Multidisciplinary Assessment Team (CMAT, p. 22).

Typically, assessments conducted at the CAPS Clinic are quite extensive and often include:

- Interviews with the caregiver(s), client, therapist, psychiatrist, teachers, and/or CPS worker.
- Review of records regarding the client's mental and medical health, academic, and CPS involvement history.
- Observation of the client at another setting (i.e., school).
- Observation of the client with caregiver(s).
- Administration of self-report measures to the caregiver(s), teachers, or other adults who know the client well.
- Administration of projective and objective personality measures to the client.
- Administration of cognitive, academic, and neuropsychological measures to the client.
- Feedback session with client, caregiver(s), and mental health providers and sometimes school staff and CPS case workers.
- Completion of a comprehensive psychological report.

Due to their extensive and complex nature of the psychological assessments, the following are anticipated:

- Each assessment case requires approximately **8-12 hours** of work per week.
- Interns are expected to complete roughly **3 to 5** assessments during the training year.
- Although each testing referral is authorized for 4 months, it is anticipated that interns complete each assessment within 3 to 4 months.
- Based upon the referral question, measures we typically use include:
    - ❖ Academic Achievement (WRAT, KTEA, WIAT)
    - ❖ Caregiver/Teacher rating forms (BASC, BRIEF, Conners, ABAS, ECBI)

- ❖ (Neuro)Developmental (ADOS, BAYLEY)
- ❖ Drawings (Kinetic Family, House-Tree-Person, D-A-P)
- ❖ Executive Functioning, Memory and Attention (D-KEFS, CEFI, BRIEF, Conners [K-CPT, CPT, CATA], CMS, CVLT, WMS, WRAML)
- ❖ Intellectual/Cognitive Functioning (WISC, WASI, WAIS, WPPSI, KBIT, TONI)
- ❖ Neurodevelopmental Delay Screeners (ASRS, ASDS, ASQ, CARS, SCQ)
- ❖ Personality Measures (M-PACI, MACI, MCMI, MMPI-A, MMPI, PAI-A)
- ❖ Relational Measures (MIM, Parenting Stress Inventory, Stress Index for Parents of Adolescents, Parenting Relationship Questionnaire)
- ❖ Risk (Jesness Inventory, Risk Inventory and Strengths Evaluation, Hare PCL:YV)
- ❖ Self-Report Symptom Checklists (BASC, Beck Youth Inventory, CDI, RCMAS, MASC, POMS, RSI, ARES, ADES, EQ-i:YV)
- ❖ Sensory Processing Screeners (Sensory Profile Questionnaire)
- ❖ Social Problem Solving (Roberts-2)
- ❖ Trauma (TSCC, TSCYC, UCLA-PTSD-RI, Trauma and Attachment Belief Scale)
- ❖ Neuropsychological Measures (NEPSY, RBANS, Beery's VMI)
- ❖ Receptive/Expressive Language (CELF, PPVT, EVT)
- ❖ Occupational/Career Interest (Self-Directed Search, Strong Interest Inventory)

Consultation and/or Brief Psychological Screening

Interns will receive specific training prior to providing brief screening and consultation services with clinicians or psychiatrists within the CAPS Clinic (as well as from outside agencies) to clarify diagnostic questions or to monitor treatment progress. The interns are responsible for scoring and interpreting a range of self-report measures (i.e., BASC, Beck Youth Inventories) that the trained clinician and/or intern administered. The intern then completes a brief 3-to-6-page report before meeting with the referring clinician (and/or client and his/her family) to review test results and recommendations. This service is currently supervised by **Tanya Holland, Psy.D.**

- Each brief screening and/or consultation assessment requires approximately **4-8 hours** of work per week.
- Interns are expected to complete up to **1** brief screening assessment within the doctoral training year.
- We expect interns to complete screening cases in 2 to 3 months.

Therapy

Interns receive robust training and clinical experience across two different outpatient settings for children and adolescents. They complete a rotation in community mental health at the CAPS Clinic and a rotation in pediatric integrated behavioral health in an ambulatory/ primary care center.

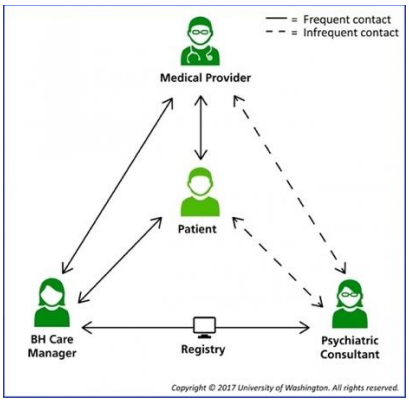
Community Mental Health: CAPS Clinic

There are only a few clinics in Sacramento County in which psychologists, doctoral interns, and postdoctoral fellows in psychology are employed. As such, the CAPS Clinic often receives referrals for therapy cases that are considered more complex and in need of clinicians with a higher level of training. In general, each intern is expected to maintain a CAPS caseload of approximately **5 to 8** therapy clients throughout the training year, who are seen on a weekly basis. Primary supervisors work with Tricia Watters, LCSW, CAPS Clinic Program Coordinator, to select clients that will meet the interns' training needs and preferences. In addition, priority is given to select 2 to 3 clients that would be an appropriate fit for TF-CBT. For other clients, interns can determine the type of treatment modality (individual, family, dyadic, group) and intervention (i.e., Family Systems, CPP, ARC, CBT, DBT, ACT, FFT, Interpersonal, etc.) that will fit best with each client. Interns need to balance their therapy caseload with their assessment caseload, therefore, supervisors encourage interns to provide 45-50 minute sessions per client weekly to bi-monthly. If clinically appropriate and approved by the intern's supervisor, interns can determine where they would like to meet with their clients (i.e., telehealth, CAPS Clinic, school, home, church, local café, etc.). However, they are not expected to have more than two field appointments in a given week. At this time, UC Davis staff are not reimbursed for mileage when they use their personal vehicles to deliver clinical care in the community. The County shall provide access to a County vehicle for use to provide field-based services in schools, client homes, and other community locations in Sacramento County. The County vehicle must be reserved through the CAPS program ASO I or designee and will only be used during business hours, Monday through Friday, 8am - 5pm.

Interns spend 1-2 hours per week providing case management to coordinate care and link their clients to available resources in the community. Interns coordinate care with caregivers, family members, teachers, family/youth advocates, CPS case managers, juvenile justice staff, pediatricians, psychiatrists, and other mental health providers. They also attend school meetings (i.e., I.E.P.'s) and/or medication management sessions.

Pediatric Collaborative Care/Integrated Behavioral Health: Pediatric Clinic

Interns provide brief CBT to child and adolescent clients at the Pediatric Clinic following a collaborative care model. Collaborative Care requires a team of professionals with complementary skills who work together to care for a population of patients with common mental health conditions such as depression or anxiety. Collaborative Care patients are more than twice as likely to have significant improvement in their depression as compared to patients receiving usual care.



PCP: Identify symptoms of depression or anxiety and refer to Collaborative Care, if eligible
BH Clinician (Psychologist or Psychology Intern): Provide 8-10 sessions of CBT for Depression or CBT for Anxiety
Psychiatrist: Provides ongoing consultation to therapist and PCP

Who is Eligible?

Inclusion Criteria	Exclusion Criteria
▪ Evaluated by PCP ▪ Age: 8-17 ▪ Depressive symptoms endorsed and diagnosed with mild/moderate depression (PHQ9 ≥10= moderate+ range) ▪ Anxious symptoms endorsed and diagnosed with mild/moderate anxiety (GAD-7 ≥10 or SCARED ≥ 25)	▪ Already in treatment ▪ Acute suicidality ▪ Psychosis, bipolar, or moderate to severe neurodevelopmental disorders (intellectual disability, developmental disability, autism spectrum disorder)

SUPERVISION

All primary supervisors of interns are University of California Davis Health clinical faculty members who have doctoral degrees in Clinical or Counseling 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, APA, SoA, CoA, and the California Board of Psychology, our training program provides doctoral interns with a minimum of **4 to 4.5 hours** of supervision per week or 10% of direct service time for a 40 to 44 hour work week (2.5 hours of individual supervision and 2 hours of group supervision). Recurring, protected time is scheduled for supervision to ensure consistency and predictability of the supervision time, as well as the availability of supervisors. When in-person supervision is not feasible, video supervision will be utilized as an alternative. Interns are required to seek out supervision and/or consultation outside of the designated supervision hour for emergent and urgent issues (see Orientation-Specific Manual for further detail). In accordance with CA regulation, supervisors are available at all times the intern is accruing supervised professional experience (SPE); therefore the interns' schedule is expected to fall between typical business hours (8:00am-5:00pm). Interns can only provide services in California, which is the state their supervisors are licensed to provide SPE. Please note that supervision must be provided in a private, confidential space, however, the content in supervision is not considered confidential and supervisors regularly communicate and

consult with one another to support the trainees' growth and acquisition of skills. Supervisors will be available to address more informal trainee concerns, although they are required to communicate these concerns with the Training Director to ensure issues are properly understood and addressed from a programmatic level.

- **Primary Assessment Supervision:** Doctoral interns are assigned one of the supervising psychologists as their primary assessment supervisor, with whom they meet individually for 1 hour each week to discuss assessment clients. The assessment supervisor is responsible for co-signing progress notes for screening and assessment clients. Assessment supervision also provides the opportunity to discuss various issues that pertain to the roles and responsibilities of an evaluator (e.g., responsibility, expectations, ethical concerns, interprofessional relationships, etc.). As the primary supervisor, they will also oversee other administrative duties across clinical sites, reviewing the overall training program, and discussing professional development-related issues.

- **Therapy Supervision:** Doctoral interns are assigned to two different supervising psychologists, who provide clinical oversight and supervision of therapy clients at the CAPS Clinic and the Pediatric Clinic. Individual therapy supervision meets on a weekly basis for 45 minutes to 1 hour to discuss therapy cases at each site. In addition, the therapy supervisor will be responsible for co-signing progress notes for therapy clients and overseeing other related administrative duties.

- **Pediatric Group Supervision (Systematic Caseload Review [SCR])**: Following an integrated behavioral health model, interns will meet with the psychiatry residents, and Child and Adolescent psychiatry fellows for group supervision for 1 hour. Interns will be asked to bring case-related material to engage in case consultation opportunities for therapy clients at the Pediatric Clinic. New intakes, acute issues, medication questions, and client updates (using outcomes measures) are prioritized. This group supervision is facilitated by **Melissa Hopkins, M.D.** and **Meera Ullal, Ph.D.**

- **DBT Group Supervision:** The purpose of this group supervision is to delve deeply into Dialectical Behavior Therapy. Initially this group will focus on learning DBT basics, and then over the course of the year, the group will function similarly to a DBT consultation team, where the group attends to therapist burnout, high risk behaviors of clients, and things that are getting in the way of effective therapy. This group is led by **Lindsey Overstreet, Psy.D**.

- **Dr. Brandi Liles** will facilitate a monthly TF-CBT group consult call.

- **Professional Development Group Supervision:** In this monthly supervision, interns will develop their professional identity and acquire competencies to support their growth across the training year. This group supervision space, facilitated by **Dr. Olivia Briceño Contreras**, will focus on a range of professional issues, including

setting professional goals, learning time management skills, understanding the licensure process, and applying to fellowship or a job. The second half of the supervision focuses on developing their supervision skills (via role-playing and peer supervision). Beginning in September, interns may begin to meet with fellows for supervision of a specific therapy and/or assessment case, under the supervision of **Dr. Lindsey Overstreet,** who facilitates the Lateral Supervision/Supervision of Supervision component for the post-doctoral fellows.

DIDACTIC SEMINARS AND CASE CONFERENCES

All of our required core seminars meet on a regular basis throughout the entire training year. As part of the internship, we are committed to providing our interns with opportunities to learn from psychologists, psychiatrists, and clinicians who have experience with a wide range of clients in a variety of treatment settings. The majority of our seminars are facilitated by the program's supervising psychologists as well as several clinical faculty members who are employed with UC Davis or throughout the Sacramento area. Didactic seminars and case conferences aim to provide additional training in:

- Theories and effective methods of psychological assessment, diagnosis, and interventions
- Issues of cultural and individual diversity
- Strategies of scholarly inquiry and integrating science and practice
- Professional conduct, ethics, law, and related standards
- Consultation, program evaluation, supervision, and/or teaching

Core Internship Seminars

- **Orientation Seminar:** During the first two months of the training year, the interns will participate in an Orientation Training to review the Intern Manual, APA Ethics Code, as well as the policies and procedures for UC Davis, CAPS Clinic, and Pediatric Clinic. The supervising psychologists facilitate these seminars, which also provides foundational didactic training on assessment services, diagnostic formulation, group therapy interventions, the phases of treatment, treatment planning, and goal setting. Interns will also attend both UC Davis and Sacramento County trainings to learn specific documentation requirements and how to complete online documentation during their first month of training. Interns are also invited to other child-focused internship programs in the department orientation seminars with the MIND Institute and EDAPT Clinic. These may include: MIND Assessment Fundamentals, Suicide Risk Assessment, and Mandated Reporting.

- **Intervention Seminars**: The CCAP program is collaborating with the MIND Institute to hold weekly intervention seminars on various evidence-based

interventions that are relevant to the practice of child psychology. Included below are some of the topics covered in this series.

- Cognitive Behavior Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Trauma series
- Social Skills and ABA
- Gender affirming care
- Working with diverse populations

- **Assessment Seminar**: This is a short-term seminar focused on therapeutic assessment and feedback. There may also be one-off assessment seminars throughout the year to receive training in specific areas.

- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** Through the UC Davis CAARE Center, our interns will be provided a two-day introductory training and bi-monthly consultation calls to support eligibility for becoming certified in TF-CBT (other requirements are necessary for certification, including licensure).

- **Family Therapy Seminar: Dr. Lindsey Overstreet** will teach a family therapy course to the CCAP interns and post-doctoral fellows that will meet bi-monthly from October through June. The purpose of this course is to learn the history and theory of family therapy and to practice various family therapy techniques.

Diversity Seminar

Dr. Meg Tudor leads this seminar twice per month throughout the training year (September- June), which provides an environment to bravely explore different aspects of individual diversity and discuss cases (Arao & Clemens, 2013). During the last two training years, the Diversity Seminar has been attended by the CCAP interns and fellows, as well as the trainees from the MIND Institute training programs in order to further enrich and diversify the discussions. A primary goal for interns will be to improve their understanding of individual and cultural diversity, the role it plays in client interactions, and how to replace fear and mistrust with cultural humility, mutual understanding, and respect.

Professional Development Seminar

As a joint collaboration between the **CCAP and MIND Institute psychology training programs**, the Professional Development Seminar is offered on a monthly basis and is facilitated by **Dr. Danielle Haener**. This seminar focuses on strengthening soft skills including critical thinking, problem solving, effective communication, public speaking, teamwork, work ethic, career management, self-care, and other topics designed to prepare the interns and fellows for entry-level practice.

Neurodevelopmental Seminar

Through the MIND Institute's Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program, interns receive specialized training in understanding, treating, and assessing for neurodevelopmental disabilities. The LEND Program provides the opportunity to learn from experts in this area, while also participating in interdisciplinary trainings with professionals from various disciplines (e.g., social work, child psychiatry, developmental pediatrics, speech/language, physical therapy). By participating in these trainings, interns are considered "medium-term" LEND trainees. For more information about the LEND Program: https://health.ucdavis.edu/mindinstitute/education/lend/lend-index.html

Seminar topics may include:

- ADHD
- ADOS-2
- Early Intervention for ASD
- Panel of Adults with Autism
- Neurodiversity
- Comorbid Mental Health Challenges and NDDs

Comprehensive Multidisciplinary Assessment Team (CMAT)

This team-based assessment is unique to the CAPS Clinic. Members of the team include one or two psychologists and a child psychiatrist, as well as doctoral interns and fellows in psychology and psychiatry and rotating medical students. The team's psychologists and psychology fellows take the lead in conducting live, comprehensive psychological assessments behind a one-way mirror. These assessments are conducted with children and adolescents with extremely complex presentations who are referred to the team by mental health and medical professionals within the community. Oftentimes these clients' clinical presentations are complicated by serious medical problems and/or severe environmental stressors. Based on interest and demonstrated competency in assessment skills, interns may have the opportunity to contribute to a CMAT case with their Assessment Supervisor or postdoctoral fellow. Interns have also participated in brief, CMAT Consult cases.

Teaching and Presentation Opportunities

Each intern will be able to develop their own intervention and/or assessment seminar (with a statement of training goals and objectives, an outline of relevant literature, audio/video material, data, and questions for the group), and present it to the clinic toward the end of the training year. The intern's primary supervisor and assessment supervisor will be able to assist them in preparing for their final project. Other teaching opportunities that arise may also be available to interns based on their interest and experience.

ADDITIONAL EDUCATIONAL OPPORTUNITIES

There are additional educational opportunities for interns to attend trainings required for our post-doctoral fellows (Advanced Assessment Seminar, Evidence Based Practices for Infants and Young Children, and Evidence-Based Practices for Adolescents). Based on intern interest and ability to meet clinical expectations, interns may be able to observe and gain clinical exposure to these various educational opportunities. In addition, other opportunities are available from the department, including:

UC Davis School of Medicine Grand Rounds

- Interns are invited to attend the Department's biweekly grand rounds. Typically, the psychology team will attend grand round presentations that are applicable to our clinic population. Interns who have completed their dissertation defenses can also submit their topics to the training committee to be considered for Grand Rounds. Visit https://health.ucdavis.edu/psychiatry/events/index.html for a list of upcoming trainings.

M.I.N.D. Institute Speaker Series

- The UC Davis MIND Institute's Distinguished Lecturer Series offers public lectures by nationally and internationally-recognized researchers in neurodevelopmental disorders. These monthly presentations are intended for both specialists and community members. All lectures are free and open to the public and no reservations are necessary. For more information about the Distinguished Lecturer Series, please visit: https://health.ucdavis.edu/mindinstitute/events/dls/

APPOINTMENT, STIPEND, AND BENEFITS

Two applicants will be accepted for the 2025 - 2026 training year. Clinical internship appointments are **full-time** (average 40-44 hour week) for one year. Our doctoral interns acquire a total of **2000 supervised hours** during the training year in order to fulfill licensure requirements for the state of California and qualify for various states' licensure requirements. Upon successful completion, the doctoral clinical child psychology intern will be awarded a certificate of internship completion from the UC Davis School of Medicine. Clinical moonlighting is not permitted.

2025 – 2026 Training Year: July 1, 2025 - June 30, 2026

Interns receive a stipend of $23/ hour (or min $46,000 for the training year), which is paid out on a biweekly basis. Applicable federal and state taxes and social security deductions are withheld. Interns receive approximately **40 days of paid time off** (including **24 vacation days** and **12 days** of sick time per year) **and paid holidays** (approximately **14 days off** per year for county and federal holidays). In addition, interns receive **4 educational/professional leave days**, which they can use for training, dissertation release

time, and/or licensure preparation. At this time, we are pleased to offer our interns **UC Davis Resident and Fellow benefits**. Active interns working at least 20 hours a week are eligible for coverage in the UC medical, dental, vision, life and disability insurance plans. For more information about the Resident and Fellow benefits plan, please visit:

UC Resident Benefits | Health and Insurance Coverage for Residents and Fellows

Our interns have their own designated offices at both the CAPS Clinic and the Pediatric Clinic location in Citrus Heights. Interns are provided a personal computer, office phone, voicemail, and email (UC Davis and Sacramento County). All workstations are equipped to provide telehealth services (webcams). There is a possibility for requesting a telework schedule, which will have to be approved by their supervisor and Training Director in advance. At the CAPS Clinic, interns may request locked storage clipboards, county-issued cell phones, laptops, and noise machines, if approved to telework. Across clinical sites, interns are also provided administrative assistance (faxing, scanning, phone appointment reminders to clients, and phone calls when clients arrive to the office). Interns also have full access to the UC Davis libraries and associated services. They can utilize available art/play therapy materials located at the CAPS Clinic. In addition, interns can reserve a number of offices, observation rooms (with one-way mirror and audio/visual equipment), and the psychological testing office to provide confidential, direct services with CAPS Clinic clients.

ACCREDITATION STATUS

At this time, our internship training program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our program is also accredited by the American Psychological Association (APA). Our next self-study review period is currently under way. Any questions about accreditation may be addressed to: Office of Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002. Telephone: 202-336-5979.

Our program participates in the National Matching Service (NMS). **Our National Matching Service (NMS) Program Number is 245711.** The internship training program agrees to abide by the recruitment and ranking policies. More specifically, no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

ELIGIBILITY AND APPLICATION PROCEDURES

Applicants currently enrolled at an **APA-accredited** or **PCSAS-accredited graduate university** within a **clinical or counseling psychology program are preferred**. Applicants from educational psychology programs with a strong emphasis in clinical training will also be considered.

Prior to the interview, applicants must have completed **at least 3 years** of graduate level training, **350 hours** of doctoral level supervised intervention hours, **all doctoral coursework** as required, passed their academic program's **comprehensive exams,** be accepted into **doctoral candidacy,** and have an **accepted dissertation proposal** before the beginning of the internship. Successful applicants will have acquired doctoral level **experience with children and adolescents** and have written at least **three integrated psychological assessment reports (preferably with a child and/or adolescent client) and/or completed 50 hours of Assessment Interventions**.

The UC Davis Clinical Child and Adolescent Psychology (CCAP) Doctoral Internship program utilizes the uniform application developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). **Our National Matching Service (NMS) Program Number is 245711.** Please submit only the APPI online application located on the APPIC website (www.appic.org). Follow the directions detailed on the APPIC website for submitting your application and uploading additional documents requested below. Your application will be considered complete upon receipt of the following:

	A completed APPIC Uniform Application (AAPI)
	A cover letter
	A current Curriculum Vitae
	Transcripts of all graduate level coursework
	A psychological evaluation with all identifying information removed (preferably of a child or adolescent client)
	Three letters of recommendations (preferably one from current graduate school faculty, and two from practicum placement supervisors)

Our application deadline is **Sunday, November 2, 2025 (11:59PM, EST)**.

SELECTION PROCEDURES

Intern selection is made by a committee comprised of the training director, associate training director, and the supervising training psychologists. Applicants are rated on the basis of their clinical training (i.e., assessment and therapy), academic coursework, letter of recommendation, clinical and research interests, progress toward dissertation completion, and stated goals for internship. Strong writing skills are also favorably evaluated, as evidenced by the APPI essays and redacted psychological report. Those prospective candidates assessed by the committee to hold interests and goals most closely matching those opportunities offered by our program will be asked to participate in a virtual interview.

Prospective candidates will be notified via email by **Friday December 12, 2025** whether or not they will be granted a virtual interview (via Zoom) with the training director and supervisors. During the interview, candidates will also have the opportunity to meet with the current doctoral interns, postdoctoral fellows, clinical staff, and virtually tour the clinic. Interviews are typically for half a day and will be held in early January. Interviews are required and weigh heavily in the matching process, as this provides an opportunity for program staff and applicants to determine fit. In addition, the program values applicants who are able to demonstrate an ability to balance strong interpersonal skills with professionalism. Interviews will only be offered to applicants who have submitted a complete application and only after these applications have been screened by the faculty. Applicants who wish to be considered for interviews should submit application materials prior to **November 2, 2025.**

The internship training program agrees to abide by the APPIC policy regarding offers or acceptances. More specifically, no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. If you encounter violations of the APPIC policy, please consider discussing it with your academic training director and reporting the violation to APPIC Standards and Review Committee by completing a Complaint Form at: http://www.appic.org/Forms/APPIC-Standards-Review-ASARC-Complaint-Form

NON-DISCRMINATION PRACTICES

In accordance with all applicable state and federal laws and University policy, the University of California, Davis, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, age, medical condition (cancer related or genetic characteristics), ancestry, marital status, citizenship, sexual orientation, or service in the uniformed services (includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) status as a Vietnam-era veteran or special disabled veteran, in accordance with all applicable state and federal laws, and with university policy. As required by Title IX, the University of California, Davis, does not discriminate on the basis of sex in its educational programs, admissions, employment or other activities.

Inquiries related to Title IX and to Section 34 CFR § 106.9 may be referred to the Title IX coordinator:

Wendi Delmendo
Mark Hall, Fourth Floor
One Shields Ave., Davis,
California, 95616
530-752-9466
wjdelmendo@ucdavis.edu

Inquiries may also be directed to:
Assistant Secretary for Civil Rights of the Dept of Education
San Francisco Office
U.S. Department of Education
50 Beale St., Suite 7200
San Francisco, California, 94105-1813
415-486-5555 OCR.SanFrancisco@ed.gov

PERFORMANCE EVALUATION

The evaluation process is approached in a manner to provide timely feedback to and from the intern in order to ensure training goals and expectations are being met. All evaluations are completed utilizing an online system (Qualtrics, see Appendix C for scoring criteria for the Performance Evaluation). At the beginning of the internship year, interns complete a self-assessment of their experience relative to training objectives of the internship (see pages 9 to 13 for competencies and learning elements). The initial self-assessment opens a dialogue about the intern's strengths and specific training areas of growth. The interns are encouraged to develop a growth mindset by identifying how to further develop each competency throughout the training year.

Progress is monitored throughout the internship year; however, more formal verbal and written feedback is provided mid-year (December) and at the end of the year (June). During these evaluations, the intern will meet with their individual supervisor(s) and/or training director to review the Intern Performance Evaluation completed by the supervisor. These evaluations are used to provide an opportunity to communicate the intern's progress. At the end of the internship year, summative feedback is given to the intern during their final Performance Evaluation in June. In addition, the intern is expected to complete an informal, mid-year Supervisor Evaluation, which allows the intern to specify what the intern would like more (or less of) from their individual supervisor. The intern also completes a formal end-of-year Supervisor Evaluation, based on the supervisor competencies for Health Service Psychologists, which aims to acknowledge supervisor strengths and areas for growth.

Lastly, a Program Evaluation is provided to the interns to complete at the end of the training year (June). This evaluation allows our interns to broadly evaluate program strengths and areas for growth. Interns rotate as representatives during the Training Committee meetings, which provides an opportunity to give informal feedback about program strengths and areas for growth on a monthly basis. Our Performance Evaluation Policy is further described in Appendix C. Serious concerns regarding an intern's performance will be addressed through due process procedures (see Appendix D). Interns are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary and/or therapy supervisor(s) first to resolve concerns informally. Supervisors will inform the Training Director of issues that arise in order to determine if additional programmatic support/response is required to maintain the integrity of the program. Formal procedures are described in Appendix E.

MAINTENANCE OF RECORDS AND PROGRAM COMMUNICATION

Per Commission of Accreditation (CoA) requirements, our program has a confidential system for maintaining intern records. Hard copies of intern records are stored in a confidential, locked filing cabinet and electronically stored in a share folder that can only be accessed by

the training director and primary training staff. The training director is responsible for storing this information. This file is also shared with administrative/clerical staff who may assist in organizing both hard copy and electronic charts. Complete records will also have access to these records during on-site review by site visitors. All records will be maintained indefinitely, including: Certificates of Completion; Intern Performance Evaluations (2 per year for each intern); Description of Training Experiences for Each Internship Year, and California Board of Psychology forms.

In addition, our training program communicates with the Director of Clinical Training (DCT) at the intern's graduate program during orientation/on-boarding, throughout the training year (by providing copies of the performance evaluations and/or if the intern needs additional support, as it pertains to our Due Process and Grievance Procedures), and at the completion of the program (to confirm successful graduation of the program).

TRAINING PROGRAM CONTACT INFORMATION

Detailed information about our program is available on our UC Davis webpage:

https://health.ucdavis.edu/psychiatry/education/child_psychology/internship.html

For additional information, please contact:

University of California, Davis Health
Department of Psychiatry and Behavioral Sciences
Clinical Child and Adolescent Psychology (CCAP) Training Program
2230 Stockton Blvd. Sacramento, CA 95817-1419
Monica Mercado, Training Programs Administrator:
916-734-7865, mmercado@health. ucdavis.edu
Dr. Lindsey Overstreet, Training Director:
916-734-3291, loverstreet@health.ucdavis.edu

APPENDICES

APPENDIX A- SAMPLE TRAINING SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday
3 **12:30-1:30** MIND LEND NDD Seminar	**4** **10:00 – 11:00** Peds Therapy Sup **1:00 – 2:00** Pediatric Group Sup/ SCR	**5** **10:00– 11:00** Prof. Dev't Group Sup **11:00 - 12:00** Family Therapy Seminar **1:00 – 2:00** Identity Seminar **2:00-3:00** Intervention Seminar	**6** **10:00 – 11:00** CAPS Therapy Sup **1:00 – 2:00** Assessment Sup	**7**
10 **12:30-1:30** MIND LEND NDD Seminar	**11** **10:00 – 11:00** Peds Therapy Sup **1:00 – 2:00** Pediatric Group Sup/ SCR	**12** **8:15 – 9:45** CMAT **10:00– 11:00** DBT Group Sup **1:00 – 2:00** Identity Seminar **2:00 – 3:00** Intervention Seminar	**13** **10:00 – 11:00** CAPS Therapy Sup **1:00 – 2:00** Assessment Sup	**14** **11:30 – 12:30** Grand Rounds
17 **12:30-1:30** MIND LEND NDD Seminar	**18** **10:00 – 11:00** Peds Therapy Sup **1:00 – 2:00** Pediatric Group Sup/ SCR	**19** **8:15 – 9:45** CMAT **10:00– 11:00** Prof. Dev't Seminar **11:00 - 12:00** Family Therapy Seminar **1:00 – 2:00** MIND/CAPS Group sup	**20** **10:00 – 11:00** CAPS Therapy Sup **1:00 – 2:00** Assessment Sup	**21**
24 **12:30-1:30** MIND LEND NDD Seminar	**25** **10:00 – 11:00** Peds Therapy Sup **1:00 – 2:00** Pediatric Group Sup/ SCR	**26** **8:15 – 9:45** CMAT **10:00– 11:00** DBT Group sup **11:00 - 12:00** Family Therapy Seminar **1:00 – 2:30** Identity Seminar	**27** **10:00 – 11:00** CAPS Therapy Sup **1:00 – 2:00** Assessment Sup	**28** **11:30 – 12:30** Grand Rounds

Sample Rotation Schedule

	PEDS (in-office) Monday	PEDS (remote) Tuesday	CAPS (in-office) Wednesday	CAPS (in-office) Thursday	CAPS (in-office) Friday
8:00 AM	ADMIN	IBH/CC PATIENT *telehealth	CAPS ASMT CLINIC/ CMAT	ADMIN	CAPS ASMT CLINIC
8:30 AM					
9:00 AM	IBH/CC PATIENT	ULLAL SUPERVISION		CAPS	
9:30 AM					
10:00 AM	IBH/CC PATIENT	IBH/CC PATIENT *telehealth	FAMILY THERAPY SEMINAR	ASMT CLINIC	
10:30 AM					
11:00 AM	IBH/CC PATIENT	SCR GROUP SUP	DBT GROUP SUP		CASE MGMT
11:30 AM					
12:00 PM	x	x	x	x	x
12:30 PM	LEND	x	SEMINAR/ CASE CONFERENCE	x	x
1:00 PM	DIDACTIC	IBH/CC PATIENT		HOLLAND	CAPS CMH PATIENT
1:30 PM	x	*telehealth		SUPERVISION	
2:00 PM	IBH/CC PATIENT	IBH/CC PATIENT		ADMIN	CAPS CMH PATIENT
2:30 PM		*telehealth	CAPS CMH PATIENT	LONG- INDIV	
3:00 PM	IBH/CC PATIENT	IBH/CC PATIENT		CAPS	CAPS CMH PATIENT
3:30 PM		*telehealth	CAPS CMH PATIENT		
4:00 PM	IBH/CC PATIENT	IBH/CC PATIENT		ASMT CLINIC	ADMIN
4:30 PM		*telehealth			

APPENDIX B- SAMPLE DIDACTIC SYLLABI

SYLLABUS CHANGE POLICY:
This syllabus is a guide for the course and is subject to change with advanced notice.

SYLLABUS: Family Therapy Seminar
Wednesday, October 8, 2025 – Wednesday July 8, 2026 11:00 am – 12:00 pm
Lindsey Overstreet, PsyD
Email Address: loverstreet@health.ucdavis.edu

COURSE BOOK:
Gladding, S. (2019) Family Therapy: History, Theory, and Practice, 7th Edition.

COURSE DESCRIPTION:
This seminar explores the field of Family Therapy. The history and theoretical underpinnings of family therapy will be examined at the beginning of the course to set a foundation for understanding the practice of family therapy. The primary emphasis of this course will be the acquisition of knowledge and techniques from the different evidence-based models of family therapy and the integration of those models into the clinical practice of family therapy. We will alternate covering chapters from the assigned reading, watching family therapy tapes from the week's theoretical orientation and role-playing family sessions using the techniques taught. Towards the end of the academic year, we aim to have each trainee schedule patients for family therapy observation.

COURSE OBJECTIVES:
- Describe how family therapy has developed over the decades and what factors play a part in defining a family.
- Define systems theory, cybernetics, positive and negative feedback loops, and linear versus circular causality.
- Understand how Erikson's stages of individual development are related to family development and describe the six-stage cycle of most middle-class families.
- Describe the qualities of healthy vs. dysfunctional families.
- List similarities and differences between single-parent and blended families, their strengths and challenges, and ways of working with them.
- Be able to discuss issues involved in working with culturally diverse families.
- Identify common factors in family therapy and common problems of overemphasis and underemphasis that family therapists make.
- Describe appropriate intervention procedures in the stages of family therapy.
- List the major theorists, premises, techniques, roles of the therapist, processes, and outcomes of psychodynamic family therapy.
- Identify and describe unique aspects of psychodynamic approaches to family therapy.
- List the major theorists, premises, techniques, roles of the therapist, processes, and outcomes of Bowen family system therapy.
- Identify and describe the unique aspects of the Bowen approach to family therapy.
- Be able to create Genograms and describe how to use them in family therapy.

- Identify and describe the major theorists, premises, techniques, roles of the therapist, processes, and outcomes of Behavioral Family Therapy and Cognitive Behavioral Family Therapy.
- List unique features of experiential family therapy.
- Identify and describe the major theorists, premises, techniques, roles of the therapist, process, and outcomes of experiential family therapy.
- List the reasons why structural family therapy was created and describe the importance of boundaries and hierarchies in this approach.
- Identify and describe the major theorists, premises, techniques, roles of the therapist, processes, and outcomes of structural family therapy.
- List unique features of structural family therapy.
- Role-play techniques used in structural family therapy.
- Describe the role Jay Haley played in promoting strategic as well as structural family therapy.
- Identify and describe the major theorists, premises, techniques, roles of the therapist, process, and outcomes of strategic family therapy.
- List unique features of strategic family therapy.
- Role-play techniques used in strategic family therapy.
- Describe the evolution of solution-focused and narrative family therapies.
- Identify and describe the major theorists, premises, techniques, roles of the therapist, process, and outcomes of solution-focused and narrative family therapies.
- List unique aspects of solution-focused and narrative family therapies.

COURSE POLICIES:
Complete the assigned reading before class. The class discussion will be more fruitful, and role plays more effective if the assigned reading is completed before class. I welcome questions and urge you to participate in class discussions.

COURSE CONTENT OUTLINE:

Week	**Topic**	**Readings**
Week 1 (10/08/25)	Foundations of Family Therapy: History and Theoretical Context	Chapters 1 and 2
Week 2 (10/22/25)	Foundations: Types and Functionality of Families; Single Parent and Blended Families	Chapters 3 and 4
Week 3 (10/29/25)	Foundations: Working with Culturally Diverse Families Therapeutic Approaches: Process and Common Factors.	Chapter 5 Chapter 7
Week 4 (11/12/25)	Therapeutic Approaches: Psychodynamic Family Therapy	Chapter 9

Week 5 (12/10/25)	Therapeutic Approaches: Bowen Family Systems Part 1	Chapter 10 Suggested: Genograms: Assessment and Intervention
Week 6 (01/14/26)	Therapeutic Approaches: Bowen Family Systems Part 2	Chapter 10 Suggested: Genograms: Assessment and Intervention
Week 7 (01/28/26)	Therapeutic Approaches: Behavioral and Cognitive-Behavioral Family Therapies	Chapter 11
Week 8 (02/11/26)	Therapeutic Approaches: Experiential Family Therapy	Chapter 12
Week 9 (02/25/26)	Therapeutic Approaches: Structural Family Therapy Part 1	Chapter 13 Suggested: Minuchin, S. (1974). Families and family therapy. Cambridge: Harvard Press.
Week 10 (03/11/26)	Therapeutic Approaches: Structural Family Therapy Part 2	Chapter 13 Suggested: Minuchin, S. & Fishman, C. (1981) Family therapy techniques. Cambridge. Harvard Press.
Week 11 (03/25/26)	Therapeutic Approaches: Structural Family Therapy Part 3	Chapter 13 Suggested: Minuchin, S. & Fishman, C. (1981) Family therapy techniques. Cambridge. Harvard Press.
Week 12 (04/08/26)	Therapeutic Approaches: Strategic Family Therapies	Chapter 14 Suggested: Haley, J. (1976) Problem-solving therapy. Harper & Row.
Week 13 (04/22/26)	Therapeutic Approaches: Strategic Family Therapies	Chapter 14 Suggested: Haley, J. (1976) Problem-solving therapy. Harper & Row.
Week 14 (04/29/26)	Therapeutic Approaches: Solution-Focused Brief Therapy	Chapter 15

	Narrative Family Therapy	Chapter 16
Week 15 (05/13/26)	Catch Up and Prep for Family Therapy Observation	Make sure to obtain consent for observation and get your families scheduled for observation!
Week 16 (05/27/26)	Family Therapy Observation	Intern 1
Week 17 (06/10/26)	Family Therapy Observation	Intern 2
Week 18 (06/24/26)	Family Therapy Observation	Post Doc 1
Week 19 (07/08/26)	Family Therapy Observation	Post Doc 2

SYLLABUS: Professional Development Seminar 2025- 2026

UC Davis MIND Institute
Child & Adolescent Psychiatry Services (CAPS)
July 1, 2025 – August 31, 2026
1st Wednesday except holiday weeks 1:00 – 2:00 pm
Location: Zoom
Facilitator: Danielle Haener, Psy.D.

Description

This seminar focuses on strengthening soft skills that will enhance the trainees' professional practice including critical thinking, problem solving, effective communication, public speaking, teamwork, work ethic, career management, and self-care. Each session of this monthly seminar series includes a presentation by a member of the Training Committee, postdoctoral fellow, and/or intern covering professional development topics including ethical and legal issues in clinical practice, conflict resolution and communication skills, vicarious trauma and self-care, supervision models, and other topics designed to prepare the interns and fellows for entry-level practice.

Goals

• Trainees will learn communication and problem-solving approaches to support the ability to maintain collaborative relationships and effectively manage stress and conflict in the workplace.
• Trainees will begin to develop supervision and consultation skills.
• Trainees will practice self-care and reflect on their individual risk for vicarious trauma and burn out.
• Trainees will develop readiness to pursue next steps in their career paths.
• Trainees will enhance their public speaking and presentation skills.

Learning Objectives

Participants will be able to:
1. Discuss, reflect, and practice strategies to manage challenging conversations.
2. Practice strategies to facilitate their ability to provide patient centered feedback.
3. Engage in reflection on their communication style and ability to provide constructive and receive constructive feedback.
4. Engage in self-reflection and practice strategies to increase their effectiveness when managing difficult conversations.
5. Identify and apply theories of supervision that guide their supervision practices.
6. Identify and describe stages of supervision and techniques appropriate for each stage.
7. Discuss requirements, timelines, and best practices leading to successful application to fellowship, passing EPPP, licensing, and/or job search.
8. Explain the key components of an effective presentation.
9. Demonstrate appropriate public speaking and presentation skills while delivering presentations that highlights the intersection of their professional development and clinical work.
10. Provide consultation and constructive feedback to others to assist in the refinement of their presentation and public speaking skills.

Seminar Schedule

DATE	TOPIC	PRESENTER
July 30, 2025	Fellow will present on topics of specialty learned during the course of their professional	Danielle Haener, Ph.D. and Jess Lee, Ph.D.

	development series and their training within the MIND Institute.	
August 6. 2025	Fellow will present on topics of specialty learned during the course of their professional development series and their training within the MIND Institute.	Danielle Haener, Ph.D. and Emily Pompan, Ed.D.
October 1, 2025	Orientation to Fellowship Application and Interviewing.	Dorcas Roa, Ph.D.
November 5, 2025	Providing Family Centered Feedback	Janice Enriquez, Ph.D.
December 3, 2025	Self-Compassion and the Burden of Caring	Danielle Haener, Psy.D. or MIND faculty
January 29, 2025	Supervision: Theory and Practice- Supervision models and Stages of Supervision	Richelle Long, Ph.D. or Danielle Haener, PsyD.
February 4, 2026	Giving and Receiving Feedback: Difficult Conversations in the Workplace	Danielle Haener, Psy.D.
March 4, 2026	Preparing a Professional Talk	Meghan Miller, Ph.D.
April 1, 2026	Intern Professional Presentations	Danielle Haener, Psy.D. and trainees
May 6, 2026	Intern Professional Presentations: Part 2	Danielle Haener, Psy.D. and trainees

Intervention Seminar Topics: September 2025 – June 2026
Wednesdays 2:05 – 3:05 pm

Focus: Evidence-based practices with youth and NDD populations.
Content: Theory, clinical application, and case discussion.
Contributors: MIND, CCAP and EDAPT
Attendees: MIND Interns and Fellows, CCAP Interns and Fellows, EDAPT Fellow

September 2025: Introduction to Seminar and Intro to CBT for Anxiety		
Date:	Topic:	Presenter:
September 10	Introduction to Treatment Seminar and evaluating treatment efficacy	Danielle Haener, Psy.D.
September 24	CBT for Anxiety Series: Part 1	Meg Tudor, Ph.D.
October 2025: Evidence-Based Treatments for Anxiety and Depression		
October 1	CBT for Anxiety Series: Part 2	Meg Tudor, Ph.D.
October 8	CBT for Anxiety Series: Part 3	Meg Tudor, Ph.D.
October 15	CBT for Anxiety Series: Applied	Breanna Winder-Patel, PhD
October 22	Group CBT for Anxiety - Face Your Fears	TBD –Elyse Adler, Ph.D. or Mel Mello, Psy.D.
October 29	EBTs for Depression	Joanna Servin, Ph.D.
November 2025: Evidence-Based Treatments for Emotional Regulation		
November 5:	DBT Series: Part 1	Lindsey Overstreet, Psy.D.
November 12	DBT Series: Part 2	Lindsey Overstreet, Psy.D.
November 19:	DBT Series: Part 3	Lindsey Overstreet, Psy.D.
November 26:	Increasing Emotion Regulation in Children: Zones of Regulation	Danielle Haener, Psy.D.
December 2025: Evidenced Based Parent Training Programs		
December 3	TBD: Potential hold for working w/ interpreter Parent Management Training: (Incredible Years)	TBD
December 10	RUBI Parent Training Program	Mel Mello, Psy.D., BCBA
December 17	Parent Child Interaction Therapy (PCIT) / Triple P	Janice Enriquez, Ph.D.
January 2026: Trauma		
January 7	Trauma Series: Part 1	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
January 14	Trauma Series: Part 2	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
January 21	Trauma Series: Part 3	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
January 28	Trauma Series: Part 4	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
February 2026: Trauma and Social Skills Intervention		

February 4	Trauma Series: Part 5	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
February 11	Trauma Series: Part 6	Lindsey Overstreet, Psy.D. Richelle Long, Ph.D.
February 18	Social Skills: UC Davis Social Skills	Danielle Haener, Psy.D.
February 25	PEERS Social Skills	Elyse Adler, Ph.D.
March 2026: Targeted Interventions for Neurodevelopmental Conditions and Pharmacological Intervention		
March 4	ADHD Treatments & Behavioral Intervention	Romie Stanislavsky, Ph.D.
March 11	ABA and Naturalistic Developmental Behavioral Interventions	Sarah Dufek, Ph.D., BCBA-D
March 18	ESDM Parent Coaching	Sarah Dufek, Ph.D., BCBA-D
March 25	Pharmacological Intervention	DB Peds, presenter TBD
April 2026: Targeted Behavioral Intervention, Family Therapy and Psychosis Treatment		
April 1	EBT for Feeding Challenges	DB Peds, presenter TBD
April 8	Short Term Behavior Therapy	Meg Tudor, Ph.D.
April 15	Family Therapy	Lindsey Overstreet, Psy.D.
April 22	Family Therapy	Lindsey Overstreet, Psy.D.
April 29	CBT-P: CBT for Psychosis	Karina Muro, Ph.D. or Tori Galvez, Psy.D.
May 2026: Best Practices Working with Diverse Populations		
May 6	Gender-Affirming Care	Elyse Adler, Ph.D.
May 13	Working with Latine Families	Karina Muro, Ph.D.
May 20	Working with AANHPI Families	Yue Yu, Ph.D.
May 27	Working with BIPOC Families	Tanya Holland, Psy.D.
June 2026:		
June 3	Single Session Therapy	Olivia Contreras, Psy.D.
June 10	Best practices for using interpreters	**considering moving to earlier in December.
June 17	Topic TBD: Trainee Requests **Open in Case of Cancellation**	TBD
June 24	Closing Overview & Reflection	Danielle Haener, Psy.D.

APPENDIX C- PERFORMANCE EVALUATION POLICY

The UC Davis Clinical Child and Adolescent Psychology Internship requires that interns demonstrate minimum levels of achievement across all training competencies and training elements. Interns are formally evaluated by their primary supervisor (with input from their other supervisors) twice during the training year (December and June). Written evaluations are conducted using a standard rating form that is sent electronically via UC Davis Qualtrics. The evaluation form includes information about the interns' performance regarding all of the expected training elements. Primary assessment and therapy supervisors are expected to review these evaluations in-person with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback. The Training Director attends the interns' performance evaluation reviews. The UC Davis CCAP Internship requires that interns receive a minimum of 4 total hours of supervision each week, with 2 of those hours being individual, face-to-face with a licensed psychologist. During supervision, interns have an opportunity to receive informal feedback regarding progress and areas for growth.

A **minimum level of achievement (MLA)** on each evaluation is defined as a minimum rating of "3" for each competency for the mid-year evaluation period (all learning elements must be at a "3", per competency area) and a minimum rating of "4" for each competency for the final evaluation period (across all competency areas and learning elements). Interns who achieve this level of competence are considered prepared for independent, entry level practice, which means the intern has demonstrated:

1) The ability to independently function in a broad range of clinical and professional activities;
2) The ability to generalize skills and knowledge to new situations; and,
3) The ability to self-assess when to seek additional training, supervision, or consultation.

The developmental rating scale for each evaluation is on a 7-point Likert scale. However, interns can only achieve ratings between 1 and 5. The following rating values are included in the table below. If an intern receives a score less than the MLA (3 on the mid-year evaluation or a 4 on the final evaluation) on any learning element, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in the Internship Manual (p. 42). Interns must receive a rating of 4 or above on all learning elements across each competency area during their final end-of-year evaluation to successfully complete the program.

Developmental Level	Score	Scoring Criteria
PRACTICUM STUDENT/ INTERN	**1-- Significant Development Needed**	Significant improvement in developmental functioning and skills acquisition is needed to meet expectations. At the level of a practicum student. Requires Due Process procedures at any point of the internship year. Not used at the fellowship level.
INTERN	**2-- Entry Level Competence**	Demonstrates entry level competence for a doctoral intern. Expected across all learning elements at the start of internship. Requires a plan of action at the end of the 1st evaluation period (mid-year) for a doctoral intern. Not used at the fellowship level.

INTERN	**3-- Developing Competency**	Demonstrates developing competency. Functions satisfactorily with ongoing supervision and training. At the level of an established doctoral intern. **Expected across all learning elements at end of the 1st evaluation period (mid-year).** Requires Due Process procedures at any point of the fellowship year.
INTERN/FELLOW	**4-- Competent**	Functions adequately and meets expectations. At the level of a graduating intern. **Expected across all learning elements at end of the training year for a doctoral intern to successfully graduate the program and is ready for entry-level practice.** Expected across all areas at the beginning of fellowship.
INTERN/ FELLOW	**5-- High Competence**	Consistently functions at a high level of competence and exceeds expectations for a graduating intern. Exhibits a growing area of specialty/expertise for an intern. Demonstrates a clear area of strength for an entry-level postdoctoral fellow. **Expected across all learning elements at end of the 1st evaluation period (mid-year).**
FELLOW	**6-- Advanced**	Consistently functions at an advanced level of competence and demonstrates a notable area of strength. Exhibits a growing area of specialty/expertise that fellows can teach and/or supervise psychology trainees with ongoing support. At the level of postdoctoral fellow preparing for independent practice. **Expected across all learning elements at end of the training year for a postdoctoral fellow to successfully graduate the program and is ready for independent practice**. Not used at the internship level.
FELLOW	**7-- Developing Expertise**	Consistently functions at a significantly advanced level of competence. At the level of an entry-level licensed psychologist. Can effectively and independently teach and/or supervise psychology trainees in this area. Not used at the internship level.
INTERN/FELLOW	**N/A**	Not Applicable/Not Observed/Cannot Say

Additionally, all UC Davis CCAP interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director. Feedback to the interns' home doctoral program is provided at the end of each of the two evaluation periods. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will also be contacted within 30 days.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning of the training year and during the two evaluation periods throughout the training year. Additionally, interns will complete a formal evaluation of their individual and group supervisors at the end of the training year. They have an opportunity to provide informal feedback to their individual supervisors at mid-year. A program evaluation will also be completed at the end of the training year (June), in order to provide feedback that will inform any changes or improvements in

the training program. The Training Director and Associate Training Director will meet with the intern to discuss feedback given on the program evaluation.

Interns have access to these evaluation forms, which are stored electronically in the program share drive.

APPENDIX D- DUE PROCESS PROCEDURES

Procedures for Identifying and Managing Performance and/or Competency-Related Issues

(Adapted from APPIC Due Process Guidelines)

Introduction

This form provides UC Davis Health Clinical Child and Adolescent Psychology (CCAP) trainees and staff with an overview of the identification and management of trainee problems and concerns. Whenever a supervisor becomes aware of a trainee's problem area that does not appear resolvable by the usual supervisory support and intervention, the following procedures will be followed. These procedures provide the trainee (intern/fellow) and staff with a definition of competence problems, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of performance-related and/or competency-based problems.

This Due Process Document is divided into the following sections:

I. Definitions: Provides basic or general definitions of terms and phrases used throughout the document.
II. Due Process General Guidelines: Provides an overview of how the program informs trainees about our Due Process procedures and other general expectations.
III. Procedures for Responding to a Trainee's Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions.
IV. Appeals Procedures: Provides the steps for an appeal process related to a staff-initiated Due Process procedures.

I. Definitions

Trainee
Throughout this document, the term "trainee" is used to describe any person in training who is working in the agency including a doctoral intern or postdoctoral fellow.

Training Coordinator (TC)
Throughout this document, the term "training coordinator" is used to describe the staff members who oversee that specific training group's activities. For the doctoral interns and the postdoctoral fellows this is the Training Director (TD) and may also include the Associate Training Director (ATD). In certain circumstances the TCs may consult with the CAPS Clinic Medical Director, the UC Davis Child/Pediatric Medical Director and/or the UC Davis Vice Chair of Psychology for additional guidance.

Staff Member
Throughout this document, the term "staff member" is used to describe staff that are not directly involved in the trainees' training but interact with them within a professional capacity. This typically includes other clinic staff (i.e., clinical and administrative staff), but may also include other professionals with whom the trainees engage on a semi-regular basis (i.e., social workers, clinicians from other agencies, etc.).

Training Staff
Throughout this document the term "training staff" is used to describe staff directly involved in the trainees' training. This can include TCs, supervising psychologists, other contributors (Volunteer Clinical Faculty who provide recurring didactics and case conferences), and the CAPS Clinic program coordinator.

Training Committee
Throughout this document the term "training committee" is used to describe the formal meeting that occurs once per month, in which the TCs and supervising psychologists meet to discuss training and programmatic-related issues.

Due Process
The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific procedures which are applied to all trainees' complaints, concerns and appeals.

Performance and/or Competence Problems

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

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

Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Professional judgment is applied to determine when a trainee's behavior becomes problematic rather than a concern (based on the profession's standards). Such problems are typically identified when they include one or more of the following characteristics:

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

II. Due Process: General Guidelines

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

1. During the orientation period, trainees will receive in writing UC Davis-CAPS' expectations related to professional functioning. The TC will discuss these expectations in both group and individual settings.
2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals in a timely manner.

3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described and provided in writing. Such procedures are included in the trainee handbook. The trainee handbook is provided to the trainees and reviewed during orientation.
4. UC Davis Health CCAP will communicate early and often with the trainee and when needed the trainee's graduate program if any suspected difficulties that are significantly interfering with performance are identified.
5. The TCs will institute, when appropriate, a remediation support plan for identified issues, including a time frame for expected remediation and consequences of not rectifying the issues.
6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this training program's action(s).
7. UC Davis Health CCAP due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the program's implementation.
8. When evaluating or making decisions about a trainee's performance, UC Davis Health CCAP staff will use input from multiple professional sources.
9. The TCs will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

III. Procedures to Respond to Problematic Behavior

A. Basic Procedures

If a trainee receives a "Significant Development Needed" rating (1) or an "Entry Level Competence" rating (2) during the mid-year or end-of-year evaluation period from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (e.g., ethical or legal violations, professional incompetence), some or all of the procedures below will be initiated in the following order:

1) In some cases, it may be appropriate for the staff member or training staff to speak directly to the trainee about his or her concerns. In other cases, a consultation with the TCs will be warranted. This decision is made at the discretion of the staff member, training staff, or trainee who has concerns.
2) Once the TCs have been informed of the specific concerns, they will determine if and how to proceed with the concerns raised. The TCs will communicate their decision in writing to the training staff or trainee who has concerns within 5 business days.
3) If the staff member or training staff who brings the concern to the TCs is not the trainee's supervisor, the TD will discuss the concern with the trainee's supervisor(s).
4) If the TD and primary supervisor determine that the alleged behavior in the complaint, if valid and/or proven, would constitute a serious violation, the TCs will inform the staff member who initially brought the complaint.
5) The TCs will meet together or with the Training Committee to discuss the performance rating in the evaluation or the concern and possible courses of action to be taken to address the issues within 10 working days.
6) The TCs, supervisor(s), and/or Vice Chair of Psychology may meet to discuss possible courses of action.
7) The trainee will be provided an opportunity to meet with the TCs to address raised concerns regarding the trainee's behavior (e.g. ethical, legal, and/or professional competence) and/or "1" or "2" ratings during mid-year or end-of-year evaluation periods on the evaluation form.
8) Any time a decision is made by the TCs about a trainee's training program or status in the agency, the TCs will inform the trainee in writing and will meet with the trainee to review the decision within 5 working days. This meeting may include the intern's supervisor(s) and/or Vice Chair of Psychology.

9) The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below in section IV.
10) If the intern accepts the decision, any formal action taken by the Training Program will be communicated in writing to the trainee's graduate program. This notification indicates the nature of the concern and the specific actions implemented to address the concern.

B. Notification Procedures to Address Problematic Behavior or Performance

It is important to have meaningful ways to address competence problems once they have been identified. In implementing remediation or sanction interventions, the training staff must be careful to balance the needs of the trainee, the clients involved, other members of the training cohort, the training staff, and other agency personnel. Once the concern has been brought to the attention of the TCs, and/or a supervisor, the trainee will meet with the TCs and their supervisor(s) within 10 working days to discuss the concern. Within 5 working days of the meeting, one of the following will be issued to the trainee. The Director of Clinical Training at the trainee's graduate program will also be notified.

1) **Verbal warning** to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.
2) **Written acknowledgement (Remediation Support Plan)** to the trainee formally acknowledges:
    a) That the TCs are aware of and concerned with the performance or competence problem;
    b) That the concern has been brought to the attention of the trainee;
    c) That the TCs will work with the trainee to rectify the problem or skill deficits by identifying goals and objectives, and;
    d) That the behaviors associated with the problem are not significant enough to warrant more serious action.
    e) The written acknowledgement will be removed from the trainee's file when the trainee adequately addresses the concerns and successfully completes the internship/fellowship training program.
3) **Written warning (Remediation Plan)** to the trainee indicates the need to discontinue an inappropriate action or behavior. Depending on the specific performance or conduct-related issue, a Remediation Plan may follow a Remediation Support Plan if the outlined goals and objectives are not completed within a reasonable or agreed upon amount of time. This letter will contain:
    a) a description of the trainee's unsatisfactory performance or problematic behavior;
    b) actions that must be taken by the trainee to correct the unsatisfactory performance or problematic behavior;
    c) the timeline for correcting the problem;
    d) what action will be taken if the problem is not corrected; and,
    e) notification that the trainee has the right to request a review of this action (see Due Process: Appeals Procedures).

A copy of this written warning will be kept in the trainee's file. Consideration may be given to removing this letter at the end of the internship/fellowship by the TCs in consultation with the trainee's supervisor(s) and/or Vice Chair of Psychology. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

C. Remediation and Sanction Alternatives

The implementation of a Remediation Support Plan or a Remediation Plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TCs, relevant members of the training staff and/or the Vice Chair of Psychology. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1) **Schedule modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in completing outlined goals and/or responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the internship/fellowship training program. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TCs. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

    a) increasing the amount of supervision, either with the same or different supervisors;
    b) changing the format, emphasis, and/or focus of supervision;
    c) recommending personal therapy;
    d) reducing or redistribution of the trainee's clinical or other workload;
    e) requiring specific academic coursework.

    The length that a schedule modification will be in effect will be determined by the TCs in consultation with the supervisor(s) and/or the Vice Chair of Psychology. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TCs in consultation with the supervisor(s) and/or the Vice Chair of Psychology.

2) **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the internship/fellowship and to return the trainee to a more fully functioning state. Probation defines the relationship that the TCs systematically monitor for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the performance of competency-related problematic behavior. The trainee is informed of the probation in a written statement, which includes:

    a) the specific behaviors associated with the "1" or "2" rating and/or raised concern;
    b) the recommendations for rectifying the problem;
    c) the time frame for the probation period during which the problem is expected to be ameliorated, and;
    d) the procedures to ascertain whether the problem has been appropriately rectified.

    If the TCs determine that there has not been sufficient improvement in the trainee's behavior to remove the probation or modified schedule, then the TCs will discuss with the supervisor(s) and/or the Vice Chair of Psychology possible courses of action to be taken. The TCs will communicate to the trainee in writing that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TCs have decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of an alternative action. Additionally, the TCs will communicate to the Vice Chair of Psychology and if applicable, the Director of Clinical Training at the trainee's graduate

program, that if the trainee's behavior does not change, the trainee will not successfully complete the internship/fellowship training program.

3) **Suspension of Direct Service Activities** requires a determination that the welfare of the trainee's client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period of time, as determined by the TCs in consultation with the Vice Chair of Psychology. At the end of the suspension period, the trainee's supervisor in consultation with the TCs and Vice Chair of Psychology, will assess the trainee's capacity for effective functioning and determine when direct service can be resumed.

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

5) **Dismissal** from the internship/fellowship program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period and/or agreed upon time period, rectify the competence problems and the trainee seems unable or unwilling to alter her/his behavior, the TCs will discuss with the Vice Chair of Psychology the possibility of termination from the training program or dismissal from the agency. Notice of dismissal from the program will be provided to the trainee in a timely manner and will allow the trainee 8 business days to exercise his/her appeals rights. If the final decision made by the TCs, supervisor(s), and Vice Chair of Psychology is to dismiss the trainee from the program, this dismissal becomes effective immediately following notice of the final decision. although the trainee Either administrative leave or dismissal would be invoked in cases of severe violations of state jurisprudence regulations, the APA Code of Ethics, or when imminent physical or psychological harm to a client is a significant concern, or when the trainee is unable to complete the internship/fellowship program due to physical, mental or emotional illness. When a trainee has been dismissed, the TCs will communicate to the trainee's academic program that the trainee has not successfully completed the internship or fellowship program.

6) **Immediate Dismissal** involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the TCs, the supervisor(s), or the Vice Chair of Psychology may immediately dismiss the trainee from CAPS. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a trainee has been dismissed, the Vice Chair of Psychology and TCs will communicate to the trainee's academic department that the trainee has not successfully completed the training program.

IV. Appeals Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation, or sanctions, the following appeal procedures should be followed:

1) The trainee should file a formal appeal in writing with all supporting documents, to the Vice Chair of Psychology. The trainee must submit this appeal within 5 working days from their notification of any of the above (notification, remediation, or sanctions).
2) Within three working days of receipt of a formal written appeal from a trainee, the Vice Chair of Psychology will consult with the TCs and/or the members of the Training Committee and then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.
3) In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Vice Chair of Psychology, then that appeal is reviewed by the Vice Chair of Psychology in consultation with the CAPS Management Team. The Vice Chair of Psychology will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld. See below for further detail of the Review Panel process.

Review Panel and Process

If the formal decision made by the TCs or members of the training staff is challenged by the trainee, the Review Panel process will begin as delineated below. The Review Panel is the final step in the decision-making process and members of this panel have final discretion of the outcome of the appeal.

a) When needed, a Review Panel will be convened by TCs. The Panel will consist of two staff members selected by the TCs, the TCs, and the trainee involved in the dispute. The Review Panel will also extend at least one step beyond the TCs by including the Vice Chair of Psychology. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
b) Within five (5) workdays, an appeals hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) workdays of the completion of the review, the Review Panel submits a written report to the TCs, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
c) Within three (3) workdays of receipt of the recommendation, the TCs will either accept or reject the Review Panel's recommendations. If the TCs reject the Panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the TCs may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
d) If referred back to the Panel, the Panel will report back to the TCs within five (5) workdays of the receipt of the TCs' request of further deliberations. The TCs then make a final decision regarding what action is to be taken.
e) The TCs inform the trainee, and if necessary, the training program of the decisions made.
f) If the trainee disputes the Review Panel's final decision, the trainee has the right to contact the Department of Human Resources at UC Davis to discuss the situation.

APPENDIX E- GRIEVANCE PROCEDURES

Due Process Procedures for Handling Intern and Fellow Grievances

Grievance Procedures are implemented in situations in which an intern or fellow raises a concern about a supervisor or other faculty member, trainee, or the internship or fellowship training program. These guidelines are intended to provide the trainee with a means to resolve perceived conflicts. Trainees who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a trainee raises a grievance about a supervisor, staff member, trainee, or the training program:

Informal Review
First, the trainee should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or TCs in an effort to resolve the problem informally. Informal grievances related to supervisory related concerns will require an individual meeting with the TD. The purpose of this meeting is to gather information related to the concern. The TD will also have an individual meeting with the supervisor involved. These meetings are required in order for the TD to develop an informal plan to address the concern. Subsequent group meetings (with the trainee, supervisor(s), and TD) may be considered depending on the situation.

Formal Review
If the matter cannot be satisfactorily resolved using informal means, the trainee may submit a formal grievance in writing to the TCs. If the TCs are the object of the grievance, the grievance should be submitted to another member of the Training Committee and/or the Vice Chair of Psychology. The individual being grieved will be asked to submit a response in writing. The TCs (or Training Committee member or Vice Chair of Psychology, if appropriate) will meet with the trainee and the individual being grieved within 10 working days. In some cases, the TCs or Training Committee member or Vice Chair of Psychology may wish to meet with the trainee and the individual being grieved separately first. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

a) the behavior associated with the grievance;
b) the specific steps to rectify the problem; and,
c) procedures designed to ascertain whether the problem has been appropriately rectified.

The TCs or Training Committee member or Vice Chair of Psychology will document the process and outcome of the meeting. The trainee and the individual being grieved will be asked to report back to the TCs or Training Committee member or Vice Chair of Psychology in writing within 10 working days regarding whether the issue has been adequately resolved. If the plan of action fails, the TCs or Training Committee member or Vice Chair of Psychology will convene a review panel consisting of him/herself and at least two other members of the Training Committee within 10 working days. The trainee may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The TCs or Training Committee member or Vice Chair of Psychology will document the process and outcome of the panel meeting. The trainee and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

APPENDIX F- TRAINING STRUCTURE

Training Structure

As a smaller training program, the TD and ATD serve in programmatic, training/teaching, and supervisory roles. In addition, supervising psychologists also contribute to the development of training seminars and other opportunities. Volunteer Clinical Professors (VCP) are a vital part of the training program by providing professional development supervision or ongoing instruction of the program's didactics and case conferences. The primary members of the training staff are listed below:

Training Supervisors

Lindsey Overstreet, Psy.D., Training Director

Olivia Briceño Contreras, Psy.D., Associate Training Director

Additional Supervisors

Tanya Holland, Psy.D.
Melissa Hopkins, M.D.
Richelle Long, Ph.D.
Meera Ullal, Ph.D.
Maggie Del Cid, Ph.D.
Danielle Haener, Psy.D.

UC Davis Programs Administrator

Monica Mercado

As a commitment to strengthening the training program and fostering growth in the staff as training directors, supervisors, and/or teachers/trainers, the UC Davis Health-CCAP staff participate in monthly meetings. Once a month, the staff psychologists (not including VCP) participate in a **Training Committee meeting**. The Training Committee meetings ensure consistent communication between supervisory staff about all matters related to the trainees and the training program, as well as supervisory support. The agenda is set by the TD, however, other supervisory staff are encouraged to raise any issues that are relevant to discuss together. An intern representative also has the opportunity to attend at the beginning of the Training Committee meeting. Typically, each intern will get alternating opportunities to participate as an intern representative. The intern representative can utilize this time to provide feedback about the program or raise any concerns that he/she would like the training staff to discuss during the Training Committee.

APPENDIX G- Telesupervision Policy

In response to COVID-19, the program began to utilize telesupervision more frequently. The interns receive supervision mostly in person, with the exception of telesupervision being

provided due to the remote nature of some clinical services. Telesupervision does not account for more than 1 hour of individual supervision or more than 2 hours of total supervision each week. Telesupervision is provided through a synchronous audio and video format whenever the supervisor (or other trainees for group supervision) are not located in the same physical location as the intern. Our program does not provide supervision by phone.

APPENDIX H- PSYCHOLOGIST BIOGRAPHIES

Lindsey Overstreet, Psy.D.
Dr. Lindsey Overstreet is a licensed clinical psychologist and serves as the Training Director for the Clinical Child and Adolescent Psychology internship and fellowship programs. She graduated with honors from Tufts University with a B.A. in Clinical Psychology, and she received her M.S. and Psy.D. in Clinical Psychology from the PGSP-Stanford Psy.D. Consortium. Dr. Overstreet completed her postdoctoral training at McLean Hospital in the 3East Adolescent DBT girls' residential unit. Following her fellowship, Dr. Overstreet was retained by McLean to help open their first outpatient adolescent DBT clinic and two years later, she helped to open the 3East DBT boys' residential unit. In 2018, Dr. Overstreet moved to Houston, Texas, to be near her family and began working at The Dialectical Behavior Therapies Center of Houston. She became the training director of the DBT Center in 2021. Dr. Overstreet has a strong passion for working with adolescents who struggle with chronic suicidality, self-harm, and other risky behaviors, as well as those who have experienced trauma. She is a firm believer that family therapy and parent work are essential when working with children and adolescents. Dr. Overstreet has advanced training and supervision in dialectical behavior therapy, prolonged exposure, DBT-PE, DBT-PTSD, TF-CBT, and DBT adherence. As the newly appointed training director for the UC Davis CCAP programs, she aims to enhance training in the areas of DBT, trauma therapies, and family therapies.

Olivia Briceño Contreras, Psy.D.
Dr. Olivia Briceño Contreras is a bilingual, bi-cultural clinical psychologist and serves as the Associate Training Director of the Clinical Child and Adolescent Psychology internship and fellowship programs. She completed her graduate training in clinical psychology at Alliant International University, Sacramento, with an emphasis on infant mental health and her internship at the California Pacific Medical Center (CPMC) in San Francisco where she received clinical training experience in an outpatient clinic and primary care clinic within the tenderloin neighborhood. She completed her post-doctoral fellowship within our very own UC Davis Clinical Child and Adolescent Psychology program at the CAPS community mental health clinic. Dr. Contreras provides a range of direct clinical services to the diverse population of children, adolescents, and families between the ages of 0-21 years, including individual and dyadic therapy, and she conducts psychological assessments for children and adolescents in both English and Spanish languages. In addition, she co-leads the TEAM Program, which is a foster care clinic contracted with CDSS, systems of care branch, serving counties across the state of CA. She has extensive experience in working with youth who have experienced various forms of complex trauma, through providing evidence-based treatments and culturally informed care. Her clinical, teaching and research areas include

focus on improving treatment outcomes with children and adolescents through providing culturally informed care, family engagement and involvement in treatment, risk and resilience factors and early intervention treatment with young children.

Tanya Holland, Psy.D.
Dr. Tanya Holland is a licensed clinical psychologist and serves as the Psychologist Supervisor for the CAPS Clinic. She graduated with Honors from UC Davis with a BA in Psychology. She went on to pursue her graduate degree in Clinical Psychology from Rutgers, The State University of New Jersey. During her training years she gained experience working in school-based, foster care, and infant mental health programs. She completed her internship and postdoctoral fellowship at the UC Davis CAARE Center, where she specialized in working with children who experienced trauma and was trained in Parent-Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. She now has 20 years of experience conducting diagnostic, child welfare, risk, and competency evaluations for both youth and adults. She currently provides brief dyadic treatments to children and their caregivers, conducts psychological assessments for children with Medi-Cal, and supervises trainees in conducting assessments. Her interest areas include children with incarcerated parents or who are systems-involved themselves, helping parents understand and respond to the impacts of trauma on their children, and suicide risk assessment.

Richelle Long, Ph.D.
Dr. Richelle Long is a child clinical psychologist and assistant professor at UC Davis Health, Department of Psychiatry and Behavioral Sciences, Child and Adolescent Psychiatry Division. She completed her graduate training in counseling psychology at The University of Memphis and received specialized training in trauma informed care as a postdoctoral fellow at Children's Hospital Los Angeles where she also completed a Leadership Education in Neurodevelopmental and Related Disabilities (LEND) fellowship. Dr. Long provides comprehensive psychological services to children from 0-21 and their families at the Sacramento County Children's Mental Health Clinic. In addition to providing therapy, psychological assessment, screening, and consultation, she also provides training opportunities and supervision for the postdoctoral psychology fellows in the Clinical Child and Adolescent Psychology Postdoctoral Program at UC Davis.

Through Dr. Long's education and training, she has gained specialized training in working with children of all ages who have experienced various forms of psychological trauma including working with infants and young children. Her clinical, teaching, and research interests include: the impact of early adversity on child development; interventions for complex trauma disorders in children and adolescents; training psychologists in developing basic competence in treating psychological trauma; risk for abuse in children with developmental disabilities; providing services to fostered and adopted children; comprehensive treatment for survivors of human trafficking; incorporating culture and diversity into therapeutic practice; therapeutic assessment; and program evaluation. Dr. Long has received specialized training and supervision in several evidence-based practices, including Child-Parent Psychotherapy, Trauma-Focused CBT, Parent-Child Interaction Therapy, Incredible Years, and Seeking Safety.

ACKNOWLEDGEMENT OF RECEIPT OF DOCTORAL INTERNSHIP TRAINING MANUAL

By signing, I acknowledge the following:

a) I read the training manual and had an opportunity to ask questions.
b) A paper or electronic copy has been made available to me to keep in my files.
c) I understand the policies and expectations laid out herein.

Please discuss any questions or concerns you have regarding the information contained in this handbook with the Training Director before signing this acknowledgement.

Print Name: _____

Signature: _____

Date: _____