



University of California
San Francisco



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

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 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), Langlely 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 is one of the nation's foremost resources in the fields of child, adolescent, adult, and geriatric mental health. Together it constitutes 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 2024-2025

Our deadline for receipt of applications is November 1, 2023. Tentative interview dates this year are Friday December 8, 2023, Tuesday January 2, 2024, and Monday January 8, 2024 (*subject to change*).

The Multicultural Clinical Training Program (MCTP) follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) match policies and offers a variety of specialty mental health tracks, each with their own unique APPIC program code. Interns rank specialty tracks separately during APPIC match and can apply to/rank more than one track.

- 190211** - Early Childhood Mental Health
- 190212** - Adolescent Mental Health - eating disorders
- 190213** - Immigrant Mental Health
- 190214** - Integrated Behavioral Health
- 190215** - Adolescent Substance Use and Mental Health

As part of the APPIC Match, applicants must submit the APPIC Application for Psychology Internship (*official transcripts are required as part of the application process*).

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 (<http://www.appic.org/match/match-policies>) for the most up-to-date information. MCTP 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.

Applicants are 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 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, counseling psychology *or* a combined clinical and school / counseling psychology.
- Comprehensive exams passed.
- Submission of official graduate degree(s) transcripts.
- Letter of interest.
- Curriculum vitae (CV, Resume)
- 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:

Doctoral intern stipends for fiscal year 2023-2024 are \$31,000 plus a \$13,607 housing stipend for a total of \$44,607 for a full year. Interns may also apply for conference travel reimbursement (*subject to available funds*). Full year postdoctoral fellow stipends start at \$50,772. The 2023-2024 training year is scheduled to begin September 1, 2023 and end August 31, 2024.

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 child clinical 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 & Trierweiler (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 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>). 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
- Early assessment of clinical high-risk state for psychosis and early psychosis
- 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 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, Eco developmental, 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 including consulting with child psychiatrists and primary care providers, schools, foster care, 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.
- 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 (MCTP). 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, the Tipping Point Foundation and the Lisa and John Pritzker Family Fund. Trainee funding for the 23-24 year is provided through the Jacques Family Integrated Behavior Health Fund, Michael and Sharon Jacques, Department of Health Care Services, Mental Health Services Act, San Francisco Department of Public Health, Department of Health and Human Services, Health Resources and Services Administration (HRSA) Graduate Psychology Education Program (HRSA-GPE), HRSA Behavioral Health Workforce Education and Training Program and the UCSF Department Psychiatry and Behavioral Sciences.

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.

Child and Adolescent Services (CAS) at Zuckerberg San Francisco General Hospital (ZSFGH) is an outpatient clinic devoted to providing mental health and substance abuse services to San Francisco's children and adolescent (*birth through age 21*) and their families.

CAS services consist of:

- Assessment & Treatment (e.g.: eating disorders)
- Individual, Family, and / or Group Therapy
- Psychiatric Evaluation and / or Medication Management
- Outreach / Advocacy to families affected by psychological trauma (*child maltreatment, domestic violence, catastrophic injury, physical assault, and exposure to community violence, or debilitating chronic disease*).
- Crisis intervention and brief therapy
- Consultation-liaison services (*inpatient and outpatient*)
- Psychological Assessment & Testing (*Evaluations*)
- Teen-sensitive services
- Consultation for childcare and primary caregivers

- 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.
- All services are available in both English and Spanish, and interpreter services are available for additional languages.

CAS also 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. Consultation with providers in the Department of Human Services is a key component to care coordination.

Two child and adolescent psychiatrists provide 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 have trouble within the school system and related to learning. CAS provides training and consultation to systems (e.g., San Francisco Unified School District, San Francisco Department of Public Health) and providing consultation and psychological assessments to identify strategies for addressing those difficulties.

Most clients are referred to CAS by their primary care pediatrician and / or the Department of Human Services. CAS coordinates services and collaborates with the primary care team and any other 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. Requests for child and adolescent specialty mental health services 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.

CLINICAL TRAINING

All interns rotate through Child and Adolescent Services (CAS) - the home of the internship program – and participate in individual/family therapy, assessment, and group therapy.

Doctoral trainees must dedicate a minimum of 25% of their time on internship (*across rotations*) providing direct service - amounting to a minimum 11 hours (*for a 44-hour week*) of direct clinical contact hours. Direct service does not include report writing or documentation (*those activity hours are tracked elsewhere on the trainee's activity log*). Therapy cases require significant case management, outreach, collateral contact and accordingly, significant documentation given the nature of presenting issues. Thus, the intern's clinic caseload and corresponding case management needs can amount to about 20-25 hours/week. Interns are also expected to provide at least three (3) psychological assessments and reports over the course of the year, in addition to administering Assessment Based Treatment protocols to all clients.

ASSESSMENT ROTATION

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

Comprehensive Psychological Evaluations (CPE) at Child and Adolescent Services: 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 Assessment (TA)-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 responsive, clinically attuned, and contextually appropriate.

Early Childhood Development Clinic (ECDC) at Child and Adolescent Services: 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). Evaluations are required as part of the HSA adoption process.

Diagnostic Assessment Clinic (DAC) at Child and Adolescent Services: 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.

Early Psychosis Assessment at the UCSF Path Program for Early Psychosis: Interns also can conduct assessments at the UCSF Path Program for Early Psychosis, focused on timely recognition and treatment of psychosis. We work with teens and young adults (age 35 or younger) who are experiencing symptoms that indicate they are at risk for the condition. The goal is to help young people and their families get the help and resources they need as early as possible to prevent symptoms from worsening.

Group Therapy: Doctoral Interns can co-lead 1-2 therapeutic groups over the course of the

year.

- 1) **The Cognitive Behavioral Therapy for Social Anxiety Group (CBT-A)** for adolescents ages 13-18 who have trouble with anxiety in social settings such as school, with friends/peers, when participating in extracurricular activities, or when performing in public. Cognitive Behavioral Group Therapy is considered the “gold standard treatment for social anxiety”. It focuses on both the negative thoughts associated with social anxiety and the resulting emotions and behaviors (or avoidances). In a CBT group for social anxiety, the goal is to learn that social situations are not as threatening as they seem. This is done through first identifying and then challenging the negative thoughts. A person will take the time to think about what is it that they are afraid will happen in a social situation, and then they test it out. Group members learn to set objective goals for themselves and judge their progress based on those goals instead of by how anxious they feel. The group provides warmth and support during this process as well as an outsider’s perspective on the ability of each person to accomplish their goal. This can reinforce the learning process that occurs through the exposures in group. The CBT-A group contains 8, 90- minute sessions featuring psychoeducation on social anxiety, skills to identify and challenge worry thoughts they experience in social situations, learn valuable social skills to improve their confidence in these situations, and practice facing their fears in real-time.

- 2) **Dialectical Behavior Therapy Based Life Skills Group for Adolescents.** Interns can 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) **CBT social anxiety group for transgender and gender-expansive teens.** The Wavefront CBT Clinic (formerly the Mood and Anxiety Clinic) at the Child, Teen, and Family Center (Nancy Friend Pritzker Building in Mission Bay) provides a cognitive behavioral therapy group for transgender and gender-expansive teens ages 13 to 18 who are experiencing social anxiety and gender dysphoria. This interactive group aims to help teens gain a better understanding of and develop skills to manage their social anxiety. This group also focuses

on real and perceived challenges experienced by transgender and gender-expansive teens and provides social support through other group members. Group aims to be conducted in-person.

Other CBT group therapy offerings at Wavefront within the DPBS Child, Teen and Family Center may include an adolescent depression group, a worry group for 9–12-year-olds, which has involved a separate parent psychoeducational group, and a Unified Protocol group for teens.

- 4) **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 expand 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. <https://fuerteprogram.org/>

- 5) **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.

- 6) **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 twelve 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.

- 7) **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 focus 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 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.

- 8) **Café Con Leche Caregiver Groups:** Child and Adolescent Services (CAS) is committed to providing mental health and substance abuse services to the children of San Francisco and their families. Currently, CAS has found itself in the position of providing services to a large population of monolingual Spanish speaking children, caregiver, and families. In providing services to this population there has been a clear gap in their understanding of what mental health services consist of and the services that are available to them. Due to the overwhelming number of referrals that exist many of these families do not receive psychoeducation around mental health services until they are in receiving services. However, many families remain on the wait list for weeks or months due to the high demand that exists for services. Therefore, following in line with CAS' mission of bridging barriers that exist in access to care "Café Con Leche" will close the gap that exist in these caregivers' knowledge of mental health services which in will turn make them more knowledgeable once they begin mental health services. Curriculum: Café con Leche will consist of eight monthly "charlas" from October to May. The "charlas" will consist of mental health topics that are prevalent to the monolingual Spanish speaking families of CAS.

- 9) **Mindfulness for Kids and Their Caregivers:** is based on the Clear Minds, Full Hearts mindfulness curriculum for primary school children developed by Amy Phinney for delivery in classrooms. Our adaptation is designed as a 12- weeklong group curriculum that can be offered live over zoom, ideally to a group of children with caregivers present and participating as well. This group can be offered to non-clinical populations (children who are not formally diagnosed with a mental health disorder) as a preventative intervention and is also appropriate for children with a range of clinical presentations in conjunction with other recommended evidence-based treatment. Many of the techniques taught in this curriculum correspond to emotional-regulation and coping skills building components of many children focused EBT psychotherapies and could therefore be a good complement to a variety of

individual EBT psychotherapies.

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. All learners rotate through Child and Adolescent Services in addition to rotations offered in specialty tracks. In these tracks, each intern will receive additional supervision from affiliated CAS staff (*which is counted toward total supervision*). These placements offer 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 (*minimum of 25% total time dedicated to direct clinical service*). For rotations that include provision of psychotherapy services (*individual, family, dyadic*) interns are expected to have a caseload of 3-5 separate clients per rotation experience. In addition, 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.

APPIC Program Code: 190211 - Early Childhood Mental Health at Child Trauma Research Program

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. <https://childtrauma.ucsf.edu/child-trauma-research-program>

APPIC Program Code: 190212 - Adolescent Mental Health

The MCTP 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.

While all interns, regardless of specialty track, have the opportunity to work with adolescents with substance use problems, interns in the Adolescent Mental Health Track also have the opportunity to do a formal minor rotation providing brief family-based substance use treatment interventions and/or facilitate parent substance use psychoeducational groups (for parents with adolescents who misuse substances) with a licensed clinician in-person or via telehealth.

APPIC Program Code: 190213 - Immigrant Mental Health

Interns in the Immigrant Mental Health (IMH) Track can 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.

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 yearlong 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.

APPIC Program Code: 190214 - Integrated Behavioral Health

The Integrated Pediatric Primary Care Behavioral Health program is a collaborative effort between the Division of Integrated Behavioral Health, the Division of Infant, Child and Adolescent Psychiatry and the Division of General Pediatrics at Zuckerberg San Francisco

General Hospital and is part of a community-based and system-wide effort to integrate behavioral health into primary care clinics through the SF Health Network, the public healthcare system for San Francisco.

Psychology interns serve within the Children's Health Center (CHC) at ZSFG. The CHC is a comprehensive, high-quality primary care clinic for children from birth up to age 24. It includes on-site rotating pediatric specialty care options for asthma, cardiology, dermatology, developmental pediatrics, neurology, urology, obesity/healthy lifestyles, and tattoo removal. Additional services include newborn clinics, nutrition/WIC, pediatric vaccination clinic, as well as comprehensive pediatric urgent care services 365 days a year on a drop-in basis for all children. CHC families are highly diverse, with about half of all visits conducted in another language.

The program seeks to facilitate early identification and treatment of mental and behavioral issues within a primary pediatric care setting, increase access to mental health services in an underserved population, and train health professionals in meeting the mental and behavioral health needs of children. The team provides developmental interventions, diagnostic assessments, medication evaluations, staff consultation and training, psychosocial and behavioral group and individual interventions, and recommendations for behavioral treatment of pediatric populations. Our services within the Children's Health Center includes a primary focus on providing consultation and brief treatment services to patients ages birth to 5 years old, and their caregivers/families. Interns are trained in the evidence based Healthy Steps model and provide all clinical services as part of this model. Typical responsibilities include implementation of evidence-based Healthy Steps program, assisting with developmental screenings and early identification of developmental concerns, postpartum-related depression screenings and consultations, psychosocial and behavioral groups, and individual interventions. Interns will have significant opportunities to work in collaboration with interdisciplinary team members and may provide staff consultation and training. Some inpatient consultation/liaison opportunities may arise as it relates to continuity for patients seen in primary care. Interns will also have opportunities to provide curbside consultations to primary care providers and residents, including for older children and teens. Our integrated pediatric behavioral health program is staffed by a transdisciplinary team that includes psychologists, social workers, masters-level behavioral health clinicians, postdoctoral fellows, psychology interns, behavioral assistants, psychiatrists, pediatricians, pediatric residents, other health profession trainees, and staff from the Children's Health Center.

Primary Care-based Healthy Steps Groups

During this stressful period, many families are experiencing unprecedented levels of need and isolation. Systems are stressed and overloaded as well, and it can often take time for families to connect to needed services in order to access higher levels of support. At times, barriers such as insurance and documentation status can further prolong or impede a family's ability to access care during a time of high need. We know that the most significant protective factor against stress for young children is a healthy parent-child relationship, and the parental ability to act as a protective shield. By offering immediate and regular support to parents until they can connect to long-term services, Healthy Steps groups aim to reduce parental stress and improve parental capacity to attune to their children's emotional and developmental needs.

In addition to offering traditional Healthy Steps integrated behavioral health support for children 0-5, Healthy Steps Specialists (HSS) offer weekly virtual or in-person groups (depending on

Covid-19 guidelines) to focus on the following topics:

- Parental mental health
- Infant/Toddler Development
- Infant fussiness, sleep, and feeding.
- Behavior management
- Promoting healthy parent-child interaction
- Stress management

Model: Co-facilitated by Lead Clinician and Psychology or Pediatric Trainee

Modality: In person or Virtual depending on Covid-19 guidelines; Frequency: Weekly.

Drop-In Duration: 1.5 hours (1 hour prep + 30 min doc)

Sites: Children's Health Center; Language: English and Spanish

APPIC Program Code: 190215 - Adolescent Substance Use and Mental Health

Interns in this specialty track have the opportunity to participate in the Culturally Responsive Empirically Supported Substance-use Treatment Training (CRESTT) Program within the MCTP, which is designed to increase the number of highly trained psychologists who can competently provide evidence-based, trauma-informed, culturally responsive integrated youth substance use and mental health services. CRESTT has explicit focus on training in prevention, assessment and treatment services for publicly insured youth who have limited access to quality mental health care. This training program expands the APA-accredited University of California, San Francisco Child and Adolescent Services Multicultural Clinical Training Program (MCTP) to meet the needs of historically underserved youth and families. This program is funded by the Department of Health and Human Services, Health Resources and Services Administration (HRSA) Graduate Psychology Education Program (HRSA-GPE). HRSA supported CRESTT is open to doctoral interns in the MCTP Adolescent Mental Health Track and in the Immigrant Mental Health Track, within the scope of this HRSA-GPE project, will be supported by the HRSA-GPE Program.

The HRSA Graduate Education Program, enables the MCTP to train five doctoral interns per year to work along with other mental health providers (LCSW's, MFT's, psychiatrists), physicians, nurses, and other medical personnel to prevent, diagnose and treat opioid and other substance use disorders. Through these efforts, the GPE Program helps transform clinical training environments and is aligned with HRSA's mission to improve health and achieve health equity through access to quality services, a skilled workforce, and innovative programs.

In addition to core MCTP didactic training, HRSA-GPE students receive specialized substance use training, which includes a rich didactic and experiential training program that may include the following experiences:

- Advanced training in diversity, equity, and inclusion best practices in youth mental health and in social justice leadership.
- Tele behavioral health and in-person outpatient services for children, youth, and families with Medi-cal and for San Francisco Unified School District children who qualify for Education Related Mental Health Services.
- Universal screening and assessment for substance use risk in coordination with pediatric

primary care physicians, behavioral health teams and Family Mental Health Navigation Service.

- Adolescent Co-Occurring Disorders Consultation/Liaison Service
- Forensic Evaluation, Navigation, & Treatment Clinic- Comprehensive forensic risk and needs assessment (with emphasis on identification of co-occurring substance use) based on contemporary best practices and developmentally informed court-ordered forensic assessment.
- Juvenile Justice Behavioral Health Extension for Community Healthcare Outcomes (ECHO) Learning Hub: Participate in tele-mentoring model to build community providers' capacity to deliver best-practice behavioral healthcare to system-involved youth.
- Foster Space, a platform designed with Bay Area Foster youth to take the stigma out of accessing mental health care and resources for young people who have been in foster care. The Foster Space mobile web app allows young people to access digital psycho-educational materials, a personal care navigator, and licensed clinicians who can provide direct mental health services through telehealth.
- The Family Telehealth Project, funded by the Visa Foundation and the American Psychology-Law Society is designed to meet the unique needs of child welfare-involved youth in California and their families, the study involves adapting an empirically supported family-based affect management intervention in collaboration with key stakeholders (youth, caregivers, child welfare, probation, court, school) to be delivered via telehealth. The intervention was also linguistically and culturally adapted for delivery to Spanish-speaking caregivers, including modifications to enhance cultural meaning and relevance. The project aims to improve behavioral health outcomes and reduce housing instability among youth involved in the child welfare system by increasing youth and caregivers' affect management abilities and improving the caregiver-youth relationship.
- Voices HEAL (Helping Empower Adolescent Lives), an evidence-based gender-responsive program that includes intensive case management, individual, family-based and group treatment to young women who are system-involved or at-risk for system involvement, ages 12-24 years old, to improve their physical, mental, and emotional health; reduce drug and alcohol use; reduce HIV/STI risk behaviors; prevent recidivism.
- Tele behavioral health and in-person youth and family services at the Youth Outpatient Substance Use Program (YoSUP) at UCSF Adolescent Medicine
- UCSF Health and Human Rights Initiative Asylum Evaluations in collaboration with UCSF Benioff Children's Hospital and the Departments of Family and Community Medicine, Psychiatry and Behavioral Sciences, and Pediatrics and the UCSF Trauma Recovery Center / Survivors International, UCSF School of Medicine, Zuckerberg San Francisco General Hospital and clinics and the San Francisco Department of Public Health
- Fuerte school-based health promotion program- provides psychoeducation aimed at increasing health literacy including addressing risky substance use behaviors in newcomer Latino youth at risk for traumatic stress and related disorders.
- INSPIRE is a self-adaptive personalized behavior change system for adolescent preventive healthcare. In INSPIRE, adolescents are active participants in dynamically unfolding narratives about issues of alcohol use.
- Mentorship in clinical research focused on increasing access to care for underserved

and vulnerable child populations.

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 are 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.

Complex Trauma Seminar: The Complex 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 and trauma-informed 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 post-traumatic stress in children and their caregivers.

Family Therapy Seminar: This seminar presents and analyzes 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 youth 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 youth, 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 youth 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: The UCSF Child and Adolescent Psychiatry (CAP) Grand Rounds (GR) Lecture Series (course number MGR21005) seeks to promote excellence, diversity, inclusivity and health equity in clinical practice; introduce advances in behavioral science and clinical practice and provide a forum for discussion of topics that strengthen the relationship of child and adolescent psychiatry and behavioral sciences to the broader community. The CAP GR committee seeks speakers whose work touches on the UCSF child and adolescent psychiatry divisions' mission to implement and disseminate evidence-based, culturally attuned, and trauma-informed clinical innovations (interventions, assessment and treatment technologies, and new organizations of care) as well as inclusive research and advocacy for children and youth (from birth to age 24) and their families as part of a comprehensive, coordinated approach to care across the developmental span. Child programs and services at UCSF Department of Psychiatry and Behavioral Sciences encompass clinic and community-based direct care and consultation services (including daycares, schools, and other community-based settings), training and education, advocacy and research.

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, childcare 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.

Policy and Child Mental Health Seminar: The seminar provides an overview to learners on the policy issues most critically impacting child mental health at a local, regional, national, and global level. The course will discuss the political processes and structures that are most influential in child mental health, and present strategies for advocacy and policy to inform and influence those processes. Learners will actively engage in policy analysis and advocacy strategy and action planning. A variety of speakers will discuss topics that include, but are not limited to the integration and sustainability of mental health in pediatric primary care settings, adequate resourcing to support a continuum of care, the MediCal/Medicaid system and challenges within the context of social justice and health equity, and challenges to specific populations we serve in our various clinics and programs such as BIPOC, immigrant youths, etc. The course objectives include the following: 1) expose trainees to some of the most critical and complex policy issues impacting different areas of child mental health; 2) expose trainees to the policy analysis process; 3) give trainees practice in formulating their own policy analysis or advocacy strategy and action plan on a topic of their choice; 4) practice with aspects of the advocacy/policy process, such as preparing an elevator speech for a legislator or providing expert testimonial, or partnering with community to build a coalition, and 5) prepare trainees for incorporating a policy and advocacy portfolio into their identities as behavioral health professionals.

SUPERVISION

The Child and Adolescent Services (CAS) Multicultural Clinical Training Program (MCTP) provides intensive supervision in all aspects of clinical service. Individual and group supervision provides interns with 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. Additional benefits of supervision include: program evaluation, collaborating with community partners, strategies of scholarly inquiry, translating science and empirical literature into practice, professional conduct, law & ethics, standards of practice and professional development.

At the beginning of the training year the Training Director will provide interns with assigned rotation supervisors, along with informing all supervisors that they have been designated in a formal supervisory role. 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.

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).

MCTP 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), which "capture[s] optimal performance expectations for psychologists who supervise [and] it is based on the premises that supervisors strive to achieve competence in the provision of supervision and employ a competency-based, meta-theoretical approach to the supervision process. (See *American Psychological Association. (2014). Guidelines for Clinical Supervision in Health Service Psychology*. Retrieved from <http://apa.org/about/policy/guidelines-supervision.pdf>).

Guidelines for supervision of students in health service psychology education and training programs are organized around seven domains: supervisor competence; diversity; relationships; professionalism; assessment/evaluation/feedback; problems of professional competence, and ethical, legal, and regulatory considerations. Please refer to <https://www.apa.org/about/policy/guidelines-supervision.pdf> for detailed information regarding supervision domains.

In accordance with APA/COA guidelines, 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. 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. Questions regarding whether an activity meets the APA/COA definition of supervision are resolved by the Director of Clinical Training.

Supervision requirements include:

- a. Each intern will receive a minimum average of four (4) hours of supervision weekly.
- b. Each intern will have a minimum of three supervisors who they meet with routinely.
- c. The primary supervisor is a psychologist licensed by the Board. (Section 1387.1)
- d. A marriage and family therapist (MFT) or a licensed clinical social worker (LCSW) serves as a delegated supervisor. (Section 1387(c))
- e. The primary supervisor completed a six-hour course in supervision. This is required every two years. (Section 1387.1(b))
- f. The primary supervisor is employed or on contract at the same agency with the trainee. (Section 1387(b)(6))
- g. The primary supervisor is available to the trainee 100 percent of the time the trainee is accruing SPE. (Section 1387(b)(6))
- h. 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))
- i. 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.
- j. The trainee does not pay or otherwise remunerate the supervisor(s) to provide supervision.
- k. The trainee does not function under another mental health license (e.g., MFT, LCSW, etc.) while accruing SPE.
- l. The primary and delegated (if any) supervisors ensure that all SPE, including recordkeeping, complies with the APA Ethical Principles and Code of Conduct. (Sections 1387.1(e) and 1387.2(d))
- m. The primary supervisor monitors the welfare of the trainee's clients. (Section 1387.1(f))
- n. 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(j) and 1387.2(h))
- o. 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))
- p. 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), (j) and 1387.2(b), (c), (h))

- q. 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))
- r. 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.
- s. The trainee maintains an SPE weekly log. (Section 1387.5)
- t. 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)
- u. 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)).
- v. Supervision may involve role-plays, presenting comprehensive case conceptualizations, self- practice/self-reflection and/or process note. Direct observation of clinical service delivery via live observation (having a supervisor present during an intake session and/or family/individual meeting) or video recording is required of all interns in each of the clinical rotations.
- w. Supervision is excluded from educational sessions, such as traditional seminars, and from administrative and management sessions such as clinical team meetings and staff meetings.

It is the responsibility of the Primary and Delegate supervisors to provide appropriate accommodations to ensure interns receive *all* required supervision so as to not cause undue stress on the intern over the course of the year. In the event that supervision time is missed due to the intern consistently cancelling and/or missing supervision time, then the responsibility for rescheduling supervision would fall to the intern.

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).

SOCIALIZATION INTO THE PROFESSION

The internship year is primarily 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:

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 are 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:

- Assessment Seminar and Group Consultation (weekly)
- Capstone Project (throughout the year)
- Child and Adolescent Psychiatry Grand Rounds (3x/month)
- Child and Adolescent Services Clinical Case Conference (weekly meeting)

- Child Trauma Research Program Clinical Case Conference (weekly)
- Complex Trauma: A Developmental Perspective, Seminar (weekly meeting)
- Family Therapy Seminar (weekly)
- Professional Development Seminar (monthly meeting)
- Self-care meeting (monthly)

September Orientation: Interns are provided an approximately four 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, bingeing 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.

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.

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 and / or exceptions for trainees need to be approved by the Director of Training. Additional COVID-Related resources can be found at: <https://coronavirus.ucsf.edu/>

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 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' workspace 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 interact with clients or constituents who are also wearing masks and able to remain physically distant.
- Trainees should always 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 need 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 tele behavioral 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 tele behavioral health services follow state and national guidelines for the protection of client and agency confidentiality.
- The MCTP will issue trainees an approved device with all 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.
- Trainees must complete modules made available by the MCTP on Law and Ethics and best practices related to tele behavioral health services.
- 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 tele behavioral 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.

We are committed to maintaining the privacy of our patients and take 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 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 always with you. 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 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 emailing compliance.privacy@sfdph.org.

CAMPUS SAFETY

Workplace violence is an issue for hospitals across the nation. At ZSFG, we have a plan in place that is focused on creating an environment where staff feel safe and equipped with the tools to provide care to patients with compassion and respect. The safety and security of our staff, patients and visitors is one of ZSFG's highest priorities. To put this priority into action, we have an organization-wide strategic plan with a holistic approach to this important work.

Our plan, memorialized with a strategic A3, is informed by your responses to the recent ZSFG Culture of Safety survey and the DPH Employee Engagement Survey.

Safety measures include:

- The Behavioral Emergency Response Team (BERT) provides 24/7 non-violent crisis intervention and mental health services in Buildings 5 and 25, including a team dedicated to the ED. The BERT rounding responders regularly check in with departments and are available when incidents arise. We are working to expand the BERT team to other patient areas, and in the meantime the BERT team is providing education and resources for teams across the campus. Visit the [BERT SharePoint site](#) for information about scheduling a BERT training for your department and for updated BERT Safety Tips.
- Security scanner in the ED lobby to prevent weapons from making it into the department.
- Sheriff's Office is providing 24/7 personal safety escorts, within a ½-mile radius of the campus, including 24th Street BART. Call 628-206-8063 or x68063 and provide a 20-minute lead-time for escort appointments. We are also in the process of developing a plan for group escorts in response to your feedback.
- Facilities is in the process of implementing more Call Boxes in areas of concern on the campus.
- The ZSFG Workplace Violence Prevention Committee is in the process of making it easier and seamless to report into our SAFE System as well as to view the data with an online dashboard.
- Violence Prevention Screening Tool to assess patient level of agitation more easily and accurately and to more proactively use de-escalation techniques.
- The Assault Governance Task Force is reviewing physical assaults with an equity lens and advising on how to improve response to and prevention of these incidents.
- The Department of Education and Training is hiring trainers for Crisis Prevention Intervention. Currently, our DPH Director of Security, Basil Price, is supporting training at the unit level.

- Please report incidents on [report incidents on the Safety and Feedback Events link](#) on the SFDPH Intranet.
- Make sure to show your badge when you enter Building 25 and 5 lobbies, so that security staff can ensure everyone who enters these buildings has an appropriate purpose. Additionally, as you enter other campus buildings or secured areas, make sure no one follows you through the door.

Employee Safety Awareness FAQ:

Question: What do you do when you see an unidentified person within your department?

Answer: When possible, inform a co-worker, then greet the person, and ask if they need any assistance.

Question: What is the role of hospital staff upon discovering that an inpatient is missing?

Answer: Immediately notify Security, provide a detailed description, and conduct a search of the unit.

Question: What is the role of hospital staff upon hearing a Code Pink Announcement?

Answer: Report to their designated position and look out for the child and the abductor. Report any suspicious activity to Security.

Question: What is the responsibility of any employee that observes or hears about an act or threat of violence?

Answer: Report the incident to their manager/supervisor.

Question: What should an employee do if a patient/visitor becomes irate because they are dissatisfied with service?

Answer: Apologize for their dissatisfaction and contact the manager/supervisor to help.

Question: What is the phone number to call Security for a crime occurring on campus?

Answer: 628-206-4911 if off campus, cell phone, etc. or x64911 when using in-house phones.

SFGH Emergency and Safety Phone Numbers – For phones with the 206 prefix unless otherwise indicated

BOMB THREAT: Call SFGH Sheriff's Office	4911
CODE BLUE (Medical Emergency):	
Main Hospital or "M" Clinic Building	1122
All Other Buildings	911
CODE PINK (Infant/Pediatric Abduction)	4911
CODE RED (Fire):For SFGH, 206- prefix	9-911 and "0"
CODE RED (Fire):For UCSF, 476- prefix	9-911
OPERATOR (from SFGH phones)	"0"
SECURITY EMERGENCY	4911
SPILL: Blood or Body Fluid	8009
SPILL: Chemical	8522
SPILL: Hazardous Material	8522

[Code Lavender](#)

Rapid response team to support clinical units after a significantly stressful event.

DOCTORAL INTERNSHIP: ACCRECIATION, POLICIES, PROCEDURES & REQUIREMENTS FOR SUCCESSFUL INTERNSHIP PERFORMANCE

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 and following the site visit the MCTP received the maximum 10-year reaccreditation. Our next site visit is scheduled for 2029. 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.

Evaluation of Interns' Competencies Policy

To clearly measure and objectify criteria for acquisition of clinical skills and competencies, doctoral interns are evaluated twice throughout the internship year (midpoint and end-of-year); They also formally evaluate the program and their supervisors at this time. 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>).

Evaluations are necessary to guide and determine our progress in obtaining program training objectives and ensuring general competencies. Each evaluation will include live observation.

Each intern meets individually with their Primary *and* Delegate Supervisors to review evaluations and progress throughout the internship 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. Evaluations may be modified by mutual agreement before being placed in the training files.

Requirements for a Successful Internship:

- APA accreditation requires a minimum level of achievement (*rating of at least a “3”: Meets expectations; Supervision needed; Intern entry level”*) for all competencies on the evaluations).
- By the end-of-year evaluation period, obtain average score of a "4" (“Meets expectations; Minimal supervision needed”) and no less than “3” on any item under each competency area/aim at the time of the internship.
- Meet reasonable and objective measures of efficiency and productivity.
- Complete all internship requirements, including all documentation (including documentation in clients’ electronic medical record), reports, and presentations (including Capstone Project), that are integral to each rotation and seminar.
- Maintain good standing in the program and not 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*).

The goal of the internship training program is to prepare graduates for the next step in the licensure process - to assume roles as post-doctoral fellows and / or function as an entry level professional by providing a breadth of knowledge and training experience. With that, interns are expected to develop broad and general preparation for entry-level practice within 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 and / or 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.

POLICIES

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

A record (either electronic or hard copy) will be created for each intern and stored permanently. Hard copy records are stored in a locked file. Electronic records are stored on a password-protected device. Contents include: Full APPIC application, CV submitted at the time of application, Activity logs for the year, Primary and Delegate Supervisor evaluations, and a Copy of Certificate of Completion.

Internship Hours and Paid Time Off (PTO)

The internship is a 12-month, full-time (40-44 hours per week) training commitment equaling 2080-2288 supervised hours. Successful completion of the internship requires a minimum of 1500 hours of supervised training; therefore, most interns will complete more hours. Completion of all training days at 44 hours per week minus allowable holidays (13 days/104 hours) and Paid Time Off (PTO; 160 hours) would result in 2024 hours of supervised training.

Compensation and Benefits Policy

For payroll purposes, interns are considered employees and therefore all the usual payroll taxes

apply. Doctoral and postdoctoral Interns / fellows will receive a W-2 at the end of the year and have health benefits, including primary care, hospitalization, 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.

Payroll is processed monthly, and payment is released 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. For any payroll questions, please reach out to: Sabrina Ho at 415-476-7521 [insert email] or reference: <http://medschool2.ucsf.edu/gme/residents/benefits.html> for additional assistance.

Leave / Sick Time Off Policy

- 1) All interns have a total of 160 hours (equivalent to four 40-hour weeks) of personal leave days during the internship year.
- 2) Leave should be discussed and approved by all supervisors and Director of Training at least two (2) weeks ahead of time.
- 3) Submit Leave Request Form to the Director of Training, all supervisors, and administrative staff at least one day prior to leave as a reminder and to file in BOX.
- 4) Clear any outstanding paperwork and / or client responsibilities prior to time off.
- 5) 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.

Moonlighting

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

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 demanding schedules and taking on additional teaching responsibilities outside of UCSF is 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 if it does not interfere with their clinical or research duties or program responsibilities.

Paid Parental Leave

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. Parental leave extending beyond 30 days may qualify as a disability.

Sexual Violence Prevention and Response

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 address the University of California’s responsibilities and procedures related to Prohibited Conduct 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. <https://sexualviolence.ucsf.edu/policies>

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. 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: Nyoko 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 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.

Policy Overview:

- 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. 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.
- C. 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:

- 150-28 - Americans with Disabilities Act (ADA) Barrier Removal [4]
- 150-26 - Employee Disability/Reasonable Accommodation [5]
- 300-18 - Independent Consultants (retired) [6]
- 150-19 - Nondiscrimination Regarding Language Spoken in Workplace [7]
- 150-13 - Sexual Harassment and Sexual Violence [8]

References:

- Academic Personnel Manual [9], Office of the President:
 - Affirmative Action and Nondiscrimination in Employment (APM 35) [10]
- Collective Bargaining Agreements [11]
- Nondiscrimination and Affirmative Action Policy Statement for University of California Publications regarding Employment Practices [12]
- Personnel Policies for Staff Members (PPSM) [13], Office of the President:
 - PPSM-12: Nondiscrimination in Employment [14]
 - PPSMH-14: Affirmative Action [15]
- Regents Policy 4400: Policy on University of California Diversity Statement [16]
- University of California Policy – Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment [17]
- UCSF Campus Code of Conduct [18]
- UCSF Office of Diversity and Outreach [3]

Links

- [1] <https://policies.ucsf.edu/policy/150>
- [2] <mailto:SVCPOLICIES@ucsf.edu>
- [3] <http://diversity.ucsf.edu/>
- [4] <https://policies.ucsf.edu/policy/150-28>
- [5] <https://policies.ucsf.edu/policy/150-26>

- [6] <https://policies.ucsf.edu/policy/300-18>
- [7] <https://policies.ucsf.edu/policy/150-19>
- [8] <https://policies.ucsf.edu/policy/150-13>
- [9] <http://www.ucop.edu/acadadv/acadpers/apm/>
- [10] http://ucop.edu/academic-personnel-programs/_files/apm/apm-035.pdf
- [11] <http://ucnet.universityofcalifornia.edu/labor/bargaining-units/>
- [12] <http://ucnet.universityofcalifornia.edu/tools-and-services/administrators/docs/nondiscrimination-policy-statement-publications-may-2014.pdf>
- [13] <http://policy.ucop.edu/manuals/personnel-policies-for-staff-members.html>
- [14] <http://policy.ucop.edu/doc/4010391/PPSM-12>
- [15] <http://policy.ucop.edu/doc/4010392/PPSM-14>
- [16] <http://regents.universityofcalifornia.edu/governance/policies/4400.html>
- [17] <http://policy.ucop.edu/doc/4000376/NondiscrimAffirmAct>
- [18] http://chancellor.ucsf.edu/sites/chancellor.ucsf.edu/files/Code_of_Conduct.pdf

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 services provided to individuals their primary care physician couldn't treat whose mental health care needs effectively. Thus, a referral for ICAP/CAS/IPP services is analogous to a referral for any other medical sub-specialist (neurologist, dermatologist, etc.).

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 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.

IDENTIFICATION AND MANAGEMENT OF TRAINEE PROBLEMS & GRIEVANCES

This section provides MCTP trainees/learners and staff/faculty 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.

Due Process: 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:

- 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.
- The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.
- The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.
- 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.
- The TC will institute, when appropriate, a remediation plan for identified inadequacies, including a deadline for expected remediation and consequences of not rectifying the inadequacies.
- 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.
- 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.
- When evaluating or making decisions about a trainee's performance, MCTP staff/faculty will use input from multiple professional sources.
- The TD will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.
- 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:
- 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.
- 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).
- 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.
- 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.

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.

Training Director (TD): faculty member and clinical psychologist who oversees all clinical training for the UCSF Child and Adolescent Services Multicultural Clinical Training Program (MCTP) for practicum students/externs, doctoral interns, and postdoctoral fellows.

Rotation/Track Training Lead (RTL): the staff/faculty member who oversees training in a specific rotation or program of clinical services or specialty track.

Training Committee (TC): comprised of the Rotation/Track Training Leads for each of the major rotations, programs of clinical services or specialty tracks and the Training Director.

Rotation Supervisor (RS): a primary or delegate supervisor within a rotation or program of clinical services. The Rotation Supervisor may also be the RTL.

Program Director: the staff/faculty member who directly oversees all clinical operations within a clinical program in the hospital.

Problematic Behavior: an interference in professional functioning, reflected in an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior. Additional problematic behaviors include an inability to acquire professional skills to reach an acceptable level of competency; and/or the inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning.

Problematic behavior typically become identified when one or more of the following characteristics exist:

1. The trainee does not acknowledge, understand, or address the identified problem.
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/support efforts, and/or time.

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:
 - TC is aware of and concerned with the behavior,
 - Concern has been brought to the attention of the trainee,
 - TC will work with the trainee to rectify the problem or skill deficits

- 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 description of the trainee's unsatisfactory performance.
 - Actions needed by the trainee to correct the unsatisfactory behavior.
 - The timeline for correcting the problem.
 - What sanction(s) may be implemented if the problem is not corrected; and
 - Notification that the trainee has the right to request an appeal of this action.
 - *If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal.*

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.

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, including:

- * Increasing the amount of supervision, either with the same or additional supervisors.
- * Change in the format, emphasis, and/or focus of supervision.
- * Recommending personal therapy.
- * Reducing the trainee's clinical or other workload.
- * 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).

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:

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.

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.

Administrative Leave: 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.

Dismissal: 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.

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.

APPEALS & GRIEVANCES

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:

- 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). 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 or respond to the appeal without a Panel being convened.
- 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.

Trainee Grievances – 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.

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.

- 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.
- 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.

Formal Grievances - When the TD or TC has received a formal grievance, within three workdays of receipt, the TD or TC will implement Review Procedures as described below and inform the trainee of any action taken.

- 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.
- 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.
- 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.
- In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself/herself/themselves 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.
- 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.

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.

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 10 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 computer assigned to him or her 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 make sure to wear their UCSF ID when riding the shuttle.

Lactation Accommodation: If you anticipate requesting lactation support upon return from parental leave, please review information about institutional resources for lactation support as well as options for protected time for pumping support on clinical rotations. A reasonable amount of time for a lactation break is 30 minutes every 2-4 hours, which includes the time associated with travel to and from the lactation space, expressing milk, clean up, and storage. Lactation accommodations are provided until the trainee's child is one year old. After that time, additional accommodations may be available on a case-by-case basis with UCSF Disability Management Services: Disability-Management Services.

Information about available spaces for pumping, access, and contact information:

UCSF Lactation Accommodation Program website for information on locations of lactation rooms, how to register for the Lactation Accommodation Program, and how to obtain a free cooler bag: <http://tiny.ucsf.edu/lactationrooms>

To report issues or seek help with facilities/room concerns, access, functionality: Caroline Wick, UCSF Lactation Program Coordinator caroline.wick@ucsf.edu or Amy Day Rossa, Director of GME, amy.dayrossa@ucsf.edu

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 07/07/2023

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented: <p style="text-align: center;">https://psych.ucsf.edu/zsfg/casmctp</p>	

Internship Program Admissions

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 University of California, San Francisco (UCSF) Child and Adolescent Services Multicultural Clinical Training Program (MCTP) at Zuckerberg San Francisco General Hospital (ZSFG) offers an APA-accredited, one-year child clinical 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 UCSF Department of Psychiatry and Behavioral Sciences. ZSFG is a Level 1 Trauma Center and public service hospital committed to serving low-income and underserved 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 the MCTP received the maximum 10-year reaccreditation following the 2019 site visit. Our next site visit is scheduled for 2029.
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: <input checked="" type="checkbox"/> Y <u>Amount:</u>
Total Direct Contact Assessment Hours: <input checked="" type="checkbox"/> Y <u>Amount:</u>
Describe any other required minimum criteria used to screen applicants:
NA

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$44,607.04	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160 hours	
Hours of Annual Paid Sick Leave	Included in PTO	
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?	Yes	No
Other benefits (please describe): annual stipend is \$31,000 and the housing stipend is \$13,607.04 for a total stipend of \$44,607.04		

*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)

	2019-22	
Total # of interns who were in the 3 cohorts	27	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	1	
Community mental health center	1	
Consortium		
University Counseling Center		
Hospital/Medical Center	22	
Veterans Affairs Health Care System		
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting	2	
Other	1	

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

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 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.

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.



Margareth Del Cid, Ph.D.

Maggie Del Cid (she/her/hers) is a Clinical Psychology Postdoctoral Fellow in the Department of Psychiatry and Behavioral Sciences at UCSF and Division of Infant, Child, and Adolescent Psychiatry (ICAP) at ZSFG. Since 2020, she has provided clinical supervision to interns of the MCTP program. She is the Director of the Family Mental Health Navigator Program and a bilingual (Spanish), bicultural licensed psychologist. Dr. Del Cid received her doctorate in clinical psychology at Palo Alto University with an emphasis in Diversity and Community Mental Health. She is passionate about eliminated barriers to mental health care for vulnerable youth populations through community-centered care and

digital health interventions. Dr. Del Cid has experience providing evidence-based assessments and treatment in Spanish to newcomer immigrant and second-generation Latinx youth.



Miriam Dimmler, Ph.D.

Miriam Hernandez Dimmler is a Clinical Professor in the UCSF Department of Psychiatry and Behavioral Sciences and Associate Director of the Child Trauma Research Program (CTRP), where she has a key leadership role in program management, research/evaluation, and clinical services. As the Director of Community Programs at CTRP, she launched and has directed the Tipping Point Mental Health Initiative (TPMHI), which embeds trauma

informed evidence based mental health services and consultation within community-based agencies. The TPMHI has engaged over 2,000 under-resourced families in mental health services with community-based UCSF clinicians since its inception in 2008. Dr. Dimmler received the UCSF Excellence in Partnership Award in the Community Health & Policy Development in 2017 on behalf of the TPMHI. Dr. Dimmler also leads a collaboration between CTRP and Georgetown University to support the National Center on Health, Behavioral Health & Safety at the Office of Head Start in their efforts to build trauma informed systems on a national scale. Dr. Dimmler is a LatinX, bi-lingual clinical and community psychologist who provides English/Spanish services, training, and supervision in Child-Parent Psychotherapy for infants and young children with their caregivers. Dr. Dimmler's areas of specialty are in early childhood mental health; early childhood education; trauma informed practices; hospital-community partnerships; and addressing health inequities for under-resourced families especially through strengthening recruitment and training of BIPOC mental health clinicians.

Johanna Folk, Ph.D

Johanna Folk is a licensed clinical psychologist, Associate Director of the Juvenile Justice Behavioral Health Lab, and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco (UCSF) and Zuckerberg San Francisco General Hospital. Dr. Folk received her Ph.D. in clinical psychology from George Mason University with an emphasis in quantitative methods and statistics; she completed her predoctoral internship at the UC Davis in the Trauma and Adolescent Mental Illness track and postdoctoral fellowship at UCSF in mental health services research. Dr. Folk's research centers on improving behavioral health outcomes for youth and families impacted by the legal system by

leveraging technology and family support.



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.

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.

Allie Giovanelli, Ph.D.



Alison (Allie) Giovanelli, PhD, is a clinical psychologist and Assistant Professor in Pediatrics - Adolescent Medicine at UCSF. She completed her PhD in a joint program in Clinical and Developmental Psychology at the University of Minnesota, Twin Cities, and her clinical internship at Stanford University School of Medicine/The Children's Health Council. Allie is experienced in evaluation and treatment of a range of mental health concerns in both children and adults, and she has particular expertise in adolescent health, early childhood development, the impacts of early adversity such as abuse and neglect (including impacts of ACEs), and the treatment of youth anxiety disorders, depressive disorders, and Substance Use Disorders (SUDs). She is currently the lead psychologist in the Youth Outpatient Substance Use Program at UCSF, where she leads caregiver education and support groups, conducts brief targeted consultations relating to mental health and substance use, and is

preparing to lead a pilot study of group Community Reinforcement and Family Training (CRAFT) with caregivers of adolescents with SUDs who are not engaged in treatment.

Her research focuses on leveraging technology for intervention in common adolescent mental health problems. Alison has published articles in peer-reviewed journals, with first-author publications in *Pediatrics*, *Preventive Medicine*, *Development and Psychopathology*, and the *Journal of Adolescent Health*. These articles have primarily focused on the long-term impacts of ACEs, early childhood education, and adolescent health, intervention, and well-being.

Lauren Marie Haack, PhD



Lauren Marie Haack, PhD is a licensed clinical psychologist whose work focuses on cultural influences on 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.

Lisa Hail, Ph.D.

Dr. Lisa Hail is assistant clinical professor of psychiatry at UCSF School of Medicine and an attending psychologist in the Eating Disorders Program at Langley Porter Psychiatric Institute. She received a B.A. in Psychology with a Minor in Dance from the University of Colorado at Boulder and a Ph.D. in Clinical Psychology from Fairleigh Dickinson University under the mentorship of Dr. Katharine Loeb. As a doctoral candidate, Dr. Hail trained in the Icahn School of Medicine at Mount Sinai’s Eating and Weight Disorders Program prior to relocating from Manhattan to San Francisco. She then completed her predoctoral internship and postdoctoral fellowship in the Clinical Psychology Training Program at UCSF as a member of the Eating Disorders Program. Dr. Hail has worked with individuals across the developmental spectrum in all levels of care. Dr. Hail is the co-chair for the Academy of Eating Disorders Assessment and Diagnosis Special Interest Group and her current research focus is on enhancing our approach to identifying individuals struggling with eating disorders to provide earlier access to care. She is also interested in enhancing established treatments to help a greater number of individuals achieve a full recovery.

Evan Holloway, PhD.



Evan D. Holloway is a bilingual (Spanish) licensed clinical psychologist with specialization in forensic and child psychology. Dr. Holloway joined UCSF, The Division of Infant, Child, and Adolescent Psychiatry at ZSFG, and the Juvenile Justice Behavioral Health lab in 2019, completing the APA-accredited internship and postdoctoral fellowship in the Clinical Psychology Training Program in 2021. Dr. Holloway is currently a postdoctoral scholar in the NIDA-funded Substance Use Disorders Treatment and Services Research T32 in the Department of Psychiatry and Behavioral Sciences.

Kathryn Huryk, Ph.D.

Katie Huryk, PhD is Assistant Clinical Professor in the Department of Psychiatry and Behavioral



Sciences at the University of California, San Francisco and attending psychologist in the UCSF Eating Disorders Program. She received her B.A. in Psychology & English from Barnard College and her Ph.D. in Clinical Psychology from Fairleigh Dickinson University. Her career is focused on delivering and improving evidence-based care for eating disorders and related conditions in teens, across outpatient and inpatient medical settings. Her research is geared toward developing and equitably disseminating empirically supported interventions for disordered eating and body image issues.

Enjey Jin, Ph.D.

Christie Enjey Lin, PhD, BCBA-D, (she/her) is a clinical psychologist and associate clinical



professor at the UCSF Center for ASD and NDDs in the Department of Psychiatry and Behavioral Sciences. Her specialty area is in the evaluation and treatment of youth with ASD and NDDs, including co-occurring psychiatric conditions, particularly anxiety. Her clinical and research interests are in applying and developing evidence-based treatments for youth with ASD to treat core symptoms areas and co-occurring internalizing and externalizing disorders. Furthermore, she is interested in understanding the overlap and impact of these two areas on the overall wellbeing and functioning of youth and their families. She has experience teaching and providing clinical supervision to all levels of psychology trainees, as well as psychiatry trainees and

learners from other areas of medicine. She completed her clinical psychology doctorate degree at UC Santa Barbara, internship at the Lucille Packard Children’s Hospital at Stanford/Children’s Health Council, and post-doctoral fellowship at UCLA. She has specialty training in behavior analysis; she is a board-certified behavior analyst- doctorate level (BCBA-D). Prior to UCSF, she was clinical faculty at the UCLA Child and Adult Neurodevelopmental (CAN) Clinic.

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.

Kathryn Margolis, Ph.D.

Dr. Kathryn Margolis is an Associate Clinical Professor at UCSF School of Medicine and the Director of the Division of Integrated Behavioral Health at the ZSFG Department of Psychiatry. She is also the Associate Director of Primary Care Behavioral Health, Pediatrics at Zuckerberg San Francisco General Hospital and Trauma Center. She is a Spanish-speaking, licensed clinical psychologist, specializing in pediatric psychology. Dr. Margolis earned her PhD in Counseling Psychology from the University of Oregon and completed her pre-doctoral internship at Children's Hospital Los Angeles. Dr. Margolis began specializing in pediatric integrated primary care in fellowship at the Children's Hospital of Colorado and prior to joining UCSF, she served as faculty at the University of Colorado. Committed to social justice and culturally responsive care, Dr. Margolis has dedicated her career to enhancing systems of care to better serve marginalized children and families across the continuum of care to include prevention and health promotion in infancy and early childhood. At UCSF/ZSFG, Dr. Margolis leads the CHC integrated behavioral health team and the Technical Assistance initiative to expand Early

Childhood/Dyadic integrated behavioral health services across California. Some of her areas of clinical and research interest include health equity for immigrant children and families, systems of care, integrated pediatric primary care, culturally responsive evidence-based practice, and training/workforce capacity development in integrated primary care. Working with psychology and healthcare trainees is a particular passion for Dr. Margolis, who among many aspects of clinical training enjoys supporting systems/advocacy competencies and professional development.



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.

Elizabeth Ozer, Ph.D.

Elizabeth Ozer is Professor of Pediatrics at the University of California, SF (UCSF), Director of Fellows Research Training in Adolescent & Young Adult Medicine, and Director of Research & Evaluation for the Office of Diversity and Outreach at UCSF. Dr. Ozer is a psychologist whose research has focused primarily on the health of adolescents, young adults, and women. She has served as either Principal Investigator or Co-Investigator of multiple U.S. federally funded grants focused on decreasing adolescent risky behavior through improving the care provided by the health care system and the primary care provider. Recent AHRQ, NSF and NCI funded research has explored ways that technology can be incorporated into successful models of prevention for teenagers, with a current transdisciplinary collaboration with computer scientists to design, implement, and investigate a self-adaptive personalized behavior change system for adolescent preventive health (with a focus on reducing adolescent alcohol use). In addition to intervention research, Dr. Ozer and colleagues have examined ethnic/racial disparities in the delivery of preventive services, rates of screening for depression in primary care, and trends in depression, nutrition, and physical activity screening. Dr. Ozer is currently PI of a Maternal &

Child Health (MCHB) funded Adolescent/Young Adult Health Network with a focus on developing a national transdisciplinary research agenda for adolescent and young adult health and to translate research into practice. She serves as Chair of the University of California System-Wide Committee on the Status of Women.

Cheng Qian, PsyD



Dr. Cheng Qian is an assistant professor of psychiatry at the University of California San Francisco. She serves as a bilingual (Mandarin Chinese) pediatric psychologist at the Children's Health Center at ZSFG and the clinical training lead for psychology residents and postdoctoral fellows within the integrated behavioral health program. Dr. Qian's clinical interests include integrated pediatric primary care, early diagnosis and treatment of neurodevelopmental disabilities, and culturally sensitive dyadic interventions.

Dr. Qian is passionate about early childhood mental health advocacy. Since her graduate studies at Harvard in 2015, she has worked on statewide policies for preschool aged children, developed organizations to promote children's emotional wellbeing and dyadic wellness, and have conducted hundreds of trainings for both teachers and parents on supporting young children's early development. Currently, Dr. Qian serves as a clinical consultant for the UCSF Center for Advancing Dyadic Care in Pediatrics, which aims to expand Early Childhood/Dyadic integrated behavioral health services across California.

Vilma Reyes, Psy.D.

Dr. Vilma Reyes is the Director of Training at Child Trauma Research Program, in University of California, San Francisco. Since 2009, she has been providing Child-Parent Psychotherapy (CPP) services, training, clinical supervision, consultation and coordinating community-based mental health outreach services and evaluation. She is a national trainer in CPP and has co-authored articles and chapters on CPP theory and application.

Dr. Reyes developed a CPP-based group intervention, Building Bridges, which has been applied and researched in several community settings including 7 family shelters across 3 counties in the Bay Area, CA. This intervention was adapted to the displaced community in Bogota, Colombia and the Afro-Colombian community in Tumaco, Colombia. This adaptation, Semillas de Apego, is being researched in two randomized controlled studies with a sample size of over 1,200 families. Dr. Reyes has presented this research at national and international conferences, including the International Society for Traumatic Stress Studies.

In addition to her Doctorate degree in Clinical Psychology, Dr. Reyes has also earned a Master of Arts in Education and has experience offering consultation, supervision, and training in trauma informed systems in school-based settings. Dr. Reyes is an immigrant from Peru and is devoted to increasing access to trauma informed services for Latinx immigrant families. She has done several lectures in national conferences on the intersection of immigration and trauma; with a focus on asylum seekers and refugees exposed to armed conflict, systemic oppression,

and racism.

Barbara Krishna Stuart, Ph.D.



Barbara Krishna Stuart, PhD, ABPP is a HS Clinical Professor in the Department of Psychiatry and Behavioral Sciences (DPBS) at the University of California, San Francisco. She is the Deputy Director of the UCSF Division of Infant, Child, and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital and the Training Director of the American Psychological Association-accredited UCSF Child and Adolescent Services Multicultural Clinical Training Program. She is also the Vice Chair for Child and Adolescent Psychology for the DPBS. She is a licensed child clinical psychologist with expertise in the early identification and treatment of complex and severe mental health needs in children and adolescents. She specializes in the early identification and treatment of psychosis and clinical elevated risk mental states, posttraumatic stress and chronic emotion dysregulation and suicidality. Dr. Stuart holds board certification in Dialectical Behavior Therapy (DBT) from the DBT-Linehan Board of Certification and in Behavioral and Cognitive Psychology from the American Board of Professional Psychology.

Dr. Stuart has a long-standing commitment to clinical education- teaching supervising and providing consultation to community-based mental health programs locally and nationally in evidence-based clinical assessment and treatment with a clear and strong commitment to centering trauma-informed diversity, equity, inclusion and belonging best practices in all aspects of her clinical work, teaching, mentoring, and research. She was awarded a Health Resources and Services Administration (HRSA) Graduate Psychology Education grant to train diverse cohorts of doctoral health psychology students, interns, masters learners and post-doctoral residents to provide integrated, interdisciplinary, behavioral health and substance use prevention and treatment services in our local high need mental health professional shortage area. Developing and implementing sustainable and scalable strategies for the recruitment, training, and retention of culturally, racially, ethnically, and linguistically diverse child psychologists and masters-level mental health professionals has been paramount to her work at UCSF, ZSFG and across the state and will continue to be central in her role as DPBS VC of Child and Adolescent Psychology. Her professional values and way of being with learners, colleagues, and friends by her life experiences as a first-generation American from a mixed Nuyorican/Dominican Afro-Latiné family, first to go to college, and first in her family to earn an advanced professional degree. While she has lived in Berkeley for over 20 years now, as a native New Yorker, she is irreverent by nature and nurture, gesticulates when presenting her point and laughs loudly and is still learning to stroll rather than rush (it is difficult to speed-walk in Birkenstocks). On another personal note, she relishes her weekends and other time off unplugged and hiking, camping, or road-tripping with her husband, son, and Pitbull Terrier.

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 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.

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.

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 participates in the APA CAS Multicultural Clinical Training Program in her role overseeing the CAS Assessment Rotation and supervising CAS psychological assessments.

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:

Signature of Doctoral Intern:

Date:

APPENDIX

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
CAS MULTICULTURAL CLINICAL TRAINING PROGRAM AT ZSFGH
SUPERVISED PROFESSIONAL EXPERIENCE WEEKLY LOG OF ACTIVITIES

Supervisee's Name:	Work Setting in Which Supervision Took Place: UCSF/ZSFGH					TOTALS
Hours for weeks of:	9/1 - 9/2/22	9/5 - 9/09/22	9/12 - 9/16/22	9/19 - 9/23/22	9/26 - 09/30/22	
SUPERVISION (must be 10% of total hours worked, e.g., 4.4 hrs/wk for a 44 hr-week)		Holiday 5th				
Face to Face, Ind. Supervisor with Primary Supervisor (min. 1 hour/week)						0
Group Supervision with Primary Supervisor						0
Face to Face, individual Supervisor with Delegated Supervisor (min. 1 hour/week)						0
Group Supervision with Delegated Supervisor						0
TRAINING ACTIVITIES						
(e.g., Didactics, Trainings, Seminars, Grand Rounds, Workshops)						0
PROFESSIONAL SERVICES PERFORMED (aka Direct Service Hours = min of 25%)						
Individual Psychotherapy						0
Couples or Family Therapy (with or without child)						0
Group Psychotherapy/Intervention						0
Testing & Assessment						0
Consultation						0
Collaterals						0
Other Work Performed						
Administrative Duties (e.g. documentation, other paperwork, progress notes, report writing, process notes, charting)						0
Other Admin and Clinic/Lab Meetings						0
Other Professional Activities (e.g., conference attendance, panel discussion, presentations, talks, community outreach, advocacy and policy work, research, Capstone Project, committee work)						0
Total Number of Hrs. Supervised Exp. Each Week:	0	0	0	0	0	0
Total number of hours of SPE performed satisfactorily:	0	0	0	0	0	0

The California Board of Psychology allows a maximum of 44 hrs/week to be counted toward licensure. Logs should reflect vacation, holidays, & other time-off.
 **Maximum 50% of the required 4 supervision hours may be conducted remotely (telesupervision) or 100% remote during state of emergency, via HIPPA compliant video conferencing, per APA CoA regulations and guidelines.

Delegated Supervisor's Printed Name & Psych. Lic #	<p>I certify that the information on this form accurately represents</p> <p>_____ (supervisee)</p> <p>at _____ (work setting).</p> <p>Barbara Krishna Stuart, Ph.D. Lic# PSY23415 Training Director's printed name and psychology license number</p> <p>_____ Training Director's signature and date</p>
Delegated Supervisor's Signature & Date	
Delegated Supervisor's Printed Name & Psych. Lic #	
Delegated Supervisor's Signature & Date	
Primary Supervisor's/Mentor's Printed Name & Psych. Lic #	
Primary Supervisor's/Mentor's Signature & Date	

Signature of Supervisor attests 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.

UCSF Child & Adolescent Services, ZSFG Department of Psychiatry
 Multicultural Clinical Training Program
LEAVE REQUEST FORM

- Discuss with your primary supervisor at least two weeks ahead of time (if possible)
- Discuss with each of your supervisors and clear any outstanding paperwork or client responsibilities
- Submit the form to the Director of Training and cc Training Coordinator for sign off

NAME: _____
 DATE OF REQUEST: _____

I am planning to take leave:

From _____ Through _____
 Total working days requested (excluding holidays/weekends): _____

Supervisor Initials:
 _____ Primary Supervisor _____ Delegate Supervisor
 _____ Other Supervisor _____ Other Supervisor

Tasks to be completed in for leave to be granted:

Training Director's Signature _____ Date _____

APPROVAL: [] Approved [] Not Approved (see reason below)

FOR OFFICE USE ONLY

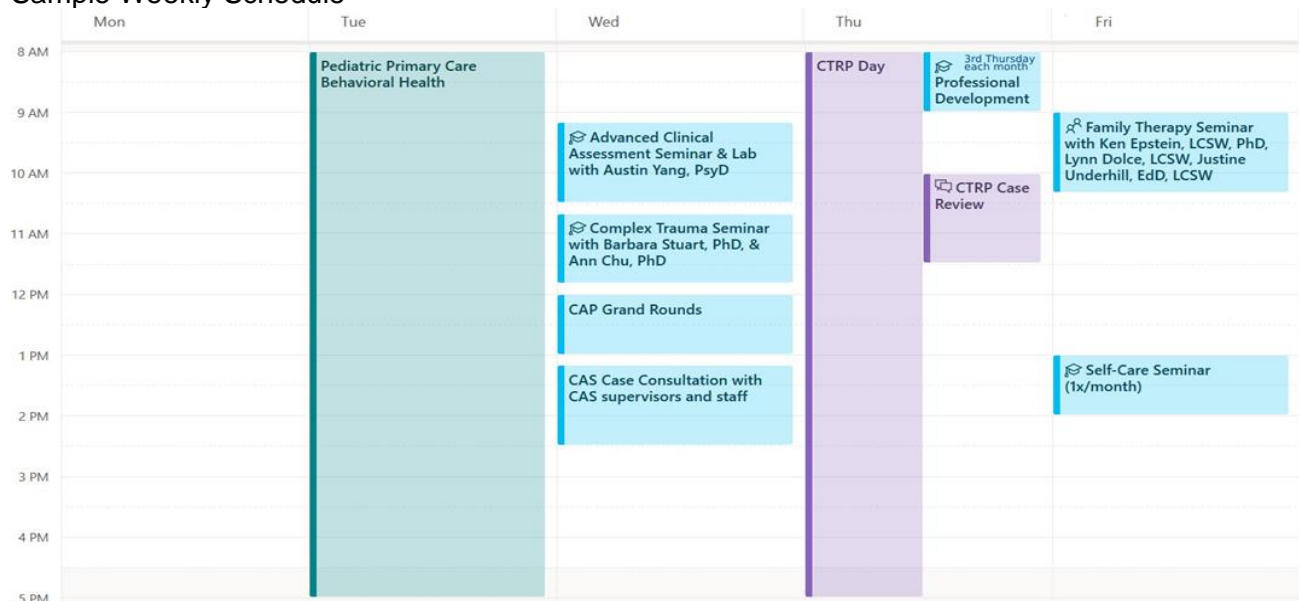
PTO DAYS USED	PTO DAYS REMAINING

Form last updated: 9/13/2022

Sample Seminar Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
2:00 PM-3:00 PM Professional Development Seminar (1st Monday each month)		9:30 AM-10:25 AM Advanced Clinical Assessment Seminar & Lab 10:40 AM-12:00 AM Diversity and Trauma Seminar 12:00 PM-1:00 PM Child and Adolescent Psychiatry Grand Rounds 1:00 PM – 2:20 PM CAS Case Consultation	11:00 AM-12:30 PM CTRP Case Review	9:00 AM-10:20 AM Family Therapy Seminar 1:00 PM – 2:00 PM Self-Care Seminar

Sample Weekly Schedule



	MON	TUES	WED	THURS	FRI
8:00 AM	Track Case				
9:00 AM	Track Case	Assessment Case	Seminars	Assessment Case	Seminar
10:00 AM	Track Supervision	Seminar		Track Case Review	Group Supervision
11:00 AM					
12:00 PM		Group Planning & Supervision	Psychiatry Grand Rounds		
1:00 PM	Track Case			CAS Case	Diagnostic Assessment Clinic
2:00 PM	Seminar (monthly)	Assessment Supervision	Group Supervision		
3:00 PM		Track Case	Group	Supervision	
4:00 PM	CAS Case			CAS Case	
5:00 PM		CAS Case		CAS Case	

	Mon	Tue	Wed	Thu	Fri
8 AM	Adolescent Mental Health Track Inpatient Rotation with Lisa Hail, PhD & Sarah Forsberg, PhD			Professional Development Seminar (3rd Thursday each month)	
9 AM			Advanced Clinical Assessment Seminar & Lab with Austin Yang, PsyD	Adolescent Mental Health Track Eating Disorder Team Meetings with Lindsey Bruett,	Family Therapy Seminar with Ken Epstein, LCSW, PhD, Lynn Dolce, LCSW, Justine Underhill, EDD, LCSW
10 AM			Complex Trauma Seminar with Barbara Stuart, PhD, & Ann Chu, PhD		
11 AM			YoSup Meeting	CAP Grand Rounds	
12 PM				CAS Case Consultation with CAS supervisors and staff	
1 PM					Self-Care Seminar (1x/mont)
2 PM		YoSup screening, assessment, treatment interventions			
3 PM					
4 PM					
5 PM					

Evaluation of Clinical Supervisor

1.	The amount of time spent in supervision was sufficient.					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Click button						
2.	My supervisor demonstrated an appropriate command of the field (e.g., knowledge of literature, clinical skills, techniques, etc.)					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Click button						
3.	I have developed as a psychologist through supervision.					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Click button						
4.	My supervisor was available when needed.					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Click button						
5.	My supervisor was reliable (on time, regular meetings, etc.)					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Click button						
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.)					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Click button						
7.	Supervisor encourages self-reflection (e.g., encourages creative and theoretical thinking about cases; willing to process relational issues that may interfere with therapy)					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Click button						
8.	Supervisor is supportive (e.g., conveys respect and caring; not overly critical; puts me at ease in supervision)					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Click button

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Click button

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Click button

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)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Click button

12. Supervisor enjoys supervision (e.g., appears to enjoy supervision; puts time and energy into it)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Click button

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Click button

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Click button

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

UCSF CHILD AND ADOLESCENT SERVICES (CAS)
MULTICULTURAL CLINICAL TRAINING PROGRAM (MCTP)

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
- Dyadic Treatment/Family Therapy
- Group Therapy
- Consultation- liaison
- Other _____

Please rate the Trainee on each competency using the following scale.

- (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).

Doctoral Interns - the competency goal at the end of the training year is 4 or higher within each category.

Postdoctoral Fellows - the competency goal at the end of the training year is 5 or higher within each category.

ETHICAL AND LEGAL STANDARDS	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
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								
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.								

INDIVIDUAL AND CULTURAL DIVERSITY	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
<p>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.</p> <p>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</p>								
<p>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.</p>								
<p>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.</p>								

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.								

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
Demonstrates ability to respond professionally in increasingly complex situations with increasing independence across levels of training.								
1. 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.								
2. 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.								
6. Shows accountability, dependability, responsibility, and initiative.								
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	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
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.								
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.								

ASSESSMENT	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
Responds professionally in increasingly complex situations with a greater degree of independence across levels of training and demonstrates competence in conducting evidence-based assessment.								
1. Selects and applies assessment methods that draw from the best available empirical literature, and that reflect the science of measurement and psychometrics.								

<p>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.</p>								
<p>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.</p>								
<p>4. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner.</p>								
<p>5. Understands and appreciates the use of the DSM-5.</p>								
<p>6. Demonstrates good clinical interviewing skills.</p>								
<p>7. Able to assess patient's clinical state and intervene appropriately.</p>								
<p>8. Makes appropriate recommendations for treatment planning and disposition.</p>								
<p>9. Conducts suicide and violence risk assessments appropriately.</p>								

INTERVENTION	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
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								
1. Establishes and maintains effective relationships with the recipients of psychological services (i.e., working alliance).								
2. Develops evidence-based intervention plans specific to the service delivery goals.								
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual Variables								
4. Demonstrates the ability to apply the relevant research literature to clinical decision-making.								
5. Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.								

6. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.							
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SUPERVISION	Below Expectations		Meets Expectations			Above Expectations		
	1	2	3	4	5	6	7	N/A
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								
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	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
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								

RESEARCH AND SCIENCE	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
Demonstrates substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g.,								

case conference, presentation, publications)								
1. Seeks out professional writings regarding assessments, interventions, scholarly								
2. Awareness and use of current literature, research, and theory in assessments								
3. Awareness and use of current literature, research, and theory in interventions								
4. Provides quality oral presentations in case conferences, seminars, didactics, other teaching endeavors								
5. Proposes realistic goals for scholarly activities for the year								
6. Generates independent questions/hypotheses for scholarly activities								
7. Time management and discipline in the use of allotted scholarly/research time								
8. Demonstrates independent, critical thinking in scholarly activities								
9. Works towards communicating findings of scholarly endeavors through poster presentations, professional papers, local or								
10. Awareness of, and adherence to APA ethical guidelines and legal standards in scholarly inquiry and scholarly activities								
11. Sensitive to issues of cultural and individual diversity relevant to scholarly inquiry and scholarly activities								

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?

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 (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).

Trainee / Intern: any person in training including practicum students/externs, doctoral interns, and postdoctoral fellows.

Training Program: UCSF Child and Adolescent Services Multicultural Clinical Training Program (MCTP).

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].

- Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth.
- 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).