



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

CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY (CCAP)
DOCTORAL INTERNSHIP TRAINING PROGRAM BROCHURE
2026 – 2027



Left: UC Davis Medical Center, Dept. of Psychiatry and Behavioral Sciences
Right: 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.

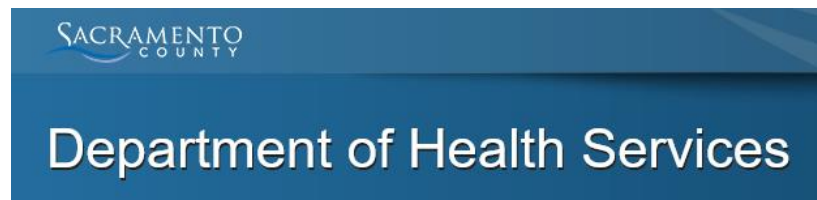
Meera Ullal, Psy.D.

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

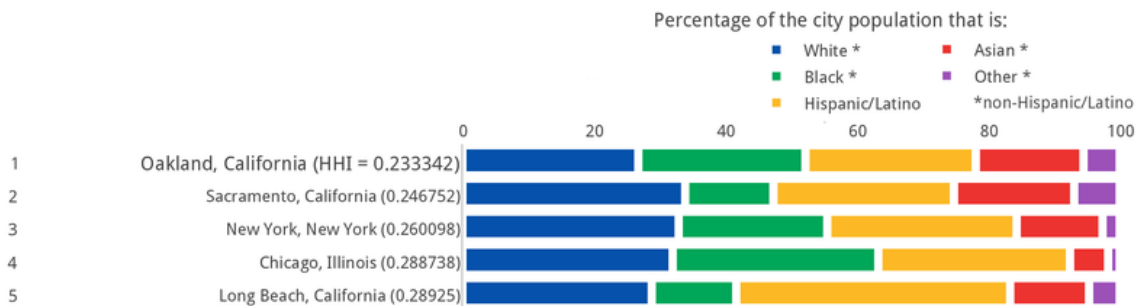
LOCATION

Welcome to Sacramento, the state capital 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."

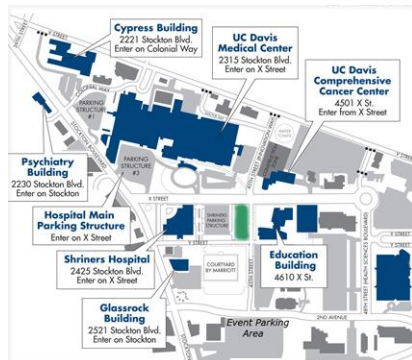
Major American Cities (pop>400k) Ranked by Diversity



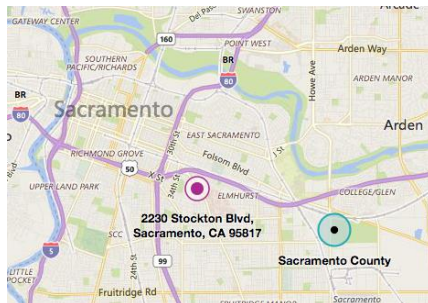
- **Population:** approximately 500,000 (city) and more than two million in metropolitan area
- **Climate:** Mediterranean. Mild year-round with dry summers with little humidity and a cooler/wet season from October through April
- **Attractions:** Large parks, a 23-mile river parkway and bike trail, 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



The 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, 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

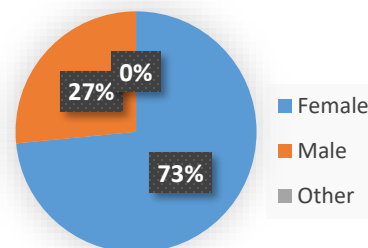
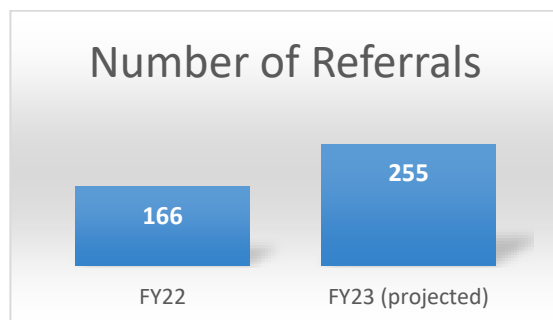
The CAPS Clinic is staffed by three full-time UC Davis faculty psychologists and three board-certified child psychiatrists. It is the primary training site for our doctoral psychology interns, as well as UC Davis' postdoctoral psychology and psychiatry fellows. Medical students also complete rotations 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 education 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. 10 -15 Hours/Week: Direct Clinical Service (Face-to-Face; Telehealth)

▪ **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. 10 -14 Hours/Week: Indirect Clinical Service (Not Face-to-Face)

- 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. 4-9 Hours/Week: Indirect Service

- 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. 4.5 – 5 Hours/Week: Supervision

- 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.

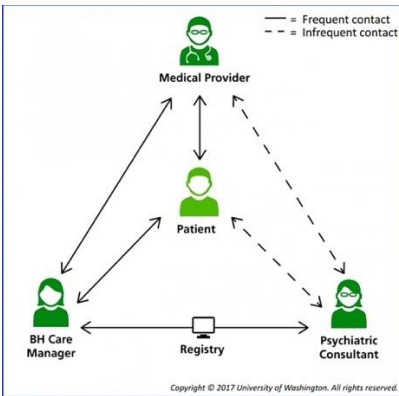
Community Mental Health: CAPS Clinic

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.

APPOINTMENT, STIPEND, AND BENEFITS

Two applicants will be accepted for the 2026 - 2027 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.

2026 – 2027 Training Year: July 1, 2026 - June 30, 2027

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.

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>

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.

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:

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