UCSF Child and Adolescent Services
Multicultural Clinical Training Program at
Zuckerberg San Francisco General Hospital
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PROGRAM BACKGROUND

The Multicultural Clinical Training Program (MCTP) is embedded in Child and Adolescent Services (CAS) in the Division of Infant Child and Adolescent Psychiatry (ICAP) at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) in the University of California, San Francisco (UCSF) Department of Psychiatry and Behavioral Sciences (DPBS).

The University of California, San Francisco, is one of ten campuses of the University of California, and the only one devoted solely to the health sciences. The principal teaching missions of the campus are the education of health practitioners in dentistry, medicine, nursing, pharmacy, the allied health professions, and the graduate education of research investigators and teachers in the biological and social sciences. A large and outstanding university, UCSF employs about 22,000 people, and regularly ranks as one of the top medical schools in the country in amount of research funds received from the National Institutes of Health. In addition to serving the local communities, patients are referred to UCSF from throughout California and all over the world for consultation, diagnosis, and treatment when these patients require highly specialized knowledge or procedures because of the seriousness or complexity of their illness.

UCSF DPBS conducts its clinical, educational and research efforts at a variety of locations in Northern California, including Zuckerberg San Francisco General Hospital and Trauma Center (the main training site of the MCTP), Langley Porter Psychiatric Hospital and Clinics, UCSF campuses at Mission Bay and Laurel Heights, UCSF Medical Center, UCSF Benioff Children’s Hospitals, the San Francisco VA Health Care System, and UCSF Fresno, where UCSF faculty and staff have full responsibility for teaching, research, and patient care. The UCSF DPBS and the Langley Porter Psychiatric Institute are among the nation’s foremost resources in the fields of child, adolescent, adult and geriatric mental health. Together they constitute one of the largest departments in the UCSF School of Medicine and the UCSF Weill Institute for Neurosciences, with a mission focused on research (basic, translational, clinical), teaching, patient care and public service. Our faculty and staff members are recognized for their leadership roles in state-of-the-art, comprehensive and compassionate patient care, pioneering research, excellence in training the next generation of leaders, advancing public policy to advance mental health and commitment to diversity. We are dedicated to advancing mental health across the lifespan for the people of the Bay Area and the world. In addition to internship and postdoctoral training in clinical psychology, the department has clinical training programs in psychiatry, nursing and rehabilitation therapies, and academic training programs in several social science areas. The multidisciplinary faculty of the department includes both full time faculty and clinical staff and a large volunteer clinical faculty.

As part of UCSF, the Child and Adolescent Services Multicultural Clinical Training Program shares in the educational resources of the Schools of Medicine, Dentistry, Nursing, and Pharmacy, and of the
graduate programs in the life sciences. The University maintains a large medical library within a state-of-the-art facility that contains excellent collections in psychiatry, psychology, and related fields. Its computer-based catalog and interlibrary loan service provides Interns with access to libraries at the ten campuses of the University of California system.

The main training site for Child and Adolescent Services Multicultural Clinical Training Program is:
Zuckerberg San Francisco General Hospital and Trauma Center

APPLYING FOR 2021-2022

Our deadline for receipt of applications is November 1, 2020. Scheduled interview dates this year are Friday, December 4th, Monday December 7th, and Friday December 11th, 2020.

The UCSF Child and Adolescent Services Multicultural Clinical Training Program follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) match policies. As part of the APPIC Match, applicants must submit the APPIC Application for Psychology Internship (which requires official transcripts as part of the application process).

Due to the COVID-19 pandemic all interviews will be conducted via videoconferencing. No in person meetings or tours will take place while COVID-19 safety protocols are in effect.

Please note: The Child and Adolescent Services doctoral internship has three specialty mental health tracks, each with their own unique APPIC program code.

190211 – Early Childhood Mental Health Track (offering 3 position)
190212 – Adolescent Mental Health Track (offering 2 position)
190213 – Immigrant Mental Health Track (offering 1 position)

Each applicant is evaluated in the following areas:
• Clinical training, including experience in assessment and psychotherapy with children, youth and families
• Overall excellence as a developing psychologist as shown by breadth and depth of experiences and letters of recommendation
• Demonstrated interest and experience working with underserved and diverse communities
• Demonstrated interest and experience in community mental health
• Demonstrated interest and experience with children, youth and families impacted by acute, complex and/or chronic trauma
• Essays that reflect clear theoretical foundations and strong case
conceptualization skills

• Progress toward dissertation completion
• Research interest as documented by training obtained and activities completed (presentations, publications, and/or grants)

Application Requirements:

• Doctoral degree program must be APA-accredited or PCSAS-accredited in clinical psychology or combined clinical psychology and school or counseling psychology
• Comprehensive exams passed
• Submission of official graduate degree(s) transcripts
• Letter of interest
• Curriculum vitae
• Three letters of recommendation

Preferred Criteria:

• Dissertation proposal approved and data collection completed prior to the APPIC Rank Order List Submission Deadline.
• Bilingual (Spanish)
• Experience in evidence-based treatment and assessment
• Experience or interest in treatment of trauma in youth
• Significant psychological testing experience
• Relevant experience in multicultural psychology research

Stipends:

Stipends for fiscal year 2021-2022 are $31,000 for a full year for doctoral interns and $50,772 for a full year postdoctoral fellows. The 2020-21 training year is scheduled to begin September 1, 2021 and end August 31, 2022.

Affirmative Action/Nondiscrimination in Employment:
It is the policy of the University to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.
TRAINING PHILOSOPHY

The UCSF CAS Multicultural Clinical Training Program (MCTP) at Zuckerberg San Francisco General Hospital (ZSFG) offers a full-time APA-accredited, one-year clinical child psychology internship, based on the Scholar-Practitioner Model. Thus, our program is grounded in serving the needs of the local community with a commitment to research that is taught and valued particularly, though not exclusively, in the service of clinical practice. We hold an ideal of professional excellence grounded in theory and empirical research, informed by experiential knowledge and motivated by a commitment to social justice and ethical conduct. At ZSFG we encourage trainees to become not just consumers of knowledge but also agents of change who contribute to the advancement of individuals, communities, organizations, and society.

Our staff, faculty and trainees are committed to the well-being of clients and colleagues, to learning new ways of being effective and conceptualizing their work in relation to broader organizational, community, political and cultural contexts. MCTP provides specialized training and leadership in multicultural psychology and works to break down barriers that children, youth and families from low-income and marginalized ethnic and cultural groups often encounter in their attempts to access culturally appropriate, high-quality, evidence-based mental health care. MCTP strives to prepare trainees to thrive as psychologists who can meet the needs of diverse communities, and embody the highest clinical, ethical and legal standards of the profession. Integral to the training philosophy is the understanding that individuals are shaped and affected by their social context, as well as by social forces including prejudice and oppression and that historically underserved children and adolescents deserve access to culturally appropriate, evidence-based, mental health care when they need it.

The training program supports trainees in developing their skills as “local clinical scientists,” in keeping with Stricker & Treirweiler (1995). As such, when approaching problems presented by patients in therapy, trainees are taught to utilize similar critical thinking skills as those used by a scientist “investigating research hypotheses in a lab” (Gaudiano & Statler, 2001). In order to provide appropriate services for their patients, trainees are encouraged to form hypotheses about the causes and meaning of patients’ presenting problems and apply scientific thinking towards confirming or revising these hypotheses, utilizing psychological theory and empirical literature, as well as the “unique information of the client” (Gaudiano & Statler, 2001) including the clients’ cultural context.

CAS seeks to provide evidence-based, culturally informed clinical services to a diverse population, and strives to promote health and wellbeing in the community. CAS supports the individual practitioner in continually striving for an understanding of themselves, in terms of their own cultural background and possible biases, as a key component in understanding and respecting differences with one’s clients.
The internship program is designed to train clinical psychologists who are committed to serving children, youth and families from low-income and diverse ethnic and cultural groups. Over the last several years, 89% of our graduates have obtained positions in academic health centers or hospital centers providing care to underserved children and families.

Increasing the number of women and black, Indigenous and people of color (BIPOC) leaders in health centers providing care to underserved children and families is also a major goal of our program. During the last ten years, 78% of our Interns have been women, and 68% have been ethnic minorities.

**MISSION**

The MCTP reflects UCSF's and ZSFG's missions to develop diverse leaders in health care delivery, research and education, in order to eliminate health disparities locally and globally. ZSFG has a long history and strong commitment to healthcare education, physician, nurse and health worker training and medical research. It takes pride in its longtime affiliation, since 1884, with the University of California, San Francisco serving as a major teaching hospital and home to a number of prominent research centers and institutes. Psychology training, in particular, has been an integral part of the mission of the UCSF Department of Psychiatry since 1943. Indeed, the 1943 inauguration address for the first psychiatric institute in California and precursor to the UCSF Department of Psychiatry articulated a clear and still longstanding goal of the department “to be devoted to the training of physicians, psychologists, social workers, and nurses” (see [https://psych.ucsf.edu/history](https://psych.ucsf.edu/history)). The mission of the UCSF Child and Adolescent Services Multicultural Clinical Training Program (MCTP) at UCSF Zuckerberg San Francisco General Hospital and Trauma Center is consistent with the mission of its parent institution.

In line with UCSF and ZSFG’s missions, the internship program is designed to train clinical psychologists who are committed to careers serving the most vulnerable populations and addressing mental health disparities for all. Our clinical settings provide services to diverse groups of patients and engage in multiple actions that indicate respect for and understanding of cultural and individual diversity. Like the City of San Francisco, the ZSFG patient population consists of a large percentage of ethnic minorities (23% European-American, 17% African-American, 31% Latinx, <1% Native American, 23% Asian and 5% Other). The majority of families served by Child and Adolescent Services (CAS) the major clinical setting for the MCTP, are low-income and also do not speak English as their primary language. Reflecting the diversity of the patient populations we serve, ZSFG provides interpreter services in over 20 languages. Accordingly, CAS provides interns with training in the use of interpreter services (MCTP requires this training for interns) and facilitates language certification for bilingual trainees, staff and faculty. Child and Adolescent Services faculty and staff meet twice per month in a “Multicultural Pod” to discuss a) cultural issues that impact clinical work, teaching and research and our professional relationships, and relationship to the greater UC system, b) systemic inequities, c) multicultural self-reflection/reflect on intersectionality, and d) respond to
intern feedback and hold ourselves accountable for engaging and facilitating courageous and humble conversations about race and other social identities. As a program that emphasizes multiculturalism (indeed “Multicultural” is in our name) each of the MCTP didactics and clinical training opportunities focus on social justice, health equity, and culturally-responsive mental health care.

Training is intended to provide experience across the entire developmental spectrum of 0-24 years of age and provides specialized training in:

- Behavioral and emotional dysregulation
- Child-parent psychotherapy
- Cognitive behavioral therapy
- Culturally-informed, empirically-supported treatments
- Dialectical behavior therapy
- Diversity, equity and inclusion best practices
- Early childhood developmental evaluations
- Eating disorders
- Evidence-based assessment
- Family therapy
- Immigrant health
- Juvenile justice and behavioral health
- Positive parenting and trauma-informed parenting
- Posttraumatic stress disorder
- Pre-adoptive evaluations
- Primary care behavioral health
- Services delivered in community settings
- Structural competency
- Substance use treatment
- Trauma-focused cognitive behavioral therapy
- Trauma-informed systems

GOALS AND OBJECTIVES

In line with ZSFG’s and CAS’s mission, values and goals, MCTP training aims are to: a) Offer an intensive training program within the context of providing evidence-based, trauma-informed, community responsive mental health services to children, youth, and families. We utilize a variety of therapeutic modalities, including individual psychotherapy, family and group therapy and case management. Trauma-informed, ecodevelopmental, evidence-based approaches including cognitive
behavioral and empirically supported psychodynamic, mindfulness-based, and family interventions are incorporated into our training. b) Prepare psychologists who will be independent practitioners (i.e., licensed psychologists) committed to serving children, youth and families from low-income and diverse ethnic and cultural groups.

Thus, each of our didactics, seminars and clinical supervision meetings focus on bridging the science-practice gap by providing training in culturally responsive/adapted, trauma-informed evidence-based treatments for children and families. The science-practice gap is a well-known problem in clinical psychology, but it is more obvious in agencies serving marginalized and diverse communities; therefore, a major aim of our program is to provide advanced training in cultural humility and applying diversity, multicultural, inclusion, equity and social justice practices to clinical and research practice.

Training goals for full-time psychology trainees are as follows:

- To refine skills in the assessment and diagnosis of psychological and psychiatric problems of children and adolescents, incorporating culturally sensitive service delivery for under-served and marginalized populations.

- To refine skills in the treatment of psychological and psychiatric problems of children and adolescents, incorporating culturally sensitive service delivery for under-served and marginalized populations.

- To enhance skills in working collaboratively with other professionals across disciplines involved with patients and families including consulting with child psychiatrists and primary care providers, as well as with schools, the foster care system, and other systems and organizations involved in the lives of children and adolescents.

- To develop the ability to utilize supervision and mentoring regarding professional development and growth throughout their training experiences. Interns are expected to develop openness, flexibility and a sincere interest in learning about themselves and their identity as a psychologist and conduct themselves in a manner that reflects the high standard of which psychologists should maintain. Interns will employ interpersonal and communication skills that are also reflective of this high standard, which will be observed by psychologists and other professionals in a number of settings.

- To understand scientific, legal and ethical standards and demonstrate behavior that is consistent with professional standards. Addressing ethics not just as a means to avoid adverse professional consequences of ethical violations but also as a means of enhancing
scientific inquiry and clinical practice through a proactive consideration of ethical issues.

Consistent with our goals, interns will be expected to develop broad and general preparation for entry level practice including the following competencies:

- Evidence-based assessment – Interns will demonstrate appropriate knowledge, skills and attitudes in the selection, administration and interpretation of assessments consistent with the best scientific research evidence and relevant expert guidance.
- Evidence-based intervention – Interns will demonstrate appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions that are based on the best scientific research evidence; respectful of clients’ values/preferences; and relevant expert guidance.
- Ethical and Legal Standards – Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and accordance with the APA Ethical Principles and Code of Conduct and relevant, laws, regulations, rules, policies, standards, and guidelines.
- Individual and Cultural Diversity – Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody variety of cultural and personal backgrounds and characteristics.
- Research – Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.
- Professional Values, Attitudes and Behaviors – Interns will demonstrate a maturing professional identity and ability to respond professionally in increasingly complex situations with increasing independence, and awareness and receptivity to areas needing further development.
- Communication and Interpersonal Skills – Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
- Supervision – Interns will demonstrate appropriate knowledge, skills and attitudes regarding the instruction and oversight of trainees and other professionals.
- Consultation and interprofessional/interdisciplinary skills – Interns will demonstrate appropriate knowledge, skills and attitudes regarding interprofessional and interdisciplinary collaboration in relevant professional roles.
- Reflective practice – Interns will demonstrate appropriate knowledge, skills, and attitudes in reflecting on, critically evaluating, and improving one’s own professional performance.
CLINICAL TRAINING PROGRAM

Overview
Child and Adolescent Services have been offering doctoral internships and postdoctoral clinical training since 1998. In the Fall of 1999, CAS received a grant from The California Endowment, Communities First Program to establish a Multicultural Child Clinical Training Program. Past funders since have included the Trauma Metta HEARTS fund, the Pritzker Foundation, the Mt. Zion Health Fund grant, the Lieff Cabraser Carver HEARTS project and the Tipping Point Foundation. Trainee funding for the 20-21 year is provided through the Lisa and John Pritzker Family Fund and from the Laszlo Tauber Family Fund. In 2020-2021 CAS will provide training for 6 full-time doctoral interns.

Intensive individual and group supervision is provided to MCTP trainees for all aspects of clinical service, including technical aspects of assessment and treatment, psychotherapy process issues, case management issues, community referral sources, clinical record keeping, medical and pharmacotherapy issues, report writing, case presentation, and professional development. Interns typically receive 5-8 hours of supervision per week and are ensured two separate individual 1-hour supervision meetings with a licensed clinical psychologist per week.

MCTP offers specialized training for psychology trainees interested in multicultural issues as they impact mental and physical health, within the context of a clinic and hospital with a clear commitment to serving ethnically diverse, economically disadvantaged and marginalized communities. The training program provides leadership in multicultural clinical training and works to break down barriers that patients often encounter in their attempts to access culturally appropriate services.

In addition, as part of the teaching hospital for the University of California, San Francisco (UCSF) School of Medicine, ICAP (includes CAS) provides training for psychiatry residents & fellows and pediatric residents. Psychiatry residents/fellows participate in yearlong training in assessment, treatment and pharmacotherapy.

Clinical Training

All interns participate in individual/family therapy, assessment, and group therapy through Child and Adolescent Services (sections I, I.A., and I.B. below). Therefore, all interns rotate through Child and Adolescent Services (CAS). In other words, CAS is the home of the internship program.

In addition, each intern participates in one of several specialty tracks (section II below). Interns must rank the specialty tracks separately during APPIC match, and can apply to/rank more than one track.

Doctoral Interns carry an average caseload of 10-12 hours of individual and family therapy clients.
(across Child and Adolescent Services and their specialty track, as outlined below). Therapy cases require significant case management and collateral contact given the nature of presenting issues; thus, the intern’s clinic caseload and corresponding case management equals about 20 hours/week. Interns are also expected to provide at least 4 psychological assessments and reports over the course of the year. Doctoral Interns also administer Assessment Based Treatment protocols to all clients.

I. Child and Adolescent Services

Child and Adolescent Services at Zuckerberg San Francisco General Hospital and Trauma Center is an outpatient clinic devoted to providing mental health and substance abuse services to the children of San Francisco and their families who are living in or near poverty to facilitate the full and healthy development of each child and youth and support their families. These services consist of assessment, treatment, advocacy, and referral services for children, youth, and families who have experienced trauma (interpersonal, community, medical, immigration), and/or who present with serious emotional or behavioral problems by making available accessible, clinic, community, and school-based mental health services that are linguistically and culturally appropriate and evidence-informed. All interns provide assessment and therapy services through CAS.

CAS also provides empirically supported youth eating disorder assessment and treatment and integrated care with primary care providers in pediatric continuity clinics to decrease barriers in access to care and support the healthy development of each child and youth. In addition, CAS collaborates with Foster Care Mental Health to provide prompt assessment of needed level of care and intake to mental health services for children and youth in foster care, as well as those seen at the CAS clinic at ZSFG. CAS also provides training and consultation to systems (e.g. San Francisco Unified School District, San Francisco Department of Public Health) that serve children, youth, and families who have experienced trauma.

A child psychiatrist provides medication services, including initial psychiatric evaluation, evaluation of clinical effectiveness and side effects, medication education, and ongoing medication management visits. Services may include prescribing and monitoring psychiatric medications and ongoing collaboration with the therapist. In addition, the child psychiatrist provides emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care), as well as responding to general pediatric requests for psychiatric and medication management.

Many children and youth experience difficulties within the school system and related to learning. For these individuals, CAS collaborates with the San Francisco Unified School District, providing consultation and psychological assessments to identify possible strategies for addressing those difficulties. For clients in the foster care system, consultation with providers in the Department of
Human Services is a key component to care coordination. CAS staff coordinates services with primary care and community providers as needed.

CAS provides assessment, treatment, and consultation for children and adolescents (birth through age 21) and their families. Most CAS clients have experienced psychological trauma related to child maltreatment, domestic violence, catastrophic injury, physical assault, and exposure to community violence, or debilitating chronic disease. Clinic services are provided at ZSFG offices and in neighboring community sites, which includes schools and homes. A large proportion of CAS clients are referred from pediatricians and from the Department of Human Services. CAS staff coordinates services with primary care and community providers as needed to facilitate the full and healthy development of each child and youth. CAS is committed to providing high quality, culturally competent services for ethnically diverse and economically disadvantaged families. All services are available in both English and Spanish, and interpreter services are available for other languages.

Requests for child and adolescent specialty mental health services at CAS include psychological evaluations, diagnostic evaluations, developmental evaluations, psychiatric evaluations and outpatient behavioral health treatment. Typical presenting concerns include anxiety, traumatic stress, depression, and behavioral dysregulation. The average age of a child referred to CAS during the 2017 – 2018 training year was approximately 10 years old. Over half of the children referred are between the ages 6-12; about a third are between the ages 13-17, and approximately 10% are between the ages 0-5. Approximately 70% of the referrals are Latinx/Chicanx identified; 6% identify as African American; and the remainder identified as Arab American, European American, Asian/Pacific Islander, Asian American, Native American/American Indian, or mixed race/ethnicity.

Services provided by CAS include:
- Assessment
- Individual therapy
- Family therapy
- Group therapy
- Psychiatric evaluation/medication evaluation and management
- Outreach to families affected by trauma
- Crisis intervention and brief therapy
- Consultation-liaison service - inpatient and outpatient
- Psychological testing
- Teen-sensitive services
- Consultation for child care and primary caregivers
- Information and referrals

I.A. CAS Assessment Rotation:

The CAS Assessment Rotation is a core rotation that interns are required to complete. It is comprised
of three distinct clinical services:

Comprehensive Psychological Evaluations (CPE): CPE referrals come from ZSFG and community pediatricians, community psychiatrists, local schools, and parents/caregivers for children ages 5-21 years old. Depending on the referral questions, CPEs assess the client’s functioning in areas associated with intellectual, cognitive processing, learning, academic achievement, social, emotional, behavioral, personality, and social skills. Core to the CPE experience is developing intern expertise in clinical observation, understanding the caregiver-child system, and choosing testing instruments in such a way as to achieve an understanding of the child that is rich, complex, and clinically useful. A Therapeutic Collaborative Assessment (TCA)-informed approach is used in which there is an emphasis on collaborating with other disciplines for a more comprehensive evaluation as well as training in giving feedback in a manner that is culturally sensitive, clinically attuned, and contextually appropriate.

Early Childhood Development Clinic (ECDC): The ECDC is a specialty assessment clinic within CAS. The purpose of the ECDC is to provide pre-adoPTION developmental evaluations to infants and children ages 0 to 5 years old who are involved with the San Francisco County Human Services Agency (HSA). These evaluations are required as part of the HSA adoption process.

Diagnostic Assessment Clinic (DAC): The DAC provides structured diagnostic assessment for children and youth ages 5-21 years old to clarify the chief DSM diagnoses, identify and prioritize clinical problems, determine medical necessity for specialty mental health services, increase timely access to treatment and expedite linkage to appropriate services and matching client preferences to service options.

I.B. Group Therapy:

Doctoral Interns have the opportunity to co-lead 1-2 therapeutic groups over the course of the year. Training and supervision are provided on a weekly basis.

Interns will co-lead one or more of the following therapeutic groups at CAS/ZSFG or in a school setting (as noted below) during their internship year:

1) The Cognitive Behavioral Therapy for Depression (CBT-D) group for adolescents ages 13-18 with depressive symptoms is based on the Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT) curriculum by Jeanne Miranda, Ph.D; Stephanie Woo, Ph.D.; Isabel Lagomasino, M.D., M.S.H.S.; Kimberly A. Hepner, Ph.D.; Shelley Wiseman, B.A.; and Ricardo Muñoz, Ph.D. The CBT-D group contains 12, 90-minute sessions featuring psychoeducation on CBT and depression, skills to identify and change harmful thoughts, ways to improve
relationships, and behavioral activation strategies to help manage and improve mood. The CBT-D rotation allows interns to receive training for and direct supervision in co-leading the CBT-D groups. Skills emphasized includes facilitating effective homework check-in, delivering psychoeducation to teens, encouraging practice and discussion of CBT skills amongst teens, and teen group management strategies. The CBT-D group also allows for adjunctive text messaging through the HealthySMS platform and thus interns can gain experience with mobile mental health technology to improve engagement and effectiveness of services.

2) **Dialectical Behavior Therapy Based Life Skills Group for Adolescents.** Interns have the opportunity to receive specialized training in delivering group DBT Skills Training for Adolescents in a community mental health setting (CAS). The DBT-based Life Skills Group focuses on enhancing teens’ capabilities by teaching them behavioral skills. The available research from 13 published and peer-reviewed randomized clinical trials suggests that DBT skills training is a critical component and mechanism of action in DBT (e.g., Linehan, Korslund, Harned, et al. 2015) and can be effective as a stand-alone or adjunctive intervention for a variety of conditions including MDD, ADHD, binge eating disorder and bulimia nervosa (for review see Harned & Botanov, 2016). The group is an 18-week program for adolescents (13-20 years old). Groups are divided into six-week modules, each covering a skill set of DBT: Distress Tolerance (how to tolerate pain skillfully in difficult situations when changing the situation is not immediately possible), Interpersonal Effectiveness (how to ask for what you want and say no while maintaining self-respect and relationships with others), and Emotion Regulation (how to regulate and express emotions effectively). These skills help teens develop effective ways to navigate situations that arise in everyday life or manage specific challenges. As DBT has its base in Cognitive Behavioral Therapy and Eastern philosophy, each module integrates a component of mindfulness, where teens develop the skills to help them become more present focused. Interns will co-lead groups with and receive didactic training and clinical supervision from expert DBT clinical supervisors within the UCSF/ZSFGH.

3) **Fuerte.** One element of San Francisco’s response to the influx of newcomer Latinx youth is to implement an innovative school-based prevention program, Fuerte. Originally designed by a collaboration between UCSF pediatricians and psychologists, Fuerte has grown into a unique, collaborative shared initiative between the SF Unified School District (SFUSD), SF Department of Public Health (SFDPH), multiple community-based organizations (CBOs), medical providers, and behavioral health personnel. Over the past three years Fuerte has served over a hundred Latinx adolescents and expanded to multiple schools, with preliminary data indicating positive uptake by youth and school officials. Fuerte takes core, evidence-based mental health concepts, but delivers them in innovative manners not described elsewhere.

The Fuerte curriculum is a six-week curriculum, comprised of weekly group sessions. The curriculum is based around increasing mental health literacy, strengthening social connections,
coping & communication skills, and culturally informed by the Latinx immigrant experience. Among the most innovative elements of Fuerte are its delivery system and overall ecosystem. School-based programming integrates services in locations where youth already are found, allowing access to a high-needs population often at the margins of health care. A group therapy model led by trained facilitators greatly expands the reach of mental health providers, permits screening and triage of more youth, and decreases barriers to participation. The Fuerte model is currently being tested in a multisite RCT supported by a San Francisco Mental Health Services Act (SF-MHSA) Innovations Grant with our Director of Child and Adolescent Services, Dr. Will Martinez, as Principal Investigator.

4) **Kid Power.** Kid Power is a skills group-based risk-reduction and prevention program (delivered in CAS) that teaches children (3-12 years old) interpersonal safety skills designed to empower children with lasting preventative, personal safety, and communication strategies (e.g., help children to accurately identify and respond to unsafe situations and child victimization more effectively and consistently). A study by Brenick, et al., 2014 found that trainees who participated in a 10-week Kid Power curriculum had increases in safety knowledge (maintained over 3 months) greater than the comparison group. The study included 238 ethnically diverse third-graders across five public schools in California. Additional assessments indicated that the program was implemented with high fidelity and both teachers and trainees found the program successful. Children's understanding of the competency areas boundary-setting, stranger safety, help-seeking, and maintaining calmness and confidence improved.

5) **Triple P (Positive Parenting Program).** Group Triple P is a broad-based parenting intervention delivered at CAS over twelve weeks for parents of children up to 12 years old who are interested in learning a variety of parenting skills. Parents may be interested in promoting their child’s development and potential or they may have concerns about their child’s behavioral problems. The program involves twelve (2 hour) group sessions of up to 12 parents. Parents actively participate in a range of exercises to learn about the causes of child behavior problems, setting specific goals, and using strategies to promote child development, manage misbehavior and plan for high-risk situations. Triple P has been tested with thousands of families over more than 35 years and been shown to help families in many different situations and cultures. Triple P’s evidence base includes more than 830 international trials, studies and published papers, including more than 290 evaluation studies, which also includes more than 148 randomized controlled trials.

6) **Voices H.E.A.L. (Health & Empowerment in Adolescent Lives)** is a gender-responsive program funded by our local Department of Children Youth and Their Families (DCYF). Voices H.E.A.L. offers intensive case management, mental health services, yoga classes (in partnership with Art of Yoga Project) and young women’s group (12-24 yo). Groups are focused on reducing substance use and promoting positive health and legal outcomes for at risk to be and
already justice-involved girls and young women. The groups are trauma-informed and focus on young women's relationships to themselves, others around them (e.g., family, friends) and relationships to the world in which they live (e.g., community, media). The groups are 12 weeks long, 1 hour per week, and are held in San Francisco community locations such as schools, non-profit and community probation spaces. Voices H.E.A.L. is an offshoot of the VOICES Project, funded by the National Institute of Drug Abuse (NIDA; R01DA035231). It is a five-year study of the efficacy of a gender responsive, trauma-informed substance use intervention for girls and young women who are at risk to be or are already involved with the justice system. The Principal Investigator of the project is our ICAP Division Director, Dr. Marina Tolou-Shams.

II. Specialty Tracks

In addition to the clinical training at Child and Adolescent Services, doctoral interns are assigned to a yearlong early childhood, an adolescent focused specialty track or an immigrant specialty mental health track. In these tracks, each intern will receive additional supervision from affiliated CAS staff (which is counted toward total supervision). These placements offer the Interns opportunities to provide specialized, evidence-based, culturally appropriate services to patients in a variety of settings. The clients served in these rotations are counted as part of the total caseload.

II.A. Early Childhood Mental Health at Child Trauma Research Program (APPIC Program Code 190211):

The UCSF Child Trauma Research Program (CTRP) currently serves as an infancy/early childhood mental health rotation site to the CAS Multicultural Clinical Training Program. CTRP has the mission of developing and disseminating evidence-based treatment for trauma-exposed pregnant women and young children in the birth-five age range, with the goal of reducing mental health service disparities by focusing on underrepresented low-income families disproportionately exposed to community and interpersonal violence and related adversities.

CTRP is a leader in establishing the scientific evidence for empirically supported and culturally responsive community-based treatment of pregnant women, infants, and young children through clinical and randomized treatment outcome studies of Child-Parent Psychotherapy, Perinatal Child-Parent Psychotherapy, and related trauma-informed interventions. The program builds state-of-the-art capacity in the field of early trauma by training doctoral interns, postdoctoral fellows, social workers and psychiatric residents and building diversity by prioritizing highly qualified trainees from underrepresented minority/immigrant groups in order to address the inadequate representation of these groups among mental health providers. The program disseminates empirically based treatment locally, nationally and internationally. CTRP has specific expertise in working with monolingual Spanish-speaking immigrants.
With a commitment to social justice, CTRP collaborates with an array of organizations that include victim rights and immigrant rights programs, battered women’s shelters, and daycare/preschool and elementary schools serving low-income children and their families.

Typical presenting concerns at the on-site Child Trauma Research Program include separation anxiety, fears, behavioral dysregulation and exposure to domestic and community violence. All of the children are between the ages of birth and 5-years-old at the time of referral. CTRP also serves pregnant women who are considered high-risk due to having experienced traumatic events. Almost half (48.7%) of the referrals identified as Latinx; (12.8%) Caucasian; (10.3%) African American; (5.1%) Asian and the remainder identified as multiracial, other, or did not specify. The vast majority (68%) of CTRP clients are referred from mental health and health clinics with 11% of cases being referred from Child Protective Services and 15% self-referring. Other referrals are received from domestic violence shelters, court, schools, foster care mental health and restraining order clinics.

II.B. Adolescent Mental Health Track (APPIC Program Code 190212):

CAS offers a specialty track in Adolescent Mental Health. Interns in the Adolescent Mental Health Track have the opportunity to pursue specialized training in adolescent psychology. The program combines the assets of Child and Adolescent Services, where 30% of clients are between the ages of 13-21 years old, and adolescent-focused clinical faculty in the Department of Psychiatry, the Division of Infant Child and Adolescent Psychiatry (ICAP), and CAS to offer concentrated training with adolescents, young adults and their families in both outpatient and inpatient settings.

**Outpatient therapy:** Training and supervised experience is available in individual and or group cognitive-behavioral approaches including Dialectical Behavior Therapy for adolescents, Family-Based Treatment (FBT) and Cognitive-Behavioral Therapy (CBT) for eating disorders as well as two evidence-based treatments for older children and teens exposed to either isolated traumatic events (Trauma-Focused Cognitive Behavioral Therapy) or recurrent traumatization in the context of ongoing adversity (Cue-Centered Treatment). Each intern in the rotation will conduct individual sessions for the child and the caregivers, as well as parent-child and family therapy sessions throughout the year. Interns will have the opportunity to enhance core competencies in evidence-based behavioral, cognitive, and acceptance and mindfulness approaches and apply them in a culturally-responsive, diversity-informed manner to meet the needs of clients from marginalized communities.

**Eating disorders specialty training:** Interns in the Adolescent Mental Health track receive specialized training in Family Based Treatment (FBT) and other evidence-based approaches to eating disorder treatment (e.g., CBT). They carry several outpatient eating disorders therapy cases throughout the training year at CAS, and participate in the UCSF Eating
Disorders Program weekly team meetings for a portion of the year, which includes interdisciplinary rounds with medical, nutrition, and social work team members, case consultation, research and didactic presentations, and journal club.

Interns in the Adolescent Mental Health track rotate on the UCSF Eating Disorders Program inpatient medical stabilization service at UCSF Benioff Children's Hospital for a portion of the training year. Interns are supervised by licensed psychologists and provide assessment, short-term therapy, and treatment planning to inpatients and their families as part of the interdisciplinary inpatient team.

**Youth outpatient Substance Use Program (YoSUP):** This rotation experience involves participating in screening, assessment and intervention delivery for adolescents and families presenting for substance use disorder evaluation and treatment at the UCSF Youth outpatient Substance Use Program, based in the Division of Adolescent Medicine, located at the UCSF Mt Zion site. Interns will participate in weekly YoSup multidisciplinary (adolescent medicine physicians, MD residents and fellows, MA-level clinicians and providers) treatment team meetings for case review, have the opportunity to learn and deliver brief SUD family-based interventions (the Family Check-Up model) as well as learn and deliver more intensive outpatient family-based substance use treatment interventions (such as Multidimensional Family Therapy), as needed. Interns can also have the opportunity to co-facilitate parent substance use psychoeducational groups (for parents with adolescents who misuse substances) with a licensed clinician. Clinical screening, assessment and intervention can occur in-person or via telehealth modalities.

II.C. **Immigrant Specialty Mental Health Track** (APPIC Program Code 190213):

Interns in the Immigrant Specialty Mental Health Track have the opportunity to pursue specialized training in working with immigrant youth and families. The position focuses on dissemination and implementation of evidence-based programming in outpatient specialty mental health and school-based settings specifically targeting immigrant youth and families. Drawing from evidence-based, family-centered, culturally-attuned, and trauma-informed approaches, the intern will engage in clinical service delivery in an outpatient clinic-based program, as well as school-based settings. Interns participate in the following:

Outpatient Services: Interns receive specialized training in evidence-based assessment and treatment of immigrant youth. For Spanish-speaking interns, the focus will be on the provision of services in Spanish, including Spanish language supervision, and will include specialized training in conducting bilingual psychological evaluations. For trainees who do not speak Spanish, the focus will be on the use of interpreters in the provision of behavioral health services among immigrant populations.
Specialized Training in Immigrant Health: Interns receive training on delivering the Fuerte curriculum (see below for more information) and facilitates groups at various Fuerte participating school sites. Interns will also be involved in screening, coordination, and triaging of participants in collaboration with the San Francisco Unified School District Wellness Initiative (https://sfwellness.org). There will also be opportunities to interface with advocacy and policy work impacting immigrant youth, both locally and nationally. Interns participate in weekly Fuerte team meetings, specialty immigrant health related trainings, and may interface with other like-minded entities at UCSF and the county including the UCSF Health and Human Rights Initiative, the San Francisco Department of Public Health Unaccompanied Minors Workgroup, and others. There may be opportunities to also receive training and supervision in doing psychological evaluations for youth applying for asylum.

**Fuerte:** The Fuerte program (Director and Principal Investigator: William Martinez, PhD) is a school-based secondary prevention program targeting newcomer Latinx immigrant youth in the San Francisco Unified School District. The program is currently funded through a Mental Health Services Act Innovations Fund grant to undertake a comprehensive evaluation of the program, as well as to adapt it to other immigrant groups. The Fuerte curriculum is evidence-based and comprised of weekly group sessions. The curriculum focuses on increasing mental health literacy, strengthening social connections, coping & communication skills, and is culturally informed by the Latinx immigrant experience. Among the most innovative elements of Fuerte are its delivery system and overall ecosystem. School-based programming integrates services in locations where youth already are found, allowing access to a high-needs population often at the margins of health care. A group therapy model led by trained facilitators greatly expands the reach of mental health providers, permits screening and triage of more youth, and decreases barriers to participation. Interns will help with screening and identifying group participants, evaluating participants, and will also co-facilitate Fuerte groups in school settings.

**Youth Equity Scholars (YES) Mentorship and Research Discovery Program:** Interns will have the opportunity to provide research mentorship to underrepresented undergraduate trainees. Youth Equity Scholars (YES) is an i4Y (Innovations for Youth) program focused on providing research apprenticeship and mentorship for UC Berkeley undergraduates, particularly those from underrepresented backgrounds. The year-long YES program utilizes cascading mentorship, skill-building workshops, and professional development to provide supportive pathways into research careers, service and leadership addressing adolescent inequities and well-being.
TRAINING DIDACTICS

MCTP offers a variety of didactics to augment the training provided through supervision and direct service. Some seminars meet weekly, some biweekly, some are yearlong, and some are brief (e.g. 3 months). Total didactic hours for the 2019-2020 year is approximately 8 hours a week for full time interns, less for other trainees. While there is a yearlong Diversity seminar for all trainees, content and discussion related to multiculturalism and diversity is incorporated into all seminar/didactic content and discussions. The current seminars offered are described below, and are subject to modification year to year.

Diversity and Trauma Seminar

The Diversity and Trauma seminar integrates a multicultural orientation and foundational knowledge on childhood development and trauma utilizing the Core Curriculum on Childhood Trauma developed by the National Child Traumatic Stress Network (NCTSN). An overarching goal of the seminar is for therapists to develop a multicultural orientation, which focuses on “ways of being” with diverse clients (Owens, 2013). A multicultural orientation focuses on developing cultural humility, recognizing and changing power imbalances and holding each other and our institutions accountable to enhance the wellbeing of the people and communities we serve (Owen, 2012; Tervalon & Murray-Garcia, 1998). The curriculum uses fictionalized case studies of children of various ages who have experienced different types of traumatic stress through its Problem-Based Learning (PBL) method. The four-step PBL cycle comprises of (1) Facts, (2) Hunches and Hypotheses, (3) Next Steps, and (4) Learning Issues. Each step in the process helps learners learn to slow down their thinking, check the impulse to immediately intervene, gather relevant evidence, and reason through options in a logical and systematic way. The cases will be organized using a developmental timeline to discuss key themes in typical and atypical development (i.e., through the conceptual principles of developmental psychopathology). Through case-based learning, discussions will highlight research and theory on the role of early experiences in providing a foundation for development, and drawing from resilience and ecological transactional perspectives to understand how behavioral, social, emotional, biological, and cultural levels of analysis contribute to individual differences, the continuity or discontinuity of adaptive and maladaptive patterns of functioning, and the emergence and course of psychological disorders.

Family Therapy Seminar

This seminar presents and critiques the core theories and practices framing the foundation of clinical practice with families. The course objectives assist in understanding and practicing within a family systems perspective:

- How human problems are conceptualized using family process and systems theories.
- The relationship between the family and the socio-cultural environment,
• Intergenerational family process, structures, and culture,
• Family life cycle processes;
• Internal family organization and systemic process and,
• Diverse family structures, meanings, and narratives that are inclusive of multiple identities, contexts, and life experiences across the world.

Attention is given to foundation theories and practices that contributed to the development of the family therapy movement as well as newer epistemological positions and concepts deriving from post-modern, feminist, and social constructionist theories. Our exploration of family theory includes crosscutting issues of culture, ethnicity, race, gender, socioeconomic status, religion, sexual orientation, age, and disability. We discuss the changing definition of family forms and social norms.

Advanced Clinical Assessment Seminar & Lab
The Assessment Program for doctoral interns is meant to build on the material that interns have learned in their graduate school assessment courses with a particular emphasis on culturally-informed assessment of children within a trauma framework. The purpose of the weekly Advanced Clinical Assessment Seminar & Lab, along with assessment supervision, is to give interns an opportunity to develop and advance their skills in the area of psychological assessment of children, including administration, scoring, interpretation, observation, and integration of clinical material. It is expected that trainees will complete internship with an enhanced understanding of the complexities of the assessment of children with an emphasis on trauma and culture.

Professional Development Seminar
The course introduces trainees to professional development issues relevant to emerging and practicing clinical psychologists, including: applying and interviewing for fellowships; the theory and practice of supervision and consultation; multicultural and diversity issues; work-life balance; professionalism, communication and conflict management; and diverse career trajectories. With guidance from the instructor, trainees will actively engage in peer supervision, consultation, and conflict-management with other trainees at various time points throughout the course. The course objectives are to: (1) expose trainees to the various models and strategies of supervision, consultation, and conflict-management, including the history and effectiveness of practices; (2) encourage trainees to develop a systematic supervisory, consultative, and conflict-management style; (3) give trainees practice conducting peer supervision, consultation, and conflict management, (4) discuss various other relevant issues to enhance success for clinical psychologists employed across diverse settings, from academic medicine to other areas of clinical research, teaching, and practice, and (5) prepare trainees for the next steps of their professional development, including applying and interviewing for fellowships, as well as considering career trajectories after fellowship.

Child and Adolescent Psychiatry Grand Rounds
Twice monthly Grand Round are provided for all trainees in the program. Topics have included the following: PTSD and Brain Development, Physical Indicators of Child Abuse, Autism Diagnosis and Treatment, Investigation and Prosecution of Sexual Abuse Cases, Trauma and Infant Attachment, Community Violence and Adolescents, and Pediatric Bipolar Disorder. It is widely attended by hospital staff, faculty, medical trainees, residents, fellows and community providers (teachers, child care workers, youth providers).

CAS Case Conference Team Meeting

CAS trainees attend CAS’s weekly Case Conference along with faculty and staff. The goals of the CAS Case Conference Team Meeting are to:

- Facilitate an atmosphere conducive to allowing therapists, both licensed clinicians and supervisors as well as trainees, to identify difficulties in treatment and seek solutions
- Provide and openly receive nonjudgmental feedback
- Support therapists to continue to develop their clinical skills
- Attend to sustaining therapist motivation and self-care in the challenging task of treating clients with a significant degree of complexity and risk
- Develop and maintain a collaborative, supportive and effective environment for learning, supervision, and providing peer consultation
- The clinical team discussions are focused primarily on PEER behavior vs. those of the client.

CTRP Seminar and Case Review (Early Childhood Mental Health Track trainees only) The Seminar and Case Review focuses on training and clinical experiences in the implementation of Child-Parent Psychotherapy, an evidence-based, culturally informed treatment for infants and young children exposed to violence and other traumatic stressors.

SOCIALIZATION INTO THE PROFESSION

The internship year is first and foremost a supervised, intensive, experiential learning opportunity focused on the delivery of psychological services. Socialization into the profession is achieved via the following components of the internship program:

Supervision:

Intensive individual and group supervision is provided to Doctoral Interns for all aspects of clinical service, including technical aspects of assessment and treatment, psychotherapy process issues, case management issues, community referral sources, clinical record keeping, medical and pharmacotherapy issues, report writing, case presentation, program evaluation, collaborating with community partners, strategies of scholarly inquiry, translating science and empirical literature into
practice, professional conduct, ethics, law and standards of practice and professional development. The trainee will participate in didactic seminars and group supervision, in addition to having individual supervisor one-on-one with primary and delegate supervisors, respectively. Whenever there are questions or concerns, the primary supervisor is available to confer and consult on the issue. The trainee will build upon their existing knowledge through reading materials selected by supervisors and seminar instructors and through discussions relating specific cases to the concepts presented.

**Evidence-based Teaching Approaches:**
Learning is planned, sequenced, and graded in complexity over the course of the year. Learning is competency-based with explicit articulation of the competencies to be developed and demonstration that those competencies are achieved during the training year. An apprenticeship model is used in which interns observe faculty and staff psychologists modeling the competencies and faculty and clinical staff members observe interns mastering the competencies.

The internship experience is learner-driven with interns playing an active role in identifying, through self-assessment, their strengths, learning needs, and progress in mastering the competencies. In keeping with adult learning principles, learning is problem-oriented, focused on the challenges experienced by the interns in the course of their internship responsibilities. Classroom learning is directly linked, to the extent possible, to program-based and community-based experiential learning opportunities.

**Diversity, Equity and Inclusion Best Practices:**
Diversity is integral to the training experience and valued among faculty/staff, interns, and the children and families served with respect to gender, race, ethnicity, sexual orientation, socio-economic status, culture, geography, country of origin, and disability status. The trainee is supported in providing high quality, culturally informed clinical services to a diverse population, and to promote health and well-being in the community. MCTP supports the individual practitioner in continually striving for an understanding of themselves, in terms of their own cultural background and possible biases, as a key component in understanding and respecting differences with one’s clients. Diversity is valued among faculty/staff and interns with respect to professional interests, activities, and work setting. Diversity is also valued with respect to theoretical perspectives and interventions used in caring for youth and their families, and incorporated into the work of clinical services. Diversity is valued with respect to the use of cultural and linguistic adaptations of evidence-based practices.

**Professional Development Practices:**
The broad range of experiences that comprise the internship foster the development of interns’ sense of professional identity. Ethical issues in psychological practice are examined and discussed throughout the internship. Intensive interactions with other disciplines and professions help interns define the essential characteristics of psychology as a discipline and recognize those attributes that are shared in common with other healthcare professions. A competency in interdisciplinary and team-based practice is mastered. The unique life histories, diversity of professional and personal interests,
and expertise among the interns create a community of peers who learn from each other. A planned sequence of educational opportunities combined with individual mentoring helps each intern explore and pursue their professional development and post-internship career opportunities. Interns have the opportunity throughout their various clinical rotation experiences but particularly in the Professional Development Seminar and in the CAS Consultation Team Meeting to demonstrate knowledge of evidence-based supervision and consultation models and practice and apply that knowledge in direct or simulated practice exercises.

Trainees attend periodic trainings and professional conferences as they relate to specific clinical cases and areas of specific interest for the Doctoral Intern. Interns will also be required to share professional articles of interest and be encouraged to contribute to the literature when opportunities are present.

Planned professional activities shall include, but are not limited to:

- Professional Development Seminar (bimonthly meeting)
- Child and Adolescent Services Clinical Case Conference (weekly meeting)
- Diversity and Trauma: A Developmental Perspective, Seminar (weekly meeting)
- Assessment Seminar (weekly)
- Child and Adolescent Psychiatry Grand Rounds (bimonthly)
- Infant-Parent Psychotherapy Seminar (weekly)
- Infant-Parent Psychotherapy Case Review (weekly)
- Child Trauma Research Program Clinical Case Conference (weekly)
- Family Therapy Seminar (weekly)
- Capstone Project (throughout the year)

September Orientation:
Interns are provided an approximately two week-long Orientation comprising a number of didactic trainings and workshops to prepare them for the internship year and beyond as leaders in academic hospital or community mental health settings serving at-risk children and families.

Examples of Orientation trainings include:

- Trauma-Informed Systems: A service system with a trauma-informed perspective is one in which agencies, programs, and service providers: Routinely screen for trauma exposure and related symptoms. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.
- Trauma-focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is an evidenced-based treatment for children and adolescents impacted by trauma and their parents.
and caregivers.

- **Cue-Centered Treatment (CCT):** CCT is a psychosocial treatment approach for children and adolescents who have been exposed to chronic traumatic experiences. CCT is designed to develop competence and resilience in children and teens by helping them understand how their history of trauma affects their cognitive processes, behaviors, emotions, and physiological responses to situations.

- **Dialectical Behavior Therapy for Adolescents (DBT-A):** DBT for Adolescents targets high risk, multi-problem adolescents. It focuses on identifying and treating depression and risky behavior in adolescents, including self-injury, suicidal ideation and suicide attempts, substance use, binging and purging, risky sexual behavior, physical fighting, and other forms of risk-taking.

- **Risk Assessment and Management:** The workshop focuses on describing the importance of suicide management and intervention, not just screening and the use of a suicide management protocol.

- **Ethical and Legal Dilemmas:** The workshop focuses on the ethical and legal treatment of children and families engaged in psychotherapy. Special considerations related to a child’s capacity to make treatment decisions, conflicting legal and ethical standards involved in the treatment of children, differing needs of children and their family members, and the special vulnerabilities of children are discussed.

- **Evidence-based Clinical Assessment:** The workshop on evidence-based assessment (EBA) emphasizes the use of research and theory to inform the selection of assessment targets, the methods and measures used in the assessment, and the assessment process itself.

- **Collaboration in community mental health care:** The workshop highlights the critical opportunities for collaboration between providers, agencies, hospital-based services and school-based professionals. Potential barriers to effective collaboration are also discussed, and strategies are introduced to overcome these barriers in order to provide effective and complementary mental health services to youth and families in need.

- **Specialty trainings:**
  - **Child-Parent Psychotherapy (for interns in Early Childhood Mental Health track):** Child-parent psychotherapy is disseminated through the Learning Collaborative (LC) model of the National Child Traumatic Stress Network. A CPP Learning Community includes a group of agencies (usually from the same geographic area) that have come together to learn the practice. Sites have the ability both to learn from one another as they develop their knowledge of the model and to pool resources to pay for training.

  - **Family-Based Therapy for Eating Disorders (for interns in Adolescent Mental**
Health track): The goals of the training are to a) Understand diagnostic criteria for each of the DSM-5 eating disorders, b) Competently screen for eating disorders in youth and identify warning signs for disordered eating behavior, c) Know how to appropriately consult and refer patients presenting with concerning eating disorder behavior and/or weight changes, d) Have a basic understanding of Family-Based Treatment; be able to talk with families and providers about it when appropriate, and e) Enhance ability to speak with all families about promoting healthy eating and activity.

Building a Supportive Professional Community-
Through professional and social group meetings and formal Division, Department and Program specific gatherings a community is formed that serves as the interns’ psychological and social home for the training year. A high value placed on creating supportive relationships that help interns excel professionally while maintaining a balance between the professional and the personal, and developing skills in self-care.

SUPERVISION
The Child and Adolescent Services (CAS) Multicultural Clinical Training Program provides intensive supervision to ensure that Doctoral Interns obtain individualized attention as they pursue their clinical training. In general, the training approach is that of close supervision of the interns in the clinical skills that are being developed and in all aspects of clinical service. Specifically, intensive individual and group supervision is provided to Doctoral Interns in technical aspects of assessment and treatment, psychotherapy process issues, case management issues, community referral sources, clinical record keeping, medical and pharmacotherapy issues, report writing, case presentation, and professional development.

Direct observation of clinical service delivery via live observation or video recording is required of all interns in each of the clinical rotations. Additionally, supervision may involve role-plays, presenting comprehensive case conceptualizations, self-practice/self-reflection and/or process notes along with audio/video recordings of client sessions or live observation. Live supervision is also provided by having a supervisor present during an intake session and/or family/individual meeting.

Supervisors model and instruct the intern in using theory, empirical literature and critical thought to formulate hypotheses regarding patients’ behavior. At the outset of each rotation, the intern is assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives that were outlined in the initial meetings. The expectation is that the intern will assume increasing autonomy for clinical services and will
come to function as an integral member of the treatment team.

Doctoral Interns receive at least four hours of regularly scheduled supervision per week, at least two of which will be individual supervision with a licensed clinical psychologist. Interns have one to two supervisors per rotation. Supervision includes one hour of mandatory weekly face-to-face supervision with the primary supervisor (a licensed psychologist) and one hour per week with a delegate supervisor (a licensed psychologist) as well as further contact as needed via email and phone. Doctoral Interns will participate in additional hours of training each week with other delegate supervisors, which will include topics such as training on protocols, and discussion on weekly assigned readings meant to broaden the supervisee’s knowledge.

MENTORSHIP

Mentors are mental health providers within the UCSF and affiliated community who agree to work with an intern throughout the training year in order to help the intern with professional development, morale and other issues not directly related to supervision of clinical work. At the beginning of the internship year, each intern will have the option to rank order three choices for mentor and submit them to the Director of Training. Specific arrangements for meetings with mentors will be left to the respective interns and their mentors. Mentors also provide guidance on the intern’s Capstone Project.

Capstone Project

The Capstone Project is an innovative strategy designed to address the gap between science and clinical practice. This gap is a well-known problem in clinical psychology, but it is more obvious in agencies serving marginalized and diverse communities where research funding is scarce. As E. Morales and J.C. Norcross noted in the Journal of Clinical Psychology in 2010: “Multiculturalism without strong research risks becoming an empty political value, and evidence-based practice without cultural sensitivity risks irrelevancy.” Capstone Projects are small, mentored and self-contained projects that result in a deliverable product to the clinic.

Past Capstone Projects have included: effectiveness study of a centralized intake process; structured approach to the development of domain-specific comprehensive psychological testing batteries, enhancing screening of the unique needs of justice-involved girls, staff and clinician experiences with racial and ethnic microaggressions, clarifying comorbidity between PTSD symptoms and ADHD, Development of psychoeducational materials for families presenting for assessment of and/or treatment of eating disorders.
COVID-19 RELATED SAFETY POLICIES

The following guidelines outline risk reduction policies and procedures we have in place. Modification of these guidelines for particular trainees and in special circumstances may be made only with the explicit approval of the Director of Clinical Training. The ICAP Division COVID-19 Protocol can be found here: https://ucsf.box.com/s/v9k3zkksjfpkry2rvpr9eeop0y9m8de3

We anticipate that all clinical work, didactic instruction and supervision will be conducted remotely via HIPPA compliant video based teleconferencing platform; however, there may be circumstances that require an in-person meeting such as in the case of assessing high-risk clients or for completing certain assessment measures or for retrieving or returning essential work-related equipment or other materials.

Echoing University-wide guidelines, trainees have responsibilities in adhering to recommended public health guidelines. We require that all trainees adhere to COVID-19 policies and practices that adhere to public health guidelines. When a trainee is to be present on site or a community site related to internship, the following guidelines must be adhered to:

- Trainees must wear an appropriate grade or quality of face covering and other protective equipment that is consistent with Occupational Safety and Health Administration (OSHA) standards for that particular field of practice
- Trainees must remain physically distanced from colleagues, clients, and constituents by the recommended public health distance of six feet, whenever possible
- Trainees work space including all high-touch surfaces must be regularly cleaned with an appropriate sanitizing agent
- Trainees must have access to frequent hand-washing facilities and, when unavailable, hand sanitizer
- Trainees must generally interact with clients or constituents who are also wearing masks and able to remain physically distant
- Trainees should at all times follow the occupational health and safety requirements.
- Trainees are not allowed to be assigned to work with patients or clients who have tested positive for COVID-19 until such time as those patients no longer pose an infection risk
- Trainees who will be on-site are required to self-monitor their health and symptoms.
- Trainees may not report to agency or community sites if they have tested positive for COVID-19 and may not return to their agency or community site until they have been cleared by a medical professional.
- If a trainee tests positive for COVID-19, they will be expected to cooperate with isolation and quarantine instructions, to seek appropriate medical care, and to provide contact tracing information to appropriate public health officials. Trainees who test positive for COVID-19 may
discuss this situation with their primary supervisor but are not required to. Trainees may simply indicate that they are in need of sick leave.

- If the trainee is asymptomatic or symptoms are minor, the trainees will be asked to continue placement tasks remotely during the quarantine or isolation period.

When providing telebehavioral health services to clients or constituents remotely, the following will be adhered to:

- It is the MCTP’s responsibility to ensure trainees are well-oriented to and follow the relevant state and national guidelines to protect confidentiality of client and agency information and to obtain informed consent.
- The MCTP ensures that the technology and process of telebehavioral health services are in compliance with state and national guidelines for the protection of client and agency confidentiality.
- The MCTP will issue trainees an approved device with all of the appropriate programs, software, applications, and/or encryption installed or will make certain the appropriate programs, software, applications, virtual private network (VPN), and/or encryption are installed on the trainee’s devices.
- The trainees must complete telebehavioral health modules that will be provided by the MCTP regarding law and ethics and best practices.
- The Director of Clinical Training and Primary Supervisor will explicitly discuss consultation expectations and protocols and crisis response protocols for trainees who are remotely engaged in client-facing services.
- The Primary Supervisor and the Director of Clinical Training, is immediately available to the trainees providing telebehavioral health services for urgent consultation regarding clinical risk, consultation expectations and protocols for when trainees are remotely engaged in client-facing services.
- Trainees must take reasonable steps to ensure client or patient privacy when they are engaged in service provision such as using earphones and arranging for as private of a space as possible.
- Trainees must complete modules made available by the MCTP on Law and Ethics and best practices related to telebehavioral health services.

We are committed to maintaining the privacy of our patients and take possible privacy breaches seriously. HIPAA and other privacy laws continue to apply to all during the COVID-19 public health emergency. HIPAA ensures the security of patients’ protected health information (PHI) and requires reasonable safeguards to be implemented to protect PHI against improper uses and disclosures. HIPAA restricts the use and disclosures of PHI to those related to treatment, payment, and healthcare operations.
When transporting PHI, you should ensure the PHI is with you (and on your person) at all times. The best way to transport PHI is on a password-protected, encrypted device.

- **Never** leave PHI unattended (including paper copies/originals, thumb drives, laptops, or other portable electronic devices), even temporarily.
  - Do not store portable media, devices, or documents containing PHI in a vehicle that is unattended. Even if the vehicle is locked while it is unattended, there is still a risk of theft.
- **Never** take documents or devices containing PHI off campus without a specific business need and, even then, you should only transport the minimum amount of PHI necessary.
- If PHI is stored on a password-protected, encrypted device, **always** ensure the password is maintained apart from the device itself (ex. do not keep the password written on a post-it on or with the device).
- You should **always** take steps to safeguard PHI to prevent others from viewing the information.
- If you find PHI left unattended, please pick it up and notify the Privacy Officer.

If you have any questions regarding privacy laws or our policies, or if you would like to report a possible HIPAA violation, please contact the ZSFG Privacy Officer, Catherine Argumedo, at 415-728-6928 or by e-mail at catherine.argumedo@sfdph.org.

Anyone may report any suspected violations directly or anonymously to the DPH Office of Compliance and Privacy Affairs hotline at 1-855-729-6040 (toll-free) or by e-mailing compliance.privacy@sfdph.org.

DOCTORAL INTERNSHIP POLICIES & PROCEDURES

Evaluation of Interns’ Competencies Policy

In order to clearly measure and objectify criteria for acquisition of clinical skills and competencies, Doctoral Interns are formally evaluated in writing twice per year (at midpoint and at end of year) at which time they also formally evaluate the program and their supervisors. The Competencies Assessment of Doctoral Interns is adapted from the APA Benchmark Evaluation System, which specifies a set of core competencies that professional psychology trainees should develop during their training and provides a rubric for programs to evaluate their success in meeting the Revised Competency Benchmarks for Professional Psychology (see, https://www.apa.org/ed/graduate/revised-competency-benchmarks.doc). Each intern meets individually with their Primary and Delegate Supervisors to review these evaluations and progress in the program. Interns also complete an exit interview with the Director of Training at the end of internship to solicit feedback suggestions for the program going forward.
Consistent with APA accreditation requirements, we have identified clear minimum levels of achievement:

In order for Interns to maintain good standing in the program they must:

- For the midyear evaluation, obtain ratings of at least a "3" ("Meets expectations; Supervision needed; Intern entry level") for all competencies on the evaluations.
- Not be found to have engaged in any significant unethical behavior

In order for Interns to successfully complete the program, they must:

- By the end of year evaluation period, obtain ratings of at least a "4" ("Meets expectations; Minimal supervision needed") or "5" corresponding to sound clinical judgment regularly demonstrated ("No supervision needed; Intern exit/postdoc entry level") for all competencies on the evaluations.
- Not be found to have engaged in any significant unprofessional or unethical behavior

If a trainee receives a "below expectations" rating of "1" or "2" from any of the evaluation sources in any of the major categories of evaluation, "Basic Procedures to Respond to Problematic Behavior" will be initiated (see Section II of Due Process in Action section of this Handbook.)

Consistent with our mission, interns will be expected to develop broad and general preparation for entry-level practice including the following nine competencies:

1) Research/Science - Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level. Interns will demonstrate an understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Interns will demonstrate respect for scientifically derived knowledge, display critical scientific thinking; will use the scientific literature and implement scientific methods.

2) Ethical and Legal Standards – Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and accordance with the American Psychological Association’s (APA) Ethical Principles and Code of Conduct and relevant, laws, regulations, rules, policies, standards, and guidelines. The APA Ethical Principles of Psychologists and Code of Conduct (or Ethics Code) is reviewed with all interns. The Ethics Code can be found at https://www.apa.org/ethics/code/ethics-code-2017.pdf
3) **Individual and Cultural Diversity** – Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody variety of cultural and personal backgrounds and characteristics. Interns will demonstrate awareness of diversity and its influence, develop effective relationships with culturally diverse individuals, families, and groups, apply knowledge of individual and cultural diversity in practice and pursue professional development about individual and cultural diversity.

4) **Professional Values, Attitudes and Behaviors** – Interns will demonstrate a maturing professional identity and ability to respond professionally in increasingly complex situations with increasing independence, and awareness and receptivity to areas needing further development. Interns will display professional behavior, engage in self-assessment, demonstrate accountability, demonstrate professional identity and engage in self-care essential for functioning effectively as a psychologist.

5) **Communication and Interpersonal Skills** – Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships. Interns will communicate effectively, form positive relationships with others; manage complex interpersonal situations and demonstrate self-awareness as a professional.

6) **Assessment** – Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration, scoring and interpretation and of psychometrically-validated instruments. Interns will conduct clinical interviews; use evidence-based assessment tools (e.g., screening instruments, rating scales, and tests that assess risk, development, personality, psychopathology, cognitive functioning, and organizational functioning), collect and integrate data and summarize and report data.

7) **Intervention** – Interns will demonstrate competence in evidence-based interventions within the scope of health service psychology, including but not limited to psychotherapy. Interns will formulate case conceptualizations and treatment plans, implement evidence-based interventions and monitor the impact of interventions.

8) **Supervision** – Interns will demonstrate knowledge of evidence-based supervision models and practice and apply the knowledge in direct or simulated practice. Interns will seek and use supervision effectively, use supervisory feedback to improve performance, facilitate peer supervision/consultation and provides individual supervision (if applicable).
9) **Consultation, Interprofessional/Interdisciplinary Skills and Systems-Based Practice** – Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Interns will provide consultation (e.g. case-based, group, organizational systems), engage in interprofessional collaboration and engage in systems-based practice. Systems-based practice refers to all the processes in the health care system that operates to provide cost effective care to individual patients and to populations. It includes the appointment system and referral process all the way to the governmental organization of health care. It also includes the way patients and providers engage with the community. It identifies multiple layers of influence beyond the individual patient that impact a patient’s health. It is important for interns to understand these different layers and their impact on care delivery. Interns must demonstrate an awareness of and responsiveness to the larger context and systems of health care and the ability to call on system resources to provide care that is optimal.

Our goal is to produce graduates who are prepared to assume roles as postdoctoral fellows or entry-level professional psychologists.

The program training objectives and aims stated above describe the general competencies that we feel are essential. Evaluations are necessary to guide and determine our progress in obtaining program training objectives and ensuring general competencies. Each evaluation will include some form of live observation.

A formal letter summarizing the rotations and respective evaluations will be sent to each intern’s graduate school Director of Training after completion of the internship. Additional items such as progress letters and other evaluations requested by the graduate programs will be honored.

Completion of the internship requires verification that the intern not be found to have engaged in any significant unethical behavior and meets broad and general preparation for entry level independent practice (which in California is readiness for postdoctoral fellowship or its equivalent) on each of the competencies described above: Research/Science, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills. Evaluations are discussed with interns and may be modified by mutual agreement before being placed in the training files.

**Administrative Assistance Policy**

MCTP has a Training Administrative Associate who supports the interns administratively. This individual assists interns in navigating university, hospital, department, and program level systems and tasks. These include, but are not limited to the following: Providing information to trainees on housing resources, completing background checks, accessing the UCSF Campus Life Services, Office
of Graduate Medical Education and MyAccess, registering for health benefits, obtaining a UCSF ID, obtaining telephone and computer access, completing online mandatory training, program and seminar documents, and submitting supervision tracking documentation. The Training Administrative Associate is available five days per week to respond to questions and concerns from interns. Additionally, the Department of Psychiatry has a designated Information Technology specialist available to address for interns any IT related problems that arise with UCSF IT systems and UCSF computers. The ICAP Data Analyst and the ICAP Compliance Analyst both available to interns 5 days/week also support interns in understanding and implementing procedures and documentation related to clinical service delivery such as client registration and the management of medical records and meeting training and compliance requirements of the San Francisco Department of Public Health (DPH).

**Records Policy**

**Overview:** A record will be created for each trainee admitted to the internship program. The format can be either electronic or hard copy.

**Security:** Hard copy records will be stored in a locked file. Electronic records will be stored on a password-protected device.

**Retention:** All records will be stored permanently. Contents:

- Full APPIC application
- CV submitted at the time of application
- Activity Logs for the year
- Primary and Delegate Supervisor evaluations
- Copy of Certificate of Completion

**Internship Hours & Allocation**

The internship is a 12-month, full-time (40-44 hours per week) training commitment equaling approximately 2080-2288 supervised hours. Successful completion of the internship requires a minimum of 1500 hours of supervised training; therefore, most interns will complete many more hours. Completion of all training days at 44 hours per week minus allowable holidays (13 days/104 hours) and vacation leave (80 hours) would result in 2104 hours of supervised training. Interns who, in addition, need to use allowable sick leave (80 hours, if needed), and professional leave days (8 days/64 hours, if needed) would complete 1960 hours of supervised professional experience.
Compensation and Benefits Policy

Checks are mailed to the intern's home address and are scheduled to arrive by the first of the month. Payment is on the first day of the month following the month worked. For example, for the month of July, interns will be paid on the first of August. Direct deposit is available, interns will need to provide a voided check and see the Training Administrative Associate for form. It takes approximately 4-6 weeks to get it activated so the first check will be mailed and the following ones will be deposited electronically. For payroll purposes, interns are considered employees and therefore all the usual payroll taxes apply to them. Interns will receive a W-2 at the end of the year.

The departmental contact for payroll questions is Sabrina Ho at 415-476-7521.

MCTP trainees have health benefits, including primary care and hospitalization. Doctoral Interns and Postdoctoral Fellows may contact Sabrina Ho (415-476-7521) for specific details on coverage, and can browse through this link for general information: http://medschool2.ucsf.edu/gme/residents/benefits.html.

In addition to a medical plan, doctoral interns and postdoctoral fellows will automatically be enrolled in dental, vision, life insurance and AD&D (accidental death and dismemberment), and disability insurance plans. Initial Eligibility Period (IEP) applies to any changes to your benefits.

Leave & Sick Time Policy

1. Personal Leave: All interns have a total of 160 hours (equivalent to four 40-hour weeks) of personal leave days during the internship year.
   a. 80 hours of vacation
   b. 80 hours of sick time
2. Professional Leave: All interns can take 8-10 days for professional leave activities as follows:
   • Defend dissertation: 1 day or 2 days if out of state
   • Attend Graduation: 1 day or 2 days if out of state
   • Attend conferences and professional presentations: Maximum of 3 days
   • Postdoctoral Interviews: 3 days
3. Dissertations: The internship program does not provide dedicated time for interns to work on dissertations, as the APA Office of Accreditation considers dissertations a graduate school activity as opposed to an internship activity. Additionally, interns may not take professional leave to work on the dissertation. However, interns may use other formal leave time (i.e., vacation) to work on or defend dissertations.
4. Prior Approval of Leave: Leave should be requested well in advance. Procedures...
for LEAVE REQUESTS are as follows:

- Discuss with your primary supervisor at least two weeks ahead of time
- Discuss with each of your supervisors and clear any outstanding paperwork or client responsibilities
- Submit Leave Request Form (sample below) to the Director of Training for final approval based on your leave balance
- Submit this form at least 2 weeks before leave begins
- Email supervisors, administrative staff and relevant seminar leaders 1 day prior to day of leave as a reminder.

5. Avoiding August Leave: Leave during the last two weeks of August is not permitted due to the need to ensure coverage of professional responsibilities and completion of work

Policy Regarding Moonlighting

Clinical moonlighting is not permitted. The internship is a full-time commitment. Interns are expected not to provide clinical services outside of the internship context.

Policy on Teaching

In keeping with the mission of the program, we are supportive of interns who wish to pursue teaching opportunities that are not otherwise available through the MCTP or the UCSF campus. However, the faculty also recognizes that interns have rather demanding schedules and that taking on additional teaching responsibilities outside of UCSF is generally unadvisable. Therefore such activities must involve careful planning to ensure that interns can continue to meet their training goals as outlined in the MCTP Handbook. In consultation with their Primary Supervisor and the Training Director, an intern can propose teaching outside UCSF as long as it does not interfere with their clinical or research duties or takes them away from routine program meetings.

Paid Parental Leave Policy

Interns in the MCTP receive a level of full support equal to their compensation at the time of their leave for a period of two weeks for the birth or adoption of a child. Either parent is eligible for this leave. Interns can augment this paid period with vacation and sick leave based on their balance at the time. In accordance with the Family and Medical Leave Act (FMLA), leave can extend to twelve (12) workweeks. Maternity leave extending beyond 30 days may qualify as a disability.
Supervision Policy

1. Adherence to APA Standards and Regulations: The internship program adheres to the supervision requirements issued by the APA Commission on Accreditation through its Guidelines and Principles of Accreditation and corresponding Implementing Regulation [C-15(b)] and to the Guidelines for Clinical Supervision in Health Service Psychology (APA, 2014). The Guidelines for Clinical Supervision in Health Service Psychology outlines guidelines for supervision of trainees in health service psychology education and training programs. It “capture[s] optimal performance expectations for psychologists who supervise (and) it is based on the premises that supervisors a) strive to achieve competence in the provision of supervision and b) employ a competency-based, meta-theoretical approach to the supervision process (APA, 2014).”


2. Definition: Supervision within the internship is defined in the following ways:
   a. The internship has adopted the APA/COA definition of supervision, which is as follows: “Supervision is characterized as an interactive educational experience between the intern/resident and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009).”
   b. In applying the above definition, the internship program will deem a professional relationship to be supervisory if: (a) the faculty member or other professional has authority over some aspect of the intern’s work; and (b) that work is an essential element of the intern’s internship experience.
   c. Supervision is distinguished from personal psychotherapy of the supervisee by maintaining the focus of inquiry on the client/patient, supervisee reactions to the client/patient, and/or the supervision process related to the client/patient (Bernard & Goodyear, 2014; Falender & Shafranske, 2004). Mentoring is distinguished from supervision by an absence of evaluation or power differential, and by the mentor’s advocacy for the protege’s professional development and welfare (Johnson & Huwe, 2002; Kaslow & Mascaro, 2007).

3. Exclusions: Supervision is distinct from educational sessions, such as traditional seminars,
and from administrative and management sessions such as clinical team meetings and staff meetings.

From the perspective of the internship program, faculty members and other staff members may influence, consult to, and even direct the activities of an intern without being in a formal supervisory role. For example, attending physicians, unit chiefs are generally not considered formal supervisors. Non-psychologist leaders of teams on which interns are placed may or may not be designated as supervisors at the discretion of the Training Director (or designee). Similarly, individuals consulting to interns on topics such as research may play a non-evaluative, non-supervisory, mentoring role or may function in an evaluative supervisory capacity.

4. Resolving Questions About What Qualifies as Supervision: Questions regarding whether an activity meets the APA/COA definition of supervision are resolved by the Director of Clinical Training. The APA/COA definition of supervision, reprinted above, will be used as the basis for resolving such questions.

5. Supervision Requirements: To review all of the requirements relating to Supervised Professional Experience (SPE), the Laws and Regulations for the California Board of Psychology book is available at the Board of Psychology (Board) website (www.psychology.ca.gov).

The following requirements apply:

   a. Each intern will receive a minimum average of four hours of supervision weekly
   b. The primary supervisor is a psychologist licensed by the Board. (Section 1387.1)
   c. A marriage and family therapist (MFT) or a licensed clinical social worker (LCSW) serves as a delegated supervisor. (Section 1387(c))
   d. The primary supervisor completed a six-hour course in supervision. This is required every two years. (Section 1387.1(b))
   e. The primary supervisor is employed or on contract at the same agency with the trainee. (Section 1387(b)(6))
   f. The primary supervisor is available to the trainee 100 percent of the time the trainee is accruing SPE. (Section 1387(b)(6))
   g. The primary supervisor provides a minimum of one hour of direct, individual, face-to-face supervision every week during which the trainee accrues hours. (Section 1387(b)(4))
h. The trainee receives supervision 10 percent of the total of hours worked each week. (Section 1387(b)(4)) This 10 percent can include the one hour face-to-face with the primary supervisor.

i. The trainee does not pay or otherwise remunerate the supervisor(s) to provide supervision.

j. The trainee does not function under another mental health license (e.g., MFT, LCSW, etc.) while accruing SPE.

k. The primary and delegated (if any) supervisors ensure that all SPE, including recordkeeping, is in compliance with the APA Ethical Principles and Code of Conduct. (Sections 1387.1(e) and 1387.2(d))

l. The primary supervisor monitors the welfare of the trainee's clients. (Section 1387.1(f))

m. The primary and delegated (if any) supervisors do not have a familial, intimate, business, or other relationship with the trainee that would compromise the supervisor's effectiveness. (Sections 1387.1(i) and 1387.2(h))

n. The primary and delegated (if any) supervisors have education and training in the areas to be supervised. (Sections 1387.1(i) and 1387.2(g))

o. Supervisors and trainees are at all times in compliance with the Board's laws and regulations and with the APA Ethical Principles and Code of Conduct. (Sections 1387.1(c), (d), (e), (i) and 1387.2(b), (c), (h))

p. The primary and delegated (if any) supervisors do not supervise a trainee who is now or has ever been a psychotherapy patient of the supervisor. (Sections 1387.1(k) and 1387.2(l))

q. The primary supervisor must monitor the supervision performance of all delegated supervisors that is required in Section 1387.1(n) of Title 16 of CCR.

r. The trainee maintains an SPE weekly log. (Section 1387.5) A Sample SPE log is below.

s. The primary supervisor ensures that each client or patient is informed, prior to the rendering of services by the trainee that (1) the trainee is unlicensed and is functioning under the direction and supervision of the supervisor, (2) the primary supervisor shall have full access to the client records in order to perform supervision responsibilities, and (3) any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer. (Sections 1387.1(g) and 1391.6(6.

6. Supervisor Assignments: At the beginning of the training year the Training Director will provide the intern with a written list of rotation supervisors. All supervisors must meet the definition outlined above, which means that they have a hierarchical relationship with the intern, responsibility for promoting and ensuring the intern’s professional functioning, complete formal evaluations of the intern and meet regularly for individual or group
supervision with the intern, separate from clinical, team, or project meetings. The Training Director will inform all supervisors that they have been designated in a formal supervisory role, with the responsibilities and the authority outlined above. The Training Director will notify the intern and supervisors of any changes in supervisory assignments over the course of the year.

7. Minimum Number of Supervisors: Each intern will have a minimum of three supervisors who they meet with routinely.

8. Supervision Guidelines: The internship program adheres the Guidelines for Clinical Supervision in Health Service Psychology Approved by APA Council of Representatives in 2014, which capture optimal performance expectations for psychologists who supervise. (Refer to https://www.apa.org/about/policy/guidelines-supervision.pdf for a fuller description of each guideline.)

   Domain A: Supervisor Competence

   • Supervisors strive to be competent in the psychological services provided to clients/patients by supervisees under their supervision and when supervising in areas in which they are less familiar they take reasonable steps to ensure the competence of their work and to protect others from harm.
   • Supervisors seek to attain and maintain competence in the practice of supervision through formal education and training.
   • Supervisors endeavor to coordinate with other professionals responsible for the supervisee’s education and training to ensure communication and coordination of goals and expectations.
   • Supervisors strive for diversity competence across populations and settings (as defined in APA, 2003).
   • Supervisors using technology in supervision (including distance supervision), or when supervising care that incorporates technology, strive to be competent regarding its use.

   Domain B: Diversity

   • Supervisors strive to develop and maintain self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills.
   • Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees.
   • Supervisors recognize the value of and pursue ongoing training in diversity competence as part of their professional development and life-long learning.
• Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients/patients.

• Supervisors aspire to be familiar with the scholarly literature concerning diversity competence in supervision and training. Supervisors strive to be familiar with promising practices for navigating conflicts among personal and professional values in the interest of protecting the public.

Domain C: Supervisory Relationship

• Supervisors value and seek to create and maintain a collaborative relationship that promotes the supervisees’ competence.

• Supervisors seek to specify the responsibilities and expectations of both parties in the supervisory relationship. Supervisors identify expected program competencies and performance standards, and assist the supervisee to formulate individual learning goals.

• Supervisors aspire to review regularly the progress of the supervisee and the effectiveness of the supervisory relationship and address issues that arise.

Domain D: Professionalism

• Supervisors strive to model professionalism in their own comportment and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism.

• Supervisors are encouraged to provide ongoing formative and summative evaluation of supervisees’ progress toward meeting expectations for professionalism appropriate for each level of education and training.

Domain E: Assessment/Evaluation/Feedback

• Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors promote openness and transparency in feedback and assessment, by anchoring such in the competency development of the supervisee.

• A major supervisory responsibility is monitoring and providing feedback on supervisee performance. Live observation or review of recorded sessions is the preferred procedure.

• Supervisors aspire to provide feedback that is direct, clear, and timely, behaviorally anchored, responsive to supervisees’ reactions, and mindful of the impact on the supervisory relationship.

• Supervisors recognize the value of and support supervisee skill in self-assessment of competence and incorporate supervisee self-assessment into
the evaluation process.

- Supervisors seek feedback from their supervisees and others about the quality of the supervision they offer, and incorporate that feedback to improve their supervisory competence.

Domain F: Professional Competence Problems

- Supervisors understand and adhere both to the supervisory contract and to program, institutional, and legal policies and procedures related to performance evaluations. Supervisors strive to address performance problems directly.
- Supervisors strive to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner allowing for opportunities to effect change.
- Supervisors are competent in developing and implementing plans to remEDIATE performance problems.
- Supervisors are mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems.

Domain G: Ethics, Legal, and Regulatory Considerations

- Supervisors model ethical practice and decision making and conduct themselves in accord with the APA ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.
- Supervisors uphold their primary ethical and legal obligation to protect the welfare of the client/patient.
- Supervisors serve as gatekeepers to the profession. Gatekeeping entails assessing supervisees’ suitability to enter and remain in the field.
- Supervisors provide clear information about the expectations for and parameters of supervision to supervisees preferably in the form of a written supervisory contract.
- Supervisors maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development.

ICAP Documentation and Procedures

The Division of Infant, Child and Adolescent Psychiatry (ICAP) provides one modality of what Behavioral Health Services (BHS) and the San Francisco Department of Public Health considers specialty mental health services that are medically necessary. Specialty mental health services are indicated when there is moderate to severe dysfunction related to a mental health diagnosis.
Specialty mental health services are services provided to individuals whose mental health care needs cannot be treated effectively by their primary care physician. Thus, a referral for ICAP/CAS/IPP services is analogous to a referral for any other medical sub-specialist (neurologist, dermatologist, etc.). ICAP services are available to residents of San Francisco who receive Medi-Cal benefits and San Francisco Health Plan members.

Programs that have contracts with BHS, including the Infant-Parent Program (IPP) and Child and Adolescent Services (CAS), are required to maintain a hybrid behavioral health record, which includes both electronic and paper forms and documents. The Electronic Health Record (EHR) software system used by BHS is called Avatar.

Current interns are directed to the ICAP Documentation and Procedures Manual at https://wiki.library.ucsf.edu/display/ICAP/ICAP+Documentation+and+Procedures+Manual for detailed instructions on the following documentation and procedures related to the delivery of specialty mental health services in ICAP/CAS/IPP:

A) Overview of ICAP Services
   • Specialty Mental Health
   • Medical Necessity
   • List of Non-Reimbursable DSM 5 Diagnoses
   • Reimbursable Procedure Codes
   • Non-Medi-Cal Reimbursable Procedure Code

B) Referral and Assessment Process: CAS Referrals and IPP Referrals
   • Initial Phone Contact with the Family and TIMELY ACCESS
   • Preparing for the initial meeting with the family/client
   • Steps to take after the initial meeting (initial meeting = Day 1)
   • Billing during the Assessment Period

C) Progress Notes
   • Types of Progress Notes
   • Progress Note Timeline
   • How to Document a Service Involving Two or More People
   • Assessment Period Progress Notes
   • Progress Note to Bill for the CANS/ANSA Assessment Form
   • Plan Development Notes
   • Treatment Period Progress Notes
   • Individual Therapy Services (INDTPY)
   • Family Psychotherapy (90847)
   • Collateral Services (ICOLL)
• Crisis Services (CRISIS)
• Case Management/Brokerage Services (T1017)
• Group Psychotherapy Services (GRPTPY)
• Administrative Progress Notes
• Independent Notes
• Edit Service Information
• Modifier Codes
• Documenting Use of Interpreter Services

D) Child And Adolescent Needs and Strengths/Adult Needs and Strength Assessment (CANS/ANSA) & Clinical Formulation
• Purpose of the Assessment
• Timeline of Assessment Activity
• Important Points to Remember
• Clinical Formulation
• Suggested Outline for the Clinical Formulation
• Examples of Clinical Formulations
• CANS 2.0 Materials
• Pediatric Symptom Checklist 35-item Parent Version (PSC-35) Materials

E) Treatment Plan of Care
• Key Points of Treatment Plan of Care (TPOC) Documentation
• Timeline of the TPOC
• Guidelines & requirements for each section of the TPOC

F) Planning for Time Away

G) Closing a Case
• Closing an Un-opened Referral
• Closing a Case that has been opened in Avatar
• Closing a Service but Remaining Open in Avatar (CAS Only)

H) Psychological Testing
• General CBHS Documentation Requirements for Psych Testing
• Comprehensive Psychological Evaluations (CPE)
  o Initial Contact and Scheduling
  o Timely Access
  o Intake Protocol
  o Progress Notes & Billing
  o Closing Protocol
  o Bilingual CPEs
• ECDC Pre-Adoptive Evaluations
  o Guidelines
• Diagnostic Assessment Clinic (DAC)
  o Overview of Structure
  o Schedule
  o Detailed Procedures
  o Billing
  o DAC Personnel
  o Supervision
    o Attendance, Reminder Calls, and No Shows
• Test Materials and Raw Data

I) 6B Space Policies and Procedures
• Treatment Room Reservations
• Treatment Room Session Maintenance
• Treatment Room Weekly Clean-Up
• 6B Unit Entry
• Waiting Room
• Chart Room
• Trainee Offices and Workstations
• Bathrooms
• Kitchen
• Library
• Games Cabinet
• Video Recording (CAS)
• Videoconferencing (Zoom)
• Interpreter and Translation Services Resources

J) Emergency Protocols
• Personal Safety
• Clinic Safety
• Clinical Coverage (CAS Only)
• Managing Clinical Crises (CAS Only)
• Managing Crises in the Community
• Follow-Up to Emergency Situations and Critical Incidents
• Other Clinic Emergencies or Alerts
• Medical Emergencies
• Clinic Alarms
• Other Hospital Emergencies or Alerts
• Shelter-in-Place
• Area Protests
K) Appendix

- Action Words for Use in Progress Note Interventions
- AVATAR Treatment Plan of Care Vimeo
- CAS Book Library
- CAS Client Contact Log
- CAS Closing Letter Templates
- CAS Disposition Form
- CAS External Referral Form
- CAS PURQC Flow Chart CAS
- CBHS and ICAP Approved Abbreviations
- Chart Arrangement Form
- Clinical Review Form for PURQC & Case Review
- DAC Parent Summary Letter
- ICAP Outpatient Mental Health Service Codes
- List of Psychological Tests and Measures Available at CAS
- Memorandum on Non-Medi-Cal Billable Codes (NM Codes)
- SF DPH Documentation Manual
- SF DPH Group Progress Notes User Guide

Affirmative Action/Nondiscrimination in Employment Policy

In accordance with applicable laws and regulations, the University has established a policy to provide equal employment opportunities to all individuals, and to undertake affirmative action for qualified members of groups underrepresented in the workforce.

Definitions

Affirmative Action: Result-oriented steps taken to recruit, employ, and promote qualified members of groups formerly excluded from the workforce (as defined by federal and state laws: minorities (American Indians, Asians, African Americans/Blacks, Hispanics), women, persons with disabilities and covered veterans.[1])

[1] Covered veterans includes veterans with disabilities, recently separated veterans, Vietnam era veterans, veterans who served on active duty in the U.S. Military, Ground, Naval or Air Service during a war or in a campaign or expedition for which a campaign badge has been authorized, or Armed Forces service medal veterans.

Discrimination: Illegal treatment of a person or group (either intentional or unintentional) on the basis of race, color, national origin, religion, sex, gender, gender expression, gender
identity, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age (over 40), sexual orientation, citizenship, pregnancy[2] or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)) [3].

[2] Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth.
[3] Service in the Uniformed Services, as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services, as well as state military and naval service.

**Underutilization:** Employment of members of a race, ethnic, or gender group at a rate below their availability (representation in the labor market).

**Policy**

**A.** UCSF shall provide equal employment opportunities to all individuals without regard to race, color, national origin, religion, sex, gender, gender expression, gender identity, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age (over 40), sexual orientation, citizenship, pregnancy, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)).

**B.** UCSF employees or applicants for employment shall be treated equitably and fairly in all matters related to employment, including recruitment, selection, transfer, promotion, demotion, reclassification, compensation, benefits, training and development, separation, and social and recreational programs. No employee or applicant for employment shall be discriminatorily harassed or differentially treated in UCSF’s employment programs and activities. This prohibition includes all forms of harassment, including sexual.

**C.** University policy prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment. Retaliation is also prohibited against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.

**D.** To ensure that applicants and employees have the right to equal employment opportunities, UCSF has established a comprehensive written affirmative action personnel program that shall be
vigorously utilized, conform to all legal requirements, be consistent with University standards of quality and excellence, and be specific in identifying areas of underutilization and disparity and in prescribing corrective measures. In accordance with applicable laws and regulations, UCSF shall undertake affirmative action for minorities (American Indians, Asians, African Americans/Blacks, and Hispanics), women, persons with disabilities, and covered veterans to ensure that members of groups, who, in the past, may have been victims of employment discrimination are given opportunities to compete for jobs through fair assessment of their application.

Responsibilities

A. The Chancellor is responsible for the final implementation and monitoring of UCSF’s affirmative action plan and nondiscrimination programs and activities.

B. All unit heads are responsible for the implementation of UCSF’s nondiscrimination and affirmative action policies within their units.

C. The Director- Affirmative Action, EEO, ADA, & Title IX Compliance is responsible for monitoring and evaluating UCSF’s nondiscrimination/affirmative action programs and activities. Questions and comments may be directed to the Office of Diversity and Outreach [3].

Related Policies

1. 150-28 - Americans with Disabilities Act (ADA) Barrier Removal [4]
2. 150-26 - Employee Disability/Reasonable Accommodation [5]
3. 300-18 - Independent Consultants (retired) [6]
5. 150-13 - Sexual Harassment and Sexual Violence [8]

References

1. Academic Personnel Manual [9], Office of the President:
3. Personnel Policies for Staff Members (PPSM) [13], Office of the President:
   a. PPSM-12: Nondiscrimination in Employment [14]
Sexual Violence Prevention and Response Policy

MCTP adheres to the Sexual Violence Prevention & Response policy of the University of California, as follows:

The University of California is committed to creating and maintaining a community dedicated to the advancement, application and transmission of knowledge and creative endeavors through
academic excellence, where all individuals who participate in University programs and activities can work and learn together in an atmosphere free of harassment, exploitation, or intimidation. Every member of the community should be aware that the University prohibits sexual violence and sexual harassment, retaliation, and other prohibited behavior (“Prohibited Conduct”) that violates law and/or University policy. The University will respond promptly and effectively to reports of Prohibited Conduct and will take appropriate action to prevent, to correct, and when necessary, to discipline behavior that violates this Policy on Sexual Violence and Sexual Harassment (hereafter referred to as Policy). This Policy addresses the University of California’s responsibilities and procedures related to Prohibited Conduct in order to ensure an equitable and inclusive education and employment environment free of sexual violence and sexual harassment. The Policy defines conduct prohibited by the University of California and explains the administrative procedures the University uses to resolve reports of Prohibited Conduct. The UC Sexual Violence and Sexual Harassment Policies can be found at https://sexualviolence.ucsf.edu/policies
DUE PROCESS IN ACTION: THE IDENTIFICATION AND MANAGEMENT OF TRAINEE PROBLEMS & GRIEVANCES

Introduction
This section provides MCTP trainees and staff with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally, however if this cannot occur, this document was created to provide a formal mechanism for the MCTP to respond to issues of concern. This Due Process Document is divided into the following sections:

I. Definitions: Provides basic or general definitions of terms and phrases used throughout the document.

II. Procedures for Responding to a Trainee’s Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Also includes the steps for an appeal process.

III. Grievance Procedures: Provides the guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by MCTP of the trainee.

Trainee

I. Definitions
Throughout this document, the term “trainee” is used to describe any person in training who is working in the hospital including a practicum trainees/extern, doctoral intern and postdoctoral fellow.

Training Program

The term “Training Program” is used to describe and used interchangeably with Child and Adolescent Services Multicultural Clinical Training Program (MCTP) Training Director (TD). Throughout this document the term “Training Director” refers to the faculty member who oversee all clinical training for the Child and Adolescent Services Multicultural Clinical Training Program (MCTP) for practicum trainees/externs, doctoral interns and postdoctoral fellows.

Rotation Training Lead (RTL)
The term “Rotation Training Lead” is used to describe the staff/faculty member who oversees training in a specific rotation or program of clinical services.
Training Committee (TC)
The “Training Committee” is comprised of the Rotation Training Leads for each of the major
rotations or programs of clinical services and the Training Director.

Rotation Supervisor (RS)
The term “Rotation Supervisor” is used to describe a primary or delegate supervisor within a
rotation or program of clinical services. The Rotation Supervisor may also be the RTL.

Program Director
The term Program Director is used to describe the staff/faculty member who directly oversees
all clinical operations within a clinical program in the hospital. Due Process
The basic meaning of due process is to inform and to provide a framework to respond, act or
dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It
requires that the Training Program identify specific procedures, which are applied to all trainees’
complaints, concerns and appeals.

Due Process Guidelines
1. During the orientation period, trainees will receive in writing MCTP’s expectations related to
professional functioning. The TD and members of the TC will discuss these expectations in both
group and individual settings.
2. The procedures for evaluation, including when and how evaluations will be conducted will be
described. Such evaluations will occur at meaningful intervals.
3. The various procedures and actions involved in decision-making regarding the problem
behavior or trainee concerns will be described.
4. MCTP’s TD will communicate early and often with the trainee and, when needed, the trainee’s
home program if any suspected difficulties that are significantly interfering with performance
are identified.
5. The TC will institute, when appropriate, a remediation plan for identified
inadequacies, including a time frame for expected remediation and consequences
of not rectifying the inadequacies.
6. If a trainee wants to institute an appeal process, this document describes the steps of how
a trainee may officially appeal this program’s action.
7. MCTP’s due process procedures will ensure that trainees have sufficient time (as described in
this due process document) to respond to any action taken by the program before the program’s
implementation.
8. When evaluating or making decisions about a trainee’s performance, MCTP staff/faculty
will use input from multiple professional sources.
9. The TD will document in writing and provide to all relevant parties, the actions taken by
the program and the rationale for all actions.
Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

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

It is a professional judgment when a trainee’s behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics, which while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior typically become identified when one or more of the following characteristics exist:

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

II. Procedures to Respond to Problematic Behavior

A. Basic Procedures

If a trainee receives a "below expectations" rating of “1” or “2” from any of the evaluation sources in any of the major categories of evaluation, or if a faculty/staff member or another trainee has concerns about a trainee’s behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the TD will be warranted. This decision is made at the discretion of the faculty/staff or trainee who has concerns.
2. If the faculty/staff member who brings the concern to the TD is not the trainee's RS, the TD will discuss the concern with the Rotation Supervisor(s).
3. If the TD and RS(s) determine that the alleged behavior in the complaint, if proven,
would constitute a serious violation, the TD will inform the faculty/staff member who initially brought the complaint.

4. The TD will meet with the TC to discuss the concerns and possible courses of action (as listed in II B below) to be taken to address the issues.

B. Notification Procedures to Address Problematic Behavior or Inadequate Performance

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the trainee, the clients involved, members of the trainee’s training group, the training staff, other hospital personnel, and the campus community. All evaluative documentation will be maintained in the trainee’s file. At the discretion of the Training Director (in consultation with the TC) – the trainee’s home academic program will be notified of any of the actions listed below.

1. Verbal Notice to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion.

2. Written Notice to the trainee formally acknowledges that the:
   a. TC is aware of and concerned with the behavior,
   b. Concern has been brought to the attention of the trainee,
   c. TC will work with the trainee to rectify the problem or skill deficits,
   d. Behaviors of concern are not significant enough to warrant more serious action.

3. Second Written Notice to the trainee will Identify Possible Sanction(s) and describe the remediation plan. This letter will contain:
   a. A description of the trainee’s unsatisfactory performance;
   b. Actions needed by the trainee to correct the unsatisfactory behavior;
   c. The time line for correcting the problem;
   d. What sanction(s) may be implemented if the problem is not corrected; and
   e. Notification that the trainee has the right to request an appeal of this action. (see Appeal Procedures - Section II D)

If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal (see Appeal Procedures - Section II D)

C. Remediation and Sanctions

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TC, RS(s), and relevant members of the training and specific clinical program staff such as Program Directors. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction. The trainee’s doctoral program,
the UCSF Office of Graduate Medical Education and UCSF Human Resources will be notified of remediation and sanctions at the discretion of the Training Director.

1. **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning professional state. Modifying a trainee’s schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the traineeship. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
   a. Increasing the amount of supervision, either with the same or additional supervisors;
   b. Change in the format, emphasis, and/or focus of supervision;
   c. Recommending personal therapy;
   d. Reducing the trainee’s clinical or other workload;
   e. Requiring specific academic coursework.

The length of a schedule modification period will be determined by the TC in consultation with the TD and rotation supervisor(s). The termination of the schedule modification period will be determined, after discussions with the trainee, by the TD in consultation with the TC, and rotation supervisor(s).

2. **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning professional state. Probation defines a relationship in which the TD systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement that includes:
   a. The specific behaviors associated with the unacceptable rating;
   b. The remediation plan for rectifying the problem;
   c. The time frame for the probation during which the problem is expected to be ameliorated, and
   d. The procedures to ascertain whether the problem has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the trainee’s behavior to remove the Probation or modified schedule, then the TD will discuss with the TC and rotation supervisor(s) possible courses of action to be taken. The TD will
communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the TD will communicate that if the trainee’s behavior does not change, the trainee will not successfully complete the training program.

3. **Suspension of Direct Service Activities** requires a determination that the welfare of the trainee’s client(s) or the campus community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TD in consultation with the TC, the trainee’s rotation supervisor(s) and Program Directors. At the end of the suspension period, the trainee’s Rotation Supervisor(s) in consultation with the TC and Training Director will assess the trainee’s capacity for effective professional functioning and determine if and when direct service can be resumed.

4. **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges at MCTP. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee’s file and the trainee’s academic program will be informed. The TD will inform the trainee of the effects the administrative leave will have on the trainee’s stipend and accrual of benefits.

5. **Dismissal from the Training Program** involves the permanent withdrawal of all MCTP program responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the TC the possibility of termination from the training program or dismissal from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness, which impairs or interferes with professional functioning and performance. The TD will make the final decision about dismissal.

6. **Immediate Dismissal** involves the immediate permanent withdrawal of all MCTP training program responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness, which impairs or interferes with professional functioning and performance. In addition, in the event a trainee
compromises the welfare of a client(s) or the campus community by an action(s), which generates grave concern from the TD, the TC, RS(s), or Program Directors, the TD may immediately dismiss the trainee from MCTP. This dismissal may bypass steps identified in notification procedures (Section II B) and remediation and sanctions alternatives (Section II C). When a trainee has been dismissed, the Training Director will communicate to the trainee’s academic department that the trainee has not successfully completed the training program.

If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement Appeal Procedures (Section II D).

D. Appeal Procedures
In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the Training Director. The trainee must submit this appeal within 5 workdays from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
2. Within three workdays of receipt of a formal written appeal from a trainee, the TD will consult with members of the Training Committee and then decide whether to implement a Review Panel (see Section III.B, Review Procedures/Hearing) or respond to the appeal without a Panel being convened.
3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Training Director, then that appeal is reviewed by the Training Director in consultation with the TC and the Division Director of Infant Child and Adolescent Psychiatry. The Training Director in consultation with the TC and the Division Director of Infant Child and Adolescent Psychiatry, who as an ex-officio member of the Training Committee will be familiar with the facts of the appeal and grievance review, will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld.

III. Grievance Procedures

A. Trainee Grievances
We believe that most problems are best resolved through face-to-face interaction between the trainee and supervisor (or other staff/faculty), as part of the on-going working relationship. Trainees are encouraged to first discuss any problems or concerns with their rotation supervisor.
In turn, rotation supervisors are expected to be receptive to complaints, attempt to develop a solution with the trainee, and to seek appropriate consultation. If trainee-supervisor discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the trainee. In addition to the options listed below, a trainee may choose to discuss their concerns with the Office of the Ombuds (415-502-9600; https://ombuds.ucsf.edu/). The Ombuds will listen and review matters; help identify options; make inquiries and make referrals as appropriate; and/or facilitate resolutions in an impartial manner. This is an informal, but confidential option.

1. **Informal mediation**
   
   Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the trainee and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment or make some other alteration in their learning contract in order to maximize their learning experience.
   
   a. If the issue cannot be resolved informally, the trainee should discuss the concern with the TD who may then consult with the TC, other faculty/staff members if needed. If the concerns involve the TD the trainee can consult with any member of the TC.
   
   b. If the TD or TC cannot resolve the issue of concern to the trainee, the trainee can file a formal grievance in writing with all supporting documents, with the TD or TC.

2. **Formal Grievances**
   
   When the TD or TC has received a formal grievance, within three work days of receipt, the TD or TC will implement Review Procedures as described below and inform the trainee of any action taken.
   
   a. The TD will notify the relevant Rotation Supervisor and Program Director of the grievance, and call a meeting of the Training Committee to review the complaint. The trainee and staff/faculty will be notified of the date of the review and given the opportunity to provide the TC with any information regarding the grievance.
   
   b. Based upon a review of the grievance and any relevant information, the Training Committee will determine the course of action that best promotes the intern’s training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in clinical placement.
   
   c. The trainee will be informed in writing of the Training Committee’s decision, and asked to indicate whether they accept or dispute the decision. If the trainee accepts the decision, the recommendations will be implemented. If the trainee disagrees with the decision, they may appeal to the Director of Infant Child and Adolescent Psychiatry, who as an ex-officio member of the Training Committee will be familiar with the facts of the grievance review (see section II.D). The Training Director will
render the appeal decision, which will be communicated to all involved parties and to the Training Committee.

d. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Training Director may be submitted directly to the Director of Infant Child and Adolescent Psychiatry for review and resolution in consultation with the Training Committee.

e. Any findings resulting from a review of a grievance that involves unethical, inappropriate or unlawful staff behavior will be submitted to the Director of Infant Child and Adolescent Psychiatry for appropriate personnel action.

B. Review Procedures / Hearing

When needed, a Review Panel will be convened by the TD to make a recommendation to the TD and TC about the appropriateness of a Remediation Plan/Sanction for a Trainee’s Problematic Behavior OR to review a grievance filed by the trainee.

- The Panel will consist of three staff/faculty members selected by the TD with recommendations from the TC and the trainee who filed the appeal or grievance. The TD will appoint a Chair of the Review Panel.
- In cases of an appeal, the trainee has the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern.
- In response to a grievance, the trainee has a right to express concerns about the training program or MCTP faculty/staff member and the MCTP program or faculty/staff has the right and responsibility to respond.
- Within five (5) workdays, a Review Panel will meet to review the appeal or grievance and to examine the relevant material presented.
- Within three (3) workdays after the completion of the review the Review Panel will submit a written report to the Training Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
- Within three (3) workdays of receipt of the recommendation, the Training Director will either accept or reject the Review Panel’s recommendations. If the Training Director rejects the recommendation, the Training Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
- If referred back to the Review Panel, a report will be presented to the Training Director within five (5) workdays of the receipt of the Training Director’s request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken and informs the TC, RS(s) and Program Directors if needed.
• The Training Director and or TC informs the trainee, staff members involved and necessary members of the training staff of the decision and any action taken or to be taken.
• If the trainee disputes the Training Director’s final decision, the trainee has the right to appeal through following steps outlined in Appeal Procedures (Section II. D)

II. D) CAMPUS SERVICES

UCSF Campus Library
Your campus photo I.D. can be used as a library card. The UCSF library system, which includes a large modern library on the main UCSF campus and a branch at the ZSFG campus, provides inter-library loan services for written materials as well as computer terminals with internet access. There is also direct access to the UCSF library catalog to all of the libraries in the entire ten campus UC system as well as access to Melvyl and Medline literature search tools. You are also eligible to open a Galen account as well as VPN access to university resources from home. Your UCSF email account information packet should have instructions in setting this up.

Electronic Mail
The default email account for trainees at UCSF is (firstname.lastname@ucsf.edu) unless the account is already taken, the account is linked to your appointment start and end dates, it will be turned off the day after the end of your appointment. Each intern will have a computers assigned to them where they can access their email.

UCSF Shuttle
There is a free shuttle service between UCSF sites, including ZSFG. Go online to http://www.campuslifeservices.ucsf.edu/transportation/shuttles/ to obtain the latest schedule in pdf. Interns must make sure you wear their UCSF ID when riding the shuttle.
Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions
Date Program Tables are updated: 7/21/2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

The UCSF Child and Adolescent Services Multicultural Clinical Training Program (MCTP) at Zuckerberg San Francisco General Hospital (ZSFG) offers an APA-accredited, one-year clinical child psychology internship, based on the Scholar Practitioner Model. Our program is grounded in serving the needs of the local community with a commitment to research that is taught and valued particularly, though not exclusively, in the service of clinical practice. The MCTP is embedded in the Division of Infant Child and Adolescent Psychiatry in the Department of Psychiatry and Behavioral Sciences. ZSFG is a Level 1 Trauma Center and public service hospital committed to serving low-income and culturally diverse communities. Clinical services are linked to the Community Behavioral Health System of the San Francisco Department of Public Health. Training provides experience across the entire developmental spectrum of 0-24 years of age. The MCTP provides specialized training and leadership in multicultural psychology and works to break down barriers that families encounter in their attempts to access culturally appropriate, high-quality evidence-based care. Over the last several years, 89% of our graduates have obtained positions in academic health centers providing care to underserved children and families. The APA Commission on Accreditation (CoA) completed a site visit in August 2019 and our accreditation will be reviewed at the CoA 2020 Summer program review meeting. The MCTP continues to have full APA accreditation.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

| Total Direct Contact Intervention Hours | Yes | No ✓ | Amount: N/A |
| Total Direct Contact Assessment Hours  | Yes | No ✓ | Amount: N/A |

Describe any other required minimum criteria used to screen applicants:

Applications from applicants who are not from Clinical Psychology or combined Clinical Psychology and School or Counselling Psychology Programs that are not APA or PCSAS accredited by the application submission deadline will not be reviewed.
## Financial and Other Benefit Support for Upcoming Training Year*

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<thead>
<tr>
<th>Benefit Support</th>
<th>Details</th>
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<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
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<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
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<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes ✓</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes ✓</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes ✓</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes ✓</td>
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<tr>
<td>Coverage of domestic partner available?</td>
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<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
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<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>80</td>
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<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes ✓</td>
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<tr>
<td>Other Benefits (please describe): N/A</td>
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*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.*
## Initial Post-Internship Positions

*(Provide an Aggregated Tally for the Preceding 3 Cohorts)*

<table>
<thead>
<tr>
<th>Position</th>
<th>PD</th>
<th>EP</th>
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</thead>
<tbody>
<tr>
<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
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<td></td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<td>Veterans Affairs medical center</td>
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<td>Military health center</td>
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<tr>
<td>Other medical center or hospital</td>
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<td></td>
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<td>Psychiatric hospital</td>
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</tr>
<tr>
<td>Academic university/department</td>
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</tr>
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<td>Community college or other teaching setting</td>
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<tr>
<td>Independent research institution</td>
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<td>Correctional facility</td>
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<td>School district/system</td>
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<td>Independent practice setting</td>
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<td>Not currently employed</td>
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<td>Changed to another field</td>
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<td>Other</td>
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</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
CORE FACULTY & STAFF

Child and Adolescent Services (CAS)

Barbara Stuart, Ph.D.: Training Director

Dr. Stuart is a licensed psychologist and Clinical Professor in the Department of Psychiatry at UCSF and Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital. She is the Deputy Director of the Division of Infant Child and Adolescent Psychiatry and the Training Director of the APA accredited CAS Multicultural Clinical Training Program. Dr. Stuart received her doctorate in clinical science at the University of California, Berkeley where she studied emotional functioning in psychosis. Subsequently, she completed her internship at the San Francisco VA Medical Center and a postdoctoral fellowship at UCSF. Dr. Stuart is well-known to our UCSF psychiatry community as she has been a staff psychologist at UCSF's Langley Porter Psychiatric Institute’s Young Adult and Family Center (YAFC) since 2009.

Dr. Stuart specializes in providing evidence-based treatment to high-risk adolescents, young adults and their families including for youth who are chronically depressed and engage in self-harm. Dr. Stuart has extensive expertise in Dialectical Behavior Therapy and Cognitive Behavioral Therapy as well as in assessment and treatment of early psychosis and serious mental illness. From 2009-2016, she served as the Director of Clinical Training for the UCSF Department of Psychiatry Prodrome Assessment Research and Treatment Program. Dr. Stuart also has longstanding experience in training and supervising community-based mental health professionals in evidence-based clinical assessment and treatment for youth. Dr. Stuart has a clear and strong commitment and dedication to integrating issues of diversity and multiculturalism in all aspects of her clinical work, teaching/mentoring and research.

William Martinez, Ph.D.

William Martinez, Ph.D., is a Clinical Assistant Professor in the Department of Psychiatry at UCSF and Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital. He is the Director of the Child and Adolescent Services (CAS) program. He received his Ph.D. in Clinical-Child Psychology from DePaul University, and completed his APA-accredited internship in the Multicultural Clinical Training Program at UCSF/ZSFG. Dr. Martinez completed his clinical postdoctoral training through the Morrissey-Compton Educational Center and his research postdoctoral training through a NIH-funded postdoctoral fellowship in the School of Public Health at the University of California, Berkeley. He is a
licensed clinical psychologist, and a bilingual (Spanish) and bicultural son of immigrant parents. Dr. Martinez’s primary clinical interests and expertise include bilingual psychological and psychoeducational evaluations of immigrant and second-generation youth, as well as the assessment and treatment of traumatic stress, anxiety, and depressive disorders among immigrant and second-generation Latinx youth. He approaches clinical assessment and treatment using cognitive-behavioral, multisystemic, and culturally-informed approaches. His research interests include examining how social determinants of health (e.g., neighborhood characteristics, cultural factors) impact the mental health and risk-taking behaviors of Latinx youth to inform implementation science efforts to reduce behavioral health disparities in this population.

Austin Yang, Psy.D
Austin Yang, Psy.D., is a licensed clinical psychologist with the UCSF Department of Psychiatry, Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg San Francisco General Hospital. Dr. Yang received her BA in psychology from Emory University. She obtained her MA in Clinical Psychology and Doctorate in Psychology with a child/adolescent concentration from The Chicago School of Professional Psychology. She completed her clinical training through a postdoctoral fellowship at the Fetal Alcohol Syndrome (FAS) Clinic at the Marcus Autism Center of Children’s Healthcare of Atlanta/Emory University School of Medicine, and an internship at The Help Group in the Los Angeles area.

Dr. Yang has extensive training in psychological assessment and treatment of diverse children, adolescents, and their families in various settings. She has experience working with a wide range of children and adolescents with complex presenting issues, including a history of prenatal substance exposure, complex trauma, foster care, and adoption (domestic and international). Dr. Yang is involved in the APA CAS Multicultural Clinical Training Program in her role overseeing the CAS Assessment Rotation and supervising CAS psychological assessments.

Naomi Friedling, MFT
Naomi Friedling, MFT, is a bilingual, Spanish-speaking Supervising Clinician who began working at CAS in 2014. Prior to working at CAS, she worked as a therapist at CASARC clinic at Zuckerberg San Francisco General Hospital for 5 years specializing in the treatment of children and adolescents who have experienced sexual abuse, and has also worked as a clinician for the County of San Mateo with children and adults. She received her Master’s in Marriage and Family Therapy at San Francisco State University. Ms. Friedling works from a family-focused, strengths-based perspective. Goals of her work include helping children to overcome the acute symptoms of trauma while, in the process, helping them strengthen their inner resources and external support systems. Her work also focuses on improving family functioning, increasing client self-esteem and increasing individual and family resilience.
Lindsey Bruett, Ph.D.

Dr. Bruett is an assistant clinical professor of psychiatry at UCSF School of Medicine and is an attending psychologist in the Eating Disorders Program at Langley Porter Psychiatric Institute and Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). At Child and Adolescent Services at ZSFG, Dr. Bruett leads the Eating Disorders Service and is a primary supervisor for doctoral interns. She has extensive experience in the assessment and treatment of youth and young adults with eating disorders, depression, anxiety, and disruptive behavior, and providing parent-related interventions.

Dr. Bruett specializes in providing evidence-based treatments including family-based treatment (FBT), cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), parent-management training (PMT), and parent-child interaction therapy (PCIT). She received her Ph.D. in clinical psychology, with an emphasis in developmental psychopathology, from Temple University. She completed her internship and postdoctoral fellowship at Stanford University.

Jamie Salas, MFT

Ms. Salas is a bilingual (Spanish and English speaking), bicultural, licensed marriage and family therapist and clinical supervisor with CAS. She has years of experience providing community-based services to Latinx families in the Los Angeles and Bay areas with an emphasis on adolescent mental health. She received her BA in psychology from CSU Long Beach and her MSc in clinical psychology at San Francisco State University. Prior to joining CAS, Ms. Salas worked as lead clinician, educator and mentor at Instituto Familiar de la Raza, Inc.’s youth program La Cultura Cura. She provided youth and caregiver groups, trauma-informed consultation, and therapy to Latinx immigrant youth & families with systems involvement. She is passionate about family specific interventions for adolescents dealing with adjustment difficulties, identity concerns, traumas, depression and anxiety.

Jessica Flores, LCSW

Jessica Flores, LCSW is a bilingual, bi-cultural, licensed clinical social worker at CAS. She received her BA in political science from the University of Illinois at Urbana-Champaign and completed her master’s in clinical social work at New York University. Prior to receiving her master’s degree, Ms. Flores completed two AmeriCorps programs working with underserved communities in her hometown of Chicago. Prior to coming to CAS Ms. Flores worked as a Social Worker in New York City for seven years. She worked for several years in a city hospital in
Queens, NY, providing individual and family psychotherapy for children and adolescents in the very diverse neighborhood of Jackson Heights. In addition, Ms. Flores coordinated a home-based crisis intervention program, providing in home case management services for children, adolescents, and their families in Queens. During her last couple of years in New York City she worked at the Mount Sinai Hospital’s school-based health clinic working at a school in East Harlem providing individual, family, and group psychotherapy for children and adolescents. Ms. Flores utilizes a variety of treatment modalities and interventions including; cognitive behavioral therapy, motivational interviewing, mindfulness, and child-parent psychotherapy. She is passionate about working with children and adolescents, dealing with traumas, depression, anxiety, and ADHD. Ms. Flores has a strong interest working with youth who have been recently reunified with their families in this country.

Lauren Marie Haack, PhD

Lauren Marie Haack, PhD is a licensed clinical psychologist whose work focuses on cultural influences to mental health conceptualization, assessment, and treatment, and accessible and culturally appropriate evidence-based services for vulnerable youth and families. She serves as Associate Clinical Professor and Attending Psychologist in the UCSF Department of Psychiatry and Weill Institute for Neurosciences. After completing her doctoral training in clinical psychology at Marquette University and doctoral internship at UCSF, specializing in evidence-based psychosocial services for youth with Attention-Deficit, Hyperactivity/Impulsivity (ADHD), she received a Ruth L. Kirschstein National Research Service Award (NRSA) for Individual Postdoctoral Fellows with a project entitled “Culturally Sensitive School-Home Behavioral Program for Latino Children with ADHD” funded by the National Institute of Mental Health (NIMH). Most recently, her work adapting, implementing, and evaluating school-home behavioral services for Latino youth of Spanish-speaking families were recognized with an ISRCAP Scholarship and a World ADHD Congress Young Scientist Award in 2017.

Sarah Forsberg, Psy.D.

Dr. Sarah Forsberg is associate clinical professor and a licensed clinical psychologist in the UCSF Eating Disorders Program, UCSF Department of Psychiatry and Behavioral Sciences, where she provides individual and family therapy for youth and young adults with eating disorders. Dr. Forsberg specializes in delivering evidence-based assessment and treatment for eating disorders and has expertise in family-based treatment, cognitive behavior therapy and dialectical behavior therapy. She is an attending psychologist on the adolescent medicine inpatient unit where individuals receive treatment for the medical complications of eating disorders. Dr. Forsberg received a B.A. in psychology from Smith College and a Psy.D. in clinical psychology from the PGSP-Stanford Consortium Program at Palo Alto University. She then completed a predoctoral
internship at the Center of Excellence for Eating Disorders at the University of North Carolina, Chapel Hill, and a 2-year postdoctoral fellowship at Stanford University in the Department of Child and Adolescent Psychiatry, focusing on treatment and research for eating disorders.

Justine Underhill, LCSW
Justine Underhill is a graduate of Brown University, holds a Master’s degree in Social work from San Francisco State University as well as a Master’s degree in Education from Harvard University. She is the Chief Program Officer at Edgewood Center for Children & Families, where she oversees the programs and services for this comprehensive mental health agency for children and families. Prior to working at Edgewood, she spent a decade working in the UCSF Department of Child & Adolescent Psychiatry, where she began as a family therapist, and then directed the Intensive Family Therapy program, before becoming the Clinical Director for the Young Adult & Family Center, overseeing the operations of five clinical programs for adolescents and young adults as well as the Clinical Director of the UCSF Eating Disorders program. Justine remains on the clinical faculty at UCSF, where she teaches family therapy classes and lectures annually in different departments. She is a member of the Academy of Eating Disorders and the National Association of Social Workers. Along with her colleagues at UCSF, Justine’s research on the use of Reflecting Teams in family therapy was recently published in the academic journal, Family Process. Prior to her 10 years at UCSF, Ms. Underhill trained at Zuckerberg SF General Hospital and at San Mateo County Mental Health and worked as a clinician in Edgewood’s day treatment and community-based programs.

Ken Epstein, PhD: Dr. Epstein has worked within family and youth service programs since 1981 as a line worker, clinician, program director, professor and chief executive officer. Dr. Epstein is a Licensed Clinical Social Worker with a Ph.D. in clinical social work from Smith College and an MSW from UC Berkeley. Dr. Epstein currently works for East Bay Agency for Children and as a consultant helping organizations promote and achieve culture change by improving organizational practices and workforce development. Previously he directed the Children, Youth and Family 'System of Care for San Francisco County Behavioral Health Services in the Department of Public Health. In this capacity he developed and lead the vision and implementation of Trauma Informed Systems, which has become an organizational promising practice and has been spotlighted by SAMHSA. In addition, he served as the Principal Investigator for Trauma Transformed a regional SAMHSA grant. Beginning in 1990 Dr. Epstein has specialized in developing, supervising, teaching and practicing couples and family therapy. He is the founding director of the Intensive Family Model Clinic that he replicated at UCSF as well as other organizations. Dr. Epstein has focused his career on working with High Conflict couples and families and building effective services and programs to serve this population.

Lynn Dolce, a family therapist by training, is the Chief Executive Officer for Edgewood Center for Children and Families. For over 25 years she has been recognized in the San Francisco Bay Area as a leader in the field of children’s mental health. Ms. Dolce served as the Foster Care Mental
Health Director at the San Francisco Department of Public Health where she provided exemplary leadership for all behavioral health services in San Francisco. She is the co-founder of the trauma-informed system of care curriculum that is now considered a national model for organizational change. Previously, Ms. Dolce developed and advanced an APA approved multi-cultural clinical training program for doctoral trainees interested in pediatric mental health services for children at UCSF, San Francisco General Hospital. In partnership with the San Francisco General Hospital Department of Pediatrics and Psychiatry, she developed and oversaw outpatient mental health services. She has served as clinical faculty at UCSF since 2005.

**Child Trauma Research Program (CTRP)**

Alicia F. Lieberman, Ph.D.

Alicia F. Lieberman, Ph.D., is the Irving B. Harris Endowed Chair in Infant Mental Health and Vice Chair for Academic Affairs at the UCSF Department of Psychiatry, and Director of the Child Trauma Research Program. She is a clinical consultant with the San Francisco Human Services Agency. She is active in major national organizations involved with mental health in infancy and early childhood. She is past-president of the board of directors of Zero to Three: National Center for Infants, Toddlers and Families, and on the Professional Advisory Board of the Johnson & Johnson Pediatric Institute. She has served on peer review panels of the National Institute of Mental Health, is on the Board of Trustees of the Irving Harris Foundation, and consults with the Miriam and Peter Haas Foundation on early childhood education for Palestinian-Israeli children.

Born and raised in Paraguay, she received her BA from the Hebrew University of Jerusalem and Ph.D. from Johns Hopkins University. This background informs her work on behalf of children and families from diverse ethnic and cultural origins, with primary emphasis on the experiences of Latinos in the United States. Dr. Lieberman is currently the director of the Early Trauma Treatment Network (ETTN), a collaborative of four university sites that include the UCSF/ZSFG Child Trauma Research Program, Boston Medical Center, Louisiana State University Medical Center, and Tulane University. ETTN is funded by the federal Substance Abuse Mental health Services Administration (SAMHSA) as part of the National Child Traumatic Stress Network, a 40-site national initiative that has the mission of increasing the access and quality of services for children exposed to trauma in the United States. Her major interests include infant mental health, disorders of attachment, early trauma treatment outcome research, and mental health service disparities for underserved and minority children and families. Her current research involves treatment outcome evaluation of the efficacy of child-parent psychotherapy with trauma-exposed children aged birth to six and with pregnant women involved in domestic violence. As a trilingual, tricultural Jewish Latina, she has a special interest in cultural issues involving child development, childrearing, and child mental health.
She lectures extensively on these topics nationally and internationally.

Nancy C. Compton, PhD

Nancy C. Compton, PhD is a Clinical Professor and the Director of Training at the UCSF Child Trauma Research Program located at San Francisco General Hospital. Dr. Compton has worked at the Child Trauma Research Program since the program’s inception in 1996. She recruits and provides supervision to doctoral interns, teaches the Assessment Seminar and provides Child-Parent Psychotherapy, an evidence-based intervention to a population of multiethnic families with young children under the age of six who have extensive trauma histories. Dr. Compton received her B.A. from Hampshire College and her PhD in Clinical Psychology at the California School of Professional Psychology, Alameda. She completed her postdoctoral training at the UCSF Infant-Parent Program. Dr. Compton currently provides clinical services to families who have experienced traumatic events at the Family Justice Center in Oakland. Previously she was the Director of Research at the Whole Child Initiative, a project created by Dr. Jane Goodall and Dr. Marion Wright Edelman with the mission of identifying and supporting model grassroots projects to promote resilience in young children around the world. She has also been on the faculty at the University of California, Berkeley, a Domestic Violence Specialist for the Alameda County Superior Court and District Attorney’s Office, developed a center for pregnant and parenting Puerto Rican teenagers and their children in Massachusetts and consulted for several children’s programs in Nepal that serve orphaned, abandoned and displaced children. Dr. Compton coauthored Losing a parent to death in the early years; Guidelines for the treatment of traumatic bereavement in infancy and childhood; authored African American children who have experienced homelessness: Risk, vulnerability and resilience and coauthored a book on teenage pregnancy for the National Education Association. Dr. Compton received a Certificate of Recognition for her work in the area of family violence from the California Legislature Assembly in 2008. Dr. Compton’s experience and expertise are in the areas of attachment, trauma and loss.

Gloria Castro, Psy.D. is a clinical psychologist and Certified Sexual Assault Counselor. Dr. Castro was granted the Fraiberg-Harris Fellowship to complete her postdoctoral training at the Infant-Parent Program. Dr. Castro’s clinical work focuses on perinatal mental health. She developed and implemented a Perinatal Mental Health project at the Infant-Parent Program. She is currently working at Child Trauma Research Program on the adaptation of Child-Parent Psychotherapy during the perinatal period. Dr. Castro provides assessment and psychotherapy to pregnant women with history of traumatic experiences throughout pregnancy, labor, delivery and the postpartum period at Zuckerberg San Francisco General Hospital (ZSFGH), UCSF. She provides infant mental health services to families and newborns at the NICU and she has worked at the High Risk Pediatric Kempe clinic at ZSFGH. Dr. Castro has provided mental health consultation to midwives...
and public health nurses. She has experience conducting comprehensive psychological assessments and developmental neuropsychological assessments for children ages 0 to 3. Prior to coming to US, she worked at the Children’s Hospital, at the National Medical Center in Mexico City and at the National Autonomous University of Mexico (UNAM). She has worked with children, adolescents, and families in various clinical venues including Rape Trauma Services and North Peninsula Family Alternatives, in San Mateo County where she developed and implemented a mental health program for immigrant families. She has consulted, supervised and trained mental health providers who work with immigrant families and their children who have experienced significant trauma. Dr. Castro has a strong interest on the impact of immigration on family systems, the intergenerational transmission of trauma, and the impact of trauma on children’s development. She has presented on national and international conferences, and forums on the topics of perinatal mental health, parenting in a different culture, and on the impact of immigration on the sense of self and motherhood identity. In addition to her work at UCSF, Dr. Castro has taught at Argosy University, American School of Professional Psychology. She has also served on the Advisory Board

Chandra Ghosh Ippen, Ph.D.
Chandra Ghosh Ippen, Ph.D. is the Associate Director of the Child Trauma Research Program at the University of California, San Francisco and the Director of Dissemination for Child- Parent Psychotherapy. She holds a doctoral degree in clinical psychology from the University of Southern California, and completed pre and postdoctoral fellowships at the University of California, San Francisco. She specializes in working with young children who have experienced trauma and has co-authored over 20 publications on trauma and diversity-informed practice, including the manual for Child-Parent Psychotherapy and the Trinka and Sam story series. She has over 14 years of experience conducting trainings nationally and internationally. As a first generation East Indian/Japanese American who is fluent in Spanish and past co-Chair of the Culture Consortium of the National Child Traumatic Stress Network, she is committed to examining how culture and context affect perception and mental health systems. She provides clinical supervision to interns in the Child Trauma early childhood rotation.

Ann Chu, PhD
Ann Chu, PhD is a Clinical Assistant Professor in the Department of Psychiatry at UCSF. She received her PhD in Clinical Psychology from the University of Denver and is a Licensed Clinical Psychologist. She completed her pre-doctoral clinical internship and post-doctoral fellowship with the Clinical Psychology Training Program at UCSF. Currently, as Associate Director of Dissemination for Child Parent Psychotherapy (CPP) at the Child Trauma Research Program, she works with the CPP Dissemination and Implementation Team to train community providers in CPP, standardize CPP training model components, and develop dissemination tools that can further the implementation of CPP. She is interested in bringing trauma-informed principles and CPP-based interventions to child serving systems such as primary care, childcare/early childhood education, and child welfare. Dr. Chu’s research has examined how trauma impacts vulnerable populations such as young children, youth in foster care, and survivors of childhood sexual abuse. She has previously held a faculty position at the University of Denver and served as Program Director at A Better Way, a non-profit agency providing services to children and families involved in the child welfare system in the San Francisco Bay Area.

Marina Tolou-Shams, Ph.D.: Infant, Child and Adolescent Psychiatry: Division Director
Marina Tolou-Shams, Ph.D. is a UCSF Professor, In Residence in the Department of Psychiatry and Division Director of Infant, Child and Adolescent Psychiatry at Zuckerberg SF General Hospital. Dr. Tolou-Shams received her Ph.D. in Clinical Psychology in 2004 from the University of Illinois at Chicago. She completed her postdoctoral clinical and research training through the Brown University Psychology Training Consortium. She is trained as a pediatric and forensic psychologist and has many years of clinical experience with assessing and treating high-risk adolescents and their families. Dr. Tolou-Shams is also an active clinical researcher who focuses on developing evidence-based mental health, substance use and HIV risk reduction interventions for court-involved, non- incarcerated (CINI) youth and their families. She is currently the Principal Investigator of several NIH-funded trials aimed toward improving behavioral health outcomes and reducing health disparities for juvenile justice youth, including specific emphasis on interventions for CINI girls. Dr. Tolou-Shams and her juvenile justice behavioral health team partner closely with San Francisco and Alameda County justice systems to promote healthy outcomes for justice-involved youth throughout the Bay Area.
APPIC MATCH POLICIES

In order for everyone to have access to the most current Match Policies, APPIC has asked that training programs no longer list them, instead please visit APPIC’s website for up-to-date information. This program agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any internship applicant.

http://www.appic.org/match/match-policies

UCSF NON-DISCRIMINATION POLICY

It is the policy of the University not to engage in discrimination against or harassment of any person employed or seeking employment with the University of California on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, and separation. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment.
In addition, it is the policy of the University to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, by the Lawrence Berkeley National Laboratory, by the Office of the President, and by the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University of California, San Francisco’s equal opportunity policies may be directed to:

Nyoki Sacramento, JD
Assistant Vice-Chancellor & Director Office of Diversity and Outreach 3333 California Street Suite S-16
San Francisco, CA 94143-1249
415-476-7700
DiversityOutreach@ucsf.edu

Any person who believes he or she has been subjected to discrimination, including harassment and retaliation, on the basis of a protected category may contact the Office for the Prevention of Harassment and Discrimination (OPHD).
Contact Office of Prevention of Harassment and Discrimination (OPHD)  Conflict Resolution and Complaint Processing  
OPHD@ucsf.edu, (415) 502-3400

Any person who believes he or she has been subjected to discrimination on the basis of a protected category may contact the Office of Civil Rights (OCR), U.S. Department of Education. OCR advises that a potential complainant may want to explore and utilize the institution’s grievance process to resolve the complaint prior to filing a complaint against an institution. However, individuals are not required by law to use the institutional grievance process before filing a complaint with OCR.

Seek resolution through the Office of Civil Rights (OCR), U.S. Department of Education  
Voice: (415) 486-5555, TTY: (877) 521-2172

INTERNSHIP ACCREDITATION
The UCSF Child and Adolescent Services Multicultural Clinical Training Program doctoral internship was accredited by the American Psychological Association in 2007 and reaccredited by the APA Commission on Accreditation (CoA) in 2013. The CoA completed a site visit in August 2019. The MCTP continues to have full APA accreditation.

For more information regarding our accreditation, please contact:

Office of Program Consultation and Accreditation American Psychological Association  
750 First Street, NE Washington, DC 20002-4242 Phone: 202-336-5979  
Fax: 202-336-5978 TDD/TTY: 202-336-6123  
Web: www.apa.org
Receipt of MCTP Handbook

☐ I have carefully reviewed the Agency Internship Handbook, which includes performance and general guidelines.

☐ I agree to abide by those guidelines while carrying out my responsibilities with the Agency.

Name of Doctoral Intern

▼

e-Signature of Doctoral Intern

Date

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### UC San Francisco Child and Adolescent Services Multicultural Clinical Training Program

#### Multicultural Clinical Training Program

**Handbook Revised 09/2020**

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### UCSF ZSFGH Supervised Professional Experience Weekly Log of Activities

<table>
<thead>
<tr>
<th>Supervision/Training</th>
<th>S1</th>
<th>S2</th>
<th>S3</th>
<th>S4</th>
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<td>Face to Face, Individual Supervision with Delegated Supervisor</td>
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### Training Activities
- Group (e.g., Didactics, Trainings, Seminars, Grand Rounds) 0
- Professional Services Performed (Other Service Hours) 0
- Individual Psychotherapy 0
- Couples or Family Therapy (with or without child) 0
- Group Psychotherapy 0
- Testing & Assessment 0
- Professional Consultation (e.g., to peers/providers) 0
- Collaboration (e.g., with interdisciplinary team, treatment providers, school) 0

### Other Work Performed
- Administrative Duties (e.g., Paperwork, progress notes, report writing, patient notes, charting) 0
- Other Active and Other Newons 0
- Other Profit Activities (e.g., Formal Presentations, Community) 0

### Total Number of Misc. Supervised Exp. Each Week: 0

### Total number of hours of SPS performed satisfactorily: 0

---

**Delegated Supervisor’s Printed Name & Pitch List#**

**Delegated Supervisor’s Signature & Date**

**Delegated Supervisor’s Printed Name & Pitch List#**

**Delegated Supervisor’s Signature & Date**

**Primary Supervisor’s Printed Name & Pitch List#**

**Primary Supervisor’s Signature & Date**

I certify that the information on this form accurately represents the training activities of:

(signature)

At: UCSF ZSFGH

Barbara Kathleen Stuart, Ph.D., Lcsw, PSYCHIATRIST
Training Director’s printed name and psychology license number

Training Director’s signature and date

---

Signature of supervisor attest to completion of a maximum of 44 hours per week, including supervision for 10% of the total time worked each week. Signature of training director attests to the accuracy of above information.
LEAVE REQUEST FORM

- Discuss with your primary supervisor at least two weeks ahead of time
- Discuss with each of your supervisors and clear any outstanding paperwork or client responsibilities
- Submit the form to the Director of Training for final approval based on your leave balance
- SUBMIT THIS FORM AT LEAST 2 WEEKS BEFORE LEAVE BEGINS.
- Email supervisors, admin., and relevant seminar leaders 1 day prior to day of leave as a reminder.

NAME: ______________________
DATE OF REQUEST: ________________

1a. ☐ I am planning to take vacation leave. Read page 2.
From ___________ Through ___________
Total working days requested (excluding holidays/weekends): ☐

1b. ☐ I am requesting educational/professional leave. Read page 2 for definitions:
From ___________ Through ___________
Total working hours/days requested: [hours/days (circle one)]
For the following activity: ☐ Dissertation defense ☐ Graduation
☐ Presenting at conference ☐ Postdoctoral interview

1c. ☐ I am taking/have taken sick leave.
From ___________ Through ___________
Scheduled (Requested at least (7) days before actual date of leave.
☐ Unscheduled (Requests should be submitted the day upon returning to work.

Supervisor Initials:
Primary Supervisor ___________ Delegated Supervisor ___________
Assessment Supervisor ___________ Other Supervisor ___________
Other Supervisor ___________

Tasks to be completed in for leave to be granted:

______________________________________________________________

Training Director’s Signature ____________________________ Date __________

3. APPROVAL: ☐ Approved ☐ Not Approved (see reason below)

FOR OFFICE USE ONLY

VAC DAYS USED | VAC DAYS REMAINING | SICK DAYS USED | SICK DAYS REMAINING | PROF. LEAVE USED | PROF. LEAVE REMAINING

Form last updated: 9/28/2018
Page 1 of 2
Sample Seminar Schedule

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
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<tr>
<td>2:00 PM–3:00 PM Professional Development</td>
<td>9:30 AM–10:25 AM Advanced Clinical Assessment</td>
<td>11:00 AM–12:30 PM CTRP Case Review</td>
<td>9:00 AM–10:20 AM Family Therapy Seminar</td>
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<tr>
<td>Seminar (1st Monday each month)</td>
<td>Seminar &amp; Lab</td>
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<td>1:00 PM – 2:00 PM Self-Care Seminar</td>
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<tr>
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<td>Diversity and Trauma Seminar</td>
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<td></td>
<td>Child and Adolescent Psychiatry Grand Rounds</td>
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<tr>
<td></td>
<td>1:00 PM–2:20 PM CAS Case Consultation</td>
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Sample Weekly Schedule

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</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Track Case</td>
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<tr>
<td>9:00 AM</td>
<td>Track Case</td>
<td>Assessment Case</td>
<td>Assessment Case</td>
<td>Seminar</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Track Supervision</td>
<td>Seminar</td>
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<tr>
<td>11:00 AM</td>
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</tr>
<tr>
<td>12:00 PM</td>
<td>Group Planning &amp;</td>
<td>Psychiatry Grand</td>
<td>Track Case</td>
<td>Group Supervision</td>
</tr>
<tr>
<td>Supervision</td>
<td>Rounds</td>
<td>Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Track Case</td>
<td></td>
<td>CAS Case</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Seminar (monthly)</td>
<td>Assessment</td>
<td>Group Supervision</td>
<td>Assessment</td>
</tr>
<tr>
<td>3:00 PM</td>
<td></td>
<td>Track Case</td>
<td></td>
<td>Supervision</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>CAS Case</td>
<td></td>
<td></td>
<td>CAS Case</td>
</tr>
<tr>
<td>5:00 PM</td>
<td></td>
<td>CAS Case</td>
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</tbody>
</table>
MCTP EVALUATION OF CLINICAL SUPERVISOR BY TRAINEE

Name of Clinical Supervisor: ____________________________________________

Name of Trainee: ______________________________________________________

Evaluation Date: ______________________________________________________

Type of Supervision: Individual, Group or Rotation (specify):

Supervision was based on:

<table>
<thead>
<tr>
<th>Direct Observation</th>
<th>Audiotape</th>
<th>Videotape</th>
<th>Therapist’s report</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put an &quot;X&quot; next to all that apply</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

1. The amount of time spent in supervision was sufficient.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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<tbody>
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<td>Click button</td>
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</table>
2. My supervisor demonstrated an appropriate command of the field (e.g. knowledge of literature, clinical skills, techniques, etc.)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</table>

3. I have developed as a psychologist through supervision.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
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</table>

4. My supervisor was available when needed.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
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</table>

5. My supervisor was reliable (on time, regular meetings, etc.)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
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</table>

6. Supervisor is able to give constructive feedback (e.g. able and willing to give feedback in a manner that is helpful; understands my level as a psychologist in training; helps me identify future goals, etc.)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</table>
7. Supervisor encourages self-reflection (e.g., encourages creative and theoretical thinking about cases; willing to process relational issues that may interfere with therapy)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</tbody>
</table>

8. Supervisor is supportive (e.g., conveys respect and caring; not overly critical; puts me at ease in supervision)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</tbody>
</table>

9. Supervisor is flexible (e.g., able to adopt different approaches or perspectives if needed)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

10. Supervisor gives useful suggestions (e.g., able to delineate useful suggestions for therapy; facilitates a learning process in supervision)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</table>

11. Supervisor handles disagreement well (e.g., able to accept a different perspective; willing to work through disagreements regarding case management, responds to constructive feedback)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</tbody>
</table>
12. Supervisor enjoys supervision (e.g., appears to enjoy supervision; puts time and energy into it)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

Click button

13. Supervisor is a role model (e.g., conveys respect and professionalism in supervision)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

Click button

14. Supervisor is invested in my development as a psychologist (e.g., encourages opportunities for professional training; provides feedback on public talks)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

Click button

Please list the strengths and areas of growth of your supervision experience:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Intern/Fellow's Signature: ____________________________________________

Supervisor's Signature: _____________________________________________

Start of Block: Block 5
COMPETENCY EVALUATION OF MCTP TRAINEE BY CLINICAL SUPERVISOR

Trainee Name: ____________________________________________________________

Activity
- CAS
- Assessment
- Group Intervention
- CTRP

Period of Evaluation
- Mid-year
- End of year

Evaluator/Supervisor ______________________________________________________

Training Level:
- Predoctoral Intern
- Postdoctoral Fellow

Mode of supervision:
- Individual
- Group

TYPE OF SUPERVISION: (check all that apply)
Note: Evaluation should be based in part on at least one instance of direct observation.

Option
- Direct Observation - In Person Observation
Direct Observation - Live Video Streaming
Direct Observation - Video Recording
Audio Tape
Post hoc Discussion
Review of Written Work
Comments from Other Staff

Type of cases:
Assessment
Case Management
Individual Therapy
Family Therapy
Group Therapy
Other

Option
Psychological Testing
Individual Therapy (includes intake/diagnostic assessment & case management)
Dyadic Treatment/Family Therapy
Group Therapy
Consultation-liaison
Other

Theoretical Orientation:

Please rate the Trainee on each competency using the following scale. Any ratings below or above expectations require more detailed explanation in the comment section below.

Competency Goal
For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.

For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
1 - Substantial supervision needed/remediation needed  
2 - Close supervision needed  
3 - Some supervision needed (intern entry level)  
4 - Little supervision needed (intern exit/postdoc entry level)  
5 - No supervision needed (postdoc exit level)  
6 - Advanced practice (equivalent to newly licensed psychologist)  
7 - Remarkable (equivalent to licensed psychologist with 5 years experience)
<table>
<thead>
<tr>
<th>ETHICAL AND LEGAL STANDARDS</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds professionally in increasingly complex situations with a greater degree of independence across levels of training, in accordance with the APA Ethical Principles and Code of Conduct, and relevant laws, regulations, rules, policies, standards, and guidelines.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. Is knowledgeable and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct.  

2. Is knowledgeable and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and relevant professional standards and guidelines.  

3. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.  

4. Conducts self in an ethical manner in all professional activities.
<table>
<thead>
<tr>
<th>INDIVIDUAL AND CULTURAL DIVERSITY</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 N/A</td>
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</tbody>
</table>

Demonstrates the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population.

Demonstrates knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation (CoA) defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

Trainee demonstrates:

1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

2. 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.
3. Ability to independently apply their knowledge and approach to working effectively with the range of diverse individuals during the internship.

4. Demonstrates ability to apply a framework for working with areas of individual and cultural diversity that she or he has not previously encountered.

5. Applies knowledge of the role of cultural and individual diversity in assessment, treatment, consultation, and research.

<table>
<thead>
<tr>
<th>PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Expectations</td>
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<tr>
<td>1</td>
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</tbody>
</table>

- Demonstrates ability to respond professionally in increasingly complex situations with increasing independence across levels of training.

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- Engages in self-reflection regarding his/her personal and professional functioning; engages in activities to maintain and improve performance, wellbeing, and professional effectiveness.
3. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

4. Aware of own competence and limitations.

5. Acts to understand and safeguard the welfare of others.


7. Written work is prepared in an accurate and timely manner.

8. Demonstrates development of emerging professional identity as a "psychologist".

### COMMUNICATION AND INTERPERSONAL SKILLS

<table>
<thead>
<tr>
<th></th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1 2</td>
<td>3 4 5</td>
<td>6 7</td>
<td>N/A</td>
</tr>
<tr>
<td>Responds professionally in increasingly complex situations with a greater degree of independence across levels of training. Communication and interpersonal skills are foundational to education, training, and practice in health service psychology, and are essential for any service delivery/activity/interaction.</td>
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</tbody>
</table>

1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervises and those receiving professional services.

2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.
3. Demonstrates a thorough grasp of professional language and concepts.

4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

5. Develops productive and respectful relationships with patients, peers/colleagues, supervisors, and professionals from other disciplines.

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 N/A</td>
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</tr>
<tr>
<td>Responds professionally in increasingly complex situations with a greater degree of independence across levels of training and demonstrates competence in conducting evidence-based assessment.</td>
<td></td>
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<tr>
<td>1. Selects and applies assessment methods that draw from the best available empirical literature, and that reflect the science of measurement and psychometrics.</td>
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<tr>
<td>2. Collects 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.</td>
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</tbody>
</table>
3. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing between the aspects of assessment that are subjective from those that are objective.

4. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner.

5. Understands and appreciates the use of the DSM-5.

6. Demonstrates good clinical interviewing skills.

7. Able to assess patient’s clinical state and intervene appropriately.

8. Makes appropriate recommendations for treatment planning and disposition.

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates competence in evidence-based interventions. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>1. Establishes and maintains effective relationships with the recipients of psychological services (i.e., working alliance).</td>
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<tr>
<td>2. Develops evidence-based intervention plans specific to the service delivery goals.</td>
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<tr>
<td>3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</td>
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<tr>
<td>4. Demonstrates the ability to apply the relevant research literature to clinical decision-making.</td>
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<tr>
<td>5. Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.</td>
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<table>
<thead>
<tr>
<th>SUPERVISION</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision is grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.</td>
<td>1 2 3 4 5 6 7  N/A</td>
<td></td>
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</tbody>
</table>

1. Demonstrates knowledge of supervision models and practices.

2. Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

3. Provides constructive feedback to supervisees.
### CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

<table>
<thead>
<tr>
<th></th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>N/A</th>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3 4 5</td>
<td>6 7</td>
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</tbody>
</table>

Consultation and interprofessional /interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals and groups to address a problem, seek to share knowledge, or promote effectiveness interprofessional activities.

1. Demonstrates knowledge and respect for the roles and perspectives of other professionals.

2. Applies 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 (this may include peer consultation or consultation to other trainees).

3. Develops and maintains collaborative relationships and respect for other professionals.
<table>
<thead>
<tr>
<th>RESEARCH AND SCIENCE</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>3 4 5</td>
<td>6</td>
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<tr>
<td>Demonstrates substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including host institution), regional, or national level.</td>
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<tr>
<td>1. Seeks out professional writings regarding assessments, interventions, scholarly activities</td>
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<tr>
<td>2. Awareness and use of current literature, research, and theory in assessments</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Awareness and use of current literature, research, and theory in interventions</td>
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<tr>
<td>4. Provides quality oral presentations in case conferences, seminars, didactics, other teaching endeavors</td>
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<tr>
<td>5. Proposes realistic goals for scholarly activities for the year</td>
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<tr>
<td>6. Generates independent questions/hypotheses for scholarly activities</td>
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<tr>
<td>7. Time management and discipline in the use of allotted scholarly/research time</td>
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<tr>
<td>8. Demonstrates independent, critical thinking in scholarly activities</td>
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<tr>
<td>9. Works towards communicating findings of scholarly endeavors through poster presentations, professional papers, local or national presentations, etc.</td>
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<tr>
<td>10. Awareness of, and adherence to APA ethical guidelines and legal standards in scholarly inquiry and scholarly activities</td>
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<tr>
<td>11. Sensitive to issues of cultural and individual diversity relevant to scholarly inquiry and scholarly activities</td>
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</tbody>
</table>
MCTP SEMINAR EVALUATION FORM

This seminar was effective at meeting my learning needs.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Strongly Agree

KEEP
What did you like about the seminar? What do you think it should keep doing?

STOP
What did you not like about the seminar? What do you think it should stop doing or do differently?

START
What do you think the seminar should start doing more of in the future?