Child and Adolescent Services

University of California San Francisco (UCSF)
Department of Psychiatry
at
Zuckerberg San Francisco General Hospital (ZSFGH)

Child & Adolescent Services Multicultural Clinical Training Program

Pamphlet
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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 Zuckerberg San Francisco General Hospital (ZSFGH). ZSFGH 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 ZSFGH are linked to the Community Behavioral Health System of the San Francisco Department of Public Health. The Department of Psychiatry at ZSFGH is nationally renowned for providing high-quality, culturally competent patient care. As part of the ZSFGH 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 ZSFGH offices and in neighboring community sites which includes schools and homes. 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.

Each year, about 300 referrals are made to San Francisco General Hospital, Department of Psychiatry, Child and Adolescent Services. In terms of reasons for referral, approximately 86% 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 2% of patients were referred for developmental assessments, and 7% were referred for a variety of other reasons.

Over half of the children referred are between the ages 6-12; about a third are between the ages 13-19, and 20% are between the ages 0-5. Approximately 60% of the referrals are Latino/Chicano identified; 15% identify as African American; 6% as multiracial, and Caucasian children comprise about 4% of the referrals. Over 10% are of unknown/other
ethnicity. The remainder identified as Asian/Pacific Islander, Asian American, or Native American.

A large proportion of CAS clients are referred from pediatricians at the hospital and within the larger San Francisco community (41%). Approximately 8% came through the Department of Human Services. About 20% are referred from other outside community services (i.e., group homes, schools and other mental health clinics), and another 20% are 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 ZSFGH based and community based 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 2016-17 are $43,692 for a full year for postdoctoral fellows and $23,376 for a full year for doctoral interns. The National Institutes of Health has not yet posted stipend amounts for fiscal year 2017-18. The 2017-18 training year is scheduled to begin September 1, 2017, and end August 31, 2018.

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 and pediatric residents. Psychiatry residents/fellows participate in yearlong training in assessment, treatment and pharmacotherapy.
Training Philosophy

The Child and Adolescent Services Multicultural Clinical Psychology Training Program seeks to recruit and train 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, and aims to integrate the up-to-date research and best-practices with clinical services delivery 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 psychologists who can meet the needs of their community, and embody highest standards of the profession. We 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.

The training program supports trainees in developing 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.

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

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 3 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 one year in one of the designated ZSFGH 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.

- **Infant/Early Childhood Rotation:**
  
  CAS doctoral interns will be assigned to a year-long early childhood focused clinic within San Francisco General Hospital, one day a week. This coming year, Doctoral Interns will provide direct clinical service to children 0-3 through the Infant-Parent Program or 0-6 through the Child Trauma Research Program. In these placements, each intern will receive additional supervision from affiliated CAS staff (which is counted toward total supervision). These placements offer the CAS Interns opportunities to provide culturally appropriate services to patients in either a clinical research setting or a home based setting. 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 ZSFGH 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.

- **Psychiatry/Pediatric Conference** (1 hr.) is a twice monthly conference for all doctoral interns in which cases that are being held jointly by CAS clinicians (psychology and/or psychiatry) and hospital pediatricians 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 one hour 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.
• **Trauma-focused Developmental Psychopathology** Seminar 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.

• **Advanced Clinical Assessment Seminar** is for doctoral interns 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.

• **Supervision and Professional Development 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.

• Twice monthly **Grand Rounds** are provided 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 and by the presence of CAS staff in the pediatric clinic rotations.

**FACULTY AND STAFF**

*Core Faculty and Staff*

**Eleana Coll, MSW** is a Spanish speaking clinical social worker who provides direct services at CAS. She studied Clinical Psychology in Perú, her country of origin, received her BS in Psychology at Carlos Albizu University in Miami, FL, and completed her Master in Social Work and Title IV-E program at San Francisco State University. Ms. Coll has 7 years’ work experience with the San Francisco County Child Welfare program. Prior to working at CAS, she worked as a psychiatric social worker with the San Francisco Department of Public Health at Mission Family Center clinic. Ms. Coll uses a variety of treatment techniques in her therapy sessions depending on the needs of the individual client and the family. Among the approaches she uses are: Cognitive Behavioral Therapy, Motivational Therapy, Art and Play therapy and psycho-educational extensively. Her experience includes working with children, families and groups with a Latino background dealing with issues of depression, anxiety, trauma and grief.

**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.

Tricia Fong, PhD is the Clinic Supervisor with the Division of Infant, Child, and Adolescent Psychiatry (ICAP), where she supports clinic operations, provides clinical supervision, and provides mental health services to children and families. She is a licensed clinical psychologist who specializes in trauma-informed care, psychological assessment, and early childhood mental health. Dr. Fong received her doctoral degree from the Graduate School of Psychology at Fuller Seminary, and completed her clinical training with Children’s Hospital Los Angeles (predoctoral internship) and Child and Adolescent Services (postdoctoral fellowship).

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 Zuckerberg 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 who provides clinical supervision at CAS and 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 internship’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.

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.

**Affiliated Supervising and Teaching Faculty and Staff**

**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 and CAS 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.

**María Cristina Borges Cruz, MFT** is a mental health consultant for the Infant-Parent Program at UCSF/ZSFGH. 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.
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, Zuckerberg 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).

Chandra Ghosh Ippen, Ph.D. is the Associate Director of the Child Trauma Research Program at the University of California, San Francisco and the Director of Dissemination for Child-Parent Psychotherapy. She holds a doctoral degree in clinical psychology from the University of Southern California, and completed pre and postdoctoral fellowships at the University of California, San Francisco. She specializes in working with young children who have experienced trauma and has co-authored over 20 publications on trauma and diversity-informed practice, including the manual for Child-Parent Psychotherapy and the Trinka and Sam story series. She has over 14 years of experience conducting trainings nationally and internationally. As a first generation East Indian/Japanese American who is fluent in Spanish and past co-Chair of the Culture Consortium of the National Child Traumatic Stress Network, she is committed to examining how culture and context affect perception and mental health systems. She provides clinical supervision to interns in the Child Trauma early childhood rotation.
**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/ZSFGH. 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/ZSFGH 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.

**Alicia F. Lieberman, Ph.D., Director** is the Irving B. Harris Endowed Chair in Infant Mental Health and Vice Chair for Academic Affairs at the UCSF Department of Psychiatry, and Director of the Child Trauma Research Program. She is a clinical consultant with the San Francisco Human Services Agency. She is active in major national organizations involved with mental health in infancy and early childhood. She is past-president of the board of directors of Zero to Three: National Center for Infants, Toddlers and Families, and on the Professional Advisory Board of the Johnson & Johnson Pediatric Institute. She has served on peer review panels of the National Institute of Mental Health, is on the Board of Trustees of the Irving Harris Foundation, and consults with the Miriam and Peter Haas Foundation on early childhood education for Palestinian-Israeli children.

Born and raised in Paraguay, she received her BA from the Hebrew University of Jerusalem and Ph.D. from Johns Hopkins University. This background informs her work on behalf of children and families from diverse ethnic and cultural origins, with primary emphasis on the experiences of Latinos in the United States.

Dr. Lieberman is currently the director of the Early Trauma Treatment Network (ETTN), a collaborative of four university sites that include the UCSF/ZSFGH Child Trauma Research Program, Boston Medical Center, Louisiana State University Medical Center, and Tulane University. ETTN is funded by the federal Substance Abuse Mental Health Services
Administration (SAMHSA) as part of the National Child Traumatic Stress Network, a 40-site national initiative that has the mission of increasing the access and quality of services for children exposed to trauma in the United States. Her major interests include infant mental health, disorders of attachment, early trauma treatment outcome research, and mental health service disparities for underserved and minority children and families. Her current research involves treatment outcome evaluation of the efficacy of child-parent psychotherapy with trauma-exposed children aged birth to six and with pregnant women involved in domestic violence. As a trilingual, tricultural Jewish Latina, she has a special interest in cultural issues involving child development, childrearing, and child mental health. She lectures extensively on these topics nationally and internationally.

Jessie Plauché, MD is the Medical Director of the UCSF Division of Infant, Child and Adolescent Psychiatry at Zuckerberg San Francisco General Hospital August 1, 2015. She is a bilingual (Spanish), tri-cultural 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.

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 for post-doctoral fellows 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. Dr. Reyes is Latina and specializes in working with Spanish speaking immigrant families.

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 at 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. She provides clinical supervision to CAS interns during their early childhood rotation at IPP.
Marina Tolou-Shams, Ph.D. is the Director of the Division of Infant, Child and Adolescent Psychiatry at Zuckerberg 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 of Mental Health.

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**
For further information, please contact
Edgar Micua
Training Analyst
Phone: (415) 206-4306
Email: edgar.micua@ucsf.edu

You may also address your inquiries to:
Betsy Wolfe, Ph.D.
Director of Clinical Training, Child & Adolescent Services
UCSF Department of Psychiatry, Box 0852
Zuckerberg San Francisco General Hospital
1001 Potrero Avenue, San Francisco, CA 94110
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 ZSFGH, 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.