



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

CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY (CCAP)
POST-DOCTORAL FELLOWSHIP TRAINING PROGRAM BROCHURE
2026 – 2027



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 the UC Davis School of Medicine, the Department of Psychiatry and Behavioral Sciences has a strong collaborative relationship with Sacramento County's Department of Health Services, UC Davis Health, and the MIND Institute. Our postdoctoral fellowship program in clinical child and adolescent psychology offers fellows the best of both worlds: training from a strong academic approach that emphasizes evidence-based treatment across complex clinical settings. Alongside UC Davis Clinical Psychology and Psychiatry Faculty and psychiatry residents and fellows, our post-doctoral fellows will receive their training and provide direct psychological services at their primary rotation at a county-operated community mental health clinic. Secondary rotations provide exposure to providing care in UC Davis's teen intensive outpatient program as well as social skills group therapy and management with a neurodiverse population at the MIND Institute.



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.

Danielle Haener, Psy.D.

Richelle Long, Ph.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.



Department of Health Services

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.

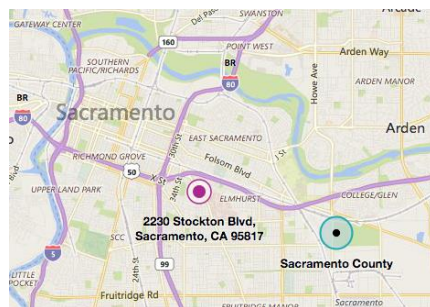
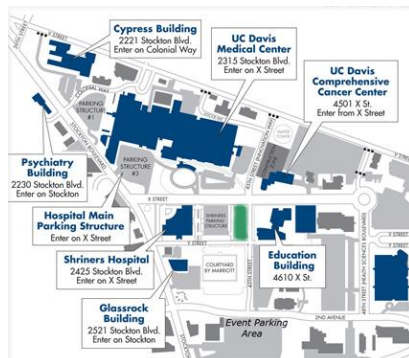
Our Values

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

The UC Davis Department of Psychiatry and Behavioral Sciences is located in Sacramento, California, approximately 20 miles east of the main UC Davis campus, in Davis, California. The MIND Institute is located on the Medical Center campus, as is the Children's Behavioral Health Center, where the Intensive Outpatient Program is housed.

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.



DIVERSITY AND INCLUSION STATEMENT

As a training program, the UC Davis Heath Clinical Child and Adolescent Psychology (CCAP) Post-Doctoral Fellowship 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 post-doctoral psychology fellows, as well as UC Davis' doctoral psychology interns 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 the psychiatry team, county-employed clinicians, and psychiatric nurses. Our trainees develop strong working relationships with a number of professionals within the community that last beyond their training year.

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.

CBHC STAFF AND POPULATION

The Children's Behavioral Health Center at UC Davis has a team of experienced psychiatrists, psychologists, nurse practitioners, and trainees who provide psychiatric evaluations and evidence-based mental health treatment to children and adolescents. We provide academically-informed care for mood and anxiety disorders, psychotic disorders, neurodevelopmental disorders, and trauma disorders, among other conditions. Clients at the CBHC generally have traditional health insurance and come from all over Sacramento and beyond. The intensive outpatient program (IOP), specifically, sees adolescents who need more acute stabilization after a hospitalization or to avoid a hospitalization. The ten-week program consists of 11 hours per week of therapy services, which include both parent and teen skills groups, family therapy, and individual therapy. The IOP team is made up of psychologists, psychiatrists, social workers, and both psychology and psychiatry trainees. Post-doctoral fellows will conduct individual and family therapy with IOP clients, as well as co-lead group therapy. They also attend weekly rounds and consultation team meetings as well as supervision.

MIND INSTITUTE STAFF AND POPULATION

The UC Davis MIND Institute is a collaborative international research center, committed to the awareness, understanding, prevention, and treatment of autism spectrum disorders, fragile X syndrome, and other neurodevelopmental disorders. The MIND Institute employs a consortium of scientists, educators, physicians, psychologists, undergraduate and graduate level trainees, and parents. As part of their rotations, post-doctoral trainees will have an opportunity to co-lead a social skills group for children with autism spectrum disorder at the MIND Institute. The group is an evidence-based, manualized treatment that typically runs for 25 sessions (November through June) for school-aged children (ages 8-17). It largely utilizes CBT principles with a focus on helping the children have positive and successful social interactions. This rotation also provides additional opportunities for learning about group therapy development and management, as well as the supervision of other MIND trainees. Responsibilities include: assisting with lesson planning, leading activities, providing supervision to volunteers who assist with the group, attending didactic seminars, and interfacing with parents.

COMPETENCIES AND LEARNING ELEMENTS

The primary goal of the one-year UC Davis Health Clinical Child and Adolescent Psychology (CCAP) Post-Doctoral Fellowship Training Program is to provide advanced training to promote professional development and prepare fellows for independent practice as health service psychologists with specialized experience in child and family populations. We firmly believe that 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 and adolescent psychology training program is committed to the lifelong learning process and aims to create an environment that supports trainees to develop across different competency areas by recognizing their strengths and areas for growth. We also respect each trainee's unique cultural identity that the trainee brings to the team, clinic, and community. The CCAP fellowship is challenging and dynamic. It 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 fellows in reflecting on their self-care practices to increase their longevity and effective engagement in the field. Successful fellows are actively open to the learning process, adaptable, flexible, culturally curious, and collaborative.

Over the course of the one-year UC Davis Health CCAP Post-Doctoral Fellowship Program, the fellows will receive training and supervised experience in therapeutic interventions (e.g., individual and group therapy, possibly dyadic), psychological testing (e.g., comprehensive psychological evaluations, intake assessments, and brief psychological screening), and consultation (e.g., to fellow providers and to local agencies/schools). They also participate in training and supervision in secondary rotations (Intensive Outpatient Care and Neurodevelopmental Group Therapy Management), lateral supervision of doctoral interns, and teaching. It is expected that the fellows 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 Fellowship Centers (APPIC), the American Psychological Association (APA), the APA Standards of Accreditation (SoA) for Health Service Psychology (HSP). We also include a program-specific competency of Self-Care. These competencies include:

Level 1 Competencies:

1) Integration of Science and Practice

- a. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- b. Seek out scholarly literature to inform and guide clinical decisions, treatment selections and questions to supervisors.
- c. Understand problems and/or diagnostic categories within an evidence-based theoretical conceptual framework that guides hypothesis generation regarding appropriate assessment and/or treatment strategies.

- d. Understands how to adapt and apply research principles in a community mental health setting.

2) Individual and Cultural Diversity

- a. Displays sensitivity to and respect for diversity by working flexibly and effectively with clients and families.
- b. Demonstrates awareness of the impact of culture on the client's view of therapy and/or assessment.
- c. Considers all areas of diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to resources in the community.
- d. Considers the impact of diversity and is able to address differences with clients and families in a constructive manner.
- e. Demonstrates self-awareness of own culture and potential impact on clients and families.

3) Ethical and Legal Standards

- a. Demonstrates good judgment when faced with ethical decisions and seeks information and/or consultation to consistently follow local, California State, and federal laws, regulation, rules, and policies relevant to health service psychologists.
- b. Demonstrates knowledge of and acts in accordance with APA Ethical Principles and Code of Conduct.
- c. Conducts self in an ethical manner in all professional activities.
- d. Knows and follows specific and appropriate procedures for assessing danger to self or others, and reports child, elder, dependent adult, and/or spousal abuse if necessary.
- e. Keeps timely, clear, relevant documentation that is compliant with county and funding source (e.g. Medi-Cal) requirements.

Level 2 Competencies:

4) Intervention

- a. Demonstrates an ability to establish rapport, demonstrate empathy, elicit participation and cooperation from clients, and attend to the content and process of clinical interactions.
- b. Establish and maintain effective relationship with the recipients of psychological services and maintain therapeutic boundaries by separating own issues from those of the client.
- c. Develop evidence-based intervention plans specific to the service delivery goals utilizing client input and identified goals of treatment.
- d. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- e. Demonstrates intervention skills in a range of modalities (i.e., individual, family, dyadic, and group therapy).
- f. Demonstrates the ability to seek out and apply the relevant research literature to inform clinical decision making, treatment modalities, and

- g. intervention skills to successfully assist the client in reaching treatment goals.
- h. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- i. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- j. Assesses high risk behaviors and recommend interventions to maintain the safety of clients and others.
- k. Develop ability to provide clinical case management as appropriate and link client and client's family to available resources in the community.

5) **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. Develop competency in selecting and applying 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 and developmental knowledge with patient history, family SES, and cultural background and lead to a clear conceptualization and thoughtful treatment and school-specific 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.

6) Professional Values, Attitudes, and Behaviors

- a. Behave in ways that reflect the values and attitudes of psychology, including integrity, conduct, 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, participating in trainings, seeking out additional input and knowledge, and actively applying learning from both supervision and seminars to maintain and improve performance, well-being, and professional effectiveness.
- c. Develop awareness of own strengths, limitations, and personal stress level and seek out needed assistance to behave in a professional manner.
- d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

7) Interprofessional and Interdisciplinary Consultation

- a. Become familiar with multidisciplinary settings and demonstrate knowledge and respect for the roles and perspectives of other professions.
- b. Apply this knowledge in direct (or simulated) consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- c. Develop productive working relationships with other disciplines involved in treatment of clients including members of multi-disciplinary team, clinicians, medical consultants, psychiatrists, school staff, and CPS workers.
- d. Educate other disciplines on the value and limitations of psychological test data and research.

8) Supervision

- a. Develops and demonstrates 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. 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.
- d. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- e. Seek out immediate supervision in response to clinical risks appropriately.

9) Communication and Interpersonal Skills

- a. Develop effective communication and interpersonal skills in order to work well as a team member, by demonstrating appropriate professional demeanor and boundaries.
- b. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- c. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- d. Demonstrate an ability to effectively manage difficult communication (e.g., discuss issues as they arise and resolve conflict directly, quickly, and appropriately with internal staff, external providers, peers, and supervisors).

10) Self-Care

- a. Develop awareness of personal stress 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 in a way that does not result in inferior professional services to the client or interfere with job responsibilities.
- c. Demonstrates ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties.

TRAINING ACTIVITIES AND EXPECTATIONS

Following a developmentally appropriate, culturally sensitive, and trauma-informed systems approach to client care, fellows 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.

Fellows provide short-term and long-term individual, dyadic, and family therapy (in-person or via telehealth). Fellows also complete intake services for psychotherapy cases and psychological testing referrals. In addition, fellows conduct extensive psychological assessments that typically involve school observations, interviews with caregivers, treatment providers, and teachers, and the administration of objective and projective personality measures. During the course of their training year, fellows also participate in and lead the Comprehensive Multidisciplinary Assessment Team (CMAT) that is facilitated by our supervising psychologist at the CAPS Clinic. In addition, fellows will have opportunities to provide consultation and/or brief psychological screening within the CAPS Clinic and with outside providers. Lastly, our fellows develop advanced professional skills in teaching and supervising.

Average 40 – 44 hours per week for about 50 weeks (1800 fellowship hours total)

a) 10 -15 Hours/Week: Direct Clinical Service (Face-to-Face; Telehealth)

- 8 to 10 Individual, Dyadic and/or Family Psychotherapy cases over the course of the year
- 1 to 3 Collateral cases over the course of the year
- Case Management (ongoing)
- 1 to 2 Intake Assessments (as available)
- 4 to 8 Psychological Testing cases over the course of the year
 - 2 to 4 Consultation and/or Brief Psychological Screening cases

- 1 to 2 Comprehensive Multidisciplinary Assessment Team (CMAT) case(s) and/or CMAT Consult Cases

b) 10 -14 Hours/Week: Indirect Clinical Service (Not Face-to-Face)

- Psychological Screening and Testing (scoring, interpretation, report-writing)
- Case Management, Consultation, and Family Collateral Services (via phone)
- Clinical Documentation (progress notes, psychosocial assessments)

c) 5-8 Hours/Week: Indirect Service

- 2 to 7 hours: Training Seminars/Didactics/Case Conferences
- 2 to 3 hours: Non-billable services (i.e., documentation, managing appointments, emails, literature reviews, administrative duties)
- 2 hours/month: Staff meetings

d) 4 Hours/Week: Supervision

- 2-3 hours: Individual Supervision (Primary, Therapy, Assessment)
- 1-2 hours: Group Supervision (MIND, IOP)

e) Additional Fellow Training Activities

- Lateral Supervision of Doctoral Interns
- Teaching and Presentations
- Department Grand Rounds and Other Training Activities
- *Participate in Faculty's Research Opportunities (based on availability)*

*Please note that fellows may have adjustments to their therapy caseload (individual and group therapy) based on the additional clinical training they receive at the MIND Institute or the CBHC.

While the UC Davis Health CCAP Fellowship Program encourages work/life balance, there may be weeks in which a fellow works more than 40 hours/week. The CA Board of Psychology will count a maximum of 44 hours/week towards your licensure requirements, therefore the program strongly supports fellows to average working 40-44 hours/week. Please note that the fellows' clinical training and supervision is the primary priority, and the billing percentage is calculated to determine if the fellow is receiving sufficient clinical hours as part of completing a clinically focused fellowship program.

Fellows are expected to complete clinical documentation using an online documentation system (i.e., progress notes within 72 hours, treatment plans, psychosocial assessment paperwork, etc.) in a timely manner consistent with both professional expectations and specific county/clinic guidelines.

CLINICAL TRAINING DESCRIPTION

Long-Term Therapy (Community Mental Health)

There are only a few clinics in Sacramento County in which psychologists, doctoral interns, and post-doctoral 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 fellow is expected to maintain a workload of approximately **10 to 12** therapy clients throughout the training year who are seen on roughly a weekly basis. Sacramento County Medi-Cal/EPSDT does not restrict therapy providers to using specific theoretical orientations or techniques in their work with clients. As such, providers can determine the type of treatment modality (individual, family, dyadic, group) and intervention (i.e., Family Systems, ARC, TF-CBT, CBT, DBT, ACT, Interpersonal, etc.) that will fit best with each client. Fellows need to balance their therapy caseload with their assessment caseload, therefore, supervisors encourage fellows to provide 45-50 minute sessions per client weekly to bi-monthly. If clinically appropriate and approved by the fellow's supervisor, fellows can determine where it would be best to meet with their clients (i.e., CAPS Clinic, community, 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. If staff provide proof of insurance, they can utilize county vehicles for field-based appointments.

Fellows also provide case management to coordinate care and link their clients to available resources in the community. Typically, fellows spend 1-2 hours engaged in the following case management activities:

- Coordinate care with caregivers, family members, teachers, family/youth advocates, CPS case managers, juvenile justice staff, pediatricians, psychiatrists, and other mental health providers.
- Attend school meetings (i.e., I.E.P.'s).
- Attend medication management sessions.

Group Therapy (MIND Institute)

As part of their secondary rotations, fellows will also have an opportunity to co-lead a social skills group for children with Autism Spectrum Disorder with **Dr. Danielle Haener** at the UC Davis MIND Institute. The group is an evidence-based, manualized treatment that typically runs for 25 sessions (November through June). The group is offered in-person. It largely utilizes CBT principles with a focus on helping the children have positive and successful social interactions. Responsibilities include: assisting with lesson planning, leading activities, providing supervision to volunteers who assist with the group, attending didactic seminars, and interfacing with parents.

Intensive Outpatient Program (CBHC)

As part of their secondary rotations, fellows will participate in the intensive outpatient program at the Children's Behavioral Health Center. In this rotation, the fellows will attend patient rounds and weekly IOP consultation team meetings with a collaborative interdisciplinary team. The fellows will be expected to hold one individual therapy and family therapy case, and depending on experience, fellows may have an opportunity to do co-therapy and/or supervise psychiatry trainees in family therapy. Fellows will co-lead DBT skills groups, parenting skills groups, as well as a weekly process group for teens. Fellows will receive weekly individual and group supervision for IOP services with **Dr. Lindsey Overstreet**. If interested, fellows may have research opportunities within the IOP.

Psychological Assessment

The CAPS Clinic is one of two clinics in Sacramento County that has the ability to conduct psychological testing for clients ages 0 to 21 with Medi-Cal. As such, the CAPS clinic's psychological assessment services are in high demand. Our program aims to deliver client-focused, strength-based assessments. Training and supervision are provided to support fellows in acquiring skills in Collaborative/Therapeutic Assessment (C/TA). Our psychological testing services fall on a continuum based on level of need. We offer psychological screening, psychological testing, and comprehensive multidisciplinary testing (see CMAT description). **Tanya Holland, Psy.D.** manages the CAPS Assessment Program, including the CMAT Program. Depending on the referral question and level of need, assessments conducted at the CAPS Clinic can be 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 client at another setting (i.e., school).
- Observation of 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 client.
- Administration of cognitive, academic, and neuropsychological measures to 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 and school summary report.

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

- Each assessment case can require approximately **8-12 hours** of work per week.
- Fellows are expected to complete roughly **4 to 8** assessments within the post-doctoral training year.
- Fellows are typically assigned 1 to 2 assessment cases at a time for the first third of the year, and then will be assigned 2 to 3 assessments cases at a time for the remainder of the year.

- Although the Child ACCESS team authorizes us to work on an assessment for 4 months, it is anticipated that fellows complete each assessment within about 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 (Jenness 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)
 - ❖ Projective (Rorschach, Rotter Incomplete Sentences Blank)
 - ❖ Neuropsychological Measures (NEPSY, RBANS, Beery's VMI)
 - ❖ Receptive/Expressive Language (CELF, PPVT, EVT)
 - ❖ Occupational/Career Interest (Self-Directed Search, Strong Interest Inventory)

Comprehensive Multidisciplinary Assessment Team (CMAT)

This team is based out of the CAPS Clinic. Members of the team include psychologist(s), a child psychiatrist, psychology interns and fellows, psychiatry fellows, and rotating medical students. One of the team's psychologists or psychology fellows successively take the lead for 5-6 weeks 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.

- Each assessment can require approximately **30 hours** of work, with completion of the majority of testing in 5-6 weeks.
- Included in their overall total of psychological testing cases, fellows are expected to complete roughly **1 to 2** cases in CMAT within the post-doctoral training year.

Consultation and/or Brief Psychological Screening

Fellows will receive specific training prior to providing brief screening and consultation services with internal providers (clinicians and psychiatrists) in order to clarify diagnostic questions or to monitor treatment progress. The fellows are responsible for scoring and interpreting a range of self-report measures (i.e., BASC, Beck Youth Inventories) that the trained clinician and/or fellow administered. The fellow then completes a summary progress note before meeting with the referring clinician (and/or client and their family) to review test results and recommendations. This service is currently supervised by **Dr. Tanya Holland**.

- Each brief screening and/or consultation assessment can require approximately **4-8 hours** of work per week.
- Fellows are expected to complete roughly **2 to 4** brief screening assessments within the post-doctoral training year.

SUPERVISION

All primary supervisors of fellows are University of California Davis, Health clinical faculty who have doctoral degrees in Clinical or Counseling Psychology and are licensed to practice in the state of California. They are required to be free of any disciplinary action with the California Board of Psychology. The supervising licensed psychologists are professionally responsible for the fellows' cases. In accordance with regulations set by APPIC, APA, SoA, and the California Board of Psychology, our training program provides post-doctoral fellows 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 (2-2.5 hours of individual supervision and 2-2.5 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. Fellows 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 fellow is accruing Supervised Professional Experience (SPE), therefore the fellows' schedule is expected to fall between typical business hours (8:00am-5:00pm). Fellows 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 with the Training Director about these concerns to ensure issues are properly understood and addressed from a programmatic level.

- **Primary Therapy Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their primary supervisor, with whom they meet on an individual and weekly basis for 1 hour. This supervision time allows the fellow to further develop their professional identity, as well as review the acquisition of their training goals across the training program rotations. They will also oversee administrative duties (documentation timeliness, submitting time-off requests, completing timecard, etc.).
- **CAPS Assessment Supervision:** Post-doctoral fellows are assigned one of the supervising psychologists as their CAPS Clinic supervisor, with whom they meet on an individual and weekly basis to discuss their therapy and assessment clients for 1-1.5 hours. CAPS supervisors will be responsible for reviewing therapy and assessment client documentation (i.e., notes, initial/annual clinical bundle, client treatment plans, etc.). The fellows are also expected to use this time to learn new measures and discuss various issues (e.g., responsibility, expectations, ethical concerns, interprofessional relationships, etc.) that pertain to the role of a provider of psychological testing to further develop this area of professional development. Lastly, participation in CMAT provides the unique opportunity for live supervision of psychological testing. During the last quarter of the training year, the fellow may be assigned a different supervisor to supervise 1 to 2 assessment cases in order to widen the fellow's exposure to different assessment supervision and report-writing styles.
- **Delegated Supervision/Secondary Rotation:** Our fellows have the opportunity to do secondary rotations in Group Therapy Management and Intensive Outpatient care. They will each receive a minimum of 1 hour of supervision per week for their secondary rotation.
 - **Group Therapy Management**
 - Fellows will co-lead a social skills group for children with autism spectrum disorder under the live supervision of **Dr. Danielle Haener** at the UC Davis MIND Institute.
 - The group is an evidence-based, manualized treatment that runs for 25 sessions (typically from November through June). It largely utilizes CBT principles with a focus on helping the children have positive and successful social interactions. It provides additional opportunities learning about group therapy development and management, as well as the supervision of other MIND trainees.
 - **Intensive Outpatient Program**
 - Fellows will co-lead parent DBT skills groups, teen DBT skills groups, and a teen process group in a 10-week intensive outpatient program at the Children's Behavioral Health Center, supervised by **Lindsey Overstreet, Psy.D.**
 - Fellows will also see one patient for individual and family therapy in this program and be expected to complete documentation in a timely fashion.
 - Fellows will attend a weekly interdisciplinary consultation team for the IOP.

- Fellows *may* have the opportunity to conduct research within the intensive outpatient program, if interested. Fellows may also have program development opportunities, as we hope to expand and develop this intensive outpatient program into multiple tracks.
- **DBT Group Supervision:** The purpose of this group supervision is to learn to implement and consult on practicing dialectical behavior therapy and DBT-informed treatment. **Dr. Lindsey Overstreet** facilitates the DBT Group Supervision, which allows interns and fellows to dive deeply into this evidence-based treatment and provide case conceptualizations from a DBT framework.
- **Professional Development Group Supervision:** In this monthly supervision, along with the MIND trainees, fellows will develop their professional identity and acquire competencies to support their growth across the training year. This group supervision space, facilitated by **Dr. Danielle Haener**, will focus on a range of professional issues, including setting professional goals, learning time management skills, understanding the licensure process, and applying for jobs. The second half of the supervision will be facilitated by **Dr. Lindsey Overstreet** and focuses on developing their supervision skills. Fellows will provide group supervision for the interns for 30 minutes twice a month. Their supervision of the interns will develop over the year based on the experience and goals of the fellows.

DIDACTIC SEMINARS AND CASE CONFERENCES

Some of our required seminars meet on a regular basis throughout the entire training year, while others are time-limited. As part of the fellowship, we are committed to providing our fellows with opportunities to learn from psychologists who have experience with a wide range of clients in a variety of treatment settings. As such, our seminars are facilitated by the program's attending psychologists as well as several volunteer clinical faculty members who are employed throughout the Sacramento area. Didactic seminars and cases conference aim to provide additional training in:

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

Family Therapy Seminar Series

- Led by **Lindsey Overstreet, Psy.D.**, interns and fellows will attend a bi-monthly seminar series from October-July, reviewing the history, theories, and practice of family therapy. All participants will receive a textbook and have assigned reading for each class. Trainees will engage in role-play practice of different family therapy techniques during most sessions. The end of the series will culminate in live observation of the trainees engaging in family therapy via one-way mirror.

Identity 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.

Assessment Fundamentals Seminar (only over the Summer)

- This bi-monthly seminar is provided to fellows to allow them the opportunity to gain skills in the administration, scoring, interpretation, and report-writing for a number of more complex assessments.
 - Neurodevelopmental and Neuropsychological Functioning (Dr. Haener, MIND Institute)

Neurodevelopmental Seminar

- Through the MIND Institute's Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program, fellows 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, fellows 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:

- | | |
|--|---|
| ○ Attention-Deficit/
Hyperactivity Disorder | ○ Panel of Adults with Autism |
| ○ ADOS-2 | ○ Neurodiversity |
| ○ Early Intervention for ASD | ○ Comorbid Mental Health
Challenges and NDDs |

Evidence-Based Practices for Children and Adolescents

- Fellows will attend a weekly intervention seminar hosted between the MIND, EDAPT and CCAP programs that will focus on evidence-based interventions with children and adolescents. Topics will include:
 - Trauma-based care series
 - DBT Series
 - CBT for Anxiety series
 - Parent coaching
 - ABA and other approaches for neurodevelopmental disorders
 - Social Skills

Advanced Topics Seminar (variable, as able)

- In line with APA's Level 1 competencies for post-doctoral fellows, our training program provides additional training at the end of the year to further prepare them for independent practice as licensed psychologists. These seminars primarily allow fellows to demonstrate their acquired skills, knowledge, and attitudes across the following advanced topics:
 - Collaborative Problem Solving
 - Skills in Teaching
 - Diversity-Related Issues
 - Ethical and Legal Issues
 - Integration of Science and Practice

APPOINTMENT, STIPEND, AND BENEFITS

Two applicants will be accepted for the 2026 - 2027 training year. Clinical fellowship appointments are **full-time** (average 40-hour week) for one year. Our post-doctoral fellows acquire a total of **1800 supervised hours** during the training year in order to fulfill licensure requirements for the state of California and qualify for various states' licensure requirements. Clinical moonlighting is not permitted.

2026 - 2027 Training Year: September 1, 2026 – August 31, 2027

Fellows receive a stipend of **\$58,000** (gross amount) for the training year, which is paid on a monthly basis. This stipend is competitive with other community mental health/academic medical center fellowship stipends in the area. Applicable taxes, social security deductions, and benefits-related costs are also withheld.

Fellows receive approximately **40 days of paid time off** (including **24 vacation days** and **12 days** of sick time per year) **and paid holidays** (approximately **12 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 fellows 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: <https://www.ucresidentbenefits.com/>

Our fellows have a private office with each having their own designated workspace, personal computer, voicemail, email (UC Davis and Sacramento County), administrative assistance, and full access to the UC Davis libraries and associated services. The fellows also have access to art/play therapy materials. In addition, fellows can reserve a number of therapy 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.

Postdoctoral fellows who satisfactorily complete the postdoctoral fellowship will acquire a total of 1800 supervised hours during the training year to fulfill licensure requirements for the state of California. The post-doctoral clinical child and adolescent psychology fellow will be awarded a certificate of post-doctoral fellowship completion from the UC Davis School of Medicine.

ELIGIBILITY AND APPLICATION PROCEDURES

Applicants must have attended an **APA-accredited doctoral graduate university** preferably in **clinical or counseling psychology**. Applicants from educational psychology with a strong emphasis in clinical training will be considered. Applicants must have attended an APA-accredited doctoral internship program. Applicants must have completed **all requirements for their doctoral degree prior to August 1, 2026**. Successful applicants will have acquired doctoral level **experience with children and adolescents** and have written at least **five child or adolescent integrated psychological assessment reports**.

Our application deadline is **Monday, December 1, 2025 (11:59PM, EST)**. Early application is encouraged, and applications will be reviewed as they are received. If you have any questions, please contact the Training Office at (916) 734-7523 or at ucdhchildpsychfellowship@health.ucdavis.edu.

Please submit your application to ucdhchildpsychfellowship@health.ucdavis.edu. Your application will be considered complete upon receipt of the following:

	A completed UC Davis Health CCAP application (available on our website)
	A Cover letter
	A current Curriculum Vitae
	A psychological evaluation of a child or adolescent with all identifying information removed

Three letters of recommendations- preferably two from internship and practicum placement supervisors and one from current graduate school faculty

SELECTION PROCEDURES

Fellow selection is made by a committee comprised of the training director, the 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, letters of recommendation, clinical and research interests, progress toward dissertation completion, and stated goals for fellowship. Strong writing skills are also favorably evaluated, as evidenced by the Fellowship Application 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 (via Zoom).

Prospective candidates will be notified via email by **Monday, December 22, 2025**, whether or not they will be granted an interview with the training staff and supervisors. Candidates will also have the opportunity to virtually meet with the current post-doctoral fellows, clinical staff, and tour the clinic. Interviews would tentatively take place **January 5 and 6, 2026**. Interviews are required and weigh heavily in the selection process, as this provides an opportunity for program staff and applicants to determine fit. In addition, the program values applicants who demonstrate an ability to balance strong interpersonal skills with professionalism. Should economic or other reasons interfere with a highly ranked candidate's ability to engage in a video interview, a case-by-case decision will be made by training staff to arrange an alternative phone interview. 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 **December 1, 2025**.

The post-doctoral fellowship training program agrees to abide by the APPIC guidelines for Common Hold Date on **February 24, 2026**. Information regarding APPIC Post-doctoral Selection Guidelines can be found at: <https://www.appic.org/Postdocs/Postdoctoral-Selection-Standards>

PERFORMANCE EVALUATION

The evaluation process is approached in a manner to provide timely feedback to and from the fellow in order to ensure training goals and expectations are being met. At the beginning of the fellowship year, fellows complete a self-assessment of their experience relative to training objectives of the fellowship. The initial self-assessment opens a dialogue about the fellow's strengths and specific training areas of growth. Progress is monitored throughout the fellowship year; however, more formal verbal and written feedback is provided at the

mid-year (December) and end of the training year (June). During these biannual evaluations, the fellow will meet with the supervisory team to review the Fellow Performance Evaluation completed jointly by the supervisors, then time is spent in individual supervision to discuss more specific aspects of the evaluation. These evaluations are used to provide an opportunity to communicate the fellow's progress. At the end of the fellowship year, formal summative feedback is provided to the fellow. The Training Director will participate in all performance evaluations.

In addition, the mid-year Supervisor Evaluation allows the fellow to informally specify what the fellow would like more (or less of) from the supervisor, while the end of year Supervisor Evaluation provides more specific feedback about the fellow's perspective and experience of the supervisor meeting supervisory standards and competencies defined by ASPPB Supervision Guidelines for Health Service Psychologists (February 2020). At the end of the fellowship year, formal summative feedback is provided to the fellow. The Training Director will participate in the final performance evaluation.

Lastly, the fellow is given the opportunity to provide informal feedback throughout the training year during the Training Committee meetings, when acting as a fellow representative (see p. 51 for further detail). In addition, the fellow is responsible for providing formal feedback about the training program by completing the Program Evaluation at the end of the training year (September). Postdocs will be provided an opportunity to meet with the Training Director and the Associate Training Director to provide verbal feedback in addition to their written feedback.

Serious concerns regarding a fellow's performance will be addressed through due process procedures. Fellows are strongly encouraged to address grievances related to training, supervision, or evaluation with their primary supervisor first and 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.

ACCREDITATION STATUS

Our fellowship training program is currently a member of the Association of Psychology Postdoctoral and Fellowship Centers (APPIC). At this time, we **are not** accredited by the American Psychological Association (APA). 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.

NON-DISCRIMINATION PRACTICES

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
Mrak Hall, Fourth Floor
One Shields Ave., Davis,
California, 95616
530-752-9466

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

TRAINING PROGRAM CONTACT INFORMATION

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

https://health.ucdavis.edu/psychiatry/education/child_psychology/fellowship.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 Office: 916-734-7865, mmercado@health.ucdavis.edu
Dr. Lindsey Overstreet, Training Director: 916-734-3291 loverstreet@health.ucdavis.edu