



University of California  
San Francisco  
*advancing health worldwide™*



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

## UCSF CHILD AND ADOLESCENT SERVICES MULTICULTURAL CLINICAL TRAINING PROGRAM



<b>ABOUT UCSF DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES (DPBS).....</b>	<b>4</b>
<b>UCSF CHILD AND ADOLESCENT SERVICES (CAS) .....</b>	<b>6</b>
<b>Care Coordination.....</b>	<b>7</b>
<b>Specialty Mental Health Services .....</b>	<b>8</b>
<b>THE MULTICULTURAL CLINICAL TRAINING PROGRAM (MCTP).....</b>	<b>9</b>
<b>MISSION.....</b>	<b>9</b>
<b>TRAINING PHILOSOPHY .....</b>	<b>10</b>
<b>TRAINING OBJECTIVES.....</b>	<b>11</b>
<b>TRAINING GOALS:.....</b>	<b>12</b>
<b>APPLYING FOR INTERNSHIP [For Academic Year 2026 – 2027] .....</b>	<b>14</b>
<b>Application requirements.....</b>	<b>17</b>
<b>Priority criteria .....</b>	<b>17</b>
<b>CLINICAL TRAINING HOURS.....</b>	<b>18</b>
<b>GROUP THERAPY.....</b>	<b>19</b>
<b>SPECIALTY TRACKS.....</b>	<b>22</b>
<b>TRAINING DIDACTICS .....</b>	<b>30</b>
<b>SUPERVISION .....</b>	<b>34</b>
<b>SOCIALIZATION INTO THE PROFESSION.....</b>	<b>39</b>
<b>BUILDING A SUPPORTIVE PROFESSIONAL COMMUNITY .....</b>	<b>42</b>
<b>MENTORSHIP .....</b>	<b>42</b>
<b>DOCTORAL INTERNSHIP: ACCREDITATION, POLICIES, PROCEDURES &amp; REQUIREMENTS FOR SUCCESSFUL INTERNSHIP PERFORMANCE.....</b>	<b>44</b>
<b>UCSF POLICIES RESOURCES.....</b>	<b>48</b>
<b>COVID-19 RELATED SAFETY POLICIES .....</b>	<b>56</b>
<b>CAMPUS SAFETY .....</b>	<b>56</b>
<b>EMPLOYEE SAFETY AWARENESS FAQ:.....</b>	<b>57</b>
<b>ICAP DOCUMENTATION AND PROCEDURES .....</b>	<b>60</b>
<b>MCTP DUE PROCESS IN ACTION - The Identification and Management of Trainee Problems and Grievances .....</b>	<b>60</b>
<b>CAMPUS SERVICES .....</b>	<b>70</b>



<b>CORE FACULTY &amp; STAFF.....</b>	<b>71</b>
DEFINITIONS:.....	101
RECEIPT OF MCTP HANDBOOK .....	102

## ABOUT UCSF DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES (DPBS)

The University of California, San Francisco (UCSF), 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.

UCSF employs about 22,000 people and ranks as one of the top medical schools in the country in the 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.

The UCSF Department of Psychiatry and Behavioral Sciences (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.

Psychology training has been an integral part of the mission of the UCSF DPBS since 1943. Indeed, the 1943 inauguration address for the first psychiatric institute in California and precursor to the UCSF Department of Psychiatry and Behavioral Sciences 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>).

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.

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, UCSF Nancy Friend Pritzker Psychiatry Building, UCSF Joan and Sanford I. Weill Neurosciences Building, UCSF Langley Porter Psychiatric Hospital, UCSF Benioff Children's Hospital Oakland, UCSF Benioff Children's Hospital San Francisco, and San Francisco Veterans Affairs Medical Center (SFVAMC).

The multidisciplinary faculty of the department includes both full-time faculty, clinical



staff and a large volunteer clinical faculty. 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 with a commitment to mental health access for all people. We are dedicated to advancing mental health across the lifespan for the people of the Bay Area and the world.



Zuckerberg San Francisco General Hospital and Trauma Center 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 several prominent research centers and institutes.

Widely regarded as one of the premier public hospitals in the United States, the General—commonly known as ZSFG—delivers compassionate, affordable, and culturally sensitive care to a diverse international patient community, irrespective of their financial means. This rich history has profoundly shaped the hospital's culture and mission.

Since its establishment in 1873, ZSFG has partnered with UCSF to enhance public health. The presence of UCSF physicians and researchers on-site ensures that high-quality care and cutting-edge research are readily accessible to all residents of San Francisco. Our trauma patients benefit from life-saving interventions provided by internationally acclaimed surgeons and emergency medicine specialists. Furthermore, our focus on education and research allows the care we provide to influence improved health practices, protocols, and policies both nationally and globally.

UCSF Department of Psychiatry and Behavioral Sciences training programs are open to all who meet academic, work and interest requirements and are not restricted to individuals based on any protected category. All programs and activities are structured and conducted in a fair and transparent manner that is fully compliant with State and Federal antidiscrimination laws. We seek individuals who are

- committed to advancing science; assuming leadership positions; teaching; representing UCSF on behalf of the diverse communities across our state and nation through careers in the health professions and biomedical and social science research;
- and capable and committed to living the **UCSF PRIDE values** (<https://opportunity.ucsf.edu/about/pride-values>)
- and fulfilling the **UCSF Principles of Community** (<https://opportunity.ucsf.edu/about/principles-community>).

## UCSF CHILD AND ADOLESCENT SERVICES (CAS)

**Child and Adolescent Services (CAS)** 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 has been offering doctoral internships and postdoctoral clinical training since 1998.

In the Fall of 1999, CAS received a grant from The California Endowment, Communities First Program, to establish a Multicultural Child Clinical Training Program. Past and current funders include the Trauma Metta HEARTS fund, the Pritzker Foundation, the Mt. Zion Health Fund grant, the Lieff Cabraser Carver HEARTS project, the Tipping Point Foundation, the Lisa and John Pritzker Family Fund, 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.

*The internship is currently supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,349,985. The contents of this Handbook are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.*

CAS serves Medi-Cal beneficiaries, with 80% of publicly insured clients at UCSF campuses experiencing significant psychological trauma from child maltreatment, domestic violence, catastrophic injuries, physical assault, and exposure to discrimination or community violence. The clinic also addresses the needs of a significant homeless population, with 40% of its patients currently experiencing or having experienced homelessness, transitional housing, shared living, or shelter in the past year, and 25% being in foster care.

Most referrals (76%) come from Department of Pediatrics Children's Health Center

(CHC), which serves about 70% of the county's publicly insured pediatric population and operates in a Health Professional Shortage Area - providing a robust pathway for integrated mental health services. Over 30% of children aged 6 to 17 receiving primary care at the CHC qualify for specialty MH services. This makes MCTP an ideal training hub for integrated coordinated MH and SU treatment, addressing the complex needs of socioeconomically disadvantaged children and youth.

The average age of a child referred is approximately 11 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 Latina/o/x identified; 14% identify as Black/African American; and the remainder identified as Arab American, European American, Asian / Pacific Islander, Asian American, Native American / American Indian, or mixed race / ethnicity.

#### **CAS services consist of:**

- Assessment & Treatment
- 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 and/or who are present with serious emotional or behavioral problems.
- All services are available in both English and Spanish, and interpreter services are available for additional languages.

### **Care Coordination**

CAS is committed to providing high quality, culturally competent services for economically disadvantaged families across the Bay Area. Clinicians (*and learners*) coordinate services and collaborate with primary care teams and any other community providers as needed, to facilitate the full and healthy development of each child and youth. This includes (*but not limited to*):

- coordinating with the Department of Human Services to provide prompt assessment of the level of care needed and intake to mental health services for

- children and youth in foster care,
- consulting with entities such as the San Francisco Unified School District, San Francisco Department of Public Health) to provide consultation and psychological assessments to identify strategies for addressing school-based learning difficulties.

## Specialty Mental Health Services

In addition, as part of the teaching hospital for UCSF School of Medicine, the department provides training for psychiatry residents, fellows and pediatric residents. Psychiatry residents / fellows participate in yearlong training in assessment, treatment and pharmacotherapy.

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.

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.

MCTP doctoral learners gain integrated healthcare experience at the Encore Medical Clinic, collaborating with physicians and other care providers to conduct assessments during primary care visits addressing basic needs and behavioral health concerns. Learners also conduct evaluations for the UCSF Health and Human Rights Initiative. Interventions include psychoeducation and Trauma-focused CBT. Together, CAS and EMC foster a coordinated care system within UCSF.

All MCTP clinical rotations serve children impacted by poverty across multiple systems in San Francisco County and in Alameda County at UCSF Benioff Children's Hospital, Oakland. This includes the Child Welfare System, which is the primary means through which CA's counties address cases of child abuse and neglect, and youth involved in the juvenile justice system.

Similarly, UCSF Benioff Children's Hospital Oakland's Federally Qualified Health Center

includes the Encore Medical Clinic (EMC), which serves around 3,000 patients annually. UCSF Benioff Children's Hospital Oakland's Behavioral Health Services, like CAS, fall under UCSF's Department of Psychiatry and Behavioral Sciences, Division of Child and Adolescent Psychiatry. The EMC serves patients aged 0 to 21, with a demographic composition that is predominantly African American (40%, including recent immigrants from African countries) and 35% identifying as Latino/a/x (with 30% being recent immigrants from Mexico and Central America, including unaccompanied minors and newcomers).

The clinic also addresses the needs of a significant homeless population, with 40% of its patients currently experiencing or having experienced homelessness, transitional housing, shared living, or shelter in the past year, and 25% being in foster care. All interns rotate through Child and Adolescent Services (CAS) at ZSFG, a Federally Qualified Health Center that serves as the foundation of our internship program. During their rotation, interns engage in individual and family therapy, assessments, and group therapy.

## THE MULTICULTURAL CLINICAL TRAINING PROGRAM (MCTP)

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 UCSF's Department of Psychiatry and Behavioral Sciences (DPBS). The MCTP is a full-time APA-accredited, one-year clinical psychology internship, committed to serving the local community and values research in support of evidence-based clinical practice. We uphold professional excellence through theory, empirical research, and experiential knowledge, with a focus on ethical conduct. The main training site is at Zuckerberg San Francisco General Hospital and Trauma Center. At ZSFG, we encourage students to be not just consumers of knowledge but also agents of change, positively impacting individuals, communities, and society. The MCTP emphasizes leadership and advocacy training, advancing and sustaining access to all, as essential for enhancing the psychology profession and removing barriers to high-quality care for children, youth, and families.

## MISSION

The mission of the UCSF Child and Adolescent Services, Multicultural Clinical Training Program at Zuckerberg San Francisco General Hospital is consistent with the mission of its parent institution - **to develop leaders in health care delivery, research and education, and advance health locally and globally.**



In line with UCSF and ZSFG's missions, the internship program is designed to train clinical psychologists and other health care professionals who are committed to careers serving the most vulnerable populations and addressing mental health disparities for all. The City of San Francisco (and much of the patient population at ZSFG) is characterized by various racial and ethnic groups represented: 23% European American, 17% African American, 31% Latino/a/x, less than 1% Native American, 23% Asian, and 5% Other. Most families served are low-income and do not speak English as their primary language.

Our clinical settings engage in multiple actions to provide care with humility and in line with our values.

Our values define us – *how we work, learn, interact, and fulfill our mission*. UCSF **PRIDE** values are the cornerstone for everything we do and unite our faculty, students, researchers, caregivers, and staff in building a culture of collaboration that inspires us to be our best today and in the future. Described in more detail, UCSF's PRIDE Values and how they can be enacted through our daily lives are:

**P - Professionalism:** To be competent, accountable, reliable and responsible, interacting positively and collaboratively with all colleagues, students, patients, visitors and business partners.

**R - Respect:** To treat all others as you wish to be treated, being courteous and kind, acting with the utmost consideration of others.

**I - Integrity:** To be honest, trustworthy and ethical, always doing the right thing, without compromising the truth, and being fair and sincere.

**D - Diversity:** To appreciate and celebrate differences in others, creating an environment of equity and inclusion with opportunities for everyone to reach their potential.

**E - Excellence:** To be dedicated, motivated, innovative and confident, giving your best every day, encouraging and supporting others to excel in everything they do.

More information can be found here: [UCSF PRIDE Values](#)

## TRAINING PHILOSOPHY

Our training 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



commitment to just and ethical conduct. At ZSFG we encourage learners 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 learners 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, and historical contexts. The MCTP provides specialized leadership and advocacy training as crucial aspects of the field of psychology both for the advancement of the profession and for removing barriers that children, youth and families encounter in their attempts to access high-quality, evidence-based care.

## TRAINING OBJECTIVES

In line with ZSFG's and CAS's mission, MCTP's training objectives are to:

1. **Provide evidence-based and trauma informed clinical 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.
2. **Prepare learners to thrive as independent practitioners** (*i.e., licensed psychologists*) committed to serving and meeting the needs of children, youth and families from low-income groups while embodying the highest clinical, ethical, and legal standards of the profession. An impressive 90% of graduates have found positions in academic health centers or community hospitals, where they work with individuals impacted by economic/educational/medical and/or environmental barriers to care. Since 2007, 59% of interns have identified as non-White, and since 2017, 50% of learners have been multilingual, with 38% being bilingual in Spanish - well above the national average for our discipline of 5%. These statistics highlight the program's commitment to training professionals focused on addressing mental health disparities in child and adolescent psychology. Each of our didactics, seminars and clinical supervision meetings focus on bridging the science-practice gap by providing training in community responsive, trauma- informed evidence-based treatments for children and families. The science-practice gap is a recognized issue in clinical psychology, particularly evident in agencies that serve economically/educationally/medically disadvantaged communities. Consequently, one of the primary goals of our program is to offer advanced training focused on clinical practice and research related to health disparities.
3. **Support learners in developing their skills as "local clinical scientists,"** in keeping with Stricker & Trierweiler (1995). As such, when approaching problems presented by patients in therapy, learners are taught to utilize similar critical thinking

skills as those used by a scientist “investigating research hypotheses in a lab” (Gaudiano & Statler, 2001). To provide appropriate services for their patients, learners 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).

4. **Support awareness of potential biases** that may influence their decision-making, and they are guided to take proactive steps to mitigate or eliminate these biases. 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 discrimination and that all children and adolescents deserve access to appropriate, evidence-based, mental health care when they need it. CAS supports the individual practitioner in continually striving for an understanding of themselves, in terms of their own background and biases, as a key component in understanding and respecting differences with one’s clients.
5. **Provide experience across the entire developmental** spectrum of 0 - 24 years of age and provides specialized training in:
  - Behavioral and emotional dysregulation
  - Building expertise in anti-discrimination and the inclusion of all people
  - Child-parent psychotherapy
  - Cognitive behavioral therapy
  - Culturally informed, empirically supported treatments
  - Dialectical behavior therapy
  - 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

## TRAINING GOALS:

- To refine skills in the assessment and diagnosis of psychological and psychiatric

problems of children and adolescents, incorporating sensitive service delivery for economically/educationally/medically disadvantaged.

- To refine skills in the treatment of psychological and psychiatric problems of children and adolescents
- 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 several settings.
- To understand scientific, legal and ethical standards and demonstrate behavior that is consistent with professional standards. Addressing ethics not just 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

individuals and communities who embody a 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 to 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.

## APPLYING FOR INTERNSHIP [For Academic Year 2026 – 2027]

Our deadline for receipt of applications is November 1, 2025. Tentative interview dates for this application cycle are:

- Thursday December 11, 2025
- Friday December 12, 2025
- Monday, December 15, 2025
- Thursday, December 18, 2025
- Thursday, January 8, 2026
- Friday, January 9, 2026

*(Dates subject to change.)*

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>) to review the most up-to-date information.

The UCSF MCTP employs a holistic review strategy in our recruitment and selection practices. According to the Association of American Medical Colleges (AAMC), holistic review is defined as “admissions or selection processes that consider applicants’ experiences, attributes, and academic metrics, as well as the value they contribute to learning, practice, and teaching.” This approach enables our admissions committee which is comprised of several clinical faculty representative of all the specialty tracks, including the Training Director and the track leads, to assess the “whole” applicant instead of focusing on a single factor (AAMC, 2021). As a public institution, we take pride in having a learner population that increasingly reflects the diversity of our patients.

The department strongly encourages applicants from all backgrounds to apply, and all qualified applicants will receive consideration for placement without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, protected veteran status, or other protected status under state or federal law. Learners with the ability to conduct services in another language other than English are also strongly encouraged to apply.

Each applicant is evaluated in the following areas:

- Clinical training, including experience in assessment and psychotherapy with children, youth, and families
- Overall excellence as a developing psychologist as shown by breadth and depth of experience and letters of recommendation
- Demonstrated interest and experience working with economically/educationally/environmentally disadvantaged populations
- Demonstrated interest and experience in public mental health
- Demonstrated interest and experience with children, youth, and families impacted by acute, complex, or chronic trauma

- Essays that reflect clear theoretical foundations, strong evidence-based practices, and strong case conceptualization skills
- Progress toward dissertation completion
- Research interest as documented by training obtained and activities completed (presentations, publications, or grants)

## Selection Process

The MCTP strictly follows the regulations set forth by the APPIC (Association of Psychology Postdoctoral and Internship Centers) Match process. This process is organized into phases, allowing applicants and programs to submit ranked lists of their preferred positions and candidates, respectively. A confidential matching algorithm then pairs applicants and programs based on these mutual preferences, resulting in a binding agreement. Phase I occurs in the fall and early winter, with results announced in mid-February. This is followed by Phase II for any unfilled positions, and finally, a post-match vacancy period for direct applications. **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.**

Our interview process is governed by strict guidelines aimed at promoting fairness, equity, and ethical conduct. As an internship site, we adhere to regulations regarding allowable questions, interview procedures, and the use of information during the selection process. Our primary goal is to ensure that decisions are based solely on professional qualifications and suitability.

The selection process for new trainees is also in compliance with the State of California Proposition 209, UC Policies, PRIDE values, and federal laws.

In addition, our process aligns with our UCSF criteria, which include the following:

1. Decisions at each stage of the selection process derive from a comprehensive assessment of submitted materials from the applicant and consider all aspects of an applicant's record/experience, including academic performance, extracurricular activities, service activities, leadership, research, and personal qualities.
2. The above qualities are used to evaluate an individual's ability to:
  - a. Comprehensively care for complex patients, including sustaining therapeutic relationships with patients and their families
  - b. Successfully complete the internship/residency/fellowship requirements
  - c. Contribute to the efforts of care teams as a member or leader



- d. Contribute to a positive and enriching clinical learning environment for all members of the UCSF community
  - e. Serve all or specific communities of the state of California and the US with respect, compassion, and commitment
  - f. Live UCSF PRIDE values and honor the principles of community
3. Selection criteria cannot and do not use race, ethnicity, or sex at any stage of the process. Selection criteria can include review of applicant personal statements, essays, including experiences they may have had that relate to discrimination or hardship in their life, or their interest in the health care issues unique to specific populations that are relevant to the qualifications needed to be a successful candidate.

## Application requirements

- Doctoral degree program must be accredited by the American Psychological Association (APA) or Psychological Clinical Science Accreditation System (PCSAS) in **clinical psychology** or **clinical science** or **combined clinical psychology and school/counseling or counseling psychology** programs
- Comprehensive exams passed
- Submission of official graduate degree(s) transcripts
- Letter of interest
- Curriculum vitae
- Three letters of recommendation

## Priority criteria

- Dissertation proposal approved and data collection completed prior to the Association of Psychology Postdoctoral and Internship Centers (APPIC) Rank Order List submission deadline
- Experience in evidence-based treatment and assessment
- Experience in treatment of trauma in youth
- Significant psychological testing experience
- Experience in conducting research in public health settings

## Stipends:

For the fiscal year 2026 - 2027 the total compensation is \$ \$53,938 in addition to health benefits and 160 hours of Paid Time Off (*in addition to holidays*). The 2026 – 2027 training year is scheduled to begin September 1, 2026, and end August 31, 2027. This is a full-time one-year non-exempt position under Title code 2717: Intern-Clinical Psychology.

## CLINICAL TRAINING HOURS

Doctoral learners must dedicate a minimum of 25% of their time on internship (*across rotations*) providing direct service - amounting to a minimum of 10 hours (*for a 40-hour week*) of direct clinical contact hours. Direct service hours do not include seminar attendance or scholarly work or extensive report writing or documentation. Therapy cases require significant case management, outreach, collateral contact and accordingly, increased documentation given the nature of presenting issues. Thus, the intern's clinic caseload and corresponding case management needs can amount to about 20 - 30 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.

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:**

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 (*subject to change based on need and resources*).

- 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 that they are afraid it 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 groups. 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.** The Wavefront CBT Clinic at the Child, Teen, and Family Center (Nancy Friend Pritzker Building in Mission Bay) provides a cognitive behavioral therapy groups for teens ages 13 to 18 who are experiencing social anxiety. This interactive group aims to help teens gain a better understanding of and develop skills to manage their social anxiety. 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 comprises 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 young people already are found, allowing access to a high-needed population often at the margins of health care. A group therapy model led by trained facilitators expands the reach of mental health providers, permits screening and triage of more youth, and decreases barriers to participation. Interns will help with screening and identifying group participants, evaluating participants, and will also co-facilitate Fuerte groups in school settings.  
<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 learners 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 learners 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 for 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, set specific goals, and use 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-year-olds). 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 with 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.
- 8) **Café Con Leche Caregiver Groups:** CAS finds 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 services exist. 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" consists 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. 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 informed services to clients in a variety of ways. The clients served in these rotations are counted as part of the intern's total direct clinical service time (*per APA standards a minimum of 25% total time must be dedicated to direct clinical service activities*). For rotations that include provision of psychotherapy services (*individual, family, dyadic*) interns are expected to have a caseload of at least 5 separate cases per rotation experience.



## **APPIC Program Code: 190211 - Early Childhood Mental Health at Child Trauma Research Program (CTRP)**

CTRP 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 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 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. 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 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 to 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, courts, schools, foster care mental health and restraining order clinics. <https://childtrauma.ucsf.edu/child-trauma-research-program>

**APPIC Program Code: 190212 - Adolescent Mental Health- Eating Disorders (AMH-ED)**

Interns in the Adolescent Mental Health- Eating Disorders Track can 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 and Behavioral Sciences, 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, diverse-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 assessments, 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-Eating Disorders Track also have the opportunity to do a formal minor rotation providing 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 (IMH)

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 learners 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 economically disadvantaged undergraduate learners. 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 medically,

economically, or educationally disadvantaged 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 well-being.

### **APPIC Program Code: 190214 - Integrated Behavioral Health (IBH)**

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 health service professional shortage areas, 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 learners, and staff from the Children's Health Center.

### APPIC Program Code: 190215 - Adolescent Substance Use and Mental Health (ASUMH)

Interns in this specialty track can participate in the **Community 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, community responsive integrated youth substance use and mental health services. CRESTT has an 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 youth with who are geographically isolated and economically or medically vulnerable and those otherwise unable to access high-quality health care. 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- Eating Disorders 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 MCTP to train doctoral interns 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 access to quality services, a skilled workforce, and innovative programs.

**The Juvenile in Justice and Behavioral Health Research Team (JJBH)** rotation for this track offers interns the opportunity to work across systems of care through the FostrSpace-CASA and Project ECHO-TISC (Trauma Informed Systems of Care) programs. Project ECHO-TISC uses a tele-mentoring model to build non-clinical legal professionals' capacity to use trauma-informed and responsive practices when working with system-involved youth and families. Legal professionals (*e.g., dependency and delinquency attorneys, judges, probation officers*) participate in a biweekly program over 3 months that includes brief didactic lectures and peer consultation. As emerging



subject matter experts, interns present didactics and participate in peer consultation. Interns are trained in the Ekstasis model for peer consultation and work in weekly small multidisciplinary groups to problem-solve challenges related to system-involved youth. Interns will have the opportunity to draft trauma-informed practice plans for attendees seeking case consultation. This unique opportunity is designed to support interns' development as educators and gain the skills to establish partnerships with legal system professionals.

**FostrSpace** is a platform designed by and for CA to foster youth to take the stigma out of accessing MH care and resources to address social determinants of health. The FostrSpace mobile web app allows foster youth (ages 13-26 years) to access digital psycho-educational materials, a personal care navigator, peer support, and clinicians who can provide direct MH and substance use services through telehealth. As part of the program, learners carry a caseload of 3-4 individual therapy clients. Under the supervision of licensed psychologists, learners are trained to complete an intake assessment assessing youth MH and SUD. Learners work with an interdisciplinary team (psychologists, social workers, foster youth peer support staff) to develop a comprehensive treatment plan of care using evidence-based interventions. When clinically appropriate, learners provide family-based therapy to support caregiver-youth communication and youth behavioral health, and group-based SU interventions. Interns will participate in a complementary tele-mentoring program for Court Appointed Special Advocates (CASA) who support foster youth. This bi-weekly ECHO curriculum focuses specifically on supporting CASA volunteers in talking with their youth about substance use and engaging in substance use prevention planning. As with ECHO-TISC, interns participate in a bi-weekly, 6 session curricula by delivering didactics and providing consultation.

**The Voices HEAL (Helping Empower Adolescent Lives)** program is a gender-responsive program that provides intensive case management, individual, family-based, and group services to young women who are system-involved ages 12 - 24 years old. This program uses family engagement practices rooted in trauma-informed and strength-based approaches to maintain and strengthen the bonds young women have with their families and communities. As part of the program, learners carry a caseload of 3 - 4 individual therapy clients. Under the supervision of licensed psychologists, learners are trained to complete an intake assessment assessing youth MH and SUD. Learners work with an interdisciplinary team (psychiatrists, psychologists, social workers, and case managers) to develop a comprehensive treatment plan of care using evidence-based interventions. Interns provide family-based therapy to young women and their caregivers to address parent-adolescent communication, parental monitoring, adolescent risky sexual behavior, and substance use. Interns are trained in the Voices Curriculum, a group-based program for young woman that incorporates psychoeducation, cognitive behavioral approaches, mindfulness, and body-oriented and



expressive arts. The Voices Curriculum has been successfully implemented in outpatient and residential substance use treatment, schools, juvenile justice, and private practice settings) and has shown reductions in cannabis use for young women with a history of substance use. Learners co-facilitate a Voices group in middle and high schools.

MCTP also provides Adolescent MH and Substance Use Track interns with rotation experience at the **Forensic Assessments and Comprehensive Evaluations for Teens/TAY (FACET) Clinic**, which offers up to 4 hours of weekly experiential training. The rotation experience includes evidence-based practices targeting juvenile justice systems that involve youth with problematic substance use behaviors. Interns administer comprehensive forensic risk and need assessment (*with emphasis on identification of co-occurring substance use*) based on contemporary best practices (e.g., *Risk-Needs-Responsivity model*) to identify behavioral health treatment needs to target for intervention that will reduce the risk of continued legal involvement and impairment under the close supervision of a licensed psychologist. Interns obtain exposure to specialized and developmentally informed forensic assessment for legally involved youth. Experiences within the rotation involve interdisciplinary coordination with justice system personnel (e.g., *prosecution and defense attorneys, judges, & juvenile probation officers*) and collaboration with behavioral health system personnel (e.g., service providers, diversion programs) to support youth and their families in overcoming barriers to completing legally mandated treatment to reduce impairment and the risk of recidivism.

In addition to core MCTP didactic training, HRSA-GPE students receive specialized substance use training, which includes a rich didactic program for the implementation of Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA). CIFFTA is an outpatient treatment designed to modify adolescent conduct problems, depression, school failure, family conflict, delinquency/violent behavior, drug use and/or risky sexual behavior. CIFFTA identifies and strengthens protective/resiliency factors. CIFFTA combines family treatment, individual treatment, and psycho-educational modules in a highly strategic and effective manner.

All MCTP clinical rotations focus on high-need, low-income populations. Didactics prioritize interdisciplinary collaboration and integrated behavioral health. Interns collaborate with multidisciplinary teams, including psychiatrists, psychologists, social workers, MFTs, case managers, pediatricians, nurses, crisis workers, and school staff, while coordinating care with primary care providers and navigators at co-located ZSFG Children's Health Center, the Encore Medical Clinic at UCSF Benioff Children's Hospital, Oakland, and the Eating Disorders Program at UCSF Benioff Children's Hospital Mission Bay.

For each youth client, interns engage with primary care pediatricians, nurses, primary care behavioral health clinicians, and Family Mental Health Navigators at the Children's Health Center and at the Encore Medical Clinic. The AMH Eating Disorders Track includes interdisciplinary meetings and a rotation in inpatient medical stabilization. JJBH rotations enhance multidisciplinary training through interactions with legal professionals and peer consultations across various provider groups. The MCTP promotes interprofessional learning among doctoral interns, postdoctoral fellows, psychiatry residents/fellows, MFT and social work students, nursing students, and pediatric residents.

## 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 2026-2027 year are approximately 8 hours a week for full time interns, less for other learners. The current seminars offered are described below and are subject to modification year after 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 trauma-informed orientation. 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 learners will complete internships 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 learners 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, work-life balance, professionalism, communication and conflict management, and diverse career trajectories. With guidance from the instructors, learners will actively engage in peer supervision, consultation, and conflict-management with other learners at various time points throughout the course. The course objectives are to: (1) expose learners to the various models and strategies of supervision, consultation, and conflict- management, including the history and effectiveness of practices; (2) encourage learners to develop a systematic supervisory, consultative, and conflict- management style; (3) give learners 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 learners 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 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 learners, residents, fellows and community providers (teachers, childcare workers, youth providers).

**CAS Case Conference Team Meeting:** CAS learners 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 learners, 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 learners 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 within the Medicaid system and challenges within the context of barriers and imbalances to access, and challenges to specific populations we serve in our various clinics and programs such as economically disadvantaged youth, immigrant youths, etc. The course objectives include the following: 1) expose learners to some of the most critical and complex policy issues impacting different areas of child mental health; 2) expose learners to the policy analysis process; 3) give learners 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 learners for incorporating a policy and advocacy portfolio into their identities as behavioral health professionals.



## SUPERVISION

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 and 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 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:**

- Each intern will receive a minimum average of four (4) hours of supervision weekly.
- Each intern will have a minimum of three supervisors who they meet with routinely.
- The primary supervisor is a psychologist licensed by the Board. (Section 1387.1)
- A marriage and family therapist (MFT) or a licensed clinical social worker (LCSW) serves as a delegated supervisor. (Section 1387(c))
- The primary supervisor completed a six-hour course in supervision. This is required every two years. (Section 1387.1(b))
- The primary supervisor is employed or on contract at the same agency as the trainee. (Section 1387(b)(6))
- The primary supervisor is available to the trainee 100 percent of the time the trainee is accruing SPE. (Section 1387(b)(6))
- 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))
- 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.
- The trainee does not pay or otherwise remunerate the supervisor(s) to provide supervision.
- The trainee does not function under another mental health license (e.g., MFT, LCSW, etc.) while accruing SPE.
- 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))
- The primary supervisor monitors the welfare of the trainee's clients. (Section

1387.1(f))

- The primary and delegated (if any) supervisors do not have a family, intimate, business, or other relationship with the trainee that would compromise the supervisor's effectiveness. (Sections 1387.1(j) and 1387.2(h))
- 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))
- Supervisors and learners are always 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))
- 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))
- 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.
- The trainee maintains an SPE weekly log. (Section 1387.5)
- 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)
- 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)).
- 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.
- 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 accommodation to ensure interns receive *all* required supervision to not cause undue stress on the intern over the course of the year. If 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](http://www.psychology.ca.gov)).

### **Telesupervision:**

Pursuant to the Commission on Accreditation (CoA) Implementing Regulations, Section C: IRs Related to the Standards of Accreditation, section C-15 I. “Telesupervision” updated in July 2023, the MCTP utilizes telesupervision in ways that adheres to generally accepted best practices and meets all standards of the Standards of Accreditation (SoA).

According to this Standard, “[t]elesupervision is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee”.

Telesupervision is conducted and documented in a confidential manner according to applicable laws in similar ways as in-person supervision. To minimize risks, telesupervisors and telesupervisees will use HIPAA-compliant video conferencing software, and follow established telesupervision requirements and procedures:

- Telesupervisors and telesupervisees will engage in sessions only from a private location where you will not be overheard or interrupted.
- Telesupervisors and telesupervisees must use UCSF encrypted devices and UCSF HIPAA compliant Zoom accounts via their UCSF MyAccess portal (and not personal Zoom accounts)
- Telesupervisors and telesupervisees will endeavor to minimize technical failures that might disrupt, delay, or distort communications.
- Telesupervisors and telesupervisees may be anywhere during a telesupervision meeting; however, all clinical work that is being telesupervised must take place in California.
- Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone.
- Telesupervisors and telesupervisees should have access to a correct phone number at which to reach one another and have access to phones at supervision session times.

Telesupervision is used regularly to accommodate remote work options as well as when interns or supervisors are out of the office due to sickness. Any videoconferencing used through the MCTP occurs over our secure network and HIPAA compliant teleconferencing program (Zoom) which is only accessible by the intern or supervisor’s unique ID and password. Utilizing telesupervision allows for the continuity of supervision and ongoing support from and access to supervisors. Given the increasing use of telehealth and telesupervision in the fields of psychology and mental health, psychologists in training should have exposure during their training to utilizing videoconferences for multiple professional roles, which could include supervision, other meetings, and clinical work. Thus, providing telesupervision is consistent with the aims

of the internship to train clinical/counseling psychologists on the provision of psychological services and both providing and receiving supervision through a synchronous audio and video format is a generally expected skill of entry-level Health Services Psychologists.

Telesupervision is always utilized within the context of relationships with primary and delegated supervisors who are also on-site. Supervisors have regular interactions with their primary supervisors in person as well as remotely. Building relationships between learners and supervisors is a crucial part of the supervisory process and occurs at the beginning of the supervisory relationship during the training program orientation. Initially, primary supervisors conduct their first few supervision sessions in person to establish rapport before transitioning to telesupervision. Telesupervision may fulfill the required individual and group supervision hours for psychology interns each week. However, most of the time supervisors have in-person access to their supervisors, in other meetings such as case review, case conference and seminars and via co-leading psychotherapy sessions or co-administrating assessments. Supervisors providing primary, delegate and group supervision retain professional responsibility for clinical cases.

Learners receive guidance on how to reach out to supervisors for consultation, crisis coverage, or assessments. In instances where immediate contact with a supervisor is necessary and they are not physically present, learners can use Teams chat, phone calls/texts, and Zoom consultations. Learners have access to the office and personal contact numbers of all supervisors for communication. Delegated in-person supervisors are available to learners throughout the workday, and a licensed psychologist supervisor is always reachable during working hours.

Learners who are performing adequately in the program are eligible for telesupervision. In a situation in which the trainee is not performing adequately in the program, has demonstrated problematic behavior, and/or is on a remediation plan to support skill attainment, the Training Committee will discuss whether telesupervision remains an appropriate supervision modality for this trainee. Any changes to these expectations will be communicated to the trainee and there should be outlines in any remediation plan or other discussion about additional support to address the concerns. The Training Committee will also discuss in bimonthly Training Committee meetings how relationships between primary supervisors and learners are going, and how ruptures are being handled if they occur. Confidentiality and privacy expectations for telesupervision remain the same as expectations for confidentiality of clinical sessions. Telesupervision is conducted via a secure Zoom platform, and all learners and supervisors receive training in using this software at the beginning of the training year. Telesupervision is expected to be done via synchronous audio and video. Supervisors have access to all trainee clinical notes using remote desktop access of the electronic medical record



(EMR) software, Epic®. Whether live or scheduled, targets of supervision must be multifaceted, including, but not limited to, the trainee's clinical skills, interpersonal skills, professional development, ethical/legal adherence, documentation skills, and tele-health specific skills. Evaluation of a trainee's telehealth skills include ensuring effective rapport-building via telehealth technology, tele-etiquette, such as the trainee's dress, cultivated virtual therapeutic space, and speech volume, and managing potential lags and delays with technology. As justice, equity, diversity, and inclusion are paramount to clinical and non-clinical work at UCSF, this extends to telesupervision. In situations where learners or supervisors have accessibility issues when it comes to telesupervision, the Training Director will work with both Human Resources and the office of Disability Services to ensure appropriate accommodation is in place to fulfill telesupervision requirements.

## 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 demonstrate 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.

**Inclusion Best Practices:** Inclusion- advancing and sustaining opportunity for all, 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 clinical services to all populations, 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 background and possible biases, as a key component in understanding and respecting differences with one's clients. Differences is valued among faculty/staff and interns with respect to professional interests, activities, and work setting. It 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 as needed.

**Professional Development Practices:** The broad range of experiences that comprise the internship fosters 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 with other healthcare professions. 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.

Learners attend periodic training 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 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 with an approximately four week-long Orientation comprising several didactic training and workshops to prepare them for the internship year and beyond as leaders in academic hospitals or community mental health settings serving at-risk children and families.

Examples of Orientation training 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.
- Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA) was developed to fill the need for an evidence-based treatment that combined the best of family treatment, adolescent treatment, and advances in serving families from economically/medically/educationally/environmentally disadvantaged backgrounds.
- 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 to provide effective and complementary mental health services to

youth and families in need.

- Specialty training courses:
  - 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 is 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 communities who agree to work with an intern throughout the training year 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 be supported in designating a career mentor. 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 public health agencies serving publicly insured clients where research funding is scarce. Capstone Projects are small, mentored and self-contained projects that result in a deliverable product.

The MCTP Capstone Project is an essential aspect of the internship experience, which involves conceptualizing and executing a Quality Improvement project with mentorship and support from internship faculty and staff. Quality Improvement (QI) in public health involves using a systematic approach to improving the quality and efficiency of services and ultimately, leading to measurable changes in overall community health and health equity. QI efforts can focus on a range of activities that are responsive to community needs and improve health outcomes, for example, clinical workflows, interventions, or processes within the working and learning environment. Through rotating between clinical services at UCSF, doctoral learners can act as the “eyes and ears” of the Department to identify areas for improvement and suggest potential solutions.

Sample capstone project ideas:

- Developing a pediatrics screener for determining acuity and medical necessity for the purpose of making appropriate referrals
- Screening measure for determining assessment needs
- Assessment of clinician experiences of bias from patients and recommendations for addressing and recovering from bias
- Design and implement a public health education/awareness campaign
- Assessment of patient satisfaction and needs (could involve focus groups or surveys)
- Evaluating the effectiveness of an individual intervention across a sample of clients or identified subgroup
- Evaluating the effectiveness of a group intervention using:
  - Process data (e.g., using clients qualitative feedback to summarize group process, perceptions of feasibility/acceptability and/or using clinician’s own qualitative narrative to describe the experience of delivering the group, perceived level of engagement, challenges/successes from the clinician perspective)
  - Rating Scales (e.g. pre/post measures assessing symptoms or mood rating scales to assess pre/post group change—per group or across groups)
  - System/Implementation data (e.g., obtaining qualitative and/or quantitative feedback from key system stakeholders in the implementation of the groups and their perceptions on acceptability/feasibility of groups, how helpful it was for their clients, barriers to and facilitators of running groups in their settings)
- Develop, pilot, and/or evaluate a psychoeducational workshop
- Develop/improve, pilot, and/or evaluate the effectiveness of a new tool for enhancing clinical workflow process
- Develop, implement and/or analyze a needs assessment for your training setting (e.g., what does my organization/colleagues need most to function more effectively)



## DOCTORAL INTERNSHIP: ACCREDITATION, 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](http://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 learners 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 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 a 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 provide 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.

## UCSF POLICIES RESOURCES

UC's policies and codes of conduct spell out the rights and responsibilities of students and employees in ensuring that UC is a safe environment, and how the university addresses reports of sexual violence and sexual harassment.

The MCTP, as a UC program, complies with state and federal laws regarding non-discrimination, including:

### UC Abusive Conduct in the Workplace

The University of California is committed to promoting and maintaining a healthy working environment in which every individual is treated with respect. This policy addresses the University's responsibilities and procedures related to Abusive Conduct and Retaliation for reporting, or participating in, an investigation or other process provided for in this policy. This policy will be implemented in a manner that recognizes rights to freedom of speech and expression. However, freedom of speech and academic freedom are not limitless and, for example, do not protect speech or expressive conduct that violates federal and state anti-discrimination laws. Abusive Conduct in violation of this policy is prohibited and will not be tolerated. The University encourages anyone who is subjected to or becomes aware of Abusive Conduct to promptly report it. Managers and supervisors who observe or become aware of Abusive Conduct have response and reporting obligations. Chairs and Deans, among others, are considered managers and supervisors. The University will respond to reports of Abusive Conduct in accordance with timelines set forth in this policy, and will take appropriate action to stop, prevent, correct, and discipline behavior that violates this policy.

### UC Anti-Discrimination

Federal Anti-Discrimination law prohibits discrimination based on race, color, religion, sex, national origin, and other protected classifications, including disparate impact where facially neutral policies may be unlawful if they are demonstrated to cause a disparate impact based on race or another protected characteristic, and are not demonstrated to be legally necessary for the program.

**UC Anti-Discrimination Policy** – Prohibits discrimination, harassment, and retaliation while protecting academic freedom and free expression.

### **Nondiscrimination in Employment:**

In accordance with applicable laws and regulations, the University has established a policy to provide equal employment opportunities to all individuals 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: [UC Nondiscrimination Policy- Compliance with Title VI and Title VII of the Civil Rights Act of 1964](#) and [UC Policy on Sexual Violence and Sexual Harassment](#)

#### [Title VI](#)

Title VI of the Civil Rights Act of 1964 bans discrimination based on race, color, or national origin in any program or activity that gets federal funding. It means schools, agencies, and organizations receiving federal money must treat everyone equally or risk losing that funding.

[Title VII of the Civil Rights Act of 1964](#) prohibits employment discrimination based on race, color, religion, sex, and national origin.

[Title IX](#) prohibits discrimination on the basis of sex under any federally funded education program ([P.L. 92-318](#)). Under Title IX, sexual harassment, which includes sexual violence, is a form of unlawful sex discrimination. Schools that receive federal financial assistance must take steps to prevent sexual violence and sexual harassment and promptly and effectively respond to reports of sexual violence and sexual harassment.

[California Fair Employment and Housing Act \(FEHA\)](#) provides protection from harassment or discrimination in employment because of: age (40 and over), ancestry, color, creed, denial of family and medical care leave, disability (mental and physical) including HIV and AIDS, marital status, medical condition (cancer and genetic characteristics), national origin, race, religion, sex, and sexual orientation.

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.

Questions regarding the UC Policy on harassment or discrimination, reports and inquiries may be directed to OPHD (Office for the Prevention of Harassment and Discrimination) in one of the following ways:

[OPHD@ucsf.edu](mailto:OPHD@ucsf.edu)

(415) 502-3400

490 Illinois Street, Floor 11, San Francisco (by appointment)

### **Reporting on Discrimination or Harassment**

All members of the UCSF community—patients, staff, faculty, and students—to report incidents involving discrimination and/or harassment to Office for the Prevention of Harassment and Discrimination <https://ophd.ucsf.edu/make-report#how-to-report>

**Email:** Please email [OPHD@ucsf.edu](mailto:OPHD@ucsf.edu) for the fastest response.

**Online:** Fill out the UCSF Discrimination/Harassment Complaint Form online at <https://ophd.ucsf.edu/reporting-form>

**Voicemail:** (415) 502-3400 (leave a message to request a callback)

**Office:** 490 Illinois Street, Floor 11, San Francisco (by appointment).

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

### **[UC Policies Applying to Campus Activities, Organizations and Students \(PACAOS\)](#)**

### **[Policy on University of California Diversity Statement](#)**

Because the core mission of the University of California is to serve the interests of the State of California, it must seek to achieve diversity, inclusion, and accessibility among its student bodies and its employees. The State of California has a compelling interest in making sure that people from all backgrounds perceive that access to the University is possible for talented students, staff, and faculty from all groups. The knowledge that the University of California is open to qualified students from all groups, and thus serves all parts of the community equitably, helps sustain the social fabric of the State.

### **UC Policy Prohibiting Use of Quotas and Caps in University Contracting, Employment, and Admissions**

The University shall not, in any of these processes, use race, ethnicity or gender quotas that must be achieved, or caps that cannot be exceeded.

**Students for Fair Admissions v. Harvard and UNC (2023)** – Prohibits race-conscious admissions; emphasizes race neutral approaches. In 2023, the US Supreme Court in *SFFA v. Harvard/UNC*, ruled that the consideration of an applicant's racial status to advance diversity benefits was unlawful, in violation of the Equal Protection Clause of the Fourteenth Amendment and Title VI of the Civil Rights Act of 1964.

### **UC Sexual Violence and Sexual Harassment Policy**

#### **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>

#### **Proposition 209 Compliance:**

In accordance with applicable Federal and State law and University policy, the University of California does not discriminate, or grant preferences, on the basis of race,

color, national origin, religion, sex, disability, and/or other protected categories. Information from the UC Systemwide Anti-Discrimination Office can be found here: <https://www.ucop.edu/anti-discrimination/index.html>

More information about [Proposition 209 can be found here](#) and [here](#).

**CA Proposition 209** Amends the California Constitution to ban state government institutions (like public universities, schools, and agencies) from discriminating against or granting preferential treatment to anyone based on race, sex, color, ethnicity, or national origin in public employment, public education, or public contracting.

### **UC Statement of Principles Against Intolerance**

In response to acts of intolerance on campuses, a Regents Working Group was formed to author a statement of principles against intolerance that reflect the University's mission and guide University policy.

### **UC Whistleblower Policies**

Provides a procedure for filing and addressing whistleblower reports.

**UCSF Principles of Community** The faculty, staff, students, postdoctoral scholars, trainees, alumni, volunteers, patients, vendors and visitors of the University of California, San Francisco (UCSF) represent many diverse characteristics, beliefs, and affiliations. Recognizing this rich diversity, UCSF seeks to offer all campus community members an equitable, inclusive, welcoming, secure, responsive, and affirming environment that fosters mutual respect, empathy and trust.

To nurture this environment, several principles of community have been established to guide campus life at UCSF. Adherence to these principles is essential to ensure the integrity of the University and to achieve campus goals of a diverse, open and inclusive community. All are asked to acknowledge and practice these basic principles:

- We recognize, value, and affirm that our rich diversity contributes to the excellence of the University and enhances the quality of campus life for individuals and groups. We encourage one another to apply our unique talents in creative and collaborative work, take pride in our various achievements and celebrate our differences.
- We reject all acts of discrimination, including, but not limited to those based on race, ethnicity, gender, age, disability, sexual orientation, gender identity/expression, and religious or political beliefs, as affirmed by the UC Diversity Statement. We commit ourselves to fostering an atmosphere of equity and inclusion.

- We are committed to providing a welcoming campus environment where each person can benefit from the highest principles of openness and integrity. As a public university, we are committed to transparency in our dealings so that we may engender trust from all of our stakeholders.
- We affirm the right of freedom of expression within the UCSF community and commit to the highest standards of civility and decency. We are committed to maintaining a community where communication is courteous, sensitive, respectful and never demeaning.
- We will form a campus infrastructure that is responsive to the needs of our community. We have empathy for others, and will establish systems which address the needs of the one and the many.
- We affirm that each member of the campus community is expected to work in accord with these principles and to make individual efforts to enhance the quality of campus life for all.

### **Exempt-Status**

As the result of the passage of California Senate Bill 525 (SB 525), which establishes minimum wages and raises the exempt-status threshold for covered health care employees, intern positions were re-classified across the UC Regents from exempt to non-exempt and are overtime eligible.

Interns will be paid by the hour for each patient-care hour worked and will receive their paycheck on a biweekly basis. As non-exempt/overtime eligible employees, interns will be asked to track and record all hours worked in the UCSF online timekeeping/payroll system in addition to tracking academic and clinical activities in the MCTP Activity Log. The training experience is organized such that interns can fit all patient care activities to fall under the 40-hour work week commitment. We expect that all clinical work will be completed within the 40-hour work week. The need for any patient care-related hours that are above 40 hours must be documented by the clinical supervisor of the rotation and pre-approved by the Training Director. If an intern anticipates that their patient care activities will exceed 40 hours in their work week, they will need to have their clinical supervisor document the need for the additional hours of work and have the hours pre-approved by the Program Director. Overtime must be documented in advance by the clinical supervisor of the rotation and pre-approved/authorized by the Training Director.

### **Internship Hours:**

The internship is a 12-month, full-time (40 hours per week) training commitment equaling 1,920- 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 40 hours per week minus allowable



holidays (13 days / 104 hours) and Paid Time Off (PTO; 160 hours) would result in 1,656 hours of supervised training.

### **Paid Time Off (PTO):**

- 1) All interns have a total of 160 hours of personal leave 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 leaving 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.

### **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.

### **Compensation and Benefits:**

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 biweekly. For any payroll questions, please reach out to:  
**Sabrina Ahmad mobile: 949-293-4758, email: [sabrina.ahmad@ucsf.edu](mailto:sabrina.ahmad@ucsf.edu)** or  
reference: <http://medschool2.ucsf.edu/gme/residents/benefits.html> for additional assistance.

### **“Moonlighting”:**

Clinical moonlighting is not permitted. The internship is a full-time commitment and is 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.

**Records:**

A record (*either electronic or hard copy*) will be created for each intern and stored according to UC and/or UCSF document retention policy. 7 years is recommended for retaining records on discretionary programs and activities. 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, Board of Psychology Documents (SPE and VOE forms) and a Copy of Certificate of Completion.

### **Related Policies and Procedures:**

Access UCSF policies and procedures related to the Office of the Chancellor:

<https://chancellor.ucsf.edu/policies-and-procedures>

- 150-26: Employee Disability/Reasonable Accommodation  
<https://policies.ucsf.edu/policy/150-26>
- 150-19 - Nondiscrimination Regarding Language Spoken in Workplace  
<https://policies.ucsf.edu/policy/150-19>
- Personnel Policies for Staff Members <http://policy.ucop.edu/manuals/personnel-policies-for-staff-members.html>

## **COVID-19 RELATED SAFETY POLICIES**

The following guidelines outline risk reduction policies and procedures we have in place. Additional COVID-Related resources can be found at: <https://coronavirus.ucsf.edu/>

We require that all learners 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 an internship, the following guidelines must be adhered to:

- Learners must follow current occupational health and safety requirements.
- Stay up to date with COVID-19 vaccines.
- Practice regular hand hygiene, including regular cleaning of your workspace.
- Follow the [CDC recommendations](#) for what to do if you have been exposed.
- Stay home if you have suspected or confirmed COVID-19 or if you have any illness that might be contagious.
- Seek treatment if you have COVID and are at high risk of getting very sick.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Learners who will be on-site are required to self-monitor their health and symptoms.
- If a trainee tests positive for COVID-19, they will be expected to cooperate with isolation instructions and to seek appropriate medical care.

## **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 are 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 on 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 secure 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

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

[Code Lavender](#)

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





## 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 behavioral health record; the Electronic Health Record (EHR) software system used by BHS is called Epic.

Learners 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 documentation and procedures related to the delivery of specialty mental health services in ICAP specialty outpatient services.

## MCTP DUE PROCESS IN ACTION - The Identification and Management of Trainee Problems and Grievances

This section provides MCTP 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 learners to discuss and resolve conflicts informally, however if this cannot occur, this document was created to provide a formal mechanism for MCTP to respond to issues of concern.

This Due Process Document is divided into the following sections:

- (A) **Definitions:** Provides basic or general definitions of terms and phrases used throughout the document.
- (B) **Guidelines:** Provides guidelines for due process.
- (C) **Problematic Behavior:** Provides a description of problematic behavior.
- (D) **Procedures for Responding to a Trainee's Problematic Behavior:** Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Also includes the steps for an appeal process.
- (E) **Grievance Procedures:** Provides 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.

.....

## **(A) Definitions**

**Trainee:** Throughout this document, the term “trainee” is used to describe any person in training including practicum students/externs, doctoral interns, and postdoctoral fellows.

**Training Program:** The term “Training Program” is used to describe and used interchangeably with UCSF Child and Adolescent Services Multicultural Clinical Training Program (MCTP).

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

**Training Director (TD):** Throughout this document the term “Training Director” refers to the 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 term “Rotation/Track Training Lead” is used to describe the staff/faculty member who oversees training in a specific rotation or program of clinical services or specialty track.

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

**Program Director:** The term Program Director is used to describe the staff/faculty member who directly oversees all clinical operations within a clinical program in the hospital.

## **(B) Guidelines:**

1. During the orientation period, learners will receive MCTP’s expectations

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

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

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

It is a professional judgment when a trainee's behavior becomes problematic rather than concern. Learners may exhibit behaviors, attitudes or characteristics, which while of concern or requiring support, are not unexpected or excessive for professionals in training.

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

1. The trainee does not acknowledge, understand, or address the problem when

- it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
  3. The quality of services delivered by the trainee is sufficiently negatively affected
  4. A disproportionate amount of attention from 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.

#### **(D) Procedures to Respond to Problematic 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, or if a faculty/staff member or another trainee has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

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

#### **Notification Procedures to Address Problematic Behavior or Inadequate Performance**

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

1. **Verbal Notice** to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion.
2. **Written Notice** to the trainee formally acknowledges that the:



- a. TC is aware of and concerned with the behavior,
  - b. Concern has been brought to the attention of the learners,
  - c. TC will work with the learners to rectify the problem or skill deficits,
  - d. Behaviors of concern are not significant enough to warrant more serious action.
3. **Second Written Notice to the trainee will Identify Possible Sanction(s)** and describe the remediation plan. This letter will contain:
- a. A description of the trainee's unsatisfactory performance.
  - b. Actions needed by the learners to correct the unsatisfactory behavior.
  - c. The timeline for correcting the problem.
  - d. What sanction(s) may be implemented if the problem is not corrected; and
  - e. Notification that the trainee has the right to request an appeal for this action.  
(see Appeal Procedures - Section II D)

### **Remediation and Sanctions**

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

1. **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning professional state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the learnership. 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 the schedule.

These include:

- 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).

2. **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the learnership 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:

- The specific behaviors are associated with the unacceptable rating.
- The remediation plan for rectifying the problem.
- The time frame for the probation during which the problem is expected to be ameliorated, and
- The procedures to ascertain whether the problem has been appropriately rectified.

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

Additionally, the TD will communicate that if the trainee's behavior does not change, the trainee will not successfully complete the training program.

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

or Administrative Leave interferes with the successful completion of the training hours needed for completion of the learnership, this will be noted in the trainee's file and the trainee's academic program will be informed. TD will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.

5. **Dismissal from the Training Program** involves the permanent withdrawal of all MCTP program responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the TC the possibility of termination from the training program or dismissal from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness, which impairs or interferes with professional functioning and performance. TD will make the final decision about dismissal.
6. **Immediate Dismissal** involves the immediate permanent withdrawal of all MCTP training program responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training due to physical, mental or emotional illness, which impairs or interferes with professional functioning and performance. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s), which generates grave concern from the TD, the TC, RS(s), or Program Directors, the TD may immediately dismiss the trainee from MCTP. This dismissal may bypass steps identified in notification procedures (Section II B) and remediation and sanctions alternatives (Section II C). When a trainee has been dismissed, the Training Director will communicate to the trainee's academic department that the trainee has not successfully completed the training program. If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement Appeal Procedures (Section II D).

### **Appeal Procedures**

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

1. The learners should file a formal appeal in writing with all supporting documents, with the Training Director. The trainee must submit this appeal within 5 workdays from their notification of any of the above (notification, remediation or sanctions, or

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

### **(E) Grievance Procedures**

We believe that most problems are best resolved through face-to-face interaction between the trainee and supervisor (or other staff/faculty), as part of the on-going working relationship. Learners 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.

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

formal grievance in writing with all supporting documents, with the TD or TC.

**Formal Grievances:** When the TD or TC has received 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.

1. 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 learners and staff/faculty will be notified of the date of the review and given the opportunity to provide TC with any information regarding grievance.
2. 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.
3. The learners 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 make the appeal decision, which will be communicated to all parties involved and to the Training Committee.
4. 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.
5. 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. 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) working days after 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 to the Review Panel, a report will be presented to the Training Director within five (5) workdays of receipt of the Training Director's request for 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 our TC inform the learners, staff members involved and necessary members of the training staff of the decision and whether 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 the following steps outlined in the 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 learners 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 accommodation may be available on a case-by-case basis with UCSF Disability Management Services: Disability Management Services.

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>

## CORE FACULTY & STAFF

### **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.

### **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.

## Barbara Krishna Stuart, PhD, ABPP



Dr. Stuart is a Professor of Psychiatry and Behavioral Sciences, and the Training Director of the APA-accredited UCSF Child and Adolescent Services Multicultural Clinical Training Program. She holds several senior leadership roles in DPBS including Division Interim Director/ Deputy Director of Infant, Child and Adolescent Psychiatry (ICAP) and Vice Chair for Psychology, Clinical and Education. She is a licensed child clinical psychologist with expertise in early identification and treatment of complex and severe mental health needs in children and adolescents. She specializes in the early identification and treatment of early psychosis, at 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 and inclusive best practices in all aspects of her clinical work, teaching, mentoring, and research. She has been awarded two Health Resources and Services Administration (HRSA) Graduate Psychology Education grants 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. She is a principal investigator or co-investigator on several research different grants to disseminate evidence-based practices for children in San Francisco County and across the state of California.

Developing and implementing sustainable and scalable strategies for the recruitment, training, and retention of highly trained and community responsive child psychologists and masters-level mental health professionals has been paramount to her work at UCSF, ZSFG and across the state. 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 times off unplugged and hiking, camping, or road-tripping with her husband and son.

### **Cheng Qian, PsyD**



Dr. Cheng Qian is an assistant professor of psychiatry at the University of California San Francisco. She is the interim co-director of the HealthySteps team at the Children's Health Center and the clinical psychology training lead for Division of Integrated Behavioral Health. Dr. Qian provides bilingual services (Mandarin Chinese) as pediatric psychologist at the Children's Health Center at ZSFG. Her 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. Dr. Qian also 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.

### **Enjei Jin, PhD**



Christie Enjei 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 learners, as well as psychiatry learners 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 in the clinical faculty at the UCLA Child and Adult Neurodevelopmental (CAN) Clinic.

### **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.

### **Jeanne McPhee, PhD**



Jeanne McPhee is a licensed psychologist and an Assistant Professor in the division of Infant and Child Psychiatry at ZSFG/UCSF. She has a PhD in Clinical Psychology from Drexel University with a focus in forensic and child and adolescent psychology. She is a nationally certified Trauma-Focused Cognitive Behavioral Therapy provider and provides individual and group therapy to youth and families through the UCSF Wavefront CBT Program. Dr. McPhee is also the co-director of the FACET Clinic where she conducts and supervises trainees in conducting forensic evaluations of legally involved youth and young adults. Dr. McPhee's research focuses on promoting positive outcomes for legally involved youth by adapting and implementing evidence-based treatment, policies, and practices for youth, their families and communities, and within the larger systems that they come

into contact with, such as probation systems. The current focus of her research is: (1) adapting, implementing, and evaluating trauma treatments specifically for youth within the juvenile legal system in various settings (like in juvenile detention); and (2) improving workforce development programming for professionals serving legally involved youth.

### **Johanna Folk, PhD**



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.

### **Justine Underhill, EdM, LCSW**

Justine Underhill is a graduate of Brown University and 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 previously served as the Chief Program Officer at Edgewood Center for Children & Families, where she oversaw 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 volunteer faculty at UCSF, where she teaches family therapy classes in the Multicultural Training Program at Zuckerberg SF General Hospital, and lectures annually in different departments. Currently, Justine serves as Clinical Director of Sanarte, a concierge family-centered mental health service, and works with a variety of individual and family therapy clients in her private practice, located in San Francisco.

### **Kathryn Margolis, PhD**



Dr. Kate Margolis is a UCSF Clinical Professor of Psychiatry and Pediatrics and is the Director of the Division of Integrated Behavioral Health at the Zuckerberg San Francisco General Hospital. She is a Spanish-speaking, licensed child clinical psychologist and served as the inaugural director for the HealthySteps services at ZSFG and the psychology training program. Dr. Margolis specializes in pediatric behavioral health and holds expertise in Medicaid financing. She has supported the implementation of integrated behavioral health to dozens of publicly insured pediatric and family clinics. Dr. Margolis was a leading collaborator in the development of the new Medi-Cal dyadic services benefit and is the founding director of the UCSF CADP.

### **Lauren Marie Haack, PhD**



Lauren Hack is an associate professor and licensed clinical psychologist focused on 1) cultural influences to mental health conceptualization, assessment, and treatment, 2) accessible and culturally attuned evidence-based services for youth worldwide, and 3) behavioral health, primary care, and school provider experience, training, and consultation. Dr. Haack is involved in several current

clinical research efforts, including projects funded by the National Institute of Mental Health (NIMH) and National Institute of Health Fogarty International Center (NIH-FIC)

focused on improving family access to and engagement in psychosocial treatment for ADHD delivered in schools domestically and internationally; see more at

[STRIVELab.UCSF.edu](https://STRIVELab.UCSF.edu).

In addition to conducting clinical research and teaching, Dr. Haack serves as School-Age Youth division chief for the UCSF Department of Psychiatry and Behavioral Sciences (DPBS) and associate Director, School Consultation lead for the California Child and Adolescent Mental Health Access Portal (Cal-MAP) pediatric mental health care access program.

### **Lisa Hail, PhD**



Dr. Lisa Hail is an 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.

## Marina Tolou-Shams, PhD



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.

## 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 have 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, strength-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.

### **Sarah Forsberg, PsyD**

Sarah Forsberg is a Clinical Professor in the Department of Psychiatry and Behavioral Sciences, Eating Disorders Program, providing outpatient individual and family treatment for young people with eating disorders. She is also the director of inpatient psychology services on the Adolescent Medicine inpatient unit at Benioff Children's Hospital, 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 PAU-Stanford PsyD Consortium. She 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. Over the past decade, Dr. Forsberg has conducted research on Family-Based Treatment for eating disorders, with a specific interest in treatment mechanisms, training and supervision. Her current research focus is on psychedelic-assisted therapy. She is collaborating on a clinical trial investigating the use of psilocybin to enhance the treatment of anorexia nervosa in young adults.

### **Vilma Reyes, PsyD**

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 and systemic discrimination.

### **William Martinez, PhD**



William Martinez, Ph.D., ABPP is an Associate Professor of Clinical Psychiatry and Behavioral Sciences at UCSF in the Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital. He serves as the department's Vice Chair for Diversity and Health Equity. Dr. Martinez holds several leadership positions at UCSF including Director of Child and Adolescent Services at ZSFG, principal investigator of the Fuerte program, and Director of Pediatric Mental Health for the UCSF Health and Human Rights Initiative.

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 board certified in clinical child and adolescent psychology, a CA licensed 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. He approaches clinical assessment and treatment using cognitive-behavioral, multisystemic, trauma-informed, culturally responsive approaches.

His overall clinical and research aims are concentrated on reducing behavioral health disparities among ethnic minority youth, with a specific focus on Latin American immigrant populations. Dr. Martinez takes a socio-ecological approach to understanding these concerns across three areas of inquiry: 1) the impact of social determinants on behavioral health disparities; 2) implementation and dissemination of evidence-based prevention and intervention programming; and 3) policy and advocacy focused on improving conditions for children and their families in the U.S. immigration system.

## APPENDIX

### Internship Program Admission

#### 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) is an APA-accredited, one-year child clinical psychology internship following the Scholar-Practitioner Model. Our program prioritizes community needs, emphasizing research in support of evidence-based clinical practice to improve the quality and effectiveness of health services. The MCTP reflects UCSF's and ZSFG's missions to develop leaders in health care delivery, research and education, to eliminate health disparities locally and globally. Housed within the Division of Infant Child and Adolescent Psychiatry in the UCSF Department of Psychiatry and Behavioral Sciences, the MCTP is dedicated to serving economically disadvantaged communities through ZSFG, a Level 1 Trauma Center. Training spans ages 0-24 and focuses on delivering responsive and trauma-informed evidence-based interventions supported by the latest advancement in implementation science and health care research. Graduates are well-prepared for positions in academic health centers. The MCTP received 10-year reaccreditation in 2019 and is scheduled for the next site visit in 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	Yes	No x	Amount:
Total Direct Contact Assessment Hours	Yes	No x	Amount:

**Describe any other required minimum criteria used to screen applicants:**

Each applicant is evaluated in the following areas:

- ☐ Clinical training, including experience in assessment and psychotherapy with children, youth, and families
- ☐ Overall excellence as a developing psychologist as shown by breadth and depth of experiences and letters of recommendation
- ☐ Demonstrated interest and experience working with communities who are economically/educationally/environmentally disadvantaged
- ☐ Demonstrated interest and experience in public mental health
- ☐ Demonstrated interest and experience with children, youth, and families impacted by acute, complex, or chronic trauma
- ☐ Essays that reflect clear theoretical foundations, strong evidence-based practices, and strong case conceptualization skills
- ☐ Progress toward dissertation completion
- ☐ Research interest as documented by training obtained and activities completed (presentations, publications, or grants)

## Financial Benefits

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	\$53,938	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	Yes	No
<b>If access to medical insurance is provided:</b>		
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 of Annual Paid Sick Leave	n/a	
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):		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table



## MCTP Activity Log

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				
Hours for weeks of:	9/1 - 9/2/22	9/5 - 9/9/22	9/12 - 9/16/22	9/19 - 9/23/22	9/26 - 09/30/22	
<b>SUPERVISION (must be 10% of total hours worked, e.g., 4.4 hrs/wk for a 44 hr-week)</b>		<b>Holiday 9th</b>				<b>TOTALS</b>
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
<b>TRAINING ACTIVITIES</b>						
(e.g., Didactics, Trainings, Seminars, Grand Rounds, Workshops)						0
<b>PROFESSIONAL SERVICES PERFORMED (aka Direct Service Hours = min of 25%)</b>						
Individual Psychotherapy						0
Couples or Family Therapy (with or without child)						0
Group Psychotherapy/Intervention						0
Testing & Assessment						0
Consultation						0
Collaterals						0
<b>Other Work Performed</b>						
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
<b>Total Number of Hrs. Supervised Exp. Each Week:</b>	0	0	0	0	0	0
<b>Total number of hours of SPE performed satisfactorily:</b>	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 (tele-supervision) or 100% remote during state of emergency, via HIPAA compliant video conferencing, per APA CoA regulations and guidelines.

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

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.



## MCTP Leave Request

**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

## Evaluation of Clinical Supervisor(s): Mid-year + End of Year

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
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
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
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
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
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
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
Click button						

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

## Evaluation of Learner(s): Mid-year + End of Year

ETHICAL AND LEGAL STANDARDS	Below Expectations		Meets Expectations			Above Expectations		
	1	2	3	4	5	6	7	N/A
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								
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 apply 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	
Demonstrates the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Demonstrates knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation (CoA) defines cultural and individual differences and diversity as including, but not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or								
1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.								
2. Knowledge of the current theoretical and empirical knowledge base								

as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.								
---	--	--	--	--	--	--	--	--

3. Ability to independently apply their knowledge and approach to working effectively with the range of diverse individuals during the internship.								
4. Demonstrates ability to apply a framework for working with areas of individual and cultural diversity that she or he has not previously encountered.								
5. Applies knowledge of the role of cultural and individual diversity in assessment, treatment, consultation, and research.								

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS	Below Expectations		Meets Expectations			Above Expectations		
	1	2	3	4	5	6	7	N/A

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 your 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		
	1	2	3	4	5	6	7	N/A
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, supervisors 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		
	1	2	3	4	5	6	7	N/A
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.								



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.								
3. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing between the aspects of assessment that are subjective from those that are objective.								
4. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner.								
5. Understands and appreciates the use of the DSM-5.								
6. Demonstrates good clinical interviewing skills.								
7. Able to assess patient's clinical state and intervene appropriately.								
8. Makes appropriate recommendations for treatment planning and disposition.								

9. Conducts suicide and violence risk assessments appropriately.								
--	--	--	--	--	--	--	--	--

INTERVENTION	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
Demonstrates competence in evidence-based interventions. Intervention is 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.								

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 learners and others in the development of competence and skill in professional practice and the effective evaluation of 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 learners 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 learners.								
3. Provides constructive feedback to supervisees.								

<b>CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS</b>	Below Expectations		Meets Expectations			Above Expectations		
	1	2	3	4	5	6	7	N/A
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 learners).								
3. Develops and maintains collaborative relationships and respect for other professionals								

<b>RESEARCH AND SCIENCE</b>	Below Expectations		Meets Expectations			Above Expectations		
	1	2	3	4	5	6	7	N/A
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, etc.								
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								





## Evaluation of Seminar(s): Mid-year + End of Year

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:

**Learner / 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, ethnicity, or gender group at a rate below their availability (representation in the labor market).



## RECEIPT OF MCTP HANDBOOK

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

☐ I agree to abide by those guidelines while carrying out my responsibilities at UCSF.

**Name of Doctoral Intern:**

**Signature of Doctoral Intern:**

**Date:**