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BACKGROUND

Child and Adolescent Services (CAS) is a program within the UCSF Department of Psychiatry, Division of Infant, Child and Adolescent Psychiatry (ICAP) 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 and those from marginalized communities. 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, CAS has been offering clinical psychology training since 1998.

The UCSF Child and Adolescent Services Multicultural Clinical Training Program doctoral internship was accredited by the American Psychological Association in 2007 and reaccredited by the APA Commission on Accreditation in 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 available in both English and Spanish.

During the 2016 – 2017 training year, CAS received 273 referrals for child and adolescent specialty mental health services. Requests for services included psychological evaluations (5.1%), developmental evaluations (6.6%), psychiatric evaluations (7.7%) and outpatient behavioral health treatment (80.6%). Typical presenting concerns include anxiety, traumatic stress, depression, and behavioral dysregulation. The average age of a child referred to CAS is approximately 10 years old. Over half of the children referred are between the ages 6-12; about a third are between the ages 13-17, and approximately 10% are between the ages 0-5. Approximately 70% of the referrals are Latinx/Chicanx identified; 6% identify as African American; and the remainder identified as Arab American, European American, Asian/Pacific Islander, Asian American, Native American/American Indian, or mixed race/ethnicity.
A large proportion of CAS clients are referred from pediatricians at the hospital and within the larger UCSF community (76%). Approximately 12% came through the Department of Human Services/Foster Care Mental Health. The remainder of our referrals are from other community providers (i.e., group homes, schools and other medical/behavioral health clinics).

**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. Past funders since have included 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. Trainee funding for the 17-18 year is provided through the Lisa and John Pritzker Family Fund and from the Laszlo Tauber Family Fund. CAS provides training for 9 full-time doctoral interns, and 2-3 full-time postdoctoral fellows. Stipends for fiscal year 2016-17 are $50,772 for a full year for postdoctoral fellows and $24,133 for a full year for doctoral interns. 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, economically disadvantaged and marginalized 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, ethnic and cultural minorities, marginalized communities) 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. Trauma-informed, ecodevelopmental, mindfulness-based, psychodynamic, family systems, behavioral modification 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 and marginalized 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 and marginalized 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. 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. Doctoral Interns will provide direct clinical service to either: 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 and marginalized 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.

**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 early childhood rotations (Infant Parent Program and Child Trauma Research Program). While there is a yearlong multicultural seminar for all trainees, content and discussion related to multiculturalism and diversity is incorporated into all seminar/didactic content and discussions. 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** (1hr.) 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 focuses on understanding disparities in health faced by ethnic and cultural minorities and marginalized communities 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** is a seminar 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.

- **Pediatric Psychology/Primary Care Behavioral Health** is a seminar for doctoral interns that focuses on core theories and practice of pediatric psychology and pediatric integrated care models. Seminar content will focus on literature and practice related to, for example, pediatric mental health screening tools, integrated and collaborative pediatric primary care team models, empirically-supported brief mental health and/or substance use interventions in pediatric settings and culturally congruent care considerations in pediatric primary care.

- **Family Therapy Seminar** is a seminar for doctoral interns and postdoctoral fellows that will present and critique the core theories and practices framing the foundation of clinical practice with families. The course objectives will assist in understanding and practicing within a family systems perspective how human problems are conceptualized using family process and systems theories; the relationship between the family and the socio-cultural environment; intergenerational family process, structures, and culture; family life cycle
processes; internal family organization and systemic process and, diverse family structures, meanings, and narratives that are inclusive of multiple identities, contexts, and life experiences across the world. Attention will be given to foundation theories and practices that contributed to the development of the family therapy movement as well as newer epistemological positions and concepts deriving from post-modern, feminist, and social constructionist theories. Our exploration of family theory will include crosscutting issues of culture, ethnicity, race, gender, socioeconomic status, religion, sexual orientation, age, and disability. We will discuss the changing definition of family forms and social norms.

- 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.

**Supervisory Experience**

Trainees will have the opportunity throughout their various clinical rotation experiences to demonstrate knowledge of evidence-based supervision models and practice and apply that knowledge in direct or simulated practice.

**FACULTY AND STAFF**

**Training Director: Dr. Barbara Stuart**

**Barbara Stuart, Ph.D.** is a Clinical Associate Professor in the Department of Psychiatry at UCSF and Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital. Dr. Stuart is the Director of the APA CAS Multicultural Training Program. Dr. Stuart received her doctorate in clinical psychology at the University of California, Berkeley where she studied emotional functioning in psychosis. Subsequently, she completed her internship at the San Francisco VA Medical Center and a postdoctoral fellowship at UCSF. Dr. Stuart is already well-known to our UCSF psychiatry community as she has been a staff psychologist at UCSF’s Langley Porter Psychiatric Institute's Young Adult and Family Center (YAFC) since 2009 and was most recently the Clinical Director of the YAFC Multigenerational
Trauma Clinic. Dr. Stuart specializes in providing evidence-based treatment to high-risk adolescents, young adults and their families including for youth who are chronically depressed and engage in self-harm. Dr. Stuart has extensive expertise in Dialectical Behavior Therapy and Cognitive Behavioral Therapy as well as in assessment and treatment of early psychosis and serious mental illness. From 2009-2016, she served as the Director of Clinical Training for the UCSF Department of Psychiatry Prodrome Assessment Research and Treatment Program. Dr. Stuart also has longstanding experience in training and supervising community-based mental health professionals in evidence-based clinical assessment and treatment for youth. Dr. Stuart has a clear and strong commitment and dedication to integrating issues of diversity and multiculturalism in all aspects of her clinical work, teaching/mentoring and research.

Core CAS Faculty and Staff

William Martinez, Ph.D., is a Clinical Assistant Professor in the Department of Psychiatry at UCSF and Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital. He is the Director of the Child and Adolescent Services (CAS) program. He received his Ph.D. in Clinical-Child Psychology from DePaul University, and completed his APA-accredited internship in the Multicultural Clinical Training Program at UCSF/ZSFGH. Dr. Martinez completed his clinical postdoctoral training through the Morrissey-Compton Educational Center and his research postdoctoral training through a NIH-funded postdoctoral fellowship in the School of Public Health at the University of California, Berkeley. He is a licensed clinical psychologist, and a bilingual (Spanish) and bicultural son of immigrant parents. Dr. Martinez’s primary clinical interests and expertise include bilingual psychological and psychoeducational evaluations of immigrant and second-generation youth, as well as the assessment and treatment of traumatic stress, anxiety, and depressive disorders among immigrant and second-generation Latinx youth. He approaches clinical assessment and treatment using cognitive-behavioral, multisystemic, and culturally-informed approaches. His research interests include examining how social determinants of health (e.g., neighborhood characteristics, cultural factors) impact the mental health and risk-taking behaviors of Latinx youth to inform implementation science efforts to reduce behavioral health disparities in this population.

Austin Yang, Psy.D., is a licensed clinical psychologist with the UCSF Department of Psychiatry, Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg San Francisco General Hospital. Dr. Yang received her BA in psychology from Emory University. She obtained her MA in Clinical Psychology and Doctorate in Psychology with a child/adolescent concentration from The Chicago School of Professional Psychology. She completed her clinical training through a postdoctoral fellowship at the Fetal Alcohol Syndrome (FAS) Clinic at the Marcus Autism Center of Children’s Healthcare of Atlanta/Emory University School of Medicine, and an internship at The Help Group in the Los Angeles area. Dr. Yang has extensive training in psychological assessment and treatment of diverse children, adolescents, and their families in various settings. She has experience working with a wide range of children and adolescents with complex presenting issues, including a history of prenatal substance exposure, complex trauma, foster care, and adoption (domestic and international). Dr. Yang is involved in the APA CAS Multicultural Predoctoral Training Program in her role overseeing and supervising CAS psychological assessments.
Martha Merchant, PsyD. is a licensed clinical psychologist with the UCSF Department of Psychiatry, Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg San Francisco General Hospital. She earned her M.A. in Marriage and Family Therapy and her Psy. D. in Clinical Psychology at the Minnesota School of Professional Psychology. She has worked with children, youth, and families who have experienced trauma for the past 11 years, including her work with UCSF HEARTS (Healthy Environments And Response to Trauma in Schools under Dr. Joyce Dorado) through Project Prevent. Project Prevent's goal is to increase a school's capacity both to identify, assess, and serve students exposed to pervasive violence, helping to ensure that affected students are offered mental health services for trauma or anxiety; support conflict resolution programs; and implement other school–based violence prevention strategies in order to reduce the likelihood that these students will later commit violent acts. As such, she provides training, consultation and support for adult members of the students' caregiving system (teachers, school staff and parents/guardians) in order to create more trauma-sensitive, safe and supportive school environments, in seven schools in the Bayview. Through UCSF HEARTS Dr. Merchant also provides direct services, training and consultation to parents, teachers, staff and administration around trauma-sensitive practices, lending a trauma lens to their expertise as educators so that they could be more effective in their work while staying well in the process. She has a passion for working with people typically viewed as being on the down-side of power, including children, under-resourced families, poly families as well as LGBTQ communities.

Kathryn Margolis, Ph.D. is a Clinical Assistant Professor in the Department of Psychiatry at UCSF and Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital. She is a bilingual Spanish-speaking pediatric psychologist and the Associate Director of Primary Care Behavioral Health for Pediatrics at ZSFG. Dr. Margolis holds an MS in Counseling, Family & Human Services, and a PhD in Counseling Psychology from the University of Oregon. She completed a clinical internship with the University of Southern California at Children's Hospital Los Angeles and a postdoctoral fellowship in pediatric primary care at Children's Hospital Colorado in Aurora, Colorado. Dr. Margolis is a past recipient of the Fulbright U.S. Student Fellowship at the University of Seville. Prior to joining UCSF, she served as an Assistant Professor of Psychiatry with the University of Colorado School of Medicine and as a pediatric psychologist at Children's Hospital Colorado's Project CLIMB Child Health Clinic.

Jessie Plauché, MD. is the Medical Director of the UCSF Division of Infant, Child and Adolescent Psychiatry at Zuckerberg San Francisco General Hospital and provides direct clinical service through the Child and Adolescent Service program. 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. She provides direct training and supervision for UCSF psychiatry residents and child psychiatry fellows rotating through CAS.
Naomi Friedling, MFT, is a bilingual, Spanish-speaking Supervising Clinician who began working at CAS in 2014. Prior to working at CAS, she worked as a therapist at CASARC clinic at Zuckerberg San Francisco General Hospital for 5 years specializing in the treatment of children and adolescents who have experienced sexual abuse, and has also worked as a clinician for the County of San Mateo with children and adults. She received her Master’s in Marriage and Family Therapy at San Francisco State University. Ms. Friedling works from a family-focused, 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.

Alex Quintanilla, ASW is a Spanish-speaking, bicultural clinical social worker at Child and Adolescent Services (CAS). He received his BA in Political Science, in History, and completed his Master’s in Social Work at UC Berkeley. Prior to receiving his Master’s degree, he worked in community-based organizations focusing on families who were homeless in the Bay Area. Alex provided case management services at Compass Family Services, Catholic Charities, and was the Director of Compass SF HOME. Following his Master’s degree and prior to working at CAS, Alex worked at A Better Way, Inc. as a mental health clinician focusing on providing mental health services for families within the Child Welfare System in San Francisco. Alex utilizes a variety of modalities and interventions including Child Parent Psychotherapy, Attachment, Regulation, and Competency treatment framework, Motivational Interviewing, Cognitive Behavioral Therapy, Mindfulness, and Circle of Security. Alex’s personal history as an undocumented immigrant from El Salvador and a survivor of a home with domestic abuse as a child influences his work, interest, and his commitment to the field.

Jamie Salas, LMFT, is a bilingual, bicultural, licensed marriage and family therapist who is currently the intake coordinator and a clinician with Child and Adolescent Services (CAS). She has years of experience providing community based services in the Los Angeles and Bay areas with an emphasis on adolescent mental health. She received her B.A. in Psychology from California State University at Long Beach and her M.Sc. in Clinical Psychology at San Francisco State University. Prior to joining CAS, Ms. Salas worked as lead clinician, educator and mentor at Instituto Familiar de la Raza, Inc.’s youth program La Cultura Cura. She provided youth & parent groups, trauma-informed consultation and therapy to Latino immigrant youth & families. Ms. Salas is trained in Family Based Treatment (FBT) and Child Parent Psychotherapy (CPP). She is passionate about family specific interventions for adolescents dealing with adjustment difficulties, traumas, depression, anxiety and disordered eating.

**Affiliated Supervising and Teaching Faculty and Staff**

**Child Trauma Research Program (CTRP)**

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.

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.

**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.

**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.

**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.

**Infant Parent Program (IPP)**

**Elizabeth Lujan, Ph.D.** is a licensed clinical psychologist who provides clinical supervision 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.
Maria 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.

Maria Seymour St. John, PhD, MFT is Assistant Clinical Professor in the Department of Psychiatry at UCSF and Director of Training at the Infant-Parent Program at Zuckerberg 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.

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

Joyce Dorado, PhD is an Associate Clinical Professor in the Department of Psychiatry at UCSF and Division of Infant, Child and Adolescent Psychiatry (ICAP) at Zuckerberg SF General Hospital. 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 received her B.A. in Psychology at Stanford University, and her PhD in Clinical Psychology from the University of Michigan. 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. Dr. Dorado is also heavily involved in the development and implementation of the Trauma Informed Systems (TIS) initiative that aims, in collaboration with the SF Department of Public Health, to create and promote healing and trauma-informed systems of care.

Infant Child and Adolescent Psychiatry: Division Director

Marina Tolou-Shams, Ph.D. is a UCSF Associate Professor, In Residence in the Department of Psychiatry and Division Director of Infant, Child and Adolescent Psychiatry at Zuckerberg SF General Hospital. Dr. Tolou-Shams received her Ph.D. in Clinical Psychology in 2004 from the University of Illinois at Chicago. She completed her postdoctoral clinical and research training through the Brown University Psychology Training Consortium. She is trained as a pediatric and forensic psychologist and has many years of clinical experience with assessing and treating high-risk adolescents and their families. Dr. Tolou-Shams is also an active clinical researcher who focuses on developing evidence-based mental health, substance use and HIV risk reduction interventions for court-involved, non-incarcerated (CINI) youth and their families. She is currently the Principal Investigator of several NIH-funded trials aimed toward improving behavioral health outcomes and reducing health disparities for juvenile justice youth, including specific emphasis on interventions for CINI girls. Dr. Tolou-Shams and her juvenile justice behavioral health team partner closely with San Francisco and Alameda County justice systems to promote healthy outcomes for justice-involved youth throughout the Bay Area.

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 25-30 are usually offered. Please note that the APPIC program code for the Child and Adolescent Services doctoral internship application is: 1902.

Deadline for receipt of applications for the 18-19 training year is November 1, 2017.

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.

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affirmative action to assure equal employment opportunity for underutilized minorities and
women, for persons with disabilities and for Vietnam-era veterans and special disabled
veterans. 12/04 Employer University of California, San Francisco (UCSF)

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You may also address your inquiries to:
Barbara Krishna Stuart, 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
Barbara.Stuart@ucsf.edu
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.