

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
2016-2017**

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BACKGROUND

Child and Adolescent Services 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. It is the county hospital of the City and County of San Francisco and 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. The next review is scheduled for 2019. 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 2014, 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 2015-16 are \$42,840 for a full year for postdoctoral fellows and \$22,920 for a full year for doctoral interns. The National Institutes of Health has not yet posted stipend amounts for fiscal year 2016-17. The 2016-17 training year is scheduled to begin September 1, 2016, and end August 31, 2017.

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

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 hours of 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. Doctoral Interns also administer Assessment Based Treatment protocols to all clients.

- **Group Therapy**

Doctoral interns have the opportunity to develop and lead or co-lead 1-2 therapeutic groups over the course of the year. 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 rotate weekly for six months in one of the designated SFGH continuity outpatient pediatric clinics which are held on weekday afternoons. The intern will attend a Pediatric lecture and huddle with their designated team of pediatric residents and attending(s), then be available for on-site consultation and brief clinical interventions, 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. This coming year, Doctoral Interns will providing direct clinical service to children 0- 3 through the Infant-Parent Program or 0-5 through the Child Trauma Research Program. In the community placement, each intern will receive additional supervision from affiliated CAS staff (which is counted toward total supervision). 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 practitioner or psychologist 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 and supervision focused 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 Academy in San Francisco and the staff at Canal Alliance in Marin County.

OTHER CAS SERVICES

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 3 hours a week for full time interns, less for other trainees. Didactics offered in the Multicultural Clinical Training Program are offered in conjunction with the Infant Parent Program and Child Trauma Research Program. The current seminars offered are described below, and are subject to modification year to year.

- **Case Conference** (1.5-3 hrs.) is a yearlong weekly training in which clinical cases are presented by all trainees with therapy cases. The conference is attended by supervisors and staff therapists. We encourage trainees to invite pediatric staff and residents for the purpose of collaborating.
- **Med/Psych Conference** (1hr.) is a yearlong weekly conference for all doctoral interns in which cases that are being held jointly by the CAS psychiatrist for medication and by an intern for therapy are discussed and possible referrals are considered. This training is optional for postdoctoral fellows. Providers from other disciplines connected with these cases may attend as it is clinically relevant.
- **Multicultural Seminar** is a 1.5 hr. bi-weekly seminar focusing on self-development of cultural awareness, and it serves as a forum for thinking about clinical learning and clinical work as inextricable from social justice work and learning. It 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. The seminar will use a developmental timeline to discuss key themes in typical and atypical development, highlighting research and theory on the role of early experiences in providing a foundation for development, and drawing from resilience and ecological transactional perspectives developed by Cicchetti, Masten, Bronfenbrenner, Sroufe, Rutter, Sameroff, and other pioneers of developmental psychopathology. Students will learn to (a) identify stage-salient normative developmental tasks at each key developmental period of childhood (prenatal/perinatal, infancy, toddlerhood, preschool, school-age, puberty, and adolescence); (b) understand how the mastery or failure of tasks at each period signals markers of adaptation versus deviation within developmental pathways, (c) conceptualize how trauma at each developmental stage interferes with competent, adaptive functioning, (d) understand how risk, vulnerability, promotive, and protective factors operate at different developmental stages, and importantly, (e) apply the DP perspective to delivering state-of-the-art trauma-informed mental health treatment to a diverse population of children and families who experience cumulative exposure to environmental stress and interpersonal trauma.
- CAS provides an **Advanced Clinical Assessment Seminar** for, doctoral interns, 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. This seminar focuses on 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. Trainees also examine their own strengths and areas of growth through this seminar, as they present on their supervisory relationships.
- 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

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.

FACULTY AND STAFF

Core Faculty and Staff

Nancy Compton, Ph.D. 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.

Joyce Dorado, PhD is a supervising psychologist and research coordinator for the Child and Adolescent Services in the Department of Psychiatry at UCSF, San Francisco General Hospital Campus. Her clinical work and community service have focused largely on children and adolescents exposed to domestic violence (through LINC), as well as on at-risk youth. She is also involved in developing protocols for clinic-wide, systematic patient assessments, which will inform treatment planning and track patient progress.

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 practice and research have focused on the areas of family violence, psychological trauma, and child victim/witness testimony. She is currently conducting research on the psychosocial characteristics of adolescents exposed to domestic violence, originally funded by a grant from the Centers for Disease Control through the San Francisco Injury Center. Dr. Dorado has presented her research at a number of national 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. 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 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.

Elizabeth Lujan, Ph.D. is a licensed clinical psychologist at the Infant-Parent Program. Born in Lima, Peru and raised in Washington, DC, she is bicultural, bilingual and all direct service efforts are provided in both English and Spanish. Dr. Lujan obtained her doctorate in clinical psychology at Palo Alto University, Pacific Graduate School of Psychology in Palo Alto, CA. She is a member of the training program's supervisory team and provides direct clinical services to infants, toddlers and their caretakers as well as early childhood mental health consultation to childcare. She started her career as a social worker serving immigrant Latino families in Washington, DC; conducted child-parent psychotherapy with preschoolers and their caretakers exposed to domestic violence while at the Child Trauma Research Project; conducted neuropsychological evaluations of preschoolers and psychological assessment and treatment of foster children. Her clinical and research interests involve work with monolingual Spanish-speaking families experiencing stressors and trauma related to immigration and the impact of this process on their mental health needs and the development of the parent-child relationship. The focus of a recent presentation at a Zero to Three Conference involved a case she supervised that examined the effects of recent immigration on the sense of self and transition to motherhood. Her dissertation examined the experiences of abused immigrant Latina mothers seeking health care services in the public sector and their perspectives on their child's mental health care needs.

Jessie Plauche, MD. Dr. Plauche Jessica Plauche, M.D. the Medical Director of the UCSF Division of Infant, Child and Adolescent Psychiatry at San Francisco General Hospital August

1, 2015. She is a bilingual, bicultural psychiatrist who completed her General Psychiatry Residency at UCSF and her Child and Adolescent Psychiatry Fellowship at New York University where she provided outpatient medication management and psychotherapy at the NYU Child Study Center and at three child and adolescent inpatient units at city and state hospitals and in the Child Comprehensive Psychiatric Service Programs.

Marisol Romero, PsyD, oversees the interns' clinical rotations in the medical clinics at SFGH. She completed her doctoral internship and her postdoctoral fellowship at CAS as a Maryon Stone Postdoctoral Fellow with an emphasis on Pediatric Consultation at SFGH and Mt. Zion. Dr. Romero graduated from Argosy University. Her dissertation is entitled "Efficacy of group interventions for pediatric oncology patients." Her professional service includes participating in a child life team at the University of California, Irvine Medical Center and working with families in underserved populations and those within the HIV community and working at Children's Hospital, Los Angeles on a behavioral health service in the oncology/hematology department.

Marina Tolou-Shams, Ph.D. is the Director of the Division of Infant, Child and Adolescent Psychiatry at San Francisco General Hospital in September 2015. She holds a doctoral degree from the University of Illinois at Chicago and completed a postdoctoral fellowship at Brown University in Pediatric Psychology and Adolescent HIV Prevention and a Forensic Psychology Fellowship at the University of Massachusetts, Law and Psychiatry Program. She recently moved from her position as Associate Professor (Research) in the Department of Psychiatry and Human Behavior at the School of Medicine at Brown University to become director of this division. Widely published in the area of adolescent mental health and HIV risk, she currently holds grants related to her research about this from the National Institute of Drug Abuse, the National Institute on Alcohol Abuse and Addiction and the National Institute of Mental Health.

Betsy Wolfe, Ph.D. is Director of Clinical Training at the UCSF Child and Adolescent Services Multicultural Training Program and the Director of CAS. She received an M.A. in Experimental Psychology from the University of South Carolina, worked as a Licensed Marriage and Family Therapist for 18 years and then obtained a Ph.D. in clinical psychology from Alliant University, San Francisco during which time she completed an APA accredited internship at Children's Hospital in Denver, Co. For many years, she served as Associate Director and training director of the UCSF Infant-Parent Program where she developed three syllabi in infant mental health and parenting, one for use in a public high school, one for use in an adolescent residential care facility and one that is used for pregnant and parenting women incarcerated in a federal prison. She is a co-author of the California Competencies in Infant and Early Childhood Mental Health and co-author of an article on maternal differences and birth outcome disparities based on racial diversity within a high risk prenatal clinic.

Affiliated Supervising and Teaching Faculty and Staff

Allison Briscoe-Smith, Ph.D. Allison Briscoe-Smith, Ph.D. Dr. Briscoe-Smith earned her undergraduate degree from Harvard University. She then received her clinical psychology Ph.D. from University of California Berkeley. She then went on to continue her specialization in trauma and ethnic minority mental health through internship and postdoctoral

work at University of California San Francisco/San Francisco General Hospital. She has combined her love of teaching and advocacy by serving as a professor and by directing mental health programs for children experiencing trauma, homelessness or foster care. Much of her work has been with schools, as a clinician, consultant and trainer. Currently she is an adjunct professor at the Wright Institute and she provides consultation and training to bay area nonprofits and schools on how to support trauma informed practices and cultural accountability.

Laura Castro, Psy.D. is a licensed clinical psychologist at the University of California, San Francisco (UCSF) Department of Psychiatry in the Child Trauma Research Program. Dr. Castro received her Psy.D. in clinical psychology from The Wright Institute in Berkeley, California. She has been a psychotherapist for over 25 years and currently serves as a staff psychologist and supervisor at CTRP working with traumatized children and their families, providing supervision to social workers, marriage and family therapists, and psychologists, and provides consultation to community agencies. In addition, Laura maintains a private practice located in Oakland, California, where she provides consultation, clinical assessments, and treatment to young children through adolescence and their families. Born in Phoenix, Arizona, Dr. Castro is bicultural and provides clinical services in Spanish and English. Her strong commitment to serving culturally diverse and disenfranchised/underserved populations is driven by both her own experiences as a Chicana and her professional training in settings focusing on culture, socioeconomic status, and mental health.

Lynn Dolce, MFT, MFT, is the Director for Foster Care Mental Health, SF DPH, CBHS, Children's System of Care and works in close partnership with SF County HSA on practice improvements in order to better serve all children, youth and families. She has worked for over 25 years as a clinician, consultant, clinical supervisor, clinical director and teacher. From 1998-2013, in partnership with UCSF SFGH Pediatrics, she developed and provided oversight to pediatric mental health services for children, youth and families within SFGH Department of Psychiatry, Child and Adolescent Services, where she was the Associate Director. She has served on the clinical faculty for UCSF since 2006 and has distinguished herself as an excellent teacher and trainer. Ms. Dolce has worked closely with San Francisco Unified School District (SFUSD) to develop UCSF Healthy Environments and Response to Trauma in Schools (HEARTS), a program that aims to promote school success for children and adolescents who have experienced complex trauma. HEARTS was awarded a 2013 Excellence in Partnership Award from the University Community Partnership Council for its strong collaboration with San Francisco Unified School District. In addition, Ms. Dolce has assisted SFDPH in creating a trauma informed system of care curriculum that is being used to train 9000 employees. That curriculum is now being considered a national model for organizational change.

Kenneth Epstein, Ph.D., LCSW, is currently the Children's System of Care Director for San Francisco County Community Behavioral Health Services. Prior to his appointment to this position he has worked within family and youth service programs since 1981 as a line worker, clinician, program director, professor and chief executive officer. His professional interests have focused on providing clinical services and developing comprehensive family based services for children, youth and families experiencing alienation, conflict and loss. He has developed and directed comprehensive and integrated community based service systems

including crisis services, hospital diversion, wrap-around, kinship, school-based and intensive outpatient services in Massachusetts, Vermont and California.

Ken Epstein is a Licensed Clinical Social Worker with a Ph.D. in clinical social work from Smith College, an MSW from UC Berkeley and a BA in community mental health from Hampshire College. He is an Associate Clinical Professor in the Department of Psychiatry at UCSF, since 1991 where he has developed and directed an Intensive Family Therapy Training Program. In addition, he has served as adjunct faculty at UCSF, School of Nursing, University of California Berkeley, School of Social Welfare and Smith College

. Dr. Reyes is Latina and specializes in working with Spanish speaking immigrant families.

Janice Papedo, R.N., PhD. 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.

Vilma Reyes, Psy.D. Dr. Vilma Reyes is the Associate Program Coordinator for the Mental Health Initiative; an effort to bring evidence based, trauma-focused direct services and staff consultation to community agencies in the Bay Area. Dr. Reyes is a licensed clinical psychologist who provides training, clinical supervision and coordinates community-based mental health outreach services and evaluation at the University of California, San Francisco, Department of Psychiatry in the Child Trauma Research Program and at Child and Adolescent Services. She has over 14 years of clinical experience providing relationship-focused, culturally-informed interventions for trauma-exposed children and their families

Justine Underhill, LCSW Ed.M, LCSW is an Assistant Clinical Professor in the UCSF Child & Adolescent Psychiatry department. She serves as the Clinical Director of the UCSF Eating Disorders Program, and the Director of Education & Outreach for the UCSF Intensive Family Therapy Program. Justine earned her Master's degree in education at Harvard University and Master's in social work at San Francisco State University. She completed her undergraduate degree at Brown University. She completed her clinical training at the Infant Parent Program at SFGH, and at San Mateo County Mental Health, and worked as a family therapist at Edgewood Center for Children & Families for several years prior to joining the UCSF staff.

EVALUATION PROCESS

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
- Brings lived experience relative to our clinical population

Interview

- Demonstrated dedication to underserved and diverse populations
- Insightful, self-aware
- Culturally sensitive and knowledgeable
- 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, demonstrated interpersonal skills, meets all required and preferred criteria a perfect match
- 2- Extremely strong applicant, excellent fit, interpersonally skilled, meets all required and some criteria, doesn't have that same perfect match quality
- 3- Strong applicant, good fit, not as engaging as above, ranked below midlevel by any interviewer, or fit may not be as perfect
- 4- Solid candidate with a number of strengths appropriate to site, some minor scaffolding would be needed
- 5- Solid candidate, not as ideal a fit as above categories, but all would be happy to have as an intern, some challenges evident in some areas but can fulfill the duties of an intern
- 6- A candidate who is qualified & may have challenges but could do the work with scaffolding and support
- 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 one 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.

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)

HOW TO REACH US

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APPENDIX A

Psychiatry Residency Training

The Residency Training Program began in 1998 when 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. We teach about child development and the therapeutic Family treatment and collateral visits are a strong aspect of our work – with latency age and with adolescents.

As of 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 Responsibilities

Activity	Hours
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

Fellows Responsibilities

Activity

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
Ellen Bradley, MD	2015-1016
Mark Elliott, MD	2015-2016
Paul Elizondo, MD	2015-2016
Moira McKinnon Linam, MD	2015-2016
Tomoya Hirota, MD	2015-2016
Chuan Mei Lee, MD	2015-2016