

# **Child and Adolescent Services**

**University of California San Francisco  
Department of Psychiatry  
at  
San Francisco General Hospital**

**Child & Adolescent Services Multicultural  
Clinical Training Program**

**Pamphlet  
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## **BACKGROUND**

The Child and Adolescent Service is a program within the UCSF Department of Psychiatry, Division of Infant, Child and Adolescent Psychiatry at San Francisco General Hospital (SFGH). SFGH is a public service hospital committed to serving low-income and diverse ethnic and cultural minority populations. SFGH, 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 1800's. Clinical services of the UCSF Department of Psychiatry at SFGH are linked to the Community Behavioral Health System of the San Francisco Department of Public Health. The Department of Psychiatry at SFGH is nationally renowned for providing high-quality, culturally competent patient care. As part of the SFGH Psychiatry Department, Child and Adolescent Services has been offering clinical psychology training since 1998.

The UCSF Child and Adolescent Service Multicultural Clinical Training Program doctoral internship became accredited by the American Psychological Association in 2007 and was reaccredited by the APA Commission on Accreditation in Spring, 2013. For more information on the status of the accreditation of this program, you may contact: APA Commission on Accreditation, 750 First Street NE, Washington, DC 20002-4242, Telephone: 800-374-2721; 202-336-5979.

## **DESCRIPTION OF CLINICAL SERVICES**

Child and Adolescent Services (CAS) provides assessment, treatment, and consultation for children and adolescents (birth through age 18) and their families. Most CAS clients have experienced psychological trauma related to child maltreatment, domestic violence, catastrophic injury, physical assault, exposure to community violence, or debilitating chronic disease. Clinic services are provided at SFGH offices and in neighboring community sites. A large proportion of CAS clients are referred from pediatricians and from the Department of Human Services. CAS staff coordinates services with primary care and community providers as needed to facilitate the full and healthy development of each child and youth. CAS is committed to providing high quality, culturally competent services for ethnically diverse and economically disadvantaged families. All services are provided in English and Spanish.

During the year 2013, 305 referrals were made to San Francisco General Hospital, Department of Psychiatry, Child and Adolescent Services. In terms of reasons for referral, approximately 88% of these patients were referred due to general mental health concerns such as anxiety, depression, and attention deficit hyperactivity disorder. About 5% of patients were referred due to experiencing trauma, although over the course of intake, the majority patients disclose a history of experiencing trauma. Another 3% of patients were referred for developmental assessments.

In terms of demographic information, approximately 19% of the referrals were between the ages 0-5, 53.5% were between the ages 6-12, and 27.2% were between the ages 13-19. Latino/Chicano identified children represented 56.8% of the referrals, 22.4% identified as African American, Caucasian children comprised of 4.5% of the referrals, 1.2% Asian/Pacific Islander, 6% Asian American, .3% Native American, .6% Middle Eastern, 3%, multiracial, and 5.1% were of unknown ethnicity.

A large proportion of CAS clients are referred from pediatricians and from the Department of Human Services. In terms of referral source, 45% these referrals came from

SFGH and non-SFGH medical providers. Approximately 6% of the referrals came through the Department of Human Services, 23% were referred from other outside community services (i.e., group homes, schools and other mental health clinics), and 15% were self-referred. While CAS did not provide mental health interventions for all of the children and adolescents referred, when CAS did provide interventions, these services included consultations to SFGH and non-SFGH Pediatricians and Nurse Practitioners, psychological evaluation and assessment, and weekly individual and/or family therapy with a Child and Adolescent Services therapist.

## **CLINICAL TRAINING PROGRAM**

### ***Overview***

Child and Adolescent Services have been offering doctoral internships and postdoctoral clinical training since 1998. In the Fall of 1999, CAS received a grant from The California Endowment, Communities First Program to establish a Multicultural Child Clinical Training Program. Since then, funding for psychology trainee positions have been provided by the Trauma Metta HEARTS fund, the Pritzker Foundation, the Mt. Zion Health Fund grant, the Lieff Cabraser Carver HEARTS project and the Tipping Point Foundation. As a result, CAS has continued to provide training for 2-3 full-time doctoral interns, and 2-3 full-time postdoctoral fellows. Stipends for fiscal year 2013-14 are \$39,264 for a full year for postdoctoral fellows and \$22,032 for a full year for doctoral interns. The National Institutes of Health has not yet posted stipend amounts for fiscal year 2014-15. The 2014-15 training year is scheduled to begin September 1, 2014, and end August 31, 2015.

Intensive individual and group supervision is provided to CAS trainees for all aspects of clinical service, including technical aspects of assessment and treatment, psychotherapy process issues, case management issues, community referral sources, clinical record keeping, medical and pharmacotherapy issues, report writing, case presentation, and professional development.

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

In addition, as part of the teaching hospital for the University of California, San Francisco (UCSF) School of Medicine, CAS provides training for psychiatry residents & fellows, pediatric residents, and medical students. Psychiatry residents/fellows participate in yearlong training in assessment, treatment and pharmacotherapy. (See Appendix A for further details on Psychiatric Residency Training.) Medical students enrolled in the Family and Community Medicine rotation spend six to eight weeks with CAS, participate in weekly clinical case conference, develop and deliver staff training for Head Start Teachers and observe Head Start students in the communities served by CAS.

## ***Training Philosophy***

The Child and Adolescent Services Multicultural Clinical Psychology Training Program seeks to recruit and train the most promising trainees for careers in clinical psychology, with an emphasis on the care of underserved children and families. CAS upholds the Scholar-Practitioner model of psychology training, and aims to integrate the most up-to-date research and best-practices with clinical services delivery which is grounded in serving the needs of the local community. Today's psychologist must be flexible in skills and abilities, and CAS strives to prepare students to thrive as valued psychologists who can meet the needs of their community, and embody highest standards of the profession. At CAS we strongly believe that historically underserved children and adolescents (e.g., those from low socio-economic status communities and ethnic and cultural minorities) deserve access to high quality, culturally appropriate mental health care when they need it. Integral to the training philosophy is the understanding that individuals are shaped and affected by their social context, as well as by social forces including prejudice and oppression.

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

We seek to provide high quality, culturally informed clinical services to a diverse population, and strive to promote health and well-being in the community. CAS holds that the individual practitioner must continually strive for an understanding of themselves, in terms of one’s own cultural background and possible biases, as a key component in understanding and respecting differences with one’s clients.

## ***Training Goals***

Our goal is to offer an intensive training program within the context of providing community responsive mental health services to children, youth, and families. We utilize a variety of therapeutic modalities, including individual, play, family, and group therapy. Psychodynamic, family systems and cognitive behavioral approaches are incorporated into our training. Specifically, training goals for full-time psychology trainees are as follows:

- To develop and refine skills in the assessment and diagnosis of psychological and psychiatric problems of children and adolescents, incorporating culturally sensitive service delivery for under-served populations.
- To develop and refine skills in the treatment of psychological and psychiatric problems of children and adolescents, incorporating culturally sensitive service delivery for under-served populations.
- To enhance skills in working collaboratively with other professionals across disciplines involved with patients and families including consulting with child psychiatrists and primary care providers, as well as with schools, the foster care system, and other systems and organizations involved in the lives of children and adolescents
- To promote the development of a professional identity as a clinical psychologist

## ***Clinic Rotations by Trainee Type***

### **PRACTICUM**

- **National Child Traumatic Stress Network (NCTSN)/Assessment Based Treatment**

CAS participates in the NCTSN and shares our data with this network. The goals for this project are twofold for CAS, clinical service and clinical research. As a clinic, we are interested in treatment planning and tracking patient progress via the protocol of instruments. Our goals for the clinical research include understanding demographic and psychosocial characteristics of CAS patients; determining the quantity and type of units of services provided; and gaining a better understanding of how the nature of the presenting problem and types of services relate to the psychosocial outcome of the patients. First year practicum students assist in scoring assessment tools and entering results into a database. First year Practicum students may also administer some of these assessment tools to support therapists in evaluating current functioning of their patients and the effectiveness of treatment.

- **Early Childhood Development Clinic (ECDC)**

The ECDC provides developmental evaluations for children ages 0-6 with developmental delays or behavioral problems, or who are at risk of cognitive and behavioral problems due to a variety of conditions such as prenatal drug exposure and/or premature birth. Currently, this rotation is for doctoral interns and advanced practicum students.

The evaluations provided by the ECDC, combined with adequate pediatric and neurological evaluations, can be used to refer children for needed services provided by various agencies. Evaluations consist of an observation and evaluation using structured and unstructured measures of various areas of development. The total evaluation takes approximately 2 to 3 hours, and is done with the supervisor in the room. Weekly individual and group supervision are provided for this clinic.

- **Therapy Caseload**

First year practicum students support postdoctoral fellows in co-leading therapeutic groups. Advanced practicum students carry 2-3 ongoing individual or family therapy clients presenting primarily with mental health concerns appropriate for behavioral interventions and without any acute presentations, and may also have the opportunity to co-lead a group.

### **DOCTORAL INTERNSHIP**

The Doctoral Intern's clinical caseload and corresponding case management equals about 20 hours a week.

- **Clinical Caseload**

Doctoral Interns carry an average caseload of 10-12 individual and family therapy clients. Therapy cases require some case management and collateral contacts, given the nature of presenting issues. Interns are also expected to provide 4 psychological assessments and reports over the course of the year. Interns also lead or co-lead 1-2 therapeutic groups over the course of the year. Doctoral Interns also administer NCTSN Assessment Based Treatment protocols to all clients (as described above).

- **Group Therapy**

Doctoral interns will have the opportunity to co-lead a therapeutic group. Currently the group therapy modality offered at CAS is based on the Attachment, Self-Regulation, and Competency model. Training and supervision are provided on a weekly basis.

- **Pediatric Clinic**

Doctoral interns have the opportunity to rotate on a weekly basis in a designated SFGH continuity outpatient pediatric clinic for a year-long placement. Pediatric Continuity Clinics are held on weekday afternoons throughout the week for ongoing patient care. The intern will attend a Pediatric lecture and huddle with their designated team, then be available for on-site consultation, debriefing with the pediatric team, and facilitating follow-up with mental health referrals and services.

- **Community-Based Sites:**

CAS doctoral interns will be assigned to a year-long early childhood focused clinic within San Francisco General Hospital, one day a week. CAS is continually developing working relationships with other community-based organizations, and the specific sites vary from year to year. Placements in past years have included schools, women's shelters, Head Start programs, health clinics, and homeless programs. In the community placement, each intern will receive additional supervision and training (which is counted toward total supervision and didactics), in conjunction with providing direct clinical service to children 0-3 through the Infant-Parent Program or 0-5 through Child Trauma Research Project. The community placements offer the CAS Interns opportunities to provide culturally appropriate services to patients in their communities, in this case, interns may be providing home visits. The clients served in this rotation are counted as part of the total caseload.

- **Pediatric Inpatient Consult-Liaison**

This service provides mental health consultation for children/youth who have been hospitalized as inpatients in Pediatrics at SFGH due to a traumatic injury or illness. Doctoral interns have the opportunity to shadow a consult-liaison nurse providing consults, and to provide follow-up as necessary.

## **POSTDOCTORAL FELLOWSHIPS**

CAS offers advanced specialty clinical training through postdoctoral fellowships. Our Fellows receive advanced clinical training opportunities focusing on a variety of trauma sensitive service delivery approaches with underserved populations. This year's postdoctoral fellows will be providing direct clinical services and consultation to teaching staff at KIPP Bayview and the Center for Youth Wellness. Future Postdoctoral Fellowships may include placement in one of the following CAS programs:

- **UCSF Healthy Environments and Response to Trauma in Schools (HEARTS)**

UCSF HEARTS is a comprehensive, multi-level school-based prevention and intervention program aimed at promoting school success for children and youth who have experienced trauma. HEARTS partners with schools to create more trauma-sensitive, safe

and supportive school environments. HEARTS encompasses (a) delivery of mental health services on school site, including assessment, as well as individual, family, and group psychotherapy; (b) consultation for teachers, school staff and principals on strategies for helping traumatized children function well in school; and (c) training for SFUSD personnel on working with children, adolescents, and families exposed to chronic, complex trauma.

### ***Training Didactics***

The Multicultural Clinical Training Program offers a variety of didactics to augment the training provided through supervision and direct service. Some seminars meet weekly, some biweekly, some are year-long, and some are brief (e.g. 3 months). Total didactic hours are approximately 4 hours a week for full time interns, less for other trainees.

- **Case Conference** is a yearlong weekly training in which clinical cases are presented by all trainees with therapy cases. The conference is attended by supervisor and staff therapists. We encourage trainees to invite pediatric staff and residents for the purpose of collaborating.
- **Multicultural Seminar** is a weekly seminar focusing on self-development of cultural awareness. This seminar is required for full time psychology trainees, and open to other trainees who can commit to the full year. It is the belief of the Multicultural Clinical Training Program that in order for the clinician to work effectively with diverse populations within health and mental health communities, it is important to understand one's own cultural perspective that one brings as a therapist into the clinical work. Some of the aspects that contribute to one's cultural identity/identities are race and ethnicity, gender, sexual orientation, social class, and age. Other contributing factors to cultural identity are family, the communities in which one grew up, the values and belief systems that are linked to one's development, and one's political and historical context.

In this seminar, trainees will explore these aspects of their identities, and their understanding of how their own biases, assumptions, and/or counter-transference affect the clinical work. Further, the seminar will focus on understanding disparities in health faced by ethnic and cultural minorities and the role psychologists can take to address these disparities within health and mental health delivery systems (hospitals, clinics, and agencies), university settings, political arenas, and research agendas.
- **Developmental Psychopathology Seminar** is a seminar that is team taught by various staff in the Division of Infant, Child, and Adolescent Psychiatry. This seminar will address the challenges of providing state-of-the-art trauma-informed mental health treatment to a diverse population of children and families who experience cumulative exposure to adversities that include social stressors, interpersonal stress and trauma, and individual vulnerabilities and challenges. It will be organized around the conceptual principles of developmental psychopathology, a multidisciplinary field that uses a life-span perspective to understand the many processes at work in the origins, development, and consolidation of psychopathology. From a developmental psychopathology perspective, theorists and researchers seek to understand how cultural, social, developmental, psychological and biological levels of analysis contribute to an understanding of individual differences, the continuity or



discontinuity of adaptive and maladaptive patterns of functioning, and the emergence and life course of psychopathology.

- CAS provides an **Advanced Clinical Assessment Seminar** for advanced practicum students, doctoral interns, and optional for postdoctoral fellows focusing on developing and advancing skills in the area of psychological assessment. The emphasis in this course is on using clinical observation and testing instruments in such a way as to achieve an understanding of the child that is at once rich, complex, and clinically useful. This approach takes account of the unique circumstances of each child's life and psychological development, including family history, early development and relation to the environment, attachment issues, and ethnic and cultural identity. An interdisciplinary focus is an important aspect of this approach, which involves consultation with other involved professionals.
- CAS provides a **Supervision Seminar** for doctoral interns and postdoctoral fellows (it is not open to practicum students). This seminar focuses theories and models of supervision, and encourages trainees to consider which models fit best with their learning styles as supervisees, as well as their teaching style as supervisors. Trainees have the opportunity to formulate their own style of supervision as they supervise 3<sup>rd</sup> year medical students completing their Community Medicine rotations with CAS, and research assistants completing a practicum with CAS. Trainees also examine their own strengths and areas of growth through this seminar, as they present on their supervisory relationships with their supervisees.
- CAS offers a **Play Therapy Seminar** for all trainees. This course provides an introduction to the psychotherapeutic treatment of cognitive, emotional and behavioral problems experienced by children. Content builds upon client-centered, object relational and developmentally informed play therapy assessment and intervention techniques. In addition, trainees will be able to delineate skills underlying the therapeutic use of self in with children, youth and parents, describe processes and techniques of therapeutic play, including their conceptual rationale, and describe processes and techniques aimed at cognitive and behavioral change, considering developmental stage and cultural context.
- CAS provides monthly **Grand Rounds** for all trainees in the program. Topics have included the following: PTSD and Brain Development, Physical Indicators of Child Abuse, Autism Diagnosis and Treatment, Investigation and Prosecution of Sexual Abuse Cases, Trauma and Infant Attachment, Community Violence and Adolescents, and Pediatric Bipolar Disorder. It is widely attended by hospital staff, faculty, medical students, residents, fellows and community providers (teachers, child care workers, youth providers).

### ***Supervision and Mentoring***

The Child and Adolescent Services (CAS) Multicultural Clinical Training Program provides intensive supervision to ensure that trainees obtain individualized attention as they pursue their clinical training. In general, the training approach at CAS is that of close supervision of the interns in the clinical skills that are being developed. Supervision may involve presenting

process notes and/or audio/video tapes of client sessions. Live supervision is also provided by having a supervisor present during an intake session and/or family meeting.

Each full time trainee is assigned a mentor from outside of the Training Program. This mentor discusses professional development (i.e. postdoctoral goals, job prospects, curriculum vitae development, grant writing, research interests, etc.) and is available to advise throughout the training year.

## **FACULTY AND STAFF**

### ***Core Faculty and Staff***

**Élida M. Bautista, PhD** is a UCSF Associate Clinical Professor and the Director of Clinical Training in the Child and Adolescent Services in the Department of Psychiatry at San Francisco General Hospital. In addition to carrying a clinical caseload as a licensed clinical psychologist, Dr. Bautista supervises pre- and post-doctoral clinical psychology trainees, and is available to consult with other trainees. In addition, she oversees the supervision of 3rd year Medical Students in their community medicine rotations through CAS, and coordinates their placement in a Head Start program. She also teaches the Supervision didactic.

Dr. Bautista grew up in Chicago and in Ventura County, California. She earned her B.A. in Psychology and Chicano Studies from Claremont McKenna College, and her PhD in Clinical Psychology from the University of Michigan. Her research, teaching, and clinical work have focused on multicultural mental health issues, primarily issues of class, community and domestic violence, Latino immigration/acclulturation, and ethnic identity. Before coming to CAS, Dr. Bautista was a Dissertation Fellow in the Chicano Studies Department at the University of California, Santa Barbara, where she also taught psychology. She completed her postdoctoral training at UCSF Child and Adolescent Services, where she specialized in working with Trauma-Exposed Spanish-speaking Latino clients, primarily victims of crime. In 2012, Dr. Bautista was elected to the Training Advisory Committee of the APA Minority Fellowship Program. She is also the Chair of the Department of Psychiatry Faculty Council.

**Joyce Dorado, PhD** is an Associate Clinical Professor, the Director of Clinical Research and Evaluation, and a supervising psychologist for the Child and Adolescent Services in the Department of Psychiatry at UCSF, San Francisco General Hospital Campus. She is the co-founder and Director of UCSF Healthy Environments and Response to Trauma in Schools (HEARTS). UCSF HEARTS collaborates with San Francisco Unified School District (SFUSD) to promote school success for children and youth who have experienced complex trauma by creating trauma-sensitive school environments that can better support the needs of traumatized students and the school staff who work with them.

Dr. Dorado is the former Co-Director of Clinical Training for the CAS Multicultural Clinical Training Program. She also held a position researching and implementing best practices for the assessment and treatment of traumatized children at Child and Adolescent Support Advocacy Resource Center, a clinic which specializes in working with victims of child sexual abuse and other forms of family violence. Prior to her employment at CAS, Dr. Dorado was a staff psychologist in the Division of Child and Adolescent Psychiatry at Stanford University School of Medicine.

Dr. Dorado received her B.A. in Psychology at Stanford University, and her PhD in Clinical Psychology from the University of Michigan. She received a National Center on Child Abuse and Neglect Graduate Research Fellowship from the United States Department of Health and Human Services to conduct her dissertation research on an innovative forensic interview technique for preschoolers. She completed a postdoctoral fellowship specializing in family violence and child victim/witness research at Harbor/UCLA Medical Center. She also completed a postdoctoral fellowship in pediatric psychology at Children's Hospital Oakland.

Dr. Dorado's clinical service and research has focused on the areas of complex trauma and school functioning, child victim/witness testimony, family violence, and psychological trauma in children, youth and families from low-income, urban communities. She has presented her research at a number of national and international conferences, and has published her work in several books and journals, including "Interviewing preschoolers from low- and middle-SES communities: A Test of the Narrative Elaboration recall improvement technique," in Journal of Clinical Child Psychology (2001), and "Remembering incest: The complexities of this process and implications for civil statutes of limitations," in the book, Trauma and Memory (1999).

**Naomi Friedling, MFT**, is a Spanish speaking Child and Family Therapist at CAS. She received her Masters in Marriage and Family Therapy at San Francisco State University. She has completed intensive training in family therapy through Bay Area Institute of Training. Prior to working at CAS, she worked as a therapist at CASARC clinic at San Francisco General Hospital for 5 years specializing in the treatment of victims of sexual abuse. She has also has worked as a family therapist with the County of San Mateo. Ms. Friedling works from a family-focused, strengths-based perspective. Goals of her work include helping children to overcome the acute symptoms of trauma while, in the process, helping them strengthen their inner resources and external support systems. Her work also focuses on improving family functioning, increasing client self-esteem and increasing individual and family resilience.

**Caren Schmidt, PsyD** is an Assistant Clinical Professor who supervises the psychological assessments at CAS. In addition, she oversees CAS' Early Childhood Development Clinic and teaches the Advanced Clinical Assessment Seminar. Dr. Schmidt is a clinical supervisor for all trainee levels and provides supervision for both assessment and clinical cases.

Dr. Schmidt earned her BA in Psychology at Boston College and her PsyD in Clinical Psychology at California School of Professional Psychology, Alameda. The majority of Dr. Schmidt's clinical and research experience has focused on child trauma. Dr. Schmidt completed her doctoral training with CAS in the year 2001. Dr. Schmidt completed a two year postdoctoral fellowship at The Trauma Center in Massachusetts and was subsequently hired on as a staff clinician and the project director of a youth violence prevention program evaluation. The results of the research, "Evaluation of a theater-based youth violence prevention program for elementary school children," were published in the Journal of School Violence (2006). Dr. Schmidt later worked as a research psychologist in the Division of Child and Adolescent Psychiatry at Stanford University School of Medicine. Prior to returning to CAS, Dr. Schmidt was an assessment psychologist at Westcoast Children's Clinic and in private practice.

**Betsy Wolfe, Ph.D.** is a licensed clinical psychologist in the State of California and an Associate Clinical Professor of Psychology in the Department of Psychiatry at the University of California San Francisco. She is Deputy Director of the Division of Infant, Child and Adolescent Psychiatry, Interim Chief of the Division of Infant, Child and Adolescent Psychiatry and Co-Director of the Child Trauma Center, all located at San Francisco General Hospital.

Dr. Wolfe completed an M.A. in Experimental Psychology from the University of South Carolina in 1971. Shortly thereafter she was licensed as a Marriage and Family Therapist and worked in private practice for over twenty years. She earned her Ph.D. in 1996 from the California School of Professional Psychology (now Alliant University) and completed an APA accredited internship at The Children's Hospital In Denver, CO as well as a second pre-doctoral internship and postdoctoral work at UCSF's Infant-Parent Program where she joined the staff in 1996 and eventually became the Associate Director. She is an author of the *California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health, Revised* (2009)—a manual that outlines the knowledge and skills necessary to work with very young children and their families with a focus on early relationships and early mental health.

Dr. Wolfe is responsible for the overall operations of the Division and the Child Trauma Center.

### ***Consulting and Teaching Faculty and Staff***

**Nancy C. Compton, PhD** is a Clinical Professor and the Director of Training at the UCSF Child Trauma Research Program located at San Francisco General Hospital. Dr. Compton has worked at the Child Trauma Research Program since the program's inception in 1996. She recruits and provides supervision to doctoral interns teaches the Assessment Seminar and provides Child-Parent Psychotherapy, an evidence-based intervention to a population of multiethnic families with young children under the age of six who have extensive trauma histories.

Dr. Compton received her B.A. from Hampshire College and her PhD in Clinical Psychology at the California School of Professional Psychology, Alameda. She completed her postdoctoral training at the UCSF Infant-Parent Program.

Dr. Compton currently provides clinical services to families who have experienced traumatic events at the Family Justice Center in Oakland. Previously she was the Director of Research at the Whole Child Initiative, a project created by Dr. Jane Goodall and Dr. Marion Wright Edelman with the mission of identifying and supporting model grassroots projects to promote resilience in young children around the world. She has also been on the faculty at the University of California, Berkeley, a Domestic Violence Specialist for the Alameda County Superior Court and District Attorney's Office, developed a center for pregnant and parenting Puerto Rican teenagers and their children in Massachusetts and consulted for several children's programs in Nepal that serve orphaned, abandoned and displaced children. Dr. Compton coauthored Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy and childhood; authored African American children who have experienced homelessness: Risk, vulnerability and resilience and coauthored a book on teenage pregnancy for the National Education Association. Dr. Compton received a Certificate of Recognition for her work in the area of family violence from the California Legislature Assembly in 2008. Dr. Compton's experience and expertise are in the areas of attachment, trauma and loss.

**María Cristina Borges Cruz, MFT** is a mental health consultant for the Infant-Parent Program at UCSF/SFGH. As a mental health consultant, María Cristina provides services to a diverse range of childcare and community-based agencies in San Francisco that serve families with children from birth to five. Her passion and interests in early childhood mental health, trauma and social justice have oriented her clinical work and professional development.

María Cristina was born and raised in Puerto Rico where she completed studies in Psychology at the University of Puerto Rico. After migrating to the San Francisco Bay Area to pursue studies in Counseling Psychology, she has worked as an early childhood mental health clinician in different community based organizations in the Bay Area, like Instituto Familiar de la Raza in San Francisco and Family Paths in Oakland. She also worked as a mental health clinician at Services to Enhance Early Development (SEED) program at the Center for the Vulnerable Child at Children's Hospital and Research Center Oakland, serving families with children from birth to three involved in the foster care system and provided consultation to child welfare workers and attorneys. She was also part of the Center for the Vulnerable Child Cultural Task Force, a workgroup created to initiate and promote a multi-cultural and social justice dialogue and practice.

**Markita Mays, MSW** is a Clinical Social Worker for the Mental Health Initiative funded by the Tipping Point Foundation through The Child Trauma Research Program at UCSF/SFGH. As staff, Markita provides clinical supervision, facilitates Trauma Seminar, and is a Trainer for the dissemination of Child-Parent Psychotherapy. As a Tipping Point Liaison, Markita provides mental health services, consultation and support services at community-based partnership programs, Center for Youth Wellness, Bayview Child Health Center, and The Children's Advocacy Center.

Markita earned her BA in Human Biology at Brown University, with an emphasis on African American Studies. She graduated with her Master's degree in Social Work, focusing on Children, Youth, and Families from California State University, East Bay. Her graduate practicum trainings were completed at East Bay Agency for Children's Therapeutic Nursery School and Early Intervention Services at Children's Hospital, Oakland. She later received two years of post-graduate clinical training at the UCSF/SFGH Child Trauma Research Program.

In addition to direct service and clinical training, Markita has pursued advocacy on behalf of children of incarcerated parents. She is the co-Founder of the Alameda County Children of Incarcerated Parents Partnership, which is a regional coalition focused on those who work with or are concerned about children of incarcerated parents. She has consulted with Sesame Street on the development and implementation of their toolkit and resources, *Little Children, Big Challenges: Incarceration*. Markita has also guest lectured on the topic of children of incarcerated parents for many audiences and systems and presented 2012 and 2013 at the Zero to Three National Training Institute on *Invisible Children, Incarcerated Parents*.

As an African American, Markita is committed to understanding the intersection and intergenerational patterns of race and trauma for African American families and communities. She co-authored an article titled, *Mommy Hates Daddy: A Child-Parent Psychotherapy Story of Engagement, Domestic Violence, and Intergenerational Ghosts*, in Zero To Three's Journal, and worked with CJM Associates on a group curriculum titled, *Healing Trauma and Overcoming Stress*, targeting specifically African American parents and grandparents raising children.

**Janice Papedo, R.N., PhD** attends the CAS case conference and provides consultation to CAS staff and trainees. She has worked in the Adolescent and Adult Psychiatric Consultation-Liaison Nursing Service at SFGH since 1990. She serves as a liaison to Child-Maternal Health, Medicine, and Trauma Services as a Clinical Nurse Specialist.

Dr. Papedo received her Nursing degree from the University of Pennsylvania. She received her MA in Psychology from the University of San Francisco, and her PhD in Clinical and Organizational Psychology from the San Francisco Professional School of Psychology. She is also a licensed Marriage, Family, and Child Counselor, and maintains a private practice.

**Marisol Romero MA, MFT, PsyD** is an advanced postdoctoral fellow at CAS, with an emphasis on Pediatric Consultation at SFGH and coordinating intakes. She completed her doctoral internship and a previous postdoctoral fellowship at CAS. Marisol graduated from Argosy University. Her dissertation is entitled "Efficacy of group interventions for pediatric oncology patients." She worked for several years as part of child life program at UCI Medical Center. She then went on to work as MFT with a wide range of underserved populations. Marisol also worked as clinical supervisor in a non-profit organization serving the HIV community. In addition, Marisol focused her practicum training working at CHLA as part of behavioral health service in the oncology/hematology department.

**Maria Seymour St. John, PhD, MFT** is Assistant Clinical Professor in the Department of Psychiatry at the University of California, San Francisco and Director of Training of the Infant-Parent Program at San Francisco General Hospital. She earned her Master's in clinical psychology at New College of California and her doctorate in Rhetoric at the University of California, Berkeley. Endorsed by the California Center for Infant-Family and Early Childhood Mental Health as an Infant-Family and Early childhood Mental Health Specialist, a Reflective Facilitator II and a Mentor, Dr. St. John has published on subjects related to race, class, gender and sexuality in infant mental health work in numerous books and journals including *Zero to Three*, *Feminist Studies*, *Studies in Gender and Sexuality*, *Attachment and Sexuality*, and the World Association of Infant Mental Health *Handbook of Infant Mental Health*. Her writing examines infant mental health discourse and practice from the perspectives of psychoanalytic, feminist, queer, and postcolonial theories. She has been active in the collaborative process that gave rise to the Diversity-Informed Infant Mental Health Tenets and works with groups and individuals to facilitate integration and implementation of the Tenets across diverse spheres of practice.

## **SELECTION CRITERIA FOR TRAINEES**

### ***Policy and Process for Doctoral Intern Selection***

All applications by candidates who have applied through the APPIC Website (<http://www.appic.org/>) by the stated deadline will be reviewed for APPIC Member Site Information. Applicants who are from graduate programs that are not in Clinical Psychology, and/or are not APA accredited at the time of the review, will automatically be disqualified. The remaining applications will be distributed among the Admissions Committee for an initial review based on the criteria below. The Admissions Committee is made up of the Director of Clinical Training, the Director of CAS, and additional supervisory staff. The number of interview slots available will depend on staff availability, but approximately 20-24 are usually

offered. Please note that the APPIC program code for the Child and Adolescent Services doctoral internship application is: **1902**.

The applicants who are indicated to go forward in the process will be reviewed by the Director of Clinical Training for a final decision. Those that are designated “Strong Applicant” will be first to receive a second review by the training director. If they are selected to go forward in the process, the Administrative Assistant will schedule them for an interview with the available members of the Admissions Committee. If there are still interview slots available, those that have been designated “Good Applicant” will be reviewed by the Director of Clinical Training for further consideration. The administrative assistant will email letters to all of the candidates by the Notification Deadline letting them know of their interview status. Those who are “Disqualified” or “Not a Good Match” will receive letters via email notifying them that they are no longer being considered, as will those “Good Applicants” and “Strong Applicants” who were not selected to go forward.

### **Application Review**

Applicants will receive following designations:

- Disqualified
- Good Applicant
- Strong Applicant
- Not a Good Match

### Required Criteria:

- APA accredited graduate program in Clinical Psychology
- Strong undergraduate & graduate academic record
- In good academic standing
- Demonstrated interest and experience with children, youth, and families
- Demonstrated interest and experience working with underserved communities
- Strong letters of recommendation
- Strong, clear Letter of Interest
- Essays reflect a thoughtful, insightful, mature candidate
- Essays reflect strong writing skills
- Essays reflect someone who has a clear theoretical foundation

### Preferred Criteria:

- Dissertation proposal defended
- Relevant research experience or interest
- Experience or interest in Trauma
- Bilingual (Spanish)
- Significant Psychological Testing Experience

### Interview

- Demonstrated dedication to underserved and minority populations
- Insightful, self-aware
- Culturally sensitive and knowledgeable
- Able to be effective in clinical role play
- Interest in working with 0-18
- Flexible

- Good fit with our training program and clinical services

At the time of interview, Admission Committee members will rank candidates in the following way:

- 1- The best, excellent qualifications, excellent fit, universally well-liked by interviewers, a perfect match
- 2- Extremely strong applicant, excellent fit, liked by all, but doesn't have that same perfect match quality
- 3- Strong applicant, good fit, not as engaging as above, or fit may not be as perfect, but liked by all
- 4- Solid candidate with a number of strengths appropriate to site, some minor drawbacks
- 5- Solid candidate, not as ideal a fit as above categories, but all would be happy to have as an intern
- 6- A candidate who is qualified, may have some drawbacks, but nothing critical, and is good enough to be worth ranking rather than going to clearinghouse
- 7- Don't rank

Following two interviews with at least two members of the Admissions Committee, interviewers will confer about the candidate. Any concerns about the candidate will be noted and followed up on with reference checks. All candidates that are still under consideration for ranking will have at least two reference checks completed. Once reference checks have been completed, Admissions Committee will meet to make decisions about rank order. Director of Clinical Training will submit rankings by the APPIC deadline.

### ***Selection Criteria for Practicum***

Acceptance for practicum/internship/postdoc is contingent on successfully fulfilling UCSF & SFGH required fingerprint screening prior to start date, that deems applicant suitable for working with children & youth.

#### Required Criteria:

- APA accredited graduate program in Clinical Psychology
- Strong undergraduate & graduate academic record
- In good academic standing
- Third year or more advanced
- Demonstrated interest and experience with children, youth, and families
- Demonstrated interest and experience working with underserved communities
- Strong letters of recommendation
- Strong, clear letter of interest

#### Preferred Criteria:

- Demonstrated interest and experience with children ages 0-6 years
- Demonstrated interest and experience with psychological testing and report writing
- Strong writing skills
- Bilingual in Spanish
- Interest and experience in Trauma



- Flexible

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*UCSF is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities and for Vietnam-era veterans and special disabled veterans. 12/04 Employer University of California, San Francisco (UCSF)*

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## **HOW TO REACH US**

For further information, please contact

Edgar Micua

Training Analyst

Phone: (415) 206-4306

Email: [edgar.micua@ucsf.edu](mailto:edgar.micua@ucsf.edu)

You may also address your inquiries to:

Elida M. Bautista, PhD

Director of Clinical Training, Child & Adolescent Services

UCSF Department of Psychiatry, Box 0852

San Francisco General Hospital

1001 Potrero Avenue, San Francisco, CA 94110

## APPENDIX A

### *Psychiatry Residency Training*

The Residency Training Program began in 1998 with our first Resident, Dr. Robin Randall who is now the Medical Director of Edgewood Children's Center. In 1998 Residents began to rotate within our Child and Adolescent Service. All CAS Residents are expected to be available between 6 to 8 hours weekly. We expect our General Psychiatry Residents to become familiar with all aspects of assessment and treatment when working with children / youth.

- They are exposed to our Psychologists, Doctoral interns/Postdoctoral Trainees and to our Pediatric Residents who attend CAS weekly Clinical Case Conference.
- In addition, the Psychiatry Residents learn about the San Francisco Unified School District and how to access Special Education Services for their client.
- The Residents are also expected to learn about the Foster Care system and the special issues related to legal guardianship, consent for medication of children placed out of the home, and how to work with Foster care parents.
- The Residents also learn about our Mental Health System of Care serving Medi-Cal recipients and about the Juvenile Justice System.

Two cases are assigned, a play therapy case and an adolescent for several reasons. It is difficult to teach about the process of change in play therapy in the abstract. We teach about child development and the therapeutic aspects of play as our Residents present their own process notes in weekly individual supervision. We assign adolescent cases in order to teach about normal adolescent behavior, and to dispel the myth that adolescents are "just mini-adults." Family treatment and collateral visits are a strong aspect of our work – with latency age and with adolescents.

As a result of the training occurring at SFGH, most of the cases the Residents hear about in case conference or that they are assigned have been survivors of trauma – sexual abuse, severe physical abuse, victims of community and/or domestic violence, chronic homelessness, etc. Issues of poverty, lack of access to health care, issues of language/cultural barriers to health care are also discussed.

## Residents and Child Fellows Responsibilities

Activity	Hours
Attend CAS all Staff/Intern Meeting	½
Attend CAS multidisciplinary weekly Clinical Case Conference	1
Assess and treat 1 – 3 patients ages 4 – 18.	2 – 3
Receive 1 hour of individual supervision with CAS Faculty or Child Psychiatrist	1
Case management, consultation with Primary Care Provider, school visits, paperwork, crisis intervention	1 - 2

### Psychiatry Residents & Child Fellows who have completed or are in training:

Robin Randall, MD	1998 – 1999
Laura Davies, MD	1999 – 2003
Erica Shoemaker, MD	2000 – 2001
Pamela Swedlow, MD	2000 – 2001
Jennifer Goldberg, MD	2001– 2002
Mathilde Ross, MD	2001– 2002
Annabelle Chern, MD	2002– 2003
Vanessa de la Cruz, MD	2002– 2003
Veronica Saleh, MD	2002– 2003
Kristin Riley-Lazo, MD	2002– 2003
Susan Milam, MD	2003- 2004
Maya Strange, MD	2003- 2004
Jon Boone, MD	2004- 2005
Omid Naim, MD	2004- 2005
Chris Benitez, MD	2005- 2006
Fatima Imara, MD	2005- 2007
Juliana Moore, MD	2005- 2006
Steven Brockaway, MD	2006-2007
Eric Bender, MD	2007-2007
Regina Graham, MD	2007-2008
Michael Kisicki, MD	2007-2008
Kim Lee, MD	2008-2009
Naomi Leslie, MD	2009-2010
Raven Lipmanson, MD	2009-2010
Sarah Heron, MD	2010-2011
Zhongshu Yang	2010-2011
Raviv Berlin, MD	2012-2013
Jeffrey Seal, MD	2012-2013
Karen Finch, MD	2012-2013
Sasha Waring, MD	2012-2013
Richard Feng, MD	2013-2014
Yuri Iwaoka-Scott, MD	2013-2014
Connie Lee, MD	2013-2014
Karen Mu, MD	2013-2014
Paula Tran, MD	2014-2015
Kenny Lin, MD	2014-2015