



Zuckerberg San Francisco General Hospital



Nancy Friend Pritzker Psychiatry Building

2025- 2026

# University of California, San Francisco Clinical Psychology Training Program





## ***CLINICAL PSYCHOLOGY TRAINING PROGRAM***

*The Faculty of the Department of Psychiatry and Behavioral Sciences of the University of California, San Francisco, affirms as one of its major priorities the training of women and minorities for academic careers as researchers and clinician-teachers. We are therefore actively seeking individuals who plan to undertake leadership roles in research and training in the mental health fields. Our faculty is explicitly committed to providing the mentorship and support necessary to facilitate successful entry into academic positions.*

## INTRODUCTION

The Clinical Psychology Training Program (CPTP) is dedicated to the training of clinical psychologists committed to an academic and/or research career with a strong record of both clinical and research experience. We are committed to preparing research oriented psychologists to work sensitively and competently with underserved populations including minorities, low income individuals, persons with severe and persistent mental illness, victims of violence, children, and the elderly. In addition to training in service delivery, the CPTP provides specialized research training in:

- ADHD/disruptive behavior disorders
- eating disorders
- early childhood trauma
- juvenile justice and behavioral health
- neuropsychology
- substance use disorders and intervention development with minoritized populations

A two-year Fellowship is comprised of:

- one year of general clinical psychology doctoral internship (APA accredited)
- one year of postdoctoral clinical and clinical research experience

**This 2025-2026 edition of the CPTP brochure is for the class entering the program on July 1, 2025 and ending on June 30, 2027.**

**Deadline for receipt of applications: Friday, November 1, 2024**

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This brochure can be downloaded from:

<http://psych.ucsf.edu/cptp>

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## PROGRAM DESCRIPTION

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The University of California, San Francisco (UCSF) Clinical Psychology Training Program in the Department of Psychiatry and Behavioral Sciences offers a two-year fellowship opportunity within the scientist-practitioner model. The first year consists of an APA-accredited clinical internship followed by a one-year postdoctoral clinical and clinical research fellowship. Our Fellows are selected from applicants whose achievements reflect a strong commitment to pursue careers emphasizing research and training in academic/research settings, including those affiliated with health and mental health service systems. Over the last ten years, 90% of our graduates have obtained research or academic positions upon leaving our program.

Increasing the number of women and minorities in academic and research positions is one of our goals. During the last ten years, 81% of our Fellows have been women, and 46% have been minorities.

The internship year provides general training in clinical psychology with an opportunity to specialize in one of two cluster areas. Selected clinical training at an advanced level is provided during the second, postdoctoral year, in which there is an emphasis on clinical research within the area of specialization. The amount and distribution of clinical hours in the program meet APA internship accreditation standards as well as general licensure requirements. Satisfactory completion of the postdoctoral program meets postdoctoral supervised practice requirements for licensure in California.

Applicants for the two-year program should have completed all other requirements for the doctoral degree, preferably including the dissertation, at an APA- or PCSAS-accredited program in clinical psychology. The dissertation proposal must have been accepted prior to application. We also require a minimum of 400 practicum hours. The UCSF Clinical Psychology Training Program follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies (See page 58). Advancement into the Postdoctoral Fellowship requires completion of the doctoral degree. Therefore, if all requirements for their degree at their home university have not been completed by the end of the first year (June 30, 2024), the Fellow will either remain in the doctoral internship status or be asked to leave the program.

## STIPENDS

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Doctoral Internship: \$48,024

Postdoctoral Fellowship: \$71,760

Postdoctoral stipends may be supplemented from research grants. Clinical “moonlighting” is not permitted.

Acknowledgement: For the class of 2025-2027, stipends are supported by a generous gift from the Ingrid D. Tauber Fund.

## APPLYING FOR 2025

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Interviews are granted only to individuals who have submitted a completed application and are highly ranked by their selected research mentor. All interviews will be conducted using virtual, remote, and/or online formats. Scheduled interview dates this year are Monday, December 09<sup>th</sup>, Friday December 13<sup>th</sup>, 2024 and Friday, January 10<sup>th</sup> 2025. Alternate dates can sometimes be arranged. **DEADLINE FOR RECEIPT OF APPLICATIONS: Friday, NOVEMBER 1, 2024.**

## MISSION STATEMENT

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The UCSF Clinical Psychology Training Program provides doctoral students in clinical psychology who are headed for academic and research careers with both material and personal support during a crucial transitional period in their professional development. Given the current state of the field, a postdoctoral year of advanced training is essential to successfully enter academic and research positions. Thus, graduate students face the possibility of having to manage four environments during as many years: their graduate program, a clinical internship, a postdoctoral fellowship year, and their first academic or research position. At the same time, the psychologist-in-training is undergoing a change of identity from student, to doctoral-level professional, to licensed psychologist (and, therefore, independent practitioner), and to faculty member and/or principal investigator on research projects.

The UCSF two-year fellowship program encompasses the (predominantly clinical) internship required for the doctorate in clinical psychology and a postdoctoral year emphasizing clinical research as well as providing the advanced supervised clinical experience needed for licensing. Thus, the Fellow is assured of obtaining both of the experiences needed to continue smoothly into a **scientist-practitioner** career path. Our intent is to help the Fellow obtain the research momentum to facilitate successful entry into academic positions. We require, as part of the application procedure, that applicants carefully select the research area that best fits their goals in order to arrange for the faculty member in charge of that research program to become the Fellow's mentor during the two years with us. By becoming familiar with the mentor's work and research methods during the first year, it is possible to begin an empirical clinical research project which can be completed during the second year. This is why we count progress toward dissertation completion so highly in our selection process: the earlier the dissertation is done, the sooner new research plans can take shape. (In addition, of course, the postdoctoral year cannot begin unless the doctorate has been completed.)

We provide the [Recommended Timeline for UCSF CPTP Fellows](#) (Page 8) to make explicit our expectations and recommendations to prospective Fellows. Few Fellows will achieve all the illustrated milestones on time, but we hope that having a clear view of the two-year Fellowship goals will increase the proportion that come close to the mark. We include our recommendations for dissertation completion prior to starting the Fellowship because we have found that working on the dissertation during the internship year is both stressful and delays work on the empirical clinical research project. All other things being equal, we prefer to admit candidates whose dissertation proposal is approved and data collection completed prior to the APPIC Rank Order List Submission Deadline. We strongly encourage that data collection for the empirical clinical research project takes place in the 10 months ending in December of the postdoctoral year. This allows for travel for job interviews during January to April, and analysis and write up of results prior to leaving UCSF. We will do all we can to facilitate achievement of this admittedly ambitious timeline. We believe having the dissertation and the empirical clinical research project submitted for publication prior to starting a faculty position will greatly enhance our graduates' quality of life as new assistant professors.

## RECOMMENDED TIMELINE FOR UCSF CPTP FELLOWS

### APPLICATION YEAR

| Jul                         | Aug | Sept | Oct | Nov                                  | Dec | Jan                                      | Feb                          | Mar                        | Apr | May | Jun                      |                                      |
|-----------------------------|-----|------|-----|--------------------------------------|-----|--|------------------------------|----------------------------|-----|-----|--------------------------|--------------------------------------|
| <b>Prior to applying:</b>   |     |      |     |                                      |     |  |                              |                            |     |     |                          |                                      |
| 1. proposal approved        |     |      |     | 3. Data collection completed         |     |  |                              | 4. Data analysis completed |     |     | 5. Final draft completed | 6. Dissertation defended & turned in |
| 2. Data collection underway |     |      |     | 11/01/2024 UCSF Application Deadline |     | 12/09/24 & 12/13/24 UCSF Interview Dates | 01/10/25 UCSF Interview Date |                            |     |     |                          |                                      |

### INTERNSHIP YEAR

| Jul   | Aug | Sept | Oct | Nov | Dec   | Jan | Feb | Mar   | Apr | May | Jun |
|---|-----|------|-----|-----|---|-----|-----|---|-----|-----|-----|
| Clinical rotations 80% time                                   |     |      |     |     |   |     |     | Clinical rotations time commitment changes to 50% - 70% |     |     |     |
| Begin planning clinical research project with mentor 10% time |     |      |     |     | Submit Human Subjects application                       |     |     | Begin data collection 20% - 40% time                    |     |     |     |
| Seminars – 10% time   |     |      |     |     | Begin drafting research statement (for job application) |     |     |   |     |     |     |

### POSTDOCTORAL YEAR

| Jul                          | Aug | Sept                     | Oct  | Nov | Dec                     | Jan                       | Feb | Mar  | Apr                     | May | Jun   |  |
|------------------------------|-----|--------------------------|--|-----|-------------------------|---------------------------|-----|--|-------------------------|-----|---|--|
| Clinical rotations 40% - 50% |     |                          | Empirical clinical research project continues 40% - 50% time |     |                         | Data collection completed |     |  | Data analysis completed |     | Write up and submit for publication and/or presentation |  |
| Seminars 10% time            |     | Begin preparing job talk |  |     | Submit job applications |                           |     | Job talks – can include dissertation and empirical clinical research project |                         |     | Conclude negotiations                                   | Prepare for additional postdoc or faculty position |



## TRAINING PROGRAM COMPETENCIES

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Consistent with our mission, interns (predoctoral clinical psychology fellows) will be expected to develop broad and general preparation for entry level practice including the following competencies:

- **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.
- **Ethical and Legal Standards** – Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and accordance with the APA Ethical Principles and Code of Conduct and relevant, laws, regulations, rules, policies, standards, and guidelines.
- **Individual and Cultural Diversity** – Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody variety of cultural and personal backgrounds and characteristics.
- **Professional Values, Attitudes and Behaviors** – Interns will demonstrate a maturing professional identity and ability to respond professionally in increasingly complex situations with increasing independence, and awareness and receptivity to areas needing further development.
- **Communication and Interpersonal Skills** – Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
- **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.
- **Intervention** – Interns will demonstrate competence in evidence-based interventions within the scope of health service psychology, including but not limited to psychotherapy.
- **Supervision** – Interns will demonstrate knowledge of evidence-based supervision models and practice and apply the knowledge in direct or simulated practice.
- **Consultation and Interprofessional/Interdisciplinary Skills** – Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

Postdoctoral clinical psychology fellows are expected to develop competency at an advanced level in these profession wide competencies. This provides advanced preparation for independent practice.

## TRAINING SITES

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The University of California, San Francisco, is one of ten campuses of the University of California, and the only one devoted solely to the health sciences. The principal teaching missions of the campus are the education of health practitioners in dentistry, medicine, nursing, pharmacy, the allied health professions, and the graduate education of research investigators and teachers in the biological and social sciences. A large and outstanding university, UCSF employs about 24,000 people, and regularly ranks as one of the top medical schools in the country in amount of research funds received from the National Institutes of Health. In addition to serving the local communities, patients are referred to UCSF from throughout California and all over the world for consultation, diagnosis, and treatment when these patients require highly specialized knowledge or procedures because of the seriousness or complexity of their illness. Two major teaching hospitals, the Joseph M. Long Hospital and the Herbert C. Moffitt Hospital, are located on the UCSF Parnassus campus.

The UCSF Department of Psychiatry and Behavioral Sciences has programs located in several institutions: the Nancy Friend Pritzker Psychiatry Building, the Zuckerberg San Francisco General Hospital and Trauma Center, the Mission Bay Campus, the Mount Zion Medical Center and the VA Medical Center, where UCSF faculty have full responsibility for teaching, research, and patient care. In addition to internship and postdoctoral training in clinical psychology, the department has clinical training programs in psychiatry, nursing and rehabilitation therapies, and academic training programs in several social science areas. The multidisciplinary faculty of the department includes both full-time faculty and a large volunteer clinical faculty.

As part of UCSF, the Clinical Psychology Training Program shares in the educational resources of the Schools of Medicine, Dentistry, Nursing, and Pharmacy, and of the graduate programs in the life sciences. The University maintains a large medical library within a state-of-the-art facility that contains excellent collections in psychiatry, psychology, and related fields. Its computer-based catalog and interlibrary loan service provides Fellows with access to libraries at the ten campuses of the University of California system. Fellows are provided electronic mail with access to the Internet as well as voice mail. The major training sites for the Clinical Psychology Training Program are:

### **Nancy Friend Pritzker Psychiatry Building**

The Dept. of Psychiatry and Behavioral Sciences received a large gift that has allowed it to construct a new building to replace the Langley Porter Psychiatric Institute building for ambulatory services. The new building, called the Nancy Pritzker Psychiatry building, opened in 2022 and is located near the Mission Bay campus of UCSF. The new building, at about 150,000 square feet, is substantially larger than the Langley Porter building. It is designed to yield enhanced opportunities for clinical and research collaboration both within the Dept. of Psychiatry and Behavioral Sciences, and between Psychiatry and other departments such as Neurology and Pediatrics. The Pritzker building houses the administrative office of the CPTP, as well as outpatient programs for CPTP trainees in the Clinical Assessment and Interventions Cluster previously housed at Langley Porter Psychiatric Institute, including the adult psychiatry clinic, child and adolescent psychiatry service, hyperactivity and learning problems (HALP) clinic, eating disorders program, dialectical behavior therapy program, autism clinic, and psychological assessment clinic. The new building is not expected to affect the nature, function, or mission of the internship program, or the program's accreditation status.

### **Moffitt-Long Hospital and Benioff Children's Hospital, Mission Bay**

The Consultation Liaison Service provides psychiatric services to inpatient areas for patients who have acute medical problems co-occurring with diverse psychological problems which include conditions such as depression, anxiety, demoralization, substance use problems, etc. In conjunction with the Psychiatric Consultation/Liaison Service, fellows are offered this behavioral medicine rotation at Moffitt-Long Hospital and Benioff Children's Hospital Mission Bay.

### **Zuckerberg San Francisco General Hospital and Trauma Center**

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) is a 403-bed public service hospital serving diverse ethnic and racial minority populations of San Francisco. ZSFG, the county hospital of the City and County of San Francisco, has been a teaching hospital for the University of California, School of Medicine since the 1800s. Most clinical services are directed by UCSF faculty. Clinical services of the UCSF Department of Psychiatry and Behavioral Sciences at ZSFG are linked to the community mental health system. Services involved in our training program include the Division of Substance Abuse and Addiction Medicine, the Division of Infant, Child and

Adolescent Psychiatry (which provides a range of mental health care to children from birth to 24 years of age), the Division of Citywide Case Management, and the Trauma Recovery Center and Rape Treatment Center.

## APPLICATION AND SELECTION PROCEDURE

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The UCSF Clinical Psychology Training Program provides a strong mentorship system to ensure that Fellows obtain individualized attention as they pursue their clinical and research training with us. To provide a good fit between the trainee and the mentor, candidates are asked to choose a specific mentor whose research area fits with the candidate's research interests (see description of the Clusters below). **This faculty member becomes the candidate's mentor and coordinator of training during the two-year fellowship.** *It is expected that the Fellow will become part of the mentor's research team and carry out an empirical clinical research project with the mentor. It is very important, therefore, that applicants carefully choose the specific mentor with whom they would like to work.*

We usually receive 80 to 95 applications for four positions (two in the Public Service and Marginalized Populations Cluster and two in the Clinical Assessment and Interventions Cluster). Each applicant is evaluated in the following areas:

- clinical training, including experience in assessment and psychotherapy
- research interest as documented by training obtained and productivity (especially presentations, publications, and grants)
- overall excellence as a psychologist as shown by breadth and depth of experiences and letters of recommendation
- appropriateness for cluster(s) chosen by applicant, as shown by work done in that area and familiarity and fit with the mentor's work
- progress toward dissertation completion
- evidence of accomplishments indicating commitment to an academic and/or research career

### Application Requirements

- a minimum of 400 practicum hours
- comprehensive exams passed by November 1, 2024
- dissertation proposal approved by November 1, 2024
- a minimum of three years of graduate training
- doctoral degree program must be APA, PCSAS or CPA-accredited in Clinical Psychology
- submission of official graduate degree(s) transcripts

The average number of the following academic achievements reported by the top ranked applicants for the last five years were:

|                        | 2020 | 2021 | 2022 | 2023 | 2024 |
|------------------------|------|------|------|------|------|
| Peer-reviewed articles | 9.1  | 9.2  | 9.1  | 11.9 | 16   |
| Book chapters          | 1.1  | .09  | 1.1  | .8   | .8   |
| Presentations          | 19.5 | 18.7 | 16.9 | 20.3 | 27   |

Highly-ranked candidates will receive invitations for interviews with cluster leaders, potential mentors, and other relevant faculty or Fellows no later than November 30, 2024. These interviews are very helpful for both the program and the candidates to determine whether our two-year program and the cluster they have chosen are appropriate for them. Interviews will take place on Monday, December 09<sup>th</sup>, Friday, December 13<sup>th</sup>, 2024 and Friday, January 10<sup>th</sup>, 2025. Interviews and other recruitment/selection activities (e.g., program orientation sessions) will be conducted using virtual, remote, and/or online formats.

***The deadline for receipt of formal application is Friday, November 1, 2024, for entrance into the program July 1, 2025.*** The program will officially start on Monday, July 1, 2025; however, there will be an all-day orientation on Monday, June 30, 2025 that all fellows will be expected to attend.

You may download a copy of this brochure by going to:  
<http://psych.ucsf.edu/education/cptp>

The Clinical Psychology Training Program is a member of APPIC and uses the APPIC Application for Psychology Internship (APPI) (available now). ***In the first paragraph of your cover letter, please state the name of the research mentor you would like to work with*** (see page 13). If you wish to be considered by a second research mentor, you may submit her/his name; however, please list the names alphabetically. (APPIC Match Policy 7d precludes obtaining or using information about relative ranking of “programs” within one site, except for purposes of setting up interviews.)

## AREAS OF SPECIALIZATION

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Described below are the major cluster or content areas around which the Clinical Psychology Training Program is organized. The first year is a general internship (predoctoral fellowship). The second year is a postdoctoral fellowship that includes advanced research and clinical training in one of the focus areas described below. All pre- and postdoctoral Fellows attend core training program seminars on Monday afternoons, consisting of a clinical seminar, a research seminar, and a Fellows' support group. The Director of Training meets with Fellows every other month to obtain formative feedback regarding their experiences in the program.

Candidates indicate the focus area of specialization that best fits their career goals by specifying in their application their choice among the mentors/research tracks. Fellows work closely with their mentor, who serves as coordinator of training, research preceptor, and advocate within the program. Depending on the project, support for Fellow's research may or may not come from investigator-initiated grants of their research mentor; additional sources of support may include multidisciplinary collaborative projects where another faculty member serves as the principal investigator, small grants submitted by Fellows, or other resources.

The table below lists the clusters and focus areas of the research mentors/tracks. A more detailed description of each follows. Description of all faculty members begins on Page 37.

### **PUBLIC SERVICE AND MARGINALIZED POPULATIONS CLUSTER**

*(Based at Zuckerberg San Francisco General Hospital)  
Cluster Leader: Valerie Gruber*

- Alicia F. Lieberman: Early Childhood Trauma\*
- Annesa Flentje, Caravella McCuistian & Valerie Gruber: Substance Use Disorders and Intervention Development with Marginalized Populations
- Marina Tolou-Shams & Johanna Folk: Juvenile inJustice and Behavioral Health

### **CLINICAL ASSESSMENT AND INTERVENTIONS CLUSTER**

*(Based at Nancy Friend Pritzker Psychiatry Building)  
Cluster Leader: Linda Pfiffner*

- Joel Kramer: Neuropsychological Research
- Daniel Le Grange: Eating Disorders
- Linda Pfiffner & Lauren Haack: ADHD/ Disruptive Behavior Disorders and Global Mental Health

*\* The Early Childhood Trauma Track (Dr. Lieberman) will not be accepting applicants for the 2025-2027 training cohort*

## **PUBLIC SERVICE AND MARGINALIZED POPULATIONS CLUSTER** | Valerie Gruber, Ph.D., Cluster Leader

The Public Service and Marginalized Populations Cluster is based at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), which specializes in culturally responsive services to individuals affected by racial, social or economic injustices. Faculty and Fellows are committed to providing services and developing innovative interventions for these settings.

### Core Faculty

The core Public Service and Marginalized Populations Cluster faculty includes Adrian Aguilera, Ph.D., Oona Appel, Psy.D., Ann Chu, Ph.D., Miriam Dimmler, Ph.D., Annesa Flentje, Ph.D., Johanna Folk, Ph.D., Valerie A. Gruber, Ph.D. (cluster leader), Evan Holloway, Ph.D., Alicia F. Lieberman, Ph.D., William Martinez, Ph.D., Caravella McCuistian, Ph.D., Sarah Metz, Psy.D., Vilma Reyes, Psy.D., Marina Tolou-Shams, Ph.D., Hannah Van Ochten, Pharm.D.

### Clinical

The Public Service and Marginalized Populations Cluster provides clinical training in a broad range of roles, including crisis intervention, working with patients with serious mental illness, and outpatient services such as the Child Trauma Research Project and the Division of Substance Abuse and Addiction Medicine. Fellows in this cluster typically have clinical training experiences during the internship year as described below.

- a. **Serious Mental Illness Rotation:** Four-month, part-time rotation with Citywide Case Management, an outpatient clinic designed to reduce readmissions and reincarceration of adults with serious mental illness. Psychology fellows provide diagnostic evaluation, psychological assessment, consultation, clinical supervision and training, and group co-facilitation using culturally and trauma informed approaches. Collaboration with other disciplines is a major component of this experience, including consultation with psychiatrists, intensive case managers and supported employment specialists on optimal treatment approaches.
- b. **Crisis intervention rotation:** Four-month, part time rotation at ZSFG Trauma Recovery and Rape Treatment Center. The focus is on training in assessment and crisis intervention with adults who are seen after a sexual assault, in an emergency department setting with follow up at the Trauma Recovery Center. The rotation includes training in clinical interviewing, diagnostic evaluation, crisis intervention, and psychological first aid for people in crisis. The experience includes collaboration with medical, psychiatric, and law enforcement professionals, risk assessment, evaluation of need for hospitalization, and linkage to community resources.
- c. **Outpatient experiences:** Outpatient training at ZSFG is provided through one of several services, depending on the Fellow's interest. These include the Division of Infant, Child, and Adolescent Psychiatry which includes the Child Trauma Research Program (CTRP), and the Division of Substance Abuse and Addiction Medicine (DSAAM). Each offers Fellows opportunities to consult to health care providers and to provide psychotherapy to English or Spanish-speaking patients. Fellows have the option of selecting outpatient rotations focused on adults or children and adolescents.

## Research

Fellows become part of their mentors' research group during the internship year. During their postdoctoral year, they spend about half of their time in advanced research training and about half time in advanced clinical training relevant the focus area of the mentor. Fellows in the Public Service and Marginalized Populations Cluster concentrate on one of the following focus areas:

**a. Mentor: Alicia F. Lieberman, Ph.D.**

Research Area: Early Childhood Trauma, Disorders of Attachment, Parent-Child Psychotherapy Outcome

Fellows in this research area will join a multidisciplinary team studying the effects on infants, toddlers and preschoolers of interpersonal trauma due to violence, including domestic violence and abuse. The research involves extensive assessments of the children and their parents for the purpose of ascertaining the incidence of child traumatic stress and co-morbid conditions and the child's functioning in the areas of physiological functioning, cognitive development, socioemotional development, quality of attachment, moral development, and peer relations. The Child Trauma Research Program (CTRP) is a center of the SAMHSA National Child Traumatic Stress Network (NCTSN), a federal initiative with the mandate of enhancing access to service as well as quality of treatment for traumatized children across the country. As a NCTSN center, CTRP is the lead program in the Early Trauma Treatment Network, a collaboration focusing on trauma in infancy and early childhood that also includes the Boston Medical Center, Louisiana State University Health Science Center, and Tulane University. Research focuses on the effectiveness of Child-Parent Psychotherapy (CPP) with young children exposed to interpersonal violence and other traumas. We are currently conducting a study of biological markers of traumatic stress in mothers and children aged 2-6 exposed to interpersonal trauma to determine the relationship between maternal and child biological markers and whether physiological indices of stress are alleviated by treatment with child-parent psychotherapy. In addition, we are developing an adaptation of CPP for pregnant women and the perinatal period. Child-Parent Psychotherapy is accredited as an evidence-based treatment (EBT) in the SAMHSA NREPP (National Registry of Evidence Based Programs and Practices). This research track involves clinical training in CPP, incorporating psychodynamic, attachment theory, social learning theory, and CBT principles. The clinical and research team is multiethnic and places great emphasis on cultural issues in clinical intervention. The population served is multiethnic and includes approximately 40% monolingual Spanish-speaking families. Applications are encouraged from individuals committed to clinical research careers in the areas of infancy and early childhood attachment, trauma, and mental health. Fellows accepted into the doctoral internship in this track are encouraged to apply for an extramurally funded postdoctoral fellowship within this research program (See pages 32 - 36).

Please note that this track will not be accepting applicants for the 2025-2027 training cohort which begins on July 1, 2025

- a. **Mentors:** **Annesea Flentje, Ph.D.** (research mentor),  
**Caravella McCuistian, Ph.D.** (research co-mentor, primary clinical supervisor),  
**Valerie Gruber, Ph.D.** (career mentor, clinical supervisor)

Research Area: Substance Use Disorders and Intervention Development with Marginalized Populations

Training in the Substance Use Disorders and Intervention Development area includes clinical and research training on interventions for adults with substance use disorders and associated psychiatric and medical conditions. Fellows' outpatient clinical training is based in the Division of Substance Abuse and Addiction Medicine (DSAAM) at Zuckerberg San Francisco General. DSAAM provides state-of-the-art substance use disorders treatment integrated with mental health and medical services, with an emphasis on understanding and treating clients within the context of their culture.

Fellows provide culturally and trauma informed psychological assessment, psychotherapy, consultation, and supervision integrated in the Opiate Treatment Outpatient Program, which provides methadone and buprenorphine services in clinic, primary care, and van sites, in the Positive Health Practice, which provides HIV primary care, and/or in psychiatric outpatient clinics (e.g. Alliance Health Project). Most patients have HIV, Hepatitis C, chronic pain, cardiovascular or other chronic medical conditions. Many have co-occurring stimulant use, post-traumatic stress, affective, psychotic, or personality disorders. Patients include large proportions of African-American, Latino, and Asian Pacific Islander individuals, as well as large proportions of gay, lesbian, bisexual, and gender diverse individuals. These programs have been the site of over 60 funded research investigations of psychological, social, and biologically-based treatment innovations, and welcome research led by fellows.

Fellows work with Dr. Flentje as their primary research mentor in the Sexual and Gender Minority Health Equity Lab and at the Alliance Health Project. Fellows conduct research identifying underlying contributors to and developing interventions for substance use among sexual and gender minority populations. Fellows gain experience conducting clinically relevant research in clinical settings serving diverse urban patient populations. Fellows have the opportunity to develop and test improved psychological interventions for substance use disorders and related psychological or medical problems. Fellows may contribute to existing studies and develop their own research using intramural or extramural funding..



- c. **Mentor:** **Marina Tolou-Shams, Ph.D.** (senior research mentor)  
**Johanna Folk, Ph.D.** (research mentor)

Research area: Juvenile inJustice and Behavioral Health

Training in the juvenile injustice and behavioral health area will involve a range of clinical, epidemiological and policy research on ways to improve psychiatric, substance use, sexual health and legal outcomes for underserved youth and their families. Fellows' direct research experience can be varied according to interest and goals. Examples of potential research experiences, training and collaborations may include: direct clinical trial experience as part of large-scale NIH-funded research trials through delivering individual and family-based behavioral health services via telehealth to foster youth and their families; providing consultation to behavioral health providers serving systems-impacted youth and families and systems professionals using the ECHO model; examining RCT outcome data from a gender-responsive group-based drug use intervention for justice-involved girls; training and practice in qualitative research methods through analyzing data from system-level research participants; designing mHealth technology interventions to improve behavioral health outcomes for systems-involved youth and/or analyzing longitudinal data collected from 400 youth (followed into young adulthood) and caregivers related to mental health, substance use, HIV/STI risk and/or recidivism. Fellows choosing to train in the Juvenile inJustice and Behavioral Health area are gaining experience conducting clinically relevant research as well as research relevant to structural and policy level change. As part of this training, fellows will gain experience collaborating within a multidisciplinary team, including partners from SF and other CA County Probation systems, SF Human Services Agency (HSA), SF Department of Public Health and faculty from collaborating institutions in the areas of epidemiology, criminology, public health and social work

## CLINICAL ASSESSMENT AND INTERVENTIONS CLUSTER | Linda Pfiffner, Ph.D., Lauren Haack, Ph.D., Cluster Leaders

The Clinical Assessment and Interventions Cluster offers training in evaluation, assessment, and treatment appropriate to a wide variety of clinical situations. The cluster's clinical settings, based at the Nancy Friend Pritzker Psychiatry Building and Langley Porter Psychiatric Institute (LPPI), Moffitt-Long Hospital and Benioff Children's Hospital, Mission Bay and include the Adult Psychiatry Clinic, Consultation/Liaison Services, Child and Adolescent Psychiatry Clinics, and rotations associated with funded clinical trials associated with the research tracks in the cluster that periodically become available.

### Faculty:

The Clinical Assessment and Interventions Cluster faculty includes

Erin Accurso, Ph.D, Alexandra Apple, Ph.D., Allison Arnold, Ph.D., Lauren Asarnow, Ph.D., Somer Bishop, Ph.D., Lindsey Bruett, Ph.D., Kaitlin Casaletto, Ph.D., Julia Morgan Charalel, Ph.D., Stephanie Claudatos, Ph.D., Colleen Cullinan, Ph.D., Sabrina Darrow, Ph.D., Whitney Ence, Ph.D., Sarah Forsberg, Psy.D., Sasha Gorrell, Ph.D., Lauren Haack, Ph.D. (cluster co-leader), Lisa Hail, Ph.D., William Hooker, Ph.D., Katheryn Huryk, Ph.D., Sarah Inkelis, Ph.D., Joan Jou Ph.D., Lauren Jung, LCSW, Candy Katoa, Psy.D., Jessica Keyser, Ph.D., Erica Kornblith, Ph.D., Joel Kramer, Psy.D., Rachel Kramer, Ph.D., Daniel Le Grange, Ph.D., Yan Leykin, Ph.D., Enjey Lin, Ph.D., Rachel Loewy, Ph.D, Jennifer Ly, Ph.D., Caterina Mosti, Ph.D., Lauri Pasch, Ph.D., Brianna Paul, Ph.D., Linda Pfiffner, Ph.D. (cluster co-leader), Katherine Possin, Ph.D., Erin Reilly, Ph.D., Emma Salzman, Psy.D., Esmé Shaller, Ph.D., Adam Staffaroni, Ph.D., Virginia Sturm, Ph.D., Melissa Wei, Ph.D., Christine Zalecki, Ph.D., Joseph Zamaria, Psy.D.

### Clinical

Clinical training for all Fellows in this cluster includes I) research mentor track rotations, II) an intensive clinical rotation, and III) elective clinical rotations.

#### I. Research Mentor Track Clinical Rotations:

- a. Memory and Aging Center (MAC). This is a clinic providing neuropsychological and psychological assessment of patients with actual or suspected neurological diseases or disorders, patients with a wide range of psychiatric disorders, and general medical patients with neurobehavioral disorders required for fellows matched with research mentor Dr. Joel Kramer. Consultations may be provided to various clinical services at the UCSF Memory and Aging Center. Experiential training in assessment is complemented by relevant case conferences, grand rounds, and seminars (e.g., neuropsychological assessment, neuroanatomy, pharmacology, etc.). Fellows develop individually tailored training plans in the amount and types of their assessment activities pertinent to their professional goals (e.g., those intending to become clinical neuropsychologists have different training plans than those intending to become general clinical psychologists).
- b. Hyperactivity, Attention, and Learning Problems (HALP) Clinic. This is a specialty clinic for Attention Deficit Hyperactivity Disorder (ADHD) and related Disruptive Behavior Disorders (DBD) required for fellows matched with research mentor Dr. Linda Pfiffner. The ADHD/DBD clinical research service provides comprehensive, multidisciplinary evaluation of children having attention and/or behavioral problems with related learning and/or emotional problems. The service also includes group and family-based cognitive-behavioral interventions (e.g., social skills training, parent training), school consultations for school-age children; medication evaluations occur in conjunction with the general outpatient service. Trainees gain

experience with a range of assessment methods (unstructured clinical interviews, structured diagnostic interviews, parent and teacher rating scales, and psychometric testing) with an emphasis on integration of results for DSM diagnoses and treatment planning. Training in the provision of therapeutic feedback to families and preparation of written summary reports is also included. The intervention component includes training in structured, evidence-based treatments for ADHD including group-based social and life skills training for children, parenting skills groups for parents, Parent-Child Interaction Therapy, and behavioral family therapy. Trainees participate in leading therapeutic groups or individual family sessions. Trainees also participate in ongoing clinical research.

- c. Eating Disorder Program (EDP). This is comprehensive, evidence-based program providing clinical care for individuals with eating disorders (up to age 25) and their families, including family-based and individual treatments and is required for fellows matched with research mentor Dr. Daniel LeGrange. The program is a collaboration between Child and Adolescent Services in the Department of Psychiatry and the Division of Adolescent and Young Adult Medicine in the Department of Pediatrics. Services include comprehensive medical/psychiatric evaluations, medical management, evidence-based individual and family therapy, brief psychology consults, parent workshops, teen/young adult groups, and medication management. Trainees gain experience identifying the medical consequences/complications of eating disorders and understanding how medical acuity informs treatment planning and level of care determination, developing solid understanding of different DSM-V eating disorder diagnoses as well as screening/diagnostic measures to assess these, understanding the key principles and strategies of family-based treatment (FBT) and cognitive behavioral therapy (CBT-E) for eating disorders, and identifying systemic barriers and health inequities that impact patients and families with eating disorders, particularly those with marginalized identities.

## II. Intensive Clinical Rotation required for all CAI fellows:

- a. Inpatient experience in the adult and/or pediatric Consultation/Liaison Service. The adult service includes working with patients with major psychopathology who range in age from late adolescence to the elderly. Supervised experience in differential diagnosis, case formulation, development of treatment plans, crisis intervention, working with a multidisciplinary team including collaboration with psychiatrists regarding medication issues, and working with community resources and the legal system (e.g., regarding civil commitment). The Pediatric Psychology and Psychiatry Consultation-Liaison Service focuses on providing clinical psychological services in an acute pediatric medical setting (Benioff Children's Hospital, Mission Bay). Cross-training with psychiatry staff, psychiatry fellows, and Behavioral Emergency Response Team (BERT) clinicians is central to the training experience. Trainees participate in medical and psychosocial rounds as appropriate, and they coordinate with social work, child life, music/art therapy, and other ancillary services. The Pediatric Psychology and Psychiatry C/L service liaisons with multiple pediatric services and subspecialties including General Medical/Surgical, Hematology-Oncology, Bone Marrow Transplant, Cardiology, Rehabilitation, and Integrative Pediatric Pain and Palliative Care (IP3). Consults often involve a combination of diagnostic assessment and formulation, psychoeducation, intervention (individual and family; bedside therapies), and identification of goals and needs for outpatient

follow-up after discharge. Supervision focuses on developing skills in evaluation, differential diagnosis, consultation, and intervention.

III. Elective Clinical Rotations chosen based on fellow training needs and interests:

- a. The UCSF Wavefront Program provides evidence-based treatment, training, and research to improve emotion regulation for young people impacted by suicidal thoughts and behaviors, self-harm, and mood, anxiety, trauma, and obsessive-compulsive related disorders. In addition to our comprehensive DBT clinic and individual CBT services, we are currently offering CBT groups for depression, social anxiety, and transdiagnostic emotion coping skills for teens as well as a group for school-age children and their parents to decrease worry. We also offer psychoeducational workshops for parents on depression, anxiety, and managing risk for self-harm. Our team members regularly provide consultation to Contra Costa and San Francisco County behavioral health services on implementing DBT with suicidal youth and trainings on evidence-based practices to assess and manage suicide risk. Not only does the program advocate and train for broader implementation of evidence-based practices, we hold ourselves to the same standards and implement an evaluation protocol with all of our services. This evaluation is the foundation for our innovative research program to improve behavior therapy for youth struggling with depression, anxiety, and suicide by leveraging technology and improving the clinical utility of assessments. Fellows rotating through Wavefront will be expected to integrate evidence-based assessment into their practice, collaborate with team members and other providers as needed, apply cognitive-behavioral principles of change transdiagnostically, and build individual case conceptualizations to guide treatment.
- b. Center for ASD and NDDs (STAR). This center is committed to excellent programs in Service, Training, Advocacy, and Research (STAR) to lead the way to better understanding, treatment, and promotion of well-being for people with autism spectrum disorder (ASD) and other neurodevelopmental disorders (NDDs). Training opportunities include exposure to services for individuals across the lifespan are conducted by teams of trained professionals who, in collaboration with researchers across UCSF and around the world, apply the latest evidenced-based assessments and treatments. Trainees gain skills in comprehensive diagnostic evaluation strategies, treatment planning, collaborative measurement of success in attaining clinical goals, and differential diagnosis to distinguishing ASD from other conditions from infancy to young adulthood; learn how to provide therapeutic feedback and essential psychoeducation about ASD and common co-occurring conditions; build skills and experience co-leading evidence-based parent and child group interventions, family therapy, and/or individual cognitive behavioral therapy; and gain behavior management and engagement skills to enhance active participation of youth, parents, other family members, caregivers, educators, and others, as appropriate, in treatment.

- c. The Adult Psychiatry Clinics (APC) provide a broad range of outpatient psychiatric consultation, evaluation, and treatment interventions for emotional, psychological, or cognitive problems. Each person is provided with an initial assessment and an individualized treatment plan. The clinics provide a range of brief and long-term individual psychotherapy as well as group psychotherapy (including cognitive behavior therapy groups) and ongoing medication management as part of an individual's treatment plan. Some of the most common psychotherapy referrals received are for treatment of depression and anxiety. Modalities of psychotherapy include Cognitive Behavioral Therapy (CBT), Acceptance Commitment Therapy (ACT), and Internal Family Systems (IFS). Interns/fellows will have the opportunity to take on their own CBT or ACT case for weekly individual psychotherapy.
- d. The Obsessive Compulsive Disorders (OCD) Intensive Outpatient Program (IOP) clinical program is designed to evaluate and treat patients with moderate to severe OCD and related disorders. It provides comprehensive evaluation, intensive treatment, and post-treatment planning for adult patients with OCD who require a more in-depth approach than would usually be available within a clinic setting. The program utilizes Cognitive Behavioral Therapy (CBT), specifically Exposure Response Prevention (ERP) and Acceptance Commitment Therapy (ACT) as the central modalities for treatment. Patients are assigned to an experienced behavioral health specialist who evaluates their treatment needs and works with them to develop a personalized treatment plan. Patients attend groups 3x/week to learn about OCD and practice their newly learned skills through individualized exposures. Patients also get to work with a psychiatrist to initiate medications and optimize their pharmacologic regimen.
- e. The Psychological Assessment Clinic (PAC) offers a rotation which focuses on neuropsychological assessment. Although most patients seen through this service are adults, children and adolescents who present with neuropsychological disorders are seen as well. Fellows receive one-on-one supervision in the evaluation, differential diagnosis, and treatment planning of patients with a wide range of disorders which affect brain-behavior relations, including psychiatric and neurological disorders.
- f. The Neuro/Psych Sleep Clinic specializes in sleep disorders. The clinic provides evaluations and care for patients with conditions that include insomnia, periodic leg movements, circadian rhythm disorders, parasomnias (such as sleepwalking and REM sleep behavior disorder), narcolepsy, excessive daytime sleepiness, nightmare disorders, and sleep apnea. The team includes neurologists, psychiatrists and psychologists. While all patients with sleep concerns are welcome, the clinic particularly focuses on those who have neurological or psychiatric disorders. For our insomnia patients, one-on-one treatment called CBT-I (cognitive behavioral therapy for insomnia) is offered, which can help to address the underlying causes of sleeplessness. Benefits may include improving sleep quality, decreasing the time it takes to fall asleep, minimizing sleep disruptions and reducing dependency on sleep medications. This rotation can include exposure to adult or pediatric patients.
- g. UCSF Epilepsy Center, Neuropsychology. *Neuropsychological evaluation* procedures at the UCSF Epilepsy Center provide information critical for treatment planning in epilepsy, whether that be medical management or surgical intervention. The trainee will rotate through the

pediatric service, where the focus is on neuropsychological assessment of children, adolescents, and young adults with epilepsy and related conditions (e.g., brain tumor, perinatal stroke, traumatic brain injury, genetic syndromes) who are at high risk for cognitive impairment, stagnation, or decline; these patients typically present with severe epilepsy conditions, such as epileptic encephalopathy, and/or intractable epilepsies that do not respond to medication and require more aggressive treatment. Trainees learn how to make/apply detailed process-based observations (including through ‘testing the limits’), along with clinical interview and objective assessment data, to conceptualize cases and generate individualized recommendations involving the child/adolescent/young adult, the family system, the school, etc. They receive training in neuroanatomy and the use of neuropsychological assessment as a means of: localizing and lateralizing brain function/dysfunction; determining neurosurgical risk and candidacy; and delineating change over time as a function of disease status, through repeat evaluation (e.g., using reliable change indices and standardized regression-based methods). Trainees build skills in the provision of evaluation feedback to patients/families, including psychoeducation (e.g., regarding, epilepsy and its comorbidities\* or adjustment to disease) as well as counseling regarding treatment risks/benefits. There is also exposure to specialized neuropsychological examination procedures that contribute further to determination of treatment risk, such as those used during electrocortical stimulation mapping (ESM) and the intracarotid amytal procedure (IAP) or Wada test. Trainees also develop an understanding of how to participate within, and provide consultation to, the multi-disciplinary team (in addition to the family), particularly while establishing consensus during the process of medical/surgical decision-making.

*[\*Epilepsy patients nearly always suffer from comorbidities, including autism, AD/HD, learning disorders, intellectual disability, depression and anxiety, which often become a main focus of the evaluation, because they are frequently felt to be more problematic and disruptive of day-to-day life]*

## Research

Research in several areas of clinical assessment and intervention is available within this cluster for Fellows' collaborative research during the second, postdoctoral year. These focus areas include neuropsychology, ADHD/disruptive behavior disorders, eating disorders, and autism spectrum disorders. Fellows become part of their mentors' research group during the internship year, during which they concurrently receive general clinical training. During their postdoctoral year, they spend about half of their time in advanced research training with the mentor and about half time in advanced clinical training relevant the focus area of the mentor.

- a. **Mentor:** Joel Kramer, Psy.D.  
**Co-Mentor:** Kate Possin, Ph.D.

Research Area: Neuropsychological Research

This training opportunity is centered at the Memory and Aging Center (MAC) in the UCSF Department of Neurology. The MAC is a major center for the study of aging and neurodegenerative syndromes, dementia care, research, and education. Research opportunities for pre- and postdoctoral trainees center around the neuropsychological and neurobehavioral features of typical and abnormal aging. Trainees have access to a large cohort of deeply phenotyped, functional intact older adults and patients with Alzheimer's disease, frontotemporal-spectrum disorders, progressive aphasia, cerebrovascular disease, parkinsonian disorders, and Huntington's disease. There is a large community outreach program with an emphasis on understanding the social determinants of health, novel approaches to behavioral assessment, and innovative multidisciplinary dementia care programs. Projects linking clinical and experimental data with quantitative structural and functional neuroimaging, genetics, and fluid biomarkers can be pursued. Trainees are encouraged to participate in a broad range of funded projects related to early detection and characterization of neurodegenerative diseases. Independent projects are encouraged, and there are multiple neuropsychology faculty members available for mentoring and collaboration.

- b. Mentors:**        **Linda Pfiffner, Ph.D.**  
                              **Lauren Haack, Ph.D.**

Research Areas:

- 1) Psychological interventions for children with ADHD and other Disruptive Behavior Disorders
- 2) Leveraging technology to enhance evidence-based professional training and behavioral treatment programs
- 3) Family factors and developmental psychopathology
- 4) Global Mental Health and culturally-attuned ADHD services for traditionally underserved youth worldwide

Ample research opportunities are available through a clinical research program for children with Attention Deficit Hyperactivity Disorder (ADHD) and related Disruptive Behavior Disorders (DBDs). Fellows are encouraged to participate in ongoing collaborative projects funded by NIMH and IES and may develop their own projects in related areas. Sample topics for collaborative projects include studies of treatment outcome from randomized controlled trials of school-home behavioral treatment for ADHD, cultural considerations and adaptations for services delivered domestically and internationally, dHealth and telehealth augmentations to treatment and clinician training, team-based enhancements to school-home interventions, mediators and moderators of treatment outcomes, implementation factors related to treatment outcome, and family and social factors in developmental models of child psychopathology and impairment. Technical assistance with design, statistical analysis, literature integration and grant application preparation is provided. The integration of research and clinical care is at the forefront of research in the HALP program. Accordingly, fellows also receive intensive training in diagnostic assessment, behavioral interventions, and school consultation and in the supervision and training of school-based mental health professionals. These skills are directly applied in the context of ongoing collaborative research studies. Fellows working in our program have co-authored papers using data from our lab (HALP) and have gone on to academic or research appointments in university psychology or psychiatry departments.



**c. Mentor: Daniel Le Grange, Ph.D.**

Research Area: Treatment development, psychological interventions and translational research for adolescents with eating disorders

The Eating Disorders Program at UCSF is a research-based clinical service for youth ages 10 thru 25 and enjoys a close collaboration between the Division of Child and Adolescent Psychiatry and the Division of Adolescent Medicine (Pediatrics). The main focus of this program is treatment and translational research. Fellows can participate in a variety of ongoing collaborative projects. In addition, fellows are encouraged to develop their own research projects in areas that may be related to this focus on treatment development, dissemination, and translational research. Current studies/datasets that may be of interest include a comparison of parent-focused therapy and family-based treatment for adolescents with anorexia nervosa, developing telemedicine delivery of family-based treatment, evaluating the relative efficacy of family-based treatment and cognitive behavior therapy for adolescents with bulimia nervosa, and disseminating evidence-based treatment for adolescents with eating disorders to practitioners outside tertiary training institutions. Fellows are strongly encouraged to collaborate with program team members and co-author papers given the many datasets that can be accessed, and fellows are also supported to serve as lead authors on their own manuscripts. Training in this context is strongly oriented toward supporting fellows in their preparation to pursue academic or research faculty appointments post fellowship.

## SAMPLE TRAINING SCHEDULES

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The training schedules on the next two pages are illustrative. They include the approximate number of scheduled hours per week allotted to each rotation. We have attempted to provide a realistic picture of what a Fellow is likely to experience. The program schedules consist of 40-hour weeks, the California licensing board accepts up to 44 hours of supervised training per week. Each Fellow's training plan is proposed by the research mentor, taking into account the Fellow's background and professional plans, and must be approved by the Cluster Leaders and the Director. Note that the cluster and research track chosen by the applicant have major implications for the specific rotations the applicant will experience. The first year is a primarily clinical year. The second, postdoctoral year combines advanced training in clinical services and clinical research, with greater emphasis on the latter. Postdoctoral Fellows spend 16 to 20 hours in clinical rotations related to their research area, and the rest of their time in research activities. Fellows receive a minimum of four hours per week of supervision plus additional training activities (this may include additional supervision, seminars, clinical rounds and so on).

### Required Seminars for All Fellows

#### I. Core Seminars and Fellows' Support Group (4 hours/week).

Monday afternoons are set aside from 1:00 to 5:00 p.m. so that Fellows (pre- and postdoctoral) are able to 1) attend three mandatory meetings on the 1<sup>st</sup> and 3<sup>rd</sup> Monday of the month, and 2) can use this “protected time” for research-related activities (e.g., manuscript or grant preparation) during the remaining Mondays. Dr. Pfiffner, the Program Director, meets with the Fellows every other month to obtain direct feedback regarding their experiences in the program. The Monday afternoon meetings are:

- The Clinical Seminar – Leaders: Lauren Haack, Ph.D. and Ericka Kornblith, Ph.D.
- The Research Seminar / Research Career Development Seminar – Leaders: Sasha Gorrell, Ph.D., and Yan Leykin, Ph.D.
- The Fellows' Support Group – Facilitator: Each training year, the fellows decide whether to have a facilitator in the support group.

#### II. Required Short-term Seminars:

- Psychopharmacology Seminar – Six sessions at the beginning of the internship year, as part of the Clinical Seminar. Leader: Hannah Van Ochten, Pharm.D.
- Risk Assessment and Monitoring Seminar – Occurs at the beginning of the internship year. Leader: Sabrina Darrow, PhD

## Method and Frequency of Evaluation

Fellows are formally evaluated in writing twice per year at which time they also formally evaluate the program and their supervisors. Each Fellow meets individually with the Director of Training to review these evaluations and progress in the program. Opportunities to discuss concerns or complaints with the Cluster Leaders and Director of Training are readily available. Should these prove insufficient, there is a formal grievance procedure which is described in the Clinical Psychology Training Program Handbook.

## Minimum Requirements for Completion of Internship

1. Completion of the internship requires verification that the intern meets broad and general preparation for entry level independent practice (which in California is readiness for postdoctoral fellowship or its equivalent) on each of the competencies described above on page 9: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills.
2. Successful completion of all rotations specified in the intern's individualized training program, as designed by the clinical research mentor and approved by the cluster leader and the director of training. The objectives of each rotation are found in the CPTP Handbook. The minimum performance requirements consist of satisfactory evaluations for all these objectives by rotation completion.
3. A minimum of 1500 hours of supervised professional experience at the internship level. Most interns will complete many more hours. For example, completion of all training days minus allowable holidays (14) and personal time off (vacation) days (20) would result in 1,800 hours of supervised training. Interns who, in addition, need to use allowable sick leave days (12, if needed), and professional leave days (5, if needed) would complete 1,664 hours of supervised professional experience.
4. For interns who have or adopt a child during the internship, paid parental/maternity leave is provided. Arrangements must be made to ensure that the minimum of 1500 hours are completed to certify successful completion of the internship.
5. Not be found to have engaged in any significant unethical behavior.

## Minimum Requirements for Completion of Postdoctoral Fellowship

1. Completion of the postdoctoral fellowship requires verification that the postdoctoral fellow meets advanced preparation for independent practice, as defined by competency at an advanced level on each of the competencies described above on page 9: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills.
2. Successful completion of all rotations specified in the postdoctoral fellow's individualized training program, as designed by the clinical research mentor and approved by the cluster leader and the director of training. The objectives of each rotation and focus area are found in the CPTP

Handbook. The minimum performance requirements consist of satisfactory evaluations for all these objectives by rotation completion.

3. A minimum of 1500 hours of supervised professional experience at the postdoctoral level. Most postdoctoral fellows will complete many more hours. For example, completion of all training days minus allowable holidays (14) and personal time off (vacation) days (20) would result in 1,800 hours of postdoctoral supervised professional experience. Postdoctoral fellows who, in addition, need to use allowable sick leave days (12, if needed), and professional leave days (5, if needed) would complete 1,664 hours of supervised professional experience.
4. For postdoctoral fellows who have or adopt a child during the postdoctoral fellowship, paid parental/maternity leave is provided. Arrangements must be made to ensure that the minimum of 1500 hours are completed to certify successful completion of the postdoctoral fellowship
5. Not be found to have engaged in any significant unethical behavior.

**PUBLIC SERVICE AND MARGINALIZED POPULATIONS CLUSTER (Sample Training Schedule)**

| <i>Internship Year</i>   |              |                      |            |
|--|--------------|----------------------|------------|
| REQUIRED CLINICAL ROTATIONS  | July-October | November-February    | March-June |
| Serious Mental Illness (Citywide Case Management)                                  | 16           | -                    | -          |
| Crisis Intervention (Trauma Recovery/Rape Treatment Center (ZSFG))                 | -            | 16                   | -          |
| Outpatient Clinic Related to Chosen Research Track                                 | 16           | 16                   | 16         |
| <b>RESEARCH in Chosen Research Track (one of the following)</b>                    |              |                      |            |
| Child Trauma Research Project (Lieberman) (unavailable 24-25)                      | 4            | 4                    | 20         |
| Substance Use Disorders and Intervention (Flentje)                                 | 4            | 4                    | 20         |
| Juvenile Justice and Behavioral Health (Tolou-Shams)                               | 4            | 4                    | 20         |
| <i>Postdoctoral Year</i>   |              |                      |            |
| <b>CLINICAL ROTATIONS</b><br>(16-20 hours)   |              |                      |            |
| Advanced Clinical Rotation Related to Research Track (as in internship year above) |              | 16-20 hours all year |            |
| <b>RESEARCH</b><br>(Approximately 20 hours)  |              |                      |            |
| Focuses on chosen research track (see above)                                       |              | 20 hours all year    |            |

**NOTE:** All Public Service and Marginalized Populations Fellows attend the Monday afternoon seminars (4 hrs.).

**CLINICAL ASSESSMENT AND INTERVENTIONS CLUSTER (Sample Training Schedule)**

| <i>Internship Year</i>  |                |                       |               |            |
|---|----------------|-----------------------|---------------|------------|
| REQUIRED ROTATIONS  | July-September | October-December      | January-March | April-June |
| Intensive clinical rotation:  |                |                       |               |            |
| Consultation/Liaison Service (Moffitt-Long), (Benioff, Mission Bay) | 16-20          | -                     | -             | -          |
| Rotations Related to Chosen Research Track (one of the following)   |                |                       |               |            |
| Memory and Aging Center (MAC)                                       | 8-12           | 16-24                 | 16-24         | 16-24      |
| Hyperactivity Attention and Learning problems (HALP) clinic         | 8-12           | 16-24                 | 16-24         | 16-24      |
| Eating disorders Program (EDP)                                      | 8-12           | 16-24                 | 16-24         | 16-24      |
| Center for ASDs and NDDs (STAR)                                     | 8-12           | 16-24                 | 16-24         | 16-24      |
| Clinical Research   | 8              | 8                     | 8             | 8          |
| Elective Rotations (see below)                                      | 0              | 4-12                  | 4-12          | 4-12       |
| <i>Postdoctoral Year</i>  |                |                       |               |            |
| CLINICAL ROTATIONS (approximately 16 hours)                         |                |                       |               |            |
| Advanced Clinical Rotation Related to Research Track                |                | 12-16 hours, all year |               |            |
| Elective Clinical Rotation(s) (see below)                           |                | 0-4 hours, all year   |               |            |
| RESEARCH (approximately 20 hours)                                   |                |                       |               |            |
| Focuses on chosen research track (see above)                        |                | 20 hours, all year    |               |            |

**NOTE:** All Clinical Assessment and Interventions Cluster Fellows attend the Monday afternoon seminars and at least one department Grand Round series (4 hrs.)

## **ADDITIONAL TRACK: Partial Affiliation between the UCSF Clinical Psychology Training Program and UC Berkeley Doctoral Program in Clinical Science**

As described above, the core traditional UCSF Clinical Psychology Training Program (CPTP) includes a two-year full time fellowship comprised of a one-year general clinical psychology internship and a one-year postdoctoral clinical and clinical research fellowship, based on the scientist-practitioner model. Graduates are expected to pursue careers emphasizing research and training in academic/research settings including those affiliated with health and mental health service systems. The program has a strong mentorship structure; candidates apply to work with a specific faculty research mentor.

For the 2025-2026 training year, we anticipate appointment of one or more fellows in a relatively new track in the CPTP, which involves a partial affiliation with the PCSAS-accredited clinical psychology Ph.D. program at the University of California, Berkeley, referred to as the doctoral program in Clinical Science. In this track, select UC Berkeley Clinical Science doctoral students will complete a clinical psychology internship in the CPTP in two half-time years, while concurrently continuing research with their UC Berkeley faculty mentors. The new track aims to innovate by expanding our mentorship model of training research oriented clinical psychologists. Candidates for the half-time internship track will be considered for the same areas of clinical training described elsewhere in this brochure. They will be admitted to either the Clinical Assessment and Interventions Cluster or the Public Service and Marginalized Populations Cluster and will participate in the core CPTP seminars on Monday afternoons (Research Seminar, Clinical Seminar, and Fellows Support Group). Clinical internship training goals will be the same for Fellows in the half-time track as for full time predoctoral Fellows, but will be extended over two years. Fellows in the half-time track will not be automatically accepted into a postdoctoral fellowship in the CPTP, but are welcome to apply for consideration in various postdoctoral training opportunities described at the end of this brochure.

The slots added to the CPTP for the half-time internship track will be protected for UC Berkeley Clinical Science doctoral students. Candidates for the half-time internship track will meet the same eligibility criteria as applicants for the full-time internship. UC Berkeley faculty will pre-screen candidates, and CPTP faculty will make final decisions about which applicants are accepted into the new track. CPTP faculty will apply the same policies and procedures for successful completion to interns in the new half-time track as are applied to the full-time interns. Interns in the half-time track will receive stipend support comparable to the full time interns on a pro-rated basis (i.e., monthly stipends of the half-time interns will be half that of the full time interns), and will receive health insurance benefits.

## ADDITIONAL POSTDOCTORAL RESEARCH OPPORTUNITIES

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### *Available to Clinical Psychology Training Program Applicants*

In the last few years, we have noted that some CPTP Fellows proceed to additional postdoctoral work after completing the two-year CPTP program. They often apply to other UCSF programs, but sometimes move to other institutions (fellows have gone on to other postdoctoral programs at Stanford and Harvard, for example). Acceptance to these prestigious NIH-funded programs allows Fellows to continue working with their CPTP mentor for two years after their first post-doc year ends (versus only one postdoctoral year under the CPTP program). We have found that the one-year postdoctoral year can be burdened with the time-intensive tasks of a job search, including travel to present job talks. This means that the number of months devoted predominantly to research may turn out to be fewer than expected. Adding an additional year allows at least one year of uninterrupted time for research activities, after which Fellows often have more publications and grant writing experience.

We therefore suggest that applicants examine the following training programs, which are currently in operation. Due to federal funding cycles, not all NIH training programs will be available every year. Candidates for the postdoctoral fellowships below must be citizens or non-citizen nationals of the United States, or must have been lawfully admitted to the United States for Permanent Residence (i.e., possess a currently valid Alien Registration Receipt Card I-551, or other legal verification of such status). Individuals on temporary or student visas are not eligible. Individuals may apply to these training programs including the F32 in advance of admission to the United States as a Permanent Resident recognizing that no award or appointment will be made until legal verification of Permanent Resident status is provided.



## Postdoctoral Traineeship in Substance Use Disorders Treatment and Services Research

This National Institute on Drug Abuse (NIDA)-funded postdoctoral program is offered by the University of California, San Francisco (UCSF) Department of Psychiatry and Behavioral Sciences and Weill Institute for Neurosciences. Our program is one of the few that trains scientists in treatment and services research.

Scholars work with a preceptor to design and implement studies on treatment of substance use disorders (SUD), including nicotine, cannabis, opioids, and other substances. Scholars also select a specific area of focus for independent research. Current research interests of faculty include trials of efficacy and effectiveness of psychosocial and pharmacologic treatment of substance use disorders, including:

- Substance use disorders including cannabis, tobacco and opioids
- Innovative methodology, including internet-based studies
- Treatment of complex patients in health care settings
- Diagnostic techniques and research on treatment tailored for HIV-positive substance users with psychiatric and medical disorders
- Research on provision of services to substance-using populations
- Instrument development in substance use treatment.

A variety of university-affiliated and community substance use treatment programs are available as research sites. These include inpatient- and outpatient-setting programs that treat a range of problems related to SUD treatment, including dependence on stimulants, cannabis, nicotine, alcohol, and opiates. Our program encourages close research involvement with a preceptor, and involvement in selected classes, seminars, and grant preparation.

At the end of our postdoctoral program, we expect scholars to have acquired the following competencies and completed the following tasks:

- Gained knowledge of drugs of abuse and their treatment;
- Advanced their knowledge of statistical and methodological techniques needed for clinical and services research;
- Understand drug abuse treatment systems and drug research projects;
- Conducted at least two treatment research projects in a clinical setting: One designed by their preceptor; and one of their own design, for which they have primary responsibility;
- Made multiple internal presentations;
- Made at least two presentations of their work at national meetings;
- Published one to three journal articles;
- Submitted a small grant application to local funding sources;
- Published additional manuscripts from the work completed as a scholar during the two years following enrollment in our program.

Current research interests of faculty include:

- Innovative interventions to decrease drug use and improve health status among drug abusers with AIDS
- Implementation of state-of-the-art drug abuse treatments in new settings
- Efficacy and cost-effectiveness on innovative drug abuse treatment methodology
- Intersection of drug dependence with other psychopathology, and the effects of dually diagnosed disorders on treatment outcome
- Treatment of nicotine dependence in complex patient populations
- Methodological innovations in drug abuse treatment and services research
- Studies of Web-based interventions
- Organizational change and implementation of new interventions in clinical settings

Derek Satre, , Ph.D., is Director of Training. The training program is supported in part by the Western States Node of the Clinical Trials Network. Resources from other significant extramural funding and research grants are also routinely available to scholars. Mentors in the Clinical Psychology Training Program who also teach in this program include: Linda Pfiffner, Ph.D., and Marina Tolou-Shams, Ph.D., Annesa Flentje, Ph.D., Johanna Folk, Ph.D., Caravella McCuistian

See the program's web site at: <http://psych.ucsf.edu/SUDTSR>

## Clifford Attkisson Clinical Services Research Training Program

Trainees in the program take on an apprentice role in the context of the faculty preceptors' clinical service research activities. This role will be progressively expanded into full collaboration on an aspect of the research about which substantial closure and publication can be reached within a two-year timeframe. Trainees are also encouraged and supported in the development of the multidisciplinary, collaborative, and negotiation skills required of clinical service researchers.

### Research areas currently being surveyed by participating faculty include:

- Organization, financing, and delivery of mental health and related human services to seriously and persistently mentally ill adults, adolescents, and children;
- Service system studies of the co-occurrence of mental disorder and substance abuse;
- Mental health services in primary care settings;
- Mental health services delivery to persons with HIV;
- Implications of violence and potential violence in the delivery of mental health services;
- Service system needs for vulnerable children.

### The training program includes:

- required coursework
- elective seminars and directed readings
- a preceptorship with a faculty member

Required coursework includes surveys of the current literature, clinical services research methods, biostatistics, program evaluation methods, reviews of standardized clinical assessment tools, economic and cost analysis methodologies, and professional and research ethics. A wide range of electives are also offered. Faculty include senior, established investigators and junior faculty who have a solid research track record.

Linda Pfiffner, Ph.D. and Rachel Loewy, PhD are Co-Directors of Training. The program is funded by a training grant from the National Institute of Mental Health. Mentors in the Clinical Psychology Training Program who also serve as mentors in this program include: Daniel Le Grange, Ph.D., Linda Pfiffner, Ph.D., and Marina Tolou-Shams, Ph.D.

See the program's web site at: <http://psych.ucsf.edu/clifford-attkisson-clinical-services-research-training-program>

## Ruth L. Kirschstein National Research Service Awards (NRSA) For Individual Postdoctoral Fellows (F32)

The National Institutes of Health (NIH) awards individual postdoctoral fellowships (F32) to promising applicants with the potential to become productive, independent investigators in fields related to the mission of the NIH constituent institutes and centers.

This Postdoctoral Fellowship Award (F32) is issued under the auspices of the Kirschstein-NRSA Act. The proposed postdoctoral training must be within the broad scope of biomedical, behavioral, or clinical research and must offer an opportunity to enhance the fellow's understanding of the health-related sciences and extend his/her potential for a productive research career.

Fellowship awardees are required to pursue their research training on a full-time basis, devoting at least 40 hours per week to the training program. Research clinicians must devote full-time to their proposed research training and must restrict clinical duties within their full-time research training experience to activities that are directly related to the research training experience. Women, minorities, and individuals with disabilities are encouraged to apply.

Before submitting a fellowship application, the applicant must identify a sponsoring institution and an individual who will serve as a sponsor (also called mentor or supervisor) and will supervise the training and research experience. The applicant's sponsor should be an active investigator in the area of the proposed research who will directly supervise the candidate's research. The sponsor must document the availability of research support and facilities for high-quality research training. In most cases, the F32 supports research training experiences in new settings in order to maximize the acquisition of new skills and knowledge. However, in unusual circumstances, applicants may propose postdoctoral training experiences at their doctorate institution or at the institution where they have been training for more than a year. In such cases, the applicant must carefully document the opportunities for new research training experiences specifically designed to broaden their scientific background.

This information is a summary from the program's website:

<https://researchtraining.nih.gov/programs/fellowships/F32>

Applicants to the CPTP are encouraged to discuss the potential for collaborating on an individual NRSA with their chosen mentor.

## FACULTY

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**ERIN C. ACCURSO** is an Associate Professor in the Department of Psychiatry and Behavioral Sciences and Behavioral Sciences at the University of California, San Francisco. She received a B.A. in psychology from Dartmouth College and a Ph.D. in Clinical Psychology from the San Diego State University (SDSU) / University of California, San Diego (UCSD) Joint Doctoral Program in 2012. She then completed a postdoctoral fellowship at the University of Chicago through the T32 Midwest Regional Postdoctoral Training Grant in Eating Disorders Research. Dr. Accurso is interested in mental health service delivery and improving access to effective care, particularly for underserved minority populations. Her research primarily focuses on the assessment and treatment of youth with eating disorders, as well effective dissemination and implementation of evidence-based practices in community-based settings. To date, she has authored and co-authored over 40 journal articles and several book chapters, advancing knowledge in the treatment of eating disorders and mental health service delivery. Dr. Accurso is also Clinical Director of the UCSF Eating Disorders Program, where she supervises fellows in evidence-based assessment and treatment of youth with eating disorders.

**ADRIAN AGUILERA** is an Associate Adjunct Professor in the UCSF Department of Psychiatry and Behavioral Sciences at San Francisco General Hospital and an Associate Professor in the UC Berkeley School of Social Welfare. Dr. Aguilera is the director of the Latino Mental Health Research Program (LMHRP - <https://latinomentalhealth.ucsf.edu/>) at UCSF, the Digital Health Equity and Access Lab (dHeal - <https://socialwelfare.berkeley.edu/research/digital-health-equity-and-access-lab>) at UC Berkeley. He received his B.A. from Stanford University in Psychology and Comparative Studies in Race and Ethnicity and received his M.A. and Ph.D. degrees in Clinical Psychology at the University of California, Los Angeles. He completed his psychology internship at the San Francisco VA Medical Center and a postdoctoral fellowship (T32) in the Clinical Services Research Training Program at UCSF. Dr. Aguilera's research focuses on developing digital mental health interventions for low-income and ethnic minority populations with an emphasis on primary care settings. He received a Career Development Award (K23) from NIMH to study the use of automated text messaging to improve adherence to group cognitive behavioral therapy for depression in a primary care setting at SFGH in Spanish and English. He has also received a grant (R01) to develop an automated, personalized, texting intervention to improve physical activity and self-management of comorbid depression and diabetes. He will serve as a supervisor to fellows interested in developing and testing digital health technologies for underserved populations.

**OONA APPEL** is an Assistant Clinical Professor in the Division of Trauma Recovery Services based at Zuckerberg San Francisco General Hospital. At the Trauma Recovery Center, she treats adult survivors of violent crime. Dr. Appel earned a B.A. from New York University and her doctoral degree at The Wright Institute in Berkeley, California. She completed a predoctoral internship at Saint Elizabeths Hospital and a postdoctoral fellowship in forensic psychology at the Medical University of South Carolina. Prior to joining the Trauma Recovery Center, Dr. Appel's work was primarily forensic and focused on jail diversion in Los Angeles County. She was on the expert panels of the Superior Court, Juvenile Court, and a select panel addressing juvenile competency. Dr. Appel maintains a limited forensic practice and is a consultant to the California Department of State Hospitals. Her current interests include the interplay of psychotic disorders and the criminal legal system, evaluating trauma treatment efficacy for minoritized populations, and the experience of treatment coercion.

**ALEXANDRA APPLE** is a licensed clinical psychologist and neuropsychologist in the Department of Psychiatry and Behavioral Sciences at UCSF and is part of the Geriatric Psychiatry Clinic as well as the Psychological Assessment Clinic (PAC). She specializes in cognitive assessment of a wide variety of neurological and neuropsychiatric disorders. Dr. Apple also works with individuals and groups who want to improve their mood

and sleep, as well as those who aim to enhance cognitive and everyday functioning through effective compensatory and coping strategies. She received her Ph.D. from Northwestern University Feinberg School of Medicine and completed a fellowship in neuropsychology at UCSF.

**ALLISON ARNOLD** is a licensed clinical psychologist and an Associate Professor in the Department of Psychiatry and Behavioral Sciences, University of California, San Francisco (UCSF). Dr. Libby provides individual, group, and family therapy to children and adolescents with anxiety, OCD spectrum disorders, and tic disorders. She teaches and supervises CPTP fellows and psychiatry residents and fellows in the areas of CBT and providing treatment to children and adolescents. Dr. Libby received her BA in Psychology from UCLA and her PsyD from PGSP-Stanford PsyD Consortium. Her interests are in the areas of evidence-based practices, exposure therapies, and culturally-informed treatments.

**LAUREN ASARNOW** is an assistant adjunct professor. Dr. Asarnow's research program aims to reduce the burden of mental illness in youth by developing behavioral interventions that are effective, youth friendly, engaging, widely disseminable and easily accessible. As the Director of the Child and Adolescent Behavioral Sleep Medicine Clinic at UCSF she sees patients for sleep problems such as insomnia, delayed sleep phase, obstructive sleep apnea, and other sleep health disorders. Patients have a variety of color I'd psychiatric and medical conditions including (ADHD, depression, ASD, anxiety and TBI). Trainees will be trained in evidence based sleep interventions including Cognitive-behavioral therapy for insomnia, trans diagnostic sleep and circadian intervention, and other behavioral treatments.

**SOMER BISHOP** is a clinical psychologist and Professor in Residence in the Department of Psychiatry and Behavioral Sciences and the Weill Institute for Neurosciences at the University of California, San Francisco. Dr. Bishop's research and clinical interests focus on the assessment of social-communication and restricted and repetitive behaviors characteristic of autism spectrum disorders (ASD), and how these symptom dimensions are affected by individual and contextual factors across the lifespan. Dr. Bishop is interested in developing tools that can be used in both clinical and research settings to assess profiles of social-communicative and other behavioral strengths and challenges across development in varied clinical populations (e.g., ASD, intellectual disability, ADHD). Another line of research focuses on promoting psychological health and well-being among adolescents and adults on the autism spectrum, with a particular focus on understanding the impact of positive and negative social experiences on depressive symptoms. Her work has been funded by NIH, HRSA, DoD, the Autism Science Foundation, and the Simons Foundation. She has co-authored more than 120 peer-reviewed publications and book chapters, and she serves on multiple journal editorial boards and grant review panels. At the UCSF Center for ASDs and NDDs, Dr. Bishop participates in comprehensive, multi-disciplinary assessment and treatment of children and adults with neurodevelopmental disorders. She directs the diagnostic training program, conducting multiple-day trainings on widely used autism diagnostic tools and best diagnostic practices for professionals from all over the world.

**LINDSEY D. BRUETT** is a licensed clinical psychologist and an Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences. She leads the Eating Disorders Program at Zuckerberg San Francisco General Hospital (ZSFG), and is a faculty member with the UCSF Health Eating Disorders Program. Her clinical work and teaching is focused on delivering evidence-based treatments for eating disorders and comorbid conditions to adolescents and their families, and she conducts research that informs the clinical care of child and adolescent psychopathology. In addition to eating disorders, she has expertise in anxiety, depression, trauma, OCD, suicide and self-harm, gender diversity, and behavioral parent training. Dr. Bruett received her B.A. from Bowdoin College and her M.A. and Ph.D. in clinical psychology with an emphasis on developmental

psychopathology from Temple University. She completed her predoctoral internship at the Stanford/Children's Health Council consortium program, and postdoctoral fellowship at Stanford University.

**KAITLIN CASALETTO** is an Associate Professor in the Dept. of Neurology. Her research lab aims to understand biological and behavioral factors that underlie cognitive resilience to human brain aging. We identify and deeply phenotype older adults who demonstrate abnormally successful aging trajectories, relative to their age, risk profile, or neuropathology markers. We also examine how lifestyle behaviors can be used to shape brain health, with a focus on the underlying biological mechanisms driving these relationships. Our work includes an ongoing randomized controlled trial of lifestyle behaviors (ActAN Study), actigraphy monitoring (Fitbit), and often leverages advanced biofluid markers (plasma, CSF) to identify novel biological targets. Active areas of work focus on in-vivo human markers of synaptic health as a bridging biology between lifestyle and resilience. We are seeking curious, collaborative, interdisciplinary trainees to contribute to ongoing work and pursue related areas of their own focus. Applicants with interest and/or experience working with wearable data, proteomics, and applying big data analytic approaches are encouraged.

**JULIA MORGAN CHARALEL** is an Assistant Professor and Attending Psychologist in the UCSF Center for Autism Spectrum Disorder (ASD) & Neurodevelopmental Disorders (NDDs). She received her PhD in Clinical Psychology from UCLA and completed both her predoctoral internship and postdoctoral training at UCSF. She specializes in assessment and treatment of individuals with ASD and co-occurring conditions (e.g., ADHD, depression), with a particular focus on working with adolescents and young adults. Dr. Charalel also has training in dialectical behavior therapy (DBT) and is a new member of the adolescent DBT team at UCSF. Her research has focused on identifying developmental processes underlying NDDs to refine early interventions that promote resilient outcomes.

**ANN CHU** is an Associate Clinical Professor at the University of California, San Francisco (UCSF) Department of Psychiatry and Behavioral Sciences and Associate Director of Dissemination and Research for Child-Parent Psychotherapy (CPP) at the UCSF Child Trauma Research Program based at the Nancy Friend Pritzker Building and Zuckerberg San Francisco General Hospital (ZSFGH). Dr. Chu received her PhD in Clinical Psychology from the University of Denver and completed her predoctoral internship/post-doctoral fellowship as part of the UCSF Clinical Psychology Training Program. She is a Licensed Clinical Psychologist in California and a National Trainer in Child-Parent Psychotherapy. Her research to date has examined how trauma impacts vulnerable populations such as young children, youth in foster care, and survivors of childhood sexual abuse.

**STEPHANIE CLAUDATOS** is an Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences. She teaches and supervises CPTP fellows and psychiatry residents in the area of providing CBT to adults. Dr. Claudatos received her PhD in clinical psychology at Palo Alto University, completed her postdoctoral fellowship at Stanford University in the Sleep Health and Insomnia (SHIP) program, and completed her clinical psychology internship at the VA Northern California Health Care System. Clinically, she specializes in the implementation of behavioral and non-pharmacological treatments for a wide spectrum of sleep disorders, such as insomnia, circadian rhythm disorders, nightmares, CPAP adherence. She also has experience in community mental health and treating serious mental illness. Dr. Claudatos is interested in developing sleep improvement resources that can be used in diverse patient populations such as psychiatric inpatients and unhoused individuals. Another line of research focuses on the relationship between adolescent sleep and co-occurring psychiatric conditions, exploring how sleep may serve as a protective factor to foster positive health and mental health outcomes.

**COLLEEN CULLINAN** is an Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences and a pediatric psychologist specializing in integrated care, cognitive behavioral therapy within medical settings, and mindfulness-based interventions. Dr. Cullinan earned a B.S. in psychology from Loyola University Chicago and a doctoral degree in clinical psychology at Western Michigan University. She completed clinical internship and postdoctoral fellowship in integrated behavioral health at Nemours Children’s Health in Wilmington, Delaware. Dr. Cullinan’s publication record includes work in medical family therapy and screening for chronic pain in pediatric populations. She has held leadership positions within the American Psychological Association’s Divisions 37 (Society for Child and Family Policy and Practice) and 54 (Society for Pediatric Psychology). Dr. Cullinan will sit on the executive board of the Society of Pediatric Psychology in 2024, and she is Program Chair and co-founder of the biennial Developing and Researching Advanced Models of Integrated Primary Care (DREAM IPC) Conference.

**SABRINA DARROW** (she/her/hers) is Associate Clinical Professor, Wavefront Program Director, and licensed psychologist. She obtained her Doctorate degree in the Clinical Psychology program at the University of Nevada, Reno; she completed her internship at the Southern Arizona Veterans Health Care System and postdoctoral studies, including the T32 Clinical Services Research Training Program, at UCSF. As Wavefront program director, she leads the evaluation and research embedded in the Dialectical Behavior Therapy and Cognitive Behavioral Therapy clinics, implementation of innovative clinical services, and builds collaborations for Wavefront experts to provide training and consultation in evidence-based treatments for youth impacted by mood, anxiety, and OCD-related disorders as well as suicidal and self-harming behaviors. Dr. Darrow is passionate about improving the link between research and mental health services with the goal of empowering individuals to reach their personal goals. Her expertise is in clinical behavior analysis and her research focuses on ways to improve clinical services for youth struggling with emotion regulation. Dr. Darrow is also a clinician within the Wavefront Dialectical Behavior Therapy clinic and enjoys supervising psychiatry and psychology trainees in both clinical and research roles.

**MIRIAM DIMMLER** is a Clinical Professor in the UCSF Department of Psychiatry and Behavioral Sciences and Associate Director of the Child Trauma Research Program (CTRP), where she has a key leadership role in program management, research/evaluation and clinical services. As the Director of Community Programs at CTRP, she launched and has directed the Tipping Point Mental Health Initiative (TPMHI), which embedded trauma informed evidence based mental health services and consultation within community-based agencies. The TPMHI has engaged over 2,000 under-resourced families in mental health services with community-based UCSF clinicians since its inception in 2008. This initiative currently focuses on delivering training and consultation to staff at these community-based organizations to enhance system-wide trauma-informed practices. Dr. Dimmler received the UCSF Excellence in Partnership Award in the Community Health & Policy Development category in 2017 on behalf of the TPMHI. Dr. Dimmler also leads a collaboration between CTRP and Georgetown University to support the National Center on Health, Behavioral Health & Safety at the Office of Head Start in their efforts to build trauma informed systems on a national scale. Dr. Dimmler is a LatinX, bi-lingual clinical and community psychologist who provides English/Spanish services, training, and supervision in Child-Parent Psychotherapy for infants and young children with their caregivers. Dr. Dimmler’s areas of specialty are in early childhood mental health; early childhood education; trauma informed practices; hospital-community partnerships; and promoting health equity for under-resourced families especially through strengthening recruitment and training of BIPOC mental health clinicians.



**WHITNEY ENCE** is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences. She is the Clinical Director of Outpatient Services or Child and Adolescent Services and the Clinical Director for the UCSF Center for ASD and NDDs. Dr. Ence earned her B.A. degree in Psychology and Dance from the University of California, Irvine in 2005. Dr. Ence received her Ph.D. in Counseling, Clinical, and School Psychology (Clinical Emphasis) from the University of California, Santa Barbara in 2012, and completed her pre-doctoral internship at the University of North Carolina, Chapel Hill School of Medicine. She finished a two-year post-doctoral fellowship at Children’s Hospital Los Angeles (CHLA) in 2014. She has advanced training in Applied Behavior Analysis, Pivotal Response Training (an NDBI), Structured Teaching, Behavior Activation, Cognitive Behavior Therapy, and RUBI a parent management training program. She recently received training in Regulating Together – a group targeting emotion regulation for autistic children. Clinically, she spends her time with diagnostic evaluation and assessment of ASD and other neurodevelopmental disorders as well as providing individual, family, and group therapies. She is a trainer in the Autism Diagnostic Observation Schedule-2 (ADOS-2). Her research interests include investigating comprehensive behavioral interventions for ASD, evaluating best practices in parent training, as well as engaging in program evaluation and quality improvement projects with program in the ASD program.

**ANNESA FLENTJE** is a Professor in the School of Nursing, Department of Community Health Systems and School of Medicine, Department of Psychiatry and Behavioral Sciences. Dr. Flentje received her Ph.D. in Clinical Psychology from the University of Montana in 2012, and completed her pre and postdoctoral training within the Clinical Psychology Training Program at UCSF. Dr. Flentje’s research focuses on reducing health disparities among sexual and gender minority individuals. Dr. Flentje’s research has targeted multiple ways to reduce health disparities among sexual and gender minority people including prevention, increasing visibility in research, and improving mental health and substance use treatment services. Dr. Flentje is identifying the relationship between minority stress, substance use, and biological functioning at the molecular level (i.e., gene expression and DNA methylation). Dr. Flentje has developed an individually delivered intervention to reduce minority stress among sexual and gender minority people, and is investigating this as a means to reduce substance use and improve both physical and mental health. Dr. Flentje also investigates effective treatments for Post Traumatic Stress Disorder among sexual and gender minority people. Dr. Flentje is Associate Director of The PRIDE Study and Site Director of The PRIDE Study at UCSF, a community engaged prospective national longitudinal study of the health of sexual and gender minority individuals within the United States, which has annual measurement of health starting in 2017. Dr. Flentje is the Associate Professor of Research at the Alliance Health Project, a UCSF mental and sexual health clinic within the Castro neighborhood of San Francisco that serves LGBTQ+ clients and people living with or at risk for HIV.

**JOHANNA FOLK** is a licensed clinical psychologist, Assistant Professor, and Director of Research, Evaluation and Analysis in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco (UCSF) at Zuckerberg San Francisco General Hospital. Dr. Folk is the Associate Director of the Juvenile Justice Behavioral Health Lab. She 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 and child welfare systems by leveraging technology and family support. She is a supervisor in the Juvenile Justice Behavioral Health Lab.

**SARAH FORSBERG** is Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences Eating Disorders Program where she provides individual and family therapy for children, adolescents and young adults with eating disorders. She also serves as an attending psychologist on the adolescent medicine inpatient unit where individuals receive treatment for the medical complications of eating disorders. Dr. Forsberg received a B.A. in psychology from Smith College and a Psy.D. in clinical psychology from the PGSP-Stanford Consortium Program at Palo Alto University. She then completed a predoctoral internship at the Center of Excellence for Eating Disorders at the University of North Carolina, Chapel Hill, and a 2-year postdoctoral fellowship at Stanford University. Over the past decade, Dr. Forsberg has conducted research on Family-Based Treatment for eating disorders, specifically exploring mechanisms of change and predictors of treatment outcome. She most recently published a book outlining best practices in supervision and adherence to FBT interventions, *Family-Based Treatment for Restrictive Eating Disorders: A Guide for Supervision and Advanced Clinical Practice* (Forsberg, Lock and Le Grange, 2017).

**AMANDA GREGORY** is an Assistant Clinical Professor and Attending Psychologist in the Department of Psychiatry and Behavioral Sciences at UCSF and a Clinical and Forensic Neuropsychologist in her private practice. She completed her B.A. at the University of Wisconsin, Madison, her Ph.D. in Clinical Psychology at the University of Texas, Austin, and was a Pre and Postdoctoral Fellow at UCSF. Dr. Gregory has conducted juvenile and adult criminal and civil forensic evaluations throughout California and is a member of the panel of forensic evaluators for San Francisco Juvenile Court and San Mateo Criminal Court. She also conducts individual psychotherapy with adults and adolescents. Her responsibilities at UCSF have included conducting and supervising psychological and neuropsychological evaluations in the Adult Inpatient Program and Psychological Assessment Clinic, providing psychotherapy supervision to psychology fellows, teaching in the Psychiatry and the Law Program, and providing forensic evaluations for San Mateo County. Dr. Gregory has a particular interest in posttraumatic stress disorder, which has included teaching treatment interventions to graduate students and community counselors in Rwanda.

**SASHA GORRELL** is an Assistant Professor in the Eating Disorders Program in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco (UCSF). Her clinical and supervision focus is in the outpatient treatment of adolescents with restrictive eating disorders, specifically in supporting their recovery in FBT. Dr. Gorrell earned a BA in Psychology from Columbia University, an MA in General Psychology from New York University, and a Ph.D. in Clinical Psychology from University at Albany, SUNY. After completing her clinical internship at Geisinger Medical Center in Behavioral Medicine, she joined the Clifford Attkisson T32 postdoctoral fellowship in clinical services research. As faculty, her current funded research projects include investigating biobehavioral features of problematic exercise in the context of eating disorders and the use of neuromodulation to treat anorexia nervosa. Overall, her research focuses on characterizing maintenance mechanisms and shared features of anxiety and eating disorders, and using this knowledge to adapt and develop evidence-based treatments

**VALERIE A. GRUBER** is Professor in the Department of Psychiatry and Behavioral Sciences at UCSF, and cluster leader of the Public Service and Marginalized Populations Cluster of the UCSF Clinical Psychology Training Program. Dr. Gruber is a licensed psychologist, and holds an APA certificate in the treatment of alcohol and other substance use disorders. She completed a Ph.D. in Clinical Psychology at Kent State University, internship at the UCSF Clinical Psychology Training Program, and an M.P.H. at the University of California Berkeley. Her clinical, supervision, leadership, teaching and research efforts focus on developing clinical interventions for substance use disorders and associated medical conditions that are effective for low-income, culturally diverse substance users. Areas of expertise include trauma-informed integrated treatment of substance use in behavioral health and primary care settings. Her skills include motivational interviewing,

individual, couples and group psychotherapy, psychological assessment, cultural competence, staff development, program management and clinical research. She has published research on psychosocial interventions in methadone maintenance, outpatient and residential addiction treatment, and on substance use disorders in HIV primary care.

**LAUREN M. HAACK** 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 traditionally underserved 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. When not conducting clinical research and teaching, Dr. Haack provides instruction and consultation/supervision/education on various UCSF Department of Psychiatry and Behavioral Science (DPBS) teams, including the HALP team, the Child and Adolescent Psychiatry Fellowship Program, and the California Child and Adolescent Mental Health Access Portal (Cal-MAP) pediatric mental health care access program. She is a co-chair of the research taskforce within the UCSF DPBS Diversity Committee. Dr. Haack is the CPTP associate training director and CAI cluster co-leader; she also co-leads the CPTP Clinical Seminar.

**LISA HAIL** an Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences Eating Disorders Program at the University of California, San Francisco. 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 mentored by Katharine L. Loeb, Ph.D. Dr. Hail was the first CPTP fellow to join Dr. Le Grange and the Eating Disorders Program (EDP) at UCSF. Upon completion of her postdoctoral fellowship year, she transitioned in her current clinical faculty position. In addition to providing outpatient treatment for eating disorders, she also serves as an attending psychologist on the Adolescent Medicine Service where patients are admitted due to the physical complications associated with malnutrition. Dr. Hail's current research focus is related to psychedelic assisted therapy. She is collaborating on a new clinical trial investigating the use of psilocybin to enhance the treatment of anorexia nervosa

**WILLIAM D. HOOKER** is Clinical Professor in the Department of Psychiatry and Behavioral Sciences and LPPI. He earned the B.A. degree in psychology from the University of California, Berkeley in 1978, the Ph.D. degree in clinical psychology from Michigan State University in 1984, and was a postdoctoral Fellow in neuropsychology at the San Francisco VA Hospital in 1985. He is a Diplomate of the American Board of Professional Neuropsychology. His primary clinical interests are psychological and neuropsychological assessment for diagnostic and forensic purposes. Dr. Hooker has published in the areas of neuropsychology, electrophysiology, pharmacokinetics, computer assisted testing and psychological testing in the workplace.

**EVAN HOLLOWAY** is a licensed clinical psychologist and Assistant Professor of Psychiatry in the Department of Psychiatry and Behavioral Sciences at UCSF, the Zuckerberg San Francisco General Hospital (ZSFG), and Benioff Children's Hospital. Dr. Holloway is an attending psychologist in the Wavefront outpatient CBT clinic at the Nancy Friend Pritzker Building at the Mission Bay campus and through the Child and Adolescent Psychiatry Portal. Dr. Holloway received a B.S. in psychology from Indiana University, Bloomington, and a Ph.D. in clinical psychology from Fordham University with an emphasis in forensic psychology. He completed his predoctoral internship and postdoctoral fellowship at UCSF through the Clinical Psychology Training Program and the NIDA-funded Substance Use Disorders Postdoctoral Traineeship in Substance Use Disorders Treatment and Services Research. Dr. Holloway provides clinical supervision through the Multicultural Clinical

Training Program at ZSFG. He also conducts research and supervises trainees in the Juvenile Justice Behavioral Health lab at ZSFG. His research focuses on improving behavioral health and legal outcomes for youth and families involved in the legal and foster care systems and service access for publicly insured youth.

**KATHERYN HURYK** is an Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco. Dr. Huryk is an attending psychologist in the UCSF Eating Disorders Program, where she conducts assessments and provides individual, family, and group therapy for eating disorders and body image issues. She received her B.A. in Psychology & English from Barnard College and her Ph.D. in Clinical Psychology from Fairleigh Dickinson University. Her career is focused on delivering and improving evidence-based care for eating disorders and related conditions in teens. Her research is geared toward developing and equitably disseminating empirically supported interventions for disordered eating and body image.

**SARAH INKELIS** is an Assistant Professor in the Department of Neurology and licensed clinical neuropsychologist in the UCSF Dyslexia Center, Schwab Dyslexia and Cognitive Diversity Center, and Memory and Aging Center. She received a BA in psychology from UC Berkeley and her PhD in Clinical Psychology with an emphasis in neuropsychology from the San Diego State University/UC San Diego Joint Doctoral Program. She completed her predoctoral internship at the UCLA Semel Institute in pediatric neuropsychology and a two-year postdoctoral fellowship in neuropsychology at UCSF. She conducts assessments and supervises trainees in the neuropsychological evaluation of learning disabilities and neurodegenerative disease. Through her clinical work, supervision, and research, Dr. Inkelis employs a lifespan approach to understand how neurodevelopmental factors impact brain-behavior relationships both in childhood and later in life.

**JOAN JOU** is an Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences at UCSF. He specializes in the treatment of anxiety and depressive disorders, as well as chronic emotional dysregulation experienced by adolescents, young adults, and their families. Dr. Jou is particularly interested in the promotion of self-awareness to improve self-regulation, as well as in cultural adaptations of evidence-based principles and practices. In addition to providing clinical services in the Wavefront DBT and CBT clinics, he is passionate about teaching and training psychiatry residents and fellows, as well as clinical psychology trainees. Dr. Jou received his PhD in clinical psychology from Palo Alto University and completed his graduate research training at Stanford University with a focus on emotion and emotion regulation. He completed his predoctoral internship at Denver Health/University of Colorado and his postdoctoral fellowship at McLean Hospital/Harvard Medical School.

**LAUREN JUNG** (she/her/hers) is a licensed clinical social worker in the Department of Psychiatry and Behavioral Sciences at UCSF. She completed her undergraduate studies at Fordham University and her master's degree at UC Berkeley. Lauren received CBT training under Dr. Allison Harvey at the UC Berkeley Golden Bear Sleep & Mood Research Clinic. She has worked with adolescents in different settings, including a psychiatric crisis stabilization unit and a high school student wellness program. Lauren also spent time working in community mental health providing brief intervention therapy to adults in an integrated behavioral health setting. Lauren's clinical interests include evidence-based treatments for anxiety and mood disorders and the adoptee experience. She works in both the Wavefront DBT and CBT clinics.

**CANDY KATOA** is a Health Sciences Associate Clinical Professor and licensed psychologist in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco. She is also the Director of Psychology in the Adult OCD Program, where she developed the OCD Intensive Outpatient Program (IOP) and oversees the IOP and their outpatient psychotherapy cases. Dr. Katoa is passionate about providing evidence

based therapy for anxiety and obsessive compulsive spectrum disorders. She enjoys supervising CPTP fellows, psychiatry residents, and staff therapists in the areas of CBT, ERP, and ACT. Dr. Katoa received her B.A. in Psychology and Economics from UC Berkeley and earned her M.S. and Psy.D. from the PGSP-Stanford PsyD Consortium. She completed her predoctoral internship at Stanford University and her postdoctoral fellowship at Kaiser Permanente.

**JESSICA KEYSER** is a Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco. She received her B.A. in psychology from UC Berkeley and a Ph.D. in clinical psychology, with an emphasis in developmental psychopathology, from Temple University. She completed a clinical internship and postdoctoral fellowship at the San Francisco Veterans Affairs Medical Center (SFVAMC). Following this, she served first as a staff psychologist and then as Clinical Director of the Intensive Outpatient Program for addiction treatment at the SFVAMC. There, she provided evidence-based treatment to veterans with substance use and co-occurring disorders, conducted psychological evaluations for bariatric surgery patients, served as a therapist on a clinical trial testing a novel CBT treatment for the impact of killing in war, and supervised psychology and psychiatry learners. Currently, Dr. Keyser works in UCSF's Eating Disorders Program conducting assessments and providing evidence-based individual and family treatment to youth with eating disorders. Additionally, she is the Training Director of a postdoctoral fellowship program within the Eating Disorders Clinic. She is passionate about training and supervision and particularly enjoys teaching Motivational Interviewing, and CBT and FBT for eating disorders.

**ERICA KORNBLITH** is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences. She is a licensed clinical neuropsychologist and clinical researcher based at SFVAMC where she provides neuropsychological evaluation and cognitive rehabilitation services primarily to older Veterans and supervises interns and fellows in the Neuropsychological Assessment program. Her expertise falls within traumatic brain injury (TBI) and cognitive aging, rehabilitation research, telehealth, and clinical trials. She has completed advanced training in epidemiology and biostatistics at UCSF, and her research program broadly focuses on understanding the impact of traumatic brain injury and social determinants of health on cognitive aging; characterizing cognitive and functional impairment in older adults with traumatic brain injury; and leveraging telehealth technology to increase access to effective treatment for as many TBI patients as possible regardless of demographics. She currently serves as PI of a VA-funded clinical trial adapting an existing cognitive rehabilitation intervention for telehealth delivery to Veterans with TBI, and also leads other projects funded by the Alzheimer's Association and the UCSF Academic Senate. She is co-lead of the SFVA/UCSF CPTP Clinical Seminar.

**JOEL KRAMER** is a Professor in the Departments of Neurology, Psychiatry and Pediatrics, and directs the neuropsychology program at the UCSF Memory and Aging Center. He received a Psy.D. from Baylor University in 1982 and completed a post-doctoral fellowship in Neuropsychology at the V.A. Medical Center in Martinez. He is an ABPP diplomate in Clinical Neuropsychology. Current NIH-funded research activities include studies of the biological underpinnings of cognitive aging, and the behavioral and cognitive changes associated with neurodegeneration and cerebrovascular disease. Dr. Kramer has also been active in the development of neuropsychological measures of executive functioning and memory.

**RACHEL KRAMER** (she/her), is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco. She received her B.A. in psychology from Montclair State University, M.A. from American University, and earned her Ph.D. in clinical psychology at the University of North Dakota in 2018. She also completed a postdoctoral fellowship and started her professional career as faculty at Cincinnati Children's Hospital Medical Center. There, she received extensive training in Family Based

Treatment (FBT). At UCSF, Dr. Kramer provides FBT during outpatient treatment and FBT-informed care to youth and families admitted to the Adolescent Medicine unit at Benioff Children's for medical complications related to their eating disorder. On top of eating disorder treatment, Dr. Kramer also developed a transdiagnostic DBT-informed skills group for youth and families seeking care UCSF. Her research interests range from evaluating protective factors (such as body appreciation and self-compassion) against eating disorder development, assessing factors that impact eating disorder treatment and symptom severity (perceived caregiver burden, weight stigma/weight status), and the impact of eating disorders on families. She is an active member of the Academy for Eating Disorders where she co-facilitates the FBT in Higher Levels of Care Consultation Group.

**DANIEL LE GRANGE** holds a Distinguished Professorship at the University of California, San Francisco, where he is a Benioff UCSF Professor in Children's Health and Director of the Eating Disorders Program in the Department of Psychiatry and Behavioral Sciences, UCSF Weill Institute for Neurosciences, as well as the Department of Pediatrics. Dr. Le Grange also is Emeritus Professor of Psychiatry and Behavioral Neuroscience at The University of Chicago, and Berlin Institute of Health Stiftung Charité Visiting Professor at the Klinik für Psychiatrie, Psychosomatik und Psychotherapie des Kindes- und Jugendalters, Universitätsmedizin at the Charité in Berlin. Dr. Le Grange received his doctoral education at the Institute of Psychiatry and the Maudsley Hospital, the University of London, and completed postdoctoral work at the University of London and the Maudsley Hospital, and a postdoctoral fellowship at Stanford University School of Medicine, California. Dr. Le Grange's research interests focuses primarily on treatment development through randomized controlled trials for adolescents with eating disorders. He has authored or co-authored more than 625 manuscripts, books, book chapters, and abstracts, and presented his work at more than 200 national and international scientific meetings. His focused scholarship has been translated into Chinese, Dutch, Greek, Italian, Japanese, Korean, Polish, Portuguese, Spanish, and Russian. In recognition of his achievements, Dr. Le Grange was elected a Fellow of the Academy for Eating Disorders in 2002. He also is a Member of the Eating Disorders Research Society, Associate Editor for the Journal of Eating Disorders and the European Eating Disorders Review, and past Associate Editor for BMC Psychiatry. He currently serves as an Editorial Board Member for Eating Behaviors and the The Italian Journal of Eating Disorders and Obesity and is a past Editorial Board Member for the International Journal of Eating Disorders. He is a well-known figure on the international lecture circuit and has on numerous occasions presented his work across North America, Europe, Australia, Middle East, Southeast Asia, and South Africa. Over the past 20+ years, Dr. Le Grange has been Principal Investigator on numerous randomized clinical trials funded by the National Institute of Mental Health (United States), the National Health and Medical Research Council (Australia), as well as private foundations in the United States and Australia. Dr. Le Grange is the recipient of the 2013 UCSF Presidential Chair Award, the 2014 Academy for Eating Disorders Leadership in Research Award, the 2017 Eating Disorder Recovery Support Hall of Fame Award for Research, and the 2022 Hilde Bruch Lecture Award, University of Tübingen, Germany.

**YAN LEYKIN** is a Professor in the Department of Psychology at Palo Alto University, and an Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco. He received his B.A. in Psychology from the University of California, Berkeley, and his M.A. and his Ph.D. in Clinical Psychology from the University of Pennsylvania. He completed his pre-doctoral psychology internship at the VA Palo Alto Health Care System, and a Postdoctoral Fellowship in the UCSF Psychology and Medicine Training Program. His two main research areas are: 1. depressive decision-making, including the manner in which depressed individuals make decisions and ways to improve decision-making of depressed persons, and 2. using information technology to offer access to empirically supported treatment options and

other resources for individuals with depression. Dr. Leykin co-leads the Research Seminar with Dr. Sasha Gorrell.

**ALICIA F. LIEBERMAN** holds the Irving B. Harris Endowed Chair of Infant Mental Health at the UCSF Department of Psychiatry and Behavioral Sciences, where she is Professor Emeritus and Vice Chair for Faculty Development. She is Director of the Child Trauma Research Program at UCSF and Zuckerberg San Francisco General Hospital. She is also clinical consultant with the San Francisco Department of Human Services. She is the Director of the Early Trauma Treatment Network, a four-university national collaborative that is one of the centers of the SAMHSA-funded National Child Traumatic Stress Network. Dr. Lieberman received her BA from the Hebrew University of Jerusalem and Ph.D. from the John Hopkins University. Active in major national organizations involved with mental health in infancy and early childhood, she is on the board of directors and past President of Zero to Three: National Center for Infants, Toddlers and Families, and on the board of trustees of the Irving Harris Foundation. Dr. Lieberman has served on peer review panels of the National Institute of Mental Health. She is the author of *The Emotional World of the Toddler* (The Free Press, 1993/2018), which has been translated to several languages, and senior author of *Losing a Parent to Death in the Early Years: Treating Traumatic Bereavement in Infancy and Early Childhood* (Zero to Three Press, 2004), *Don't Hit My Mommy!: A Manual for Child-Parent Psychotherapy* (2015), and *Psychotherapy with Infants and Young Children: Repairing the Effect of Stress and Trauma on Early Attachment* (Guilford Press, 2008). She is the recipient of numerous awards, and most recently received the 2016 Rene Spitz Lifetime Achievement Award from the World Association of Infant Mental Health and the 2017 Whole Child Award from the Simms Mann Institute for her contributions to the treatment of traumatized young children and their families.

**CHRISTIE ENJEY LIN** (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 children with neurodiversity, specifically autism spectrum disorder (ASD) and related neurodevelopmental disorders (NDDs), including co-occurring psychiatric conditions related to anxiety. Her clinical and research experiences and interests are in examining and developing evidence-based treatments for neurodiverse youth to treat core symptoms and their co-occurring mental health needs. She also has experience teaching and providing clinical supervision to provide evidence-based specialty care to neurodiverse youth to trainees in psychology, psychiatry, and 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 as a board certified behavior analyst- doctorate level (BCBA-D) and providing modified cognitive behavior therapy (CBT). Prior to UCSF, she was clinical faculty at the UCLA Child and Adult Neurodevelopmental (CAN) Clinic.

**RACHEL LOEWY** is an Adjunct Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco and a licensed clinical psychologist. She co-directs the Prodrone Assessment, Research and Treatment (PART) program, an early psychosis clinical research program. She also serves as an Associate Director of the NIMH-funded Clinical Services Research Training Program and Project Supervisor for the Public Psychiatry Fellowship at Zuckerberg San Francisco General Hospital. She received her Ph.D. in Clinical Psychology from UCLA. She completed her pre-doctoral psychology internship at the Sepulveda VA (APA-accredited) and a Postdoctoral Fellowship in the UCSF Clinical Psychology Training Program. She joined the UCSF Department of Psychiatry and Behavioral Sciences faculty in 2006. Her NIH- and foundation-funded research focuses on early identification and intervention in psychotic disorders, etiology and pathophysiology of schizophrenia, and mental health services research in early psychosis treatment.

Former fellows in Dr. Loewy's lab have obtained research faculty and clinical psychologist positions in academic psychiatry departments.

**JENNIFER LY** is an Associate Professor and Attending Psychologist in the Hyperactivity, Attention, and Learning Problems (HALP) Clinic. She completed her undergraduate training at UCLA and received her doctorate in clinical science from UC Berkeley. She has extensive training and experience in screening, evaluating, and treating children and adolescents with developmental delays and behavioral or emotional difficulties. Dr. Ly's research and clinical interests are in the development and dissemination of evidence-based and culturally-sensitive treatments for youth who are at high risk for negative developmental outcomes due to factors such as prenatal substance exposure, disrupted attachment relationships, impoverished environments, and developmental disabilities. In the HALP Clinic, Dr. Ly has a variety of clinical, teaching, and supervision responsibilities. In addition, she is the Department of Psychiatry and Behavioral Science's Health Equity Champion and serves on the Diversity Committee and Child and Adolescent Psychiatry Grand Rounds committee.

**WILLIAM MARTINEZ** is an Associate Professor of Psychiatry and Behavioral Sciences in at the University of California, San Francisco. He is also the Director of Child and Adolescent Services (<https://psych.ucsf.edu/zsfg/cas>) in the Division of Infant, Child, and Adolescent Psychiatry at Zuckerberg San Francisco General Hospital. He is also the Director of Pediatric Mental Health for the UCSF Health and Human Rights Initiative and principal investigator of the Fuerte program, a school-based group prevention program targeting newcomer immigrant youth at risk of behavioral health concerns. Dr. Martinez is a bilingual (Spanish) and bicultural CA licensed psychologist and is board certified in Clinical Child and Adolescent Psychology through the American Board of Professional Psychology. He received a dual B.A. in Psychology and Sociology from Drew University, a M.A. in Forensic Psychology from the City University of New York – John Jay College, and his Ph.D. in Clinical-Child Psychology from DePaul University in 2014. He completed his internship through the APA-accredited Multicultural Clinical Training Program at UCSF/Zuckerberg San Francisco General Hospital. He then completed a National Institute on Drug Abuse funded postdoctoral fellowship in the School of Public Health at the University of California, Berkeley through the Center for Environmental Research and Children's Health. Dr. Martinez's overall clinical and research aims are concentrated on eliminating behavioral health inequities among minoritized youths, with a specific focus on Latinx and 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 asylee youths.

**CARAVELLA McCUISTIAN** is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco. She received a B.A. in psychology and a Ph.D. in Clinical Psychology from the University of Cincinnati in 2018. She then completed an APA-accredited internship and postdoctoral fellowship in the Clinical Psychology Training Program at the University of California, San Francisco. Following her clinical training, she went on to complete the NIDA-funded T32 Postdoctoral Traineeship in Substance Use Treatment & Services Research at UCSF. Dr. McCuistian's research and clinical interests include addressing health disparities among underserved populations including substance-using populations, racial/ethnic minoritized populations, women, and individuals living with HIV. She has expertise in cultural adaptation and has conducted research that utilizes community-engaged methodology, including community-based participatory research, to develop behavioral interventions to address health inequities such HIV prevalence and tobacco use among people accessing substance use disorder treatment. She has unique expertise in cultural adaptation of evidence-based treatments for Black/African Americans who use



substances and has published several papers outlining best practices for conducting substance use research with diverse groups.

**SARAH METZ** is a Health Sciences Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences at UCSF. She is the Director of the UCSF Division of Trauma Recovery Services and Chief Psychologist at Zuckerberg San Francisco General Hospital. She completed her Psy.D. at Pepperdine University in 2009. Dr. Metz has extensive experience working with survivors of trauma, substance use disorders, combat Veterans, victims of violent crime, and complex PTSD. She has worked with both survivors and perpetrators of violence in a variety of settings, including outpatient clinics, prisons, and civil commitment facilities. Prior to coming to UCSF in 2015, Dr. Metz worked for the VA Palo Alto Healthcare System at the National Center for PTSD and the Homeless Veterans Rehabilitation Program, a residential treatment program for homeless Veterans.

**CATERINA MOSTI** is an Assistant Clinical Professor in the Department of Psychiatry of Behavioral Sciences and a neuropsychologist and sleep psychologist specializing in assessment of neuropsychiatric disorders and behavioral sleep medicine. Dr. Mosti completed her Ph.D. at Drexel University, her pre-doctoral internship at the University of Chicago, and her post-doctoral fellowship specializing in neuropsychology at Northwestern University Feinberg School of Medicine. She serves as a clinical supervisor and neuropsychologist in the Psychological Assessment Clinic (PAC) as well as a sleep psychologist and supervisor in the UCSF Neuro/Psych Sleep Clinic. Her clinical and research interests focus on the intersection of sleep disorders and acquired neurologic disease, including traumatic brain injury and neurodegenerative illnesses. She is a board-certified behavioral sleep medicine specialist (Diplomat in Behavioral Sleep Medicine) and has expertise in treating insomnia, circadian rhythm disorders, nightmare disorders, and managing CPAP adherence.

**ELIZABETH OWENS** is a clinical professor and licensed psychologist in the Hyperactivity, Attention, and Learning Problems (HALP) clinic in the Department of Psychiatry and Behavioral Sciences. She received her BA in Human Biology from Stanford University in 1988 and then her M.S. and Ph.D. in clinical psychology from the University of Pittsburgh in 1995 and 1998. She completed her internship at UCLA and worked as a post-doctoral researcher at UC Berkeley in Stephen Hinshaw's ADHD lab. She then worked as a research scientist at UC Berkeley for 17 years before joining the faculty at UCSF in 2019. Her research interests center on the developmental progression of and psychosocial treatments for attention-deficit/hyperactivity disorder in children and adolescents, and she has authored over 60 peer-reviewed articles and book chapters on childhood ADHD, parenting, and developmental precursors of antisocial behavior. Dr. Owens's clinical expertise involves family- and school-focused behavioral treatments for children with ADHD. Specifically, she conducts diagnostic evaluations, leads parent management training groups and child skills groups, and meets individually with parents to help them learn to manage their child's ADHD.

**LAURI PASCH** is a Clinical Professor in the Department of Psychiatry and Behavioral Sciences. She received her PHD in Clinical Psychology from the University of California Los Angeles, completed her internship training at Kaiser Los Angeles, and then completed a fellowship in Psychology and Medicine at UCSF. Her primary work is in psychological aspects of reproductive medicine including infertility, polycystic ovarian syndrome, fertility preservation, and third party reproduction. She has directed psychological services at the UCSF Center for Reproductive Medicine for the last 20 years, has conducted NIH-funded research on psychological consequences of in vitro fertilization, and is currently serving on the Board of Directors for the American Society for Reproductive Medicine. She is also a member of the Psychiatry consultation liaison service at UCSF's Moffitt-Long hospital which provides psychiatric and psychological consultation services to adult inpatients at Parnassus, Mission Bay, and Mount Zion including assessment and treatment for changes in emotions, thinking, memory, behavior, and perception in patients on the medical, surgical, neurology, OB,

and ICU wards and helps medical and nursing staff work effectively with patients experiencing mental health crises in the general hospital setting. Dr Pasch leads a CPTP rotation on the Psychiatry consult liaison service.

**BRIANNA PAUL** is a clinical neuropsychologist and Associate Clinical Professor in the Department of Neurology at UCSF. She received her Ph.D. from the San Diego State University (SDSU) / University of California, San Diego (UCSD) Joint Doctoral Program in Clinical Psychology and completed her clinical internship and two-year postdoctoral fellowship at the University of California, Los Angeles (UCLA). Dr. Paul's clinical position is within the Epilepsy Center, where she conducts and supervises neuropsychological evaluations, including outpatient neuropsychological examinations as well as neurobehavioral assessment during functional brain mapping (extraoperative electrocortical stimulation mapping [ESM]) and the intracarotid amytal procedure (IAP) or Wada test. She also provides individualized consultation regarding the cognitive/behavioral/social-emotional risks of a proposed surgical intervention. Dr. Paul very much enjoys teaching/mentoring and also directs an externship training program in clinical neuropsychology through the department. Research interests and grants have focused on the use of neuropsychological assessment and neuroimaging in order to characterize brain and cognitive development in the context of neurological disease and neurodevelopmental disorders.

**LINDA PFIFFNER** is a Professor in Residence in the Department of Psychiatry and Behavioral Sciences, Director of the Hyperactivity, Attention and Learning Problems (HALP) program and is a licensed Clinical Psychologist. She received her B.A. from UCLA and her Ph.D. from the State University of New York at Stony Brook. Prior to joining UCSF in 2001, she held academic appointments at UC Irvine and the University of Chicago. Her research and clinical interests are in the development of multi-targeted psychosocial treatments for ADHD, digital health and telehealth treatment and training approaches, translating clinic treatment models to school settings, evaluation of predictors, mediators, and moderators of treatment outcomes, and how psychosocial factors (especially family factors) predict the development of impairment and comorbid psychopathology in children with ADHD. Through funding from NIMH, she developed an integrated multicomponent school-home behavioral intervention for the inattentive presentation of ADHD (Child Life and Attention Skills, CLAS). Through IES funding, she adapted the clinic-based behavioral treatment model (Collaborative Life Skills Program, CLS) for delivery by school-based mental health professionals with students having attention and behavioral problems and developed a web-based, remote training program for school mental health providers in implementation of CLS. Current projects include NIMH- and IES-funded projects to develop digital health tools to improve parent adherence to behavioral treatment and to adapt CLS for schools with limited resources. In addition, she is funded through a NIMH-funded Center grant focused on children's mental health services, to conduct a dual-site study (with San Diego State University/UC San Diego) that integrates empirically supported team-based implementation strategies to optimize implementation and clinical effectiveness of CLS for youth with ADHD.

**KATHERINE POSSIN** is a professor in residence in the Memory and Aging Center. Dr. Possin's research program is focused on improving the detection, diagnosis and care for people with neurodegenerative disease. A CPTP graduate, Dr. Possin has long-standing interests in understanding the cognitive impairments and their neural bases in neurodegenerative diseases. Her more recent work bridges neuropsychology research and clinical practice to address gaps in care and to advance health care policies. She is the project lead of TabCAT, a software platform for tablet-based cognitive testing frequently used in research studies and clinical services. The Brain Health Assessment is a 10-minute assessment on TabCAT designed for the detection of cognitive impairment in everyday clinical settings. She is the principal investigator of the Care Ecosystem, a telephone-based supportive care program for persons with dementia and their caregivers. Dr. Possin is also a faculty member at the Global Brain Health Institute and is committed to mentoring fellows from all backgrounds to address inequities in brain health.

**KATE RANKIN** is a Professor in Residence at the UCSF Department of Neurology, and director of the Socioemotional Neuropsychology Lab in the Memory and Aging Center. She investigates the neuropsychological and neurologic underpinnings of human socioemotional behavior in aging and neurodegenerative disease. She trained at Yale and the Fuller Graduate School of Psychology, where she obtained her PhD in Clinical Psychology, and went on to UCSF to complete a postdoctoral fellowship in Neuropsychology. In her work at the UCSF MAC, Dr. Rankin developed a battery of socioemotional tests that was adopted at the national level by the NIH Alzheimer's Disease Coordinating Centers to improve diagnostic accuracy for dementia syndromes. She coauthored the current international consensus criteria for the diagnosis of frontotemporal dementia, and in 2019 was part of the NIH-AA committee defining the international framework for the diagnosis of Alzheimer's disease. Her research utilizes quantitative structural and functional brain imaging to examine the neural substrates of socioemotional functions such as empathy, theory of mind, personality, and the comprehension of the social signals for sarcasm and deception. She also is interested in characterizing psychiatric symptoms in patients with neurodegenerative disease, particularly with respect to how changes in neural circuitry can exacerbate or reduce symptoms such as dysphoria, hopelessness, psychosis, worry, rumination and compulsiveness.

**ERIN REILLY** is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences and clinical psychologist within the UCSF Eating Disorders Program. She received her B.A. in Psychology and Spanish from the University of Notre Dame in 2012 and her Ph.D. in Clinical Psychology from the University at Albany, SUNY in 2017. Dr. Reilly completed her APA-accredited pre-doctoral internship at the UCSD School of Medicine/VA San Diego and post-doctoral fellowship at the UCSD Eating Disorders Center. Directly prior to UCSF, Dr. Reilly was a faculty member in the clinical psychology Ph.D. program at Hofstra University from 2019-2021. Her research interests include better characterizing maintenance mechanisms and shared features of anxiety and eating disorders, and using this knowledge to adapt behavioral treatments to meet the needs of non-responders. She is currently supported by a NIMH K23 Career Development Award, focused on exploring neurocognitive predictors of response to Family-Based Treatment in adolescent anorexia nervosa using computational modeling. Her secondary lines of work focus on characterizing barriers to (a) the implementation of evidence-based treatments in real-life clinical settings and (b) the use of best practice assessment and statistical techniques in applied research settings. Her clinical interests focus on the provision of evidence-based treatments for individuals with eating disorders and their families across the lifespan.

**VILMA REYES** is the Director of Training at University of California, San Francisco in the Child Trauma Research Program. 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, an evidence-based family treatment for young children exposed to trauma that has extensive national and international dissemination, with more than 2000 practitioners across 36 states in the US and 3 continents. 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 displaced and marginalized communities in Colombia. This adaptation, Semillas de Apego, is being researched in randomized controlled studies and disseminated across 7 regions in Colombia. 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 Latine immigrant families. She has developed an expertise on the intersection of immigration and trauma; with a focus on asylum seekers and refugees exposed to armed conflict, systemic oppression, and racism.

**EMMA SALZMAN** is an Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences at UCSF at the UCSF Center for ASDs and NDDs. She received a B.A. in psychology from the University of Vermont and a Psy.D. in clinical psychology from the PGSP-Stanford Consortium Program at Palo Alto University. She then completed her pre-doctoral internship at the University of Oregon Health and Science (OHSU) and was part of the Leadership and Education in Neurodevelopmental Disorders (LEND) program. She completed a two-year post-doctoral fellowship at University of California, San Francisco. Her clinical and research interests include understanding trajectories of neurodevelopmental disorders, differential diagnosis, behavioral phenotyping, providing parent mediated interventions, and parent and family resiliency.

**ESME A.L. SHALLER** is a licensed clinical psychologist and the Clinical Director of the Wavefront Dialectical Behavior Therapy program. She is also the Mentorship Coordinator for Child and Adolescent Psychiatry. Dr. Shaller received her B.A. in Psychology from U.C. Berkeley and her Ph.D. in clinical psychology from the State University of New York, Stony Brook. She completed her psychology internship at the Zucker Hillside Hospital at Long Island Jewish Medical Center in Queens. In both her research and clinical work, Dr. Shaller has specialized in adolescence. She has worked with teens in a variety of settings, including inpatient, residential care, and an alternative high school. Her expertise in working with acute and multi-stressed teens has enabled Dr. Shaller to study the way in which their relationships impact psychopathology and vice versa. Dr. Shaller is trained in cognitive and dialectical behavior therapy, structural family therapy, and theories of psychotherapy integration. She is especially interested in bridging the gap between research and clinical practice; Dr. Shaller is deeply committed to teaching and training and has won several teaching awards. She is a Clinical Professor in the Department of Psychiatry and Behavioral Sciences at UCSF and in Psychology at UC Berkeley.

**ADAM STAFFARONI** is a clinical neuropsychologist and associate professor at the UCSF Memory and Aging Center. His lab focuses on improving early detection, prognostication, and longitudinal monitoring of neurodegenerative diseases. A primary area of research involves developing and validating digital tools to enable remote evaluations and democratize research participation. He has led the development of a smartphone application to test cognition, language, and motor functioning; data collection is underway in several cohorts, including patients with neurodegenerative diseases and a large normative sample. He is also investigating a platform of in-home sensors that measure daily activities such as sleep, driving, and computer and smartphone behavior. A second area of research is developing disease progression models of clinical and biomarker changes in neurodegenerative disease. Dr. Staffaroni's lab is applying these models to predict cognitive and brain trajectories at the single-subject level and design innovative clinical trials for familial forms of frontotemporal dementia. Applicants with interest in the interface of technology and dementia, advanced statistical modeling, or clinical trials are encouraged to apply.

**VIRGINIA STURM** is a professor in the Departments of Neurology and Psychiatry and Behavioral Sciences at the University of California, San Francisco (UCSF). Dr. Sturm is an affective neuroscientist and neuropsychologist at the UCSF Memory and Aging Center who studies emotions, empathy, and social behavior in neurodegenerative disorders and neurodevelopmental conditions.

**MARINA TOLOU-SHAMS** is the Kilroy Realty Professor of Psychiatry and Vice Chair of Community Engagement, Outreach and Advocacy in the Department of Psychiatry and Behavioral Sciences (DPBS) at UCSF. She is also Deputy Vice Chair for Research in the DPBS at Zuckerberg San Francisco General Hospital (ZSFG). From 2015-2022, she served as Director of the UCSF Division of Infant, Child and Adolescent Psychiatry (ICAP) at ZSFG and from 2006-2015 she served as Director of the Rhode Island Family Court (RIFC) Mental Health clinic which she started as a cross-system collaboration between Brown Medical School and the RIFC. Dr. Tolu-Shams received her Ph.D. in Clinical Psychology in 2004 from the University of Illinois at Chicago and is

trained as a pediatric and forensic psychologist and has many years of clinical experience with assessing and treating underserved adolescents and their families. Dr. Tolou-Shams is also an active clinical researcher who focuses on developing evidence-based mental health, substance use, sexual and reproductive health interventions for justice-impacted youth and families. She is currently the Principal Investigator of several NIH-funded trials aimed toward improving behavioral health services access and outcomes and reducing health disparities among justice-impacted youth. Her program of research includes specific emphasis on gender and trauma-responsive interventions for girls in the juvenile justice system and identifying ways to leverage technology to improve access to behavioral health care for justice-impacted and foster care youth and families.

**HANNAH VAN OCHTEN** is a psychiatric clinical pharmacist for the San Francisco Department of Public Health where she cares for a diverse group of patients with mental health diagnoses and substance use disorders. She completed her biochemistry BS at the University of Iowa, PharmD and MPH at the University of Minnesota, PGY1 pharmacy practice residency at Denver Health in Denver, CO and her PGY2 in psychiatric pharmacy at the San Francisco Department of Public Health/Zuckerberg San Francisco General Hospital. She also serves as assistant clinical faculty at UCSF College of Pharmacy. She currently operates under collaborative practice agreements at Sunset Mental Health Services and the Maria X Martinez Health Resource Center clinics where she manages a caseload of patients and provides consults to providers. Additionally, she staffs at CBHS Pharmacy, a low-barrier specialty pharmacy that provides intensive counseling on starting/continuing buprenorphine. Dr. Van Ochten leads the Psychopharmacology seminar.

**MELISSA WEI** is an assistant clinical professor in the Department of Psychiatry and Behavioral Sciences at UCSF. Melissa earned her B.A. and M.A. from Stanford University and her Ph.D. in Clinical Psychology from Harvard University. She completed her predoctoral internship at the Stony Brook University Consortium and her postdoctoral fellowship at McLean Hospital/Harvard Medical School at the 3East Adolescent DBT Program. Melissa has worked in outpatient, inpatient, residential, community mental health, and psychiatric emergency settings. She specializes in treating adolescents, young adults, and families who are experiencing chronic emotion dysregulation. She provides clinical services through the Wavefront DBT and CBT clinics.

**CHRISTINE A. ZALECKI** is a Clinical Professor in the Department of Psychiatry and Behavioral Sciences and Director of Clinical Services in the Hyperactivity, Attention, and Learning Problems (HALP) Clinic at UCSF. She is a licensed clinical psychologist who specializes in diagnostic assessment of ADHD and learning disorders, and psychosocial treatment of children and adolescents with ADHD and behavior disorders. Dr. Zalecki conducts diagnostic evaluations, leads parent management training groups and child skills groups, and also provides individual and family therapy services and school consultation. She provides clinical supervision and training for trainees in the Clinical Psychology Training Program (CPTP) and the psychiatry fellowship program, as well as in the UCSF-UC Berkeley Schwab Dyslexia and Cognitive Diversity Center at UC Berkeley. Dr. Zalecki received her BA in psychology from UC Berkeley and her PhD in clinical science from UC Berkeley. She subsequently completed her pre-doctoral internship and post-doctoral fellowship at UCSF in the CPTP.

**JOSEPH ZAMARIA** is a licensed and board-certified clinical psychologist and an Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences at UCSF, as well as an Associate Adjunct Professor at the University of California, Berkeley. He received his B.A. from Rutgers University, double-majoring in psychology and philosophy, and earned his M.A. and Psy.D. degrees in clinical psychology from the California School of Professional Psychology in San Francisco. He completed his predoctoral internship at California Pacific Medical Center in San Francisco and his postdoctoral fellowship at UCSF. Currently at UCSF, in addition to maintaining an outpatient adult psychotherapy practice, Dr. Zamaria serves as the Associate Program

Director for Psychotherapy for the Psychiatry Residency Training Program, where he supervises psychiatry residents and oversees their psychotherapy curricula. His research interests focus on psychedelic-assisted therapy. He is the principal investigator of a study examining the harm-reduction efficacy of a psychedelic peer-support hotline, the results of which were published in the journal *Psychedelic Medicine* in 2023. He also serves as a clinician and researcher in clinical trials examining the potential of psychedelic-assisted therapy to treat a range of conditions. At UC Berkeley, he serves as the lead psychotherapy educator at the Berkeley Center for the Science of Psychedelics and directs the psychotherapy curriculum there. Most recently, he co-authored a training volume expected to be released in 2024, *Deliberate Practice for Psychedelic-Assisted Therapy*, published by the American Psychological Association.

## Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 07/26/2024

### Internship Program Admissions

#### Program Disclosures

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

|  |  |
|--|--|
| <p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.</p> | <p><input checked="" type="checkbox"/> Yes</p> <p>No</p> |
| <p>If yes, provide website link (or content from brochure) where this specific information is presented:</p> <p>UPAY form 585 (oath of allegiance):<br/><a href="https://ucnet.universityofcalifornia.edu/forms/pdf/upay-585.pdf">https://ucnet.universityofcalifornia.edu/forms/pdf/upay-585.pdf</a></p>  |  |

### Internship Program Admissions

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

The UCSF Clinical Psychology Training Program offers a two-year full time fellowship comprised of a one-year general clinical psychology internship (APA-accredited) and a one-year postdoctoral clinical and clinical research fellowship, based on the scientist-practitioner model. Graduates are expected to pursue careers emphasizing research and training in academic and academic/research settings, including those affiliated with health and mental health service systems. Over the last ten years, 94% of our graduates have obtained research or academic positions upon leaving our program.

The program is designed to train clinical psychologists who are committed to an academic and/or research career, have a strong record of both clinical and research experience, and are research oriented and want to work sensitively and competently with underserved and vulnerable populations.

The program offers training in health service delivery in a wide variety of clinical settings. In addition, the program provides specialized research training with a faculty mentor in areas including early childhood trauma, ADHD/behavior disorders, eating disorders, juvenile justice and behavioral health, neuropsychology, and substance use disorders and intervention development with minoritized populations

In addition to our standard two-year full time pre/postdoctoral fellowship, we have added a half-time internship track through a partial affiliation with the Clinical Science Program in the Dept. of Psychology at the University of California Berkeley (UCB). Please note: only UCB applicants are eligible for this internship-only two-year half time track.

|  |    |  |                               |
|--|----|--|-------------------------------|
| 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  | No |  | Amount: <b>not applicable</b> |
| Total Direct Contact Assessment Hours:   | No |  | Amount: <b>not applicable</b> |

Describe any other required minimum criteria used to screen applicants:

**Application Requirements**

- a minimum of 400 practicum hours (intervention and/or assessment)
- comprehensive exams passed by November 1, 2024
- dissertation proposal approved by November 1, 2024
- a minimum of three years of graduate training
- doctoral degree program must be PCSAS or APA-accredited in Clinical Psychology
- submission of official graduate degree(s) transcripts



Each applicant is evaluated in the following areas:

- clinical training, including experience in assessment and psychotherapy
- research interest as documented by training obtained and productivity (especially presentations, publications, and grants)
- overall excellence as a psychologist as shown by breadth and depth of experiences and letters of recommendation
- appropriateness for faculty research mentor(s) chosen by applicant, as shown by work done relevant to the mentor's research area and familiarity and fit with the mentor's work
- progress toward dissertation completion
- evidence of accomplishments indicating commitment to an academic and/or research career

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

|  |               |  |
|--|---------------|--|
| Annual Stipend/Salary for Full-time Interns  | <b>48,024</b> |  |
| Annual Stipend/Salary for Half-time Interns  | <b>24,012</b> |  |
| Program provides access to medical insurance for intern?   | <b>Yes</b>    |  |
| If access to medical insurance is provided:  |               |  |
| Trainee contribution to cost required?   | <b>Yes</b>    |  |
| Coverage of family member(s) available?  | <b>Yes</b>    |  |
| Coverage of legally married partner available?   | <b>Yes</b>    |  |
| Coverage of domestic partner available?  | <b>Yes</b>    |  |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation)   | <b>160</b>    |  |
| Hours of Annual Paid Sick Leave  | <b>96</b>     |  |
| 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? | <b>Yes</b>    |  |
| Other benefits (please describe):  |               |  |
| <b>40 hours of annual professional leave</b>   |               |  |

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

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

|   | 2021-2024 |    |
|---|-----------|----|
| Total # of interns who were in the 3 cohorts  | 15        |    |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0         |    |
|   | PD        | EP |
| Academic teaching   | 0         | 0  |
| Community mental health center  | 0         | 0  |
| Consortium  | 0         | 0  |
| University Counseling Center  | 0         | 0  |
| Hospital/Medical Center   | 15        | 0  |
| Veterans Affairs Health Care System   | 0         | 0  |
| Psychiatric facility  | 0         | 0  |
| Correctional facility   | 0         | 0  |
| Health maintenance organization   | 0         | 0  |
| School district/system  | 0         | 0  |
| Independent practice setting  | 0         | 0  |
| Other   | 0         | 0  |
|   |           |    |

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

## APPIC MATCH POLICIES

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

<https://www.appic.org/internships/Match/Match-Policies>

## UCSF NON-DISCRIMINATION POLICY

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

University policy also prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment.

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

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

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

Nyoki Sacramento, JD

***Assistant Vice-Chancellor & Director***

**Office for the Prevention of Harassment and Discrimination**

Box #1249 University of California, San Francisco

490 Illinois Street, Floor 11

San Francisco, CA 94143-1249

415-502-3400

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

## INTERNSHIP ACCREDITATION

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The UCSF Clinical Psychology Training Program Doctoral Internship Year has earned APA accreditation through 2027. 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  
apaaccred@apa.org  
Phone: 202-336-5979  
Fax: 202-336-5978  
TDD/TTY: 202-336-6123

Web: <https://accreditation.apa.org/>