UCSF Child and Adolescent Services
Multicultural Clinical Training Program at
Zuckerberg San Francisco General Hospital
2019 - 2020
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PROGRAM BACKGROUND

The Multicultural Clinical Training Program is embedded within Child and Adolescent Services (CAS) in the Division of Infant Child and Adolescent Psychiatry (ICAP) at Zuckerberg San Francisco General Hospital (ZSFGH) in the University of California, San Francisco (UCSF) Department of Psychiatry. ZSFGH is a Level 1 Trauma Center and 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 clinical services are linked to the Community Behavioral Health System of the San Francisco Department of Public Health. ZSFGH has been a teaching hospital for the University of California School of Medicine since the 1800’s. 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.

APPLYING FOR 2019

Our deadline for receipt of applications is November 1, 2018.

Scheduled interview dates this year are Friday, December 7th, 2018, Monday December 10th, Friday December 14th, 2018 and Friday January 4th, 2019.

The UCSF Child and Adolescent Services Multicultural Clinical Training Program follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) match policies. As part of the APPIC Match, applicants must submit the APPIC Application for Psychology Internship (which requires official transcripts as part of the application process).
Please note: The APPIC program code for the Child and Adolescent Services doctoral internship application is 1902.

Each applicant is evaluated in the following areas:

- Clinical training, including experience in assessment and psychotherapy with children, youth and families
- Overall excellence as a developing psychologist as shown by breadth and depth of experiences and letters of recommendation
- Demonstrated interest and experience working with underserved and diverse communities
- Demonstrated interest and experience in community mental health
- Demonstrated interest and experience with children, youth and families impacted by acute, complex and/or chronic trauma
- Essays that reflect clear theoretical foundations and strong case conceptualization skills
- Progress toward dissertation completion
- Research interest as documented by training obtained and activities completed (presentations, publications, and/or grants)

Application Requirements:

- Doctoral degree program must be APA-accredited in clinical psychology
- Comprehensive exams passed
- Submission of official graduate degree(s) transcripts
- Letter of interest
- Curriculum vitae
- Three letters of recommendation

Preferred Criteria:

- Dissertation proposal approved and data collection completed prior to the APPIC Rank Order List Submission Deadline.
- Bilingual (Spanish)
- Experience in evidence-based treatment and assessment
- Experience or interest in treatment of trauma in youth
- Significant psychological testing experience
- Relevant experience in multicultural psychology research
It is the policy of the University to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

**TRAINING PHILOSOPHY**

The UCSF CAS Multicultural Clinical Training Program (MCTP) at Zuckerberg San Francisco General Hospital (ZSFGH) offers an APA-accredited, one-year pediatric clinical psychology internship, based on the Scholar-Practitioner Model. Thus our program is grounded in serving the needs of the local community with a commitment to research that is taught and valued particularly, though not exclusively, in the service of clinical practice. We hold an ideal of professional excellence grounded in theory and empirical research, informed by experiential knowledge and motivated by personal values, political commitments and ethical conduct. At ZSFGH we encourage students to become not just consumers of knowledge but also agents of change who contribute to the advancement of individuals, communities, organizations, and society.

Our staff, faculty and trainees are committed to the well-being of clients and colleagues, to learning new ways of being effective and conceptualizing their work in relation to broader organizational, community, political and cultural contexts. MCTP provides specialized training and leadership in multicultural psychology and works to break down barriers that children, youth and families from low-income and marginalized ethnic and cultural minority groups often encounter in their attempts to access culturally appropriate, high-quality, evidence-based mental health care. MCTP strives to prepare students to thrive as psychologists who can meet the needs of diverse communities, and embody the highest clinical, ethical and legal standards of the profession. 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 and that historically underserved children and adolescents deserve access to culturally appropriate, evidence-based, mental health care when they need it.
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 evidence-based, 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.

The internship program is designed to train clinical psychologists who are committed to serving children, youth and families from low-income and diverse ethnic and cultural minority groups. Over the last several years, 89% of our graduates have obtained positions in academic health centers or hospital centers providing care to underserved children and families.

Training is intended to provide experience across the entire developmental spectrum, 0-18 years of age. MCTP provides specialized training in:

- Multiculturalism
- Cultural humility
- Trauma and posttraumatic stress disorder
- Pediatric behavioral health
- Behavioral and emotional dysregulation
- Immigrant health
- Primary care behavioral health
- Comprehensive psychological evaluations
- Early childhood developmental evaluations
- Pre-adoptive evaluations
- Eating disorders
- Juvenile justice and behavioral health
• Services delivered in community settings
• Family therapy
• Infant-parent psychotherapy
• Child-parent psychotherapy
• Positive parenting and trauma-informed parenting
• Trauma-focused cognitive behavioral therapy
• Dialectical behavior therapy

GOALS AND OBJECTIVES

Our goal is to offer an intensive training program within the context of providing evidence-based, community responsive mental health services to children, youth, and families. We utilize a variety of therapeutic modalities, including individual psychotherapy, family and group therapy and case management. Trauma-informed, ecodevelopmental, evidence-based approaches including cognitive behavioral and empirically supported psychodynamic, mindfulness-based, and family interventions are incorporated into our training.

Specifically, training goals for full-time psychology trainees are as follows:

• To 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 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 develop the ability to utilize supervision and mentoring regarding professional development and growth throughout their training experiences. Interns are expected to develop openness, flexibility and a sincere interest in learning about themselves and their identity as a psychologist and conduct themselves in a manner that reflects the high standard of which psychologists should maintain. Interns will employ interpersonal and communication skills that are also reflective of this high standard, which will be observed by psychologists and other professionals in a number of settings.

• To understand scientific, legal and ethical standards and demonstrate behavior that is consistent with professional standards. Addressing ethics not just as a means to avoid adverse professional consequences of ethical violations but also as a means of enhancing scientific inquiry and clinical practice through a proactive consideration of ethical issues.

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 19-20 year is provided through the Lisa and John Pritzker Family Fund and from the Laszlo Tauber Family Fund. In 2019-2020 CAS will provide training for 6 full-time doctoral interns, and 1-3 full-time postdoctoral fellows. Stipends for fiscal year 2019-20 are $50,772 for a full year for postdoctoral fellows and $24,133 for a full year for doctoral interns. The 2019-20 training year is scheduled to begin September 3, 2019 and end August 31, 2020.

Intensive individual and group supervision is provided to MCTP 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.

MCTP 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, ICAP (includes CAS) provides training for psychiatry residents & fellows and pediatric residents. Psychiatry residents/fellows participate in yearlong training in assessment, treatment and pharmacotherapy.

**Major Clinical Rotations**

Doctoral Interns carry an average caseload of 10-12 hours of individual and family therapy clients. Therapy cases require significant case management and collateral contact given the nature of presenting issues; thus, the intern’s clinical caseload and corresponding case management equals about 20 hours/week. Interns are also expected to provide at least 3 psychological assessments and reports over the course of the year. Doctoral Interns also administer Assessment Based Treatment protocols to all clients.

I. **Child and Adolescent Services**

Child and Adolescent Services at Zuckerberg San Francisco General Hospital and Trauma Center is an outpatient clinic devoted to providing mental health and substance abuse services to the children of San Francisco and their families who are living in or near poverty to facilitate the full and healthy development of each child and youth and support their families. These services consist of assessment, treatment, advocacy, and referral services for children, youth, and families who have experienced trauma (interpersonal, community, medical, immigration), and/or who present with serious emotional or behavioral problems by making available accessible, clinic, community, and school-based mental health services that are linguistically and culturally appropriate and evidence-informed.

CAS also provides empirically supported youth eating disorder assessment and treatment and integrated care with primary care providers in pediatric continuity.
clinics to decrease barriers in access to care and support the health development of each child and youth. In addition, CAS collaborates with Foster Care Mental Health to provide prompt assessment of needed level of care and intake to mental health services for children and youth in foster care, as well as those seen at the CAS clinic at ZSFG. CAS also provides training and consultation to systems (e.g. San Francisco Unified School District, San Francisco Department of Public Health) that serve children, youth, and families who have experienced trauma.

A full time child psychiatrist provides medication services, including initial psychiatric evaluation, evaluation of clinical effectiveness and side effects, medication education, and ongoing medication management visits. Services may include prescribing and monitoring psychiatric medications and ongoing collaboration with the therapist. In addition, the child psychiatrist provides emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care), as well as responding to general pediatric requests for psychiatric and medication management.

Many children and youth experience difficulties within the school system and related to learning. For these individuals, CAS collaborates with the San Francisco Unified School District, providing consultation and psychological assessments to identify possible strategies for addressing those difficulties. For clients in the foster care system, consultation with providers in the Department of Human Services is a key component to care coordination. CAS staff coordinates services with primary care and community providers as needed.

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, and 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.
Requests for child and adolescent specialty mental health services at CAS include psychological evaluations, diagnostic evaluations, developmental evaluations, psychiatric evaluations and outpatient behavioral health treatment. Typical presenting concerns include anxiety, traumatic stress, depression, and behavioral dysregulation. The average age of a child referred to CAS during the 2017–2018 training year was 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.

Services provided by CAS include:

- Assessment
- Individual therapy
- Family therapy
- Group therapy
- Psychiatric evaluation/medication evaluation and management
- Outreach to families affected by trauma
- Crisis intervention and brief therapy
- Consultation-liaison service - inpatient and outpatient
- Psychological testing
- Teen-sensitive services
- Consultation for child care and primary caregivers
- Information and referrals

a) **CAS Adolescent Mental Health Rotation:**
   In addition to services for young children, CAS offers a specialty track in Adolescent Mental Health. Interns in the Adolescent Mental Health Track have the opportunity to pursue specialized training in adolescent psychology. The program combines the assets of Child and Adolescent Services, where 30% of clients are between the ages of 13-17 years old, and adolescent-focused clinical faculty in the Department of Psychiatry, the Division of Infant Child and
Adolescent Psychiatry (ICAP), and CAS to offer concentrated training with adolescents, young adults and their families in an outpatient setting. Training and supervised experience is available in individual and or group cognitive-behavioral approaches including Dialectical Behavior Therapy for adolescents, Family-Based therapy for eating disorders as well as two evidence-based treatments for older children and teens exposed to either isolated traumatic events (Trauma-Focused Cognitive Behavioral Therapy) or recurrent traumatization in the context of ongoing adversity (Cue-Centered Treatment). Each intern in the rotation will conduct individual sessions for the child and the caregivers, as well as parent-child and family therapy sessions throughout the year. Interns will have the opportunity to enhance core competencies in evidence-based behavioral, cognitive, and acceptance and mindfulness approaches and apply them in a culturally-responsive, diversity-informed manner to meet the needs of clients from marginalized communities.

b) CAS Assessment Rotation:
The CAS Assessment Rotation is comprised of three distinct clinical services:

• **Comprehensive Psychological Evaluations (CPE):** CPE referrals come from ZSFGH pediatricians, community psychiatrists, local schools, and parents/caregivers for children ages 5-18 years old. Comprehensive psychological evaluations assess the client’s functioning in areas associated with learning, academic achievement, behavior, social, emotional, personality, social skills, and cognitive processing.

• **Early Childhood Development Clinic (ECDC):** ECDC referrals are for briefer assessments. Referrals come from the San Francisco Human Services Agency and are pre-adoptive evaluations for infants and children ages 0-5 years old.

• **Diagnostic Assessment Clinic (DAC):** The DAC provides structured diagnostic assessment for children and youth ages 5-18 years old to clarify the chief DSM diagnoses, identify and prioritize clinical problems, determine medical necessity for specialty mental health services, increase timely access to treatment and expedite linkage to appropriate services and matching client preferences to service options.
c) **Group Therapy at CAS**

Doctoral Interns have the opportunity to co-lead 1-2 therapeutic groups over the course of the year. Training and supervision are provided on a weekly basis. Interns will co-lead one of the following therapeutic groups at CAS/ZSFGH or in a school setting (as noted below) in the 2019-2020 Internship Year:

- **Attachment Vitamins**
  Attachment Vitamins is a 10-week psychoeducation group, delivered in CAS and designed for parents of children aged 0-5. It provides a supportive environment in which caregivers can learn about early childhood development and the effects of chronic stress and trauma in order to help them attune to their child’s needs, set parenting goals, strengthen the parent-child attachment relationship, and understand and respond to challenging behaviors. The group is highly interactive and it encourages parents to engage in a process of active reflection on their relationship with their children and on their own experiences while growing up. The curriculum aims to increase a number of caregiver skills and capacities: trauma-informed parenting knowledge, emotional attunement, mindfulness, executive functioning and reflective functioning.

- **Triple P (Positive Parenting Program)**
  Group Triple P is a broad-based parenting intervention delivered at CAS over twelve weeks for parents of children up to 12 years old who are interested in learning a variety of parenting skills. Parents may be interested in promoting their child’s development and potential or they may have concerns about their child’s behavioral problems. The program involves twelve (2 hour) group sessions of up to 12 parents. Parents actively participate in a range of exercises to learn about the causes of child behavior problems, setting specific goals, and using strategies to promote child development, manage misbehavior and plan for high-risk situations.

- **Kidpower**
  Kidpower is a skills group-based risk-reduction and prevention program (delivered in CAS) that teaches children interpersonal safety skills designed to empower children with lasting preventative, personal safety, and communication strategies (e.g., help children to accurately identify and respond to unsafe situations and child victimization more effectively and consistently).

- **FUERTE**
The Family Unification and Emotional Resiliency Training (FUERTE) program is a culturally-tailored intervention targeting the needs of newly arrived Latinx immigrant adolescents with limited English proficiency and low health literacy who have been exposed to traumatic situations. FUERTE is a five-session school-based, group prevention program, which uses a sociocultural, ecological lens, an Attachment Regulation and Competency framework, and cognitive-behavioral therapy principles with the aim of increasing health literacy, treatment access, and quality of treatment received. The goal is to reduce longstanding health disparities in regards to behavioral health treatment among Latinx immigrant youth populations.

• **Voices**

The UCSF VOICES Project is part of our local Department of Children Youth and Their Families (DCYF) juvenile justice clinical service funded initiatives. VOICES offers two all girls’ groups focused on reducing substance use and promoting positive health and legal outcomes for at-risk to be and already justice-involved girls and young women ages 12-24. The VOICES gender-responsive group is trauma informed and focuses on the girls’ relationships to themselves, others around them (e.g., family, friends) and relationships to the world in which they live (e.g., community, media). The GIRLHealth girls-only group is a psychoeducational health promotion group and engages girls in important health topics like nutrition, sleep, exercise, and substance use. Both groups are 12 weeks long, 1 hour per week, and are held in San Francisco and Alameda County community locations such as schools, non-profit, and community probation group spaces.

• **Dialectical Behavior Therapy Skills Group for Adolescents**

Interns will have the opportunity to receive specialized training in delivering DBT Skills Group for Adolescents in a community mental health setting (CAS). DBT skills group focuses on enhancing teens’ capabilities by teaching them behavioral skills. The group is a 24-week program for adolescents (13-18 years old). Groups are divided into six-week modules, each covering a skill set of DBT: Distress Tolerance (how to tolerate pain skillfully in difficult situations when changing the situation is not immediately possible), Interpersonal Effectiveness (how to ask for what you want and say no while maintaining self-respect and relationships with others), Emotion Regulation (how to regulate and express emotions effectively), and Walking the Middle Path (how to bridge communication between parents and teens to maintain a relationship during this challenging time). These skills help teens develop
effective ways to navigate situations that arise in everyday life or manage specific challenges. As DBT has its base in Cognitive Behavioral Therapy and Eastern philosophy, each module integrates a component of mindfulness, where teens develop the skills to help them become more present focused. Interns will co-lead groups with and receive didactic training and clinical supervision from expert DBT clinical supervisors within the UCSF/ZSFGH.

II. Early Childhood Mental Health Rotation

Doctoral Interns are assigned to a yearlong early childhood focused clinic within Zuckerberg San Francisco General Hospital, one day a week. Doctoral Interns provide direct clinical service to either: children 0-3 through the Infant-Parent Program (IPP) or 0-6 through the Child Trauma Research Program (CTRP) learning and practicing either Infant-Parent Psychotherapy or Child-Parent Psychotherapy, respectively. In these placements, each intern will receive additional supervision from affiliated CAS staff (which is counted toward total supervision). These placements offer the 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.

a) Child Trauma Research Program

The UCSF Child Trauma Research Program (CTRP) currently serves as an infancy/early childhood mental health rotation site to the CAS Multicultural Clinical Training Program. CTRP has the mission of developing and disseminating evidence-based treatment for trauma-exposed pregnant women and young children in the birth-five age range, with the goal of reducing mental health service disparities by focusing on underrepresented low-income families disproportionately exposed to community and interpersonal violence and related adversities.

CTRP is a leader in establishing the scientific evidence for empirically supported and culturally responsive community-based treatment of pregnant women, infants, and young children through clinical and randomized treatment outcome studies of Child-Parent Psychotherapy, Perinatal Child-Parent Psychotherapy, and related trauma-informed interventions. The program builds state-of-the-art capacity in the field of early trauma by training doctoral interns, postdoctoral fellows, social workers and psychiatric residents and building
diversity by prioritizing highly qualified trainees from underrepresented minority/immigrant groups in order to address the inadequate representation of these groups among mental health providers. The program disseminates empirically based treatment locally, nationally and internationally. CTRP has specific expertise in working with monolingual Spanish-speaking immigrants.

With a commitment to social justice, CTRP collaborates with an array of organizations that include victim rights and immigrant rights programs, battered women’s shelters, and daycare/preschool and elementary schools serving low-income children and their families.

Typical presenting concerns at the on-site Child Trauma Research Program include separation anxiety, fears, behavioral dysregulation and exposure to domestic and community violence. All of the children are between the ages of birth and 5-years-old at the time of referral. CTRP also serves pregnant women who are considered high-risk due to having experienced traumatic events. Almost half (48.7%) of the referrals identified as Latinx; (12.8%) Caucasian; (10.3%) African American; (5.1%) Asian and the remainder identified as multiracial, other, or did not specify. The vast majority (68%) of CTRP clients are referred from mental health and health clinics with 11% of cases being referred from Child Protective Services and 15% self-referring. Other referrals are received from domestic violence shelters, court, schools, foster care mental health and restraining order clinics.

b) Infant-Parent Program

The Infant-Parent Program has offered professional training in infant mental health since its inception in 1979. The Intensive Practice-Based Training Program in Multicultural Infant/Family Mental Health involves direct practice in infant/family and early childhood mental health service delivery closely supervised by senior infant and early childhood mental health specialists representing a range of disciplines and supplemented by specialized seminars in, infant/family mental health assessment and intervention, including perinatal mental health, infant-parent psychotherapy, early childhood mental health consultation, and other clinical services including therapeutic shadowing, parent-child therapeutic group facilitation, child therapy, and therapeutic playgroup facilitation. A multicultural, multidisciplinary cohort of students and professionals-in-training is assembled each year, and individual training
agreements are designed in keeping with trainees’ experience and professional development goals. Participants include those training in infant mental health, social work, family therapy, counseling psychology, developmental psychology, clinical psychology (at the postdoctoral level), nursing and psychiatry. The Infant-Parent Program offers supervision by LCSWs, LMFTs, and Licensed Clinical Psychologists. In addition to gaining hours of clinical experience towards licensure, trainees meet many of the clinical experience hours and knowledge domain requirements toward endorsement as Infant Mental Health Transdisciplinary Providers or Specialists through the California Center for Infant/Family and Early Childhood Mental Health (www.cacenter-ecmh.org).

The Infant-Parent Program is a unique San Francisco resource that works to protect and support the natural capacity of very young children to grow up valuing themselves, caring about others and competent to contribute to society. These capacities are shaped in the first few years of life by the way in which children are treated by those responsible for their care. From these relationships, they learn how to feel about themselves, how they fit into the world and what the world has to offer them. The Infant-Parent Program is dedicated to nurturing these shaping relationships at home and in settings where young children and their families reside or receive care.

Clinical services of the Infant-Parent Program are primarily supported by the San Francisco Behavioral Health Services system (BHS) of the San Francisco Department of Public Health (DPH). These systems are dedicated to serving individuals and families with a range of co-occurring difficulties from a trauma-informed, strengths-based perspective via reflective practice, which depends on a stance of cultural humility and embraces a philosophy of whole-person/whole-family care. In addition, the Infant-Parent Program has affiliations and partnerships with a number of other agencies and programs that serve San Francisco families.

Each year the Infant-Parent Program provides treatment to approximately 100 families with children birth - three years of age. One hundred percent of the families served by IPP are living in poverty, and 99% of them receive Medi-Cal. Children in foster care are prioritized to receive treatment. Between 20% and 30% of IPP’s child clients are in-home dependents or in foster care. The majority of clients served in 2018-19 were Latina/o (46%). Seventeen percent were
White/Caucasian and fifteen percent were Black/African American/African. Fourteen percent were Asian/ Chinese/Pacific Islander / Filipino/ Samoan. One percent were Native American and the remaining 7% identified as multi-racial or other. Close to half the families were recent immigrants. An additional 75 women received direct mental health intervention in the context of their prenatal care and were followed through labor and delivery and postpartum.

All trainees are offered reflective supervision of their Infant-Parent Psychotherapy or Child-Parent Psychotherapy work. The supervision model consists of review of the trainee’s process notes of the therapy session and or review of a videotape of the session and the opportunity to reflect on the moment-to-moment process in a non-judgmental setting. Topics for supervision may include the trainee’s choice of ports of entry for intervention, the meaning of the parent’s or child’s behavior, and opportunities for intervention that may not have been taken. In cases where there is a sense that the treatment is stuck or where an impasse has been reached, reflective supervision often includes an examination of the parallels in process among the parent-child relationship, the parent-therapist relationship, and the therapist-supervisor relationship. Supervisors also serve as mentors and use supervision as a time to talk to interns about their career goals, future training and connecting them with professionals in their areas of interest.

TRAINING DIDACTICS

MCTP offers a variety of didactics to augment the training provided through supervision and direct service. Some seminars meet weekly, some biweekly, some are yearlong, and some are brief (e.g. 3 months). Total didactic hours are approximately 4 hours a week for full time interns, less for other trainees. While there is a yearlong Diversity 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.

Diversity and Trauma Seminar
The Diversity and Trauma seminar integrates a multicultural orientation and foundational knowledge on childhood development and trauma utilizing the Core Curriculum on Childhood Trauma developed by the National Child Traumatic Stress
Network (NCTSN). An overarching goal of the seminar is for therapists to develop a multicultural orientation, which focuses on “ways of being” with diverse clients (Owens, 2013). A multicultural orientation focuses on developing cultural humility, recognizing and changing power imbalances and holding each other and our institutions accountable to enhance the wellbeing of the people and communities we serve (Owen, 2012; Tervalon & Murray-Garcia, 1998). The curriculum uses fictionalized case studies of children of various ages who have experienced different types of traumatic stress through its Problem-Based Learning (PBL) method. The four-step PBL cycle comprises of (1) Facts, (2) Hunches and Hypotheses, (3) Next Steps, and (4) Learning Issues. Each step in the process helps learners learn to slow down their thinking, check the impulse to immediately intervene, gather relevant evidence, and reason through options in a logical and systematic way. The cases will be organized using a developmental timeline to discuss key themes in typical and atypical development (i.e., through the conceptual principles of developmental psychopathology). Through case-based learning, discussions will highlight research and theory on the role of early experiences in providing a foundation for development, and drawing from resilience and ecological transactional perspectives to understand how behavioral, social, emotional, biological, and cultural levels of analysis contribute to individual differences, the continuity or discontinuity of adaptive and maladaptive patterns of functioning, and the emergence and course of psychological disorders.

Family Therapy Seminar
This seminar presents and critiques the core theories and practices framing the foundation of clinical practice with families. The course objectives 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 is 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 includes crosscutting issues of culture,
ethnicity, race, gender, socioeconomic status, religion, sexual orientation, age, and disability. We discuss the changing definition of family forms and social norms.

**Advanced Clinical Assessment Seminar & Lab**
The Assessment Program for predoctoral interns is meant to build on the material that interns have learned in their graduate school assessment courses with a particular emphasis on culturally-informed assessment of children within a trauma framework. The purpose of the weekly Advanced Clinical Assessment Seminar & Lab, along with assessment supervision, is to give interns an opportunity to develop and advance their skills in the area of psychological assessment of children, including administration, scoring, interpretation, observation, and integration of clinical material. It is expected that trainees will complete internship with an enhanced understanding of the complexities of the assessment of children with an emphasis on trauma and culture.

**Professional Development Seminar**
The course introduces trainees to professional development issues relevant to emerging and practicing clinical psychologists, including: applying and interviewing for fellowships; the theory and practice of supervision and consultation; multicultural and diversity issues; work-life balance; professionalism, communication and conflict management; and diverse career trajectories. With guidance from the instructor, trainees will actively engage in peer supervision, consultation, and conflict-management with other trainees at various time points throughout the course. The course objectives are to: (1) expose trainees to the various models and strategies of supervision, consultation, and conflict-management, including the history and effectiveness of practices; (2) encourage trainees to develop a systematic supervisory, consultative, and conflict-management style; (3) give trainees practice conducting peer supervision, consultation, and conflict management, (4) discuss various other relevant issues to enhance success for clinical psychologists employed across diverse settings, from academic medicine to other areas of clinical research, teaching, and practice, and (5) prepare trainees for the next steps of their professional development, including applying and interviewing for fellowships, as well as considering career trajectories after fellowship.

**Child Psychiatry Grand Rounds**
Twice monthly Grand Round 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).

**CAS Consultation Team Meeting**
The goals of the CAS Consultation Team Meeting are to:

- Facilitate an atmosphere conducive to allowing therapists, both licensed clinicians and supervisors as well as trainees, to identify difficulties in treatment and seek solutions
- Provide and openly receive nonjudgmental feedback
- Support therapists to continue to develop their clinical skills
- Attend to sustaining therapist motivation and self-care in the challenging task of treating clients with a significant degree of complexity and risk
- Develop and maintain a collaborative, supportive and effective environment for learning, supervision, and providing peer consultation
- The clinical team discussions are focused primarily on PEER behavior vs. those of the client.

**IPP Seminar and Case Review**
The Seminar and Case Review focuses on training and clinical fieldwork experiences in the modalities of perinatal mental health/reproductive justice; infant-parent psychotherapy; early childhood mental health consultation; and early childhood mental health services, which include therapeutic shadowing, parent-child therapeutic group facilitation and child therapy.

**CTRP Seminar and Case Review**
The Seminar and Case Review focuses on training and clinical experiences in the implementation of Child-Parent Psychotherapy, an evidence-based, culturally informed treatment for infants and young children exposed to violence and other traumatic stressors.
SOCIALIZATION INTO THE PROFESSION

Intensive individual and group supervision is provided to Doctoral Interns 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, program evaluation, collaborating with community partners, strategies of scholarly inquiry, translating science and empirical literature into practice, professional conduct, ethics, law and standards of practice and professional development. The trainee will participate in didactic seminars and group supervision, in addition to having individual supervisor one-on-ones with primary and delegate supervisors, respectively. Whenever there are questions or concerns, the primary supervisor is available to confer and consult on the issue. The trainee will build upon their existing knowledge through reading materials selected by supervisors and seminar instructors and through discussions relating specific cases to the concepts presented.

The trainee is supported in providing high quality, culturally informed clinical services to a diverse population, and to promote health and well-being in the community. MCTP 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.

Additionally, Doctoral Interns have the opportunity throughout their various clinical rotation experiences but particularly in the Professional Development Seminar and in the CAS Consultation Team Meeting to demonstrate knowledge of evidence-based supervision and consultation models and practice and apply that knowledge in direct or simulated practice exercises.

Trainees attend periodic trainings and professional conferences as they relate to specific cases and areas of specific interest for the Doctoral Intern. Trainees will also be required to share professional articles of interest and be encouraged to contribute to the literature when opportunities are present.

Planned activities shall include, but are not limited to:

- Professional Development Seminar (bimonthly meeting)
- Child and Adolescent Services Clinical Case Conference (weekly meeting)
• Diversity and Trauma: A Developmental Perspective, Seminar (weekly meeting)
• Assessment Seminar (bimonthly)
• Child and Adolescent Psychiatry Grand Rounds (bimonthly)
• Infant-Parent Psychotherapy Seminar (weekly)
• Infant-Parent Psychotherapy Case Review (weekly)
• Child Trauma Research Program Clinical Case Conference (weekly)
• Family Therapy Seminar (weekly)
• Capstone Project (throughout the year)

Additionally, interns are provided a month-long Orientation comprising a number of didactic trainings and workshops to prepare them for the internship year and beyond as leaders in academic hospital or community mental health settings serving at-risk children and families.

Examples of Orientation trainings include:

• **Trauma-Informed Systems**: A service system with a trauma-informed perspective is one in which agencies, programs, and service providers: Routinely screen for trauma exposure and related symptoms. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.

• **The Ripple Effect, Enhancing Trauma-Informed Practice Across Systems**: This workshop presents an integrative framework for understanding and communicating across systems about how trauma can affect a child, a family, and a system. The framework was developed by Chandra Ghosh Ippen, Christopher Layne, and Bob Pynoos of the National Child Traumatic Stress Network (NCTSN) and is adapted from core trauma concepts identified and ratified by the NCTSN Core Curriculum on Childhood Trauma Task Force. The Ripple Effect translates complex trauma concepts using metaphor, visual models, common language, and rich case example and shows: 1) the domains of functioning affected by trauma; 2) the mechanisms through which trauma affects development, and 3) intervention pathways. This workshop offers foundational trauma knowledge for clinicians learning evidence-based trauma treatments and highlights ways to share trauma theory with family members and across systems (e.g. schools, child welfare workers, mental health, medical practitioners, police) as we work jointly to lessen the impact of trauma exposure.
• **Trauma-focused Cognitive Behavioral Therapy (TF-CBT):** TF-CBT is an evidenced-based treatment for children and adolescents impacted by trauma and their parents and caregivers.

• **Cue-Centered Treatment (CCT):** CCT is a psychosocial treatment approach for children and adolescents who have been exposed to chronic traumatic experiences. CCT is designed to develop competence and resilience in children and teens by helping them understand how their history of trauma affects their cognitive processes, behaviors, emotions, and physiological responses to situations.

• **Child-Parent Psychotherapy:** Child-parent psychotherapy is disseminated through the Learning Collaborative (LC) model of the National Child Traumatic Stress Network. A CPP Learning Community includes a group of agencies (usually from the same geographic area) that have come together to learn the practice. Sites have the ability both to learn from one another as they develop their knowledge of the model and to pool resources to pay for training.

• **Dialectical Behavior Therapy for Adolescents (DBT-A):** DBT for Adolescents targets high risk, multi-problem adolescents. It focuses on identifying and treating depression and risky behavior in adolescents, including self-injury, suicidal ideation and suicide attempts, substance use, binging and purging, risky sexual behavior, physical fighting, and other forms of risk-taking.

• **Risk Assessment and Management:** The workshop focuses on describing the importance of suicide management and intervention, not just screening and the use of a suicide management protocol.

• **Ethical and Legal Dilemmas:** The workshop focuses on the ethical and legal treatment of children and families engaged in psychotherapy. Special considerations related to a child’s capacity to make treatment decisions, conflicting legal and ethical standards involved in the treatment of children, differing needs of children and their family members, and the special vulnerabilities of children are discussed.

• **Family-Based Therapy for Eating Disorders:** The goals of the training are to a) Understand diagnostic criteria for each of the DSM-5 eating disorders, b) Competently screen for eating disorders in youth and identify warning signs for disordered eating behavior, c) Know how to appropriately consult and refer patients presenting with concerning eating disorder behavior and/or weight changes, d) Have a basic understanding of Family-Based Treatment; be able to talk with families and providers about it when appropriate, and e) Enhance ability to speak with all families about promoting healthy eating and activity.
• **Evidence-based Clinical Assessment**: The workshop on evidence-based assessment (EBA) emphasizes the use of research and theory to inform the selection of assessment targets, the methods and measures used in the assessment, and the assessment process itself.

• **Collaboration in community mental health care**: The workshop highlights the critical opportunities for collaboration between providers, agencies, hospital-based services and school-based professionals. Potential barriers to effective collaboration are also discussed, and strategies are introduced to overcome these barriers in order to provide effective and complementary mental health services to youth and families in need.

**SUPERVISION**

The Child and Adolescent Services (CAS) Multicultural Clinical Training Program provides intensive supervision to ensure that Doctoral Interns obtain individualized attention as they pursue their clinical training. In general, the training approach is that of close supervision of the interns in the clinical skills that are being developed and in all aspects of clinical service. Specifically, intensive individual and group supervision is provided to Doctoral Interns in 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.

Direct observation of clinical service delivery via live observation or video recording is required of all interns in each of the clinical rotations. Additionally, supervision may involve role-plays, presenting comprehensive case conceptualizations, self-practice/self-reflection and/or process notes along with audio/video recordings of client sessions or live observation. Live supervision is also provided by having a supervisor present during an intake session and/or family/individual meeting.

Supervisors model and instruct the intern in using theory, empirical literature and critical thought to formulate hypotheses regarding patients’ behavior. At the outset of each rotation, the intern is assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives that were outlined in the initial meetings. The expectation is that the intern will assume increasing autonomy for clinical services and will come to function as an integral member of the treatment team.
Doctoral Interns receive at least four hours of regularly scheduled supervision per week, at least two of which will be individual supervision. Interns have one supervisor per rotation. Supervision includes one hour of mandatory weekly face-to-face supervision with the primary supervisor as well as further contact as needed via email, phone and in-person meeting. Doctoral Interns will participate in additional hours of training each week with delegate supervisors, which will include topics such as training on particular tests, and discussion on weekly assigned readings meant to broaden the supervisee’s knowledge.

MENTORSHIP

Mentors are mental health providers within the UCSF and affiliated community who agree to work with an intern throughout the training year in order to help the intern with professional development, morale and other issues not directly related to supervision of clinical work. At the beginning of the internship year, each intern will have the option to rank order three choices for mentor and submit them to the Director of Training. Specific arrangements for meetings with mentors will be left to the respective interns and their mentors. Mentors also provide guidance on the intern’s Capstone Project.

Capstone Project
The Capstone Project is an innovative strategy designed to address the gap between science and clinical practice. This gap is a well-known problem in clinical psychology, but it is more obvious in agencies serving marginalized and diverse communities where research funding is scarce. As E. Morales and J.C. Norcross noted in the Journal of Clinical Psychology in 2010: “Multiculturalism without strong research risks becoming an empty political value, and evidence-based practice without cultural sensitivity risks irrelevancy.” Capstone Projects are small, mentored and self-contained projects that result in a deliverable product to the clinic. Capstone Projects from the 2017-2018 trainee cohort included development of a pediatrics screener to determine medical needs for immigrant Spanish-speaking families, development of a protocol for assessing whether comprehensive cognitive evaluations should be administered to US-born bilingual children in English or in their native language, development of consumer surveys for behavioral health services, assessment of parent acceptability of psychoeducational anti-bullying group for children, and designing public education/awareness materials on mental health
DOCTORAL INTERNSHIP POLICY & PROCEDURES

Training Program Competencies Assessment

In order to clearly measure and objectify criteria for acquisition of clinical skills and competencies, Doctoral Interns are formally evaluated in writing twice per year (at midpoint and at end of year) at which time they also formally evaluate the program and their supervisors. The Competencies Assessment of Doctoral Interns is adapted from the APA Benchmark Evaluation System, which specifies a set of core competencies that professional psychology trainees should develop during their training and provides a rubric for programs to evaluate their success in meeting the Revised Competency Benchmarks for Professional Psychology (see, https://www.apa.org/ed/graduate/revised-competency-benchmarks.doc). Each intern meets individually with their Primary and Delegate Supervisors to review these evaluations and progress in the program. Interns also complete an exit interview with the Director of Training at the end of internship to solicit feedback suggestions for the program going forward.

Consistent with our mission, interns will be expected to develop broad and general preparation for entry-level practice including the following competencies:

*Ethical and Legal Standards* – Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and accordance with the APA Ethical Principles and Code of Conduct and relevant, laws, regulations, rules, policies, standards, and guidelines.

*Individual and Cultural Diversity* – Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody variety of cultural and personal backgrounds and characteristics.

*Professional Values, Attitudes and Behaviors* – Interns will demonstrate a maturing professional identity and ability to respond professionally in increasingly complex
situations with increasing independence, and awareness and receptivity to areas needing further development.

Communication and Interpersonal Skills – Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.

Assessment – Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration, scoring and interpretation and of psychometrically-validated instruments.

Intervention – Interns will demonstrate competence in evidence-based interventions within the scope of health service psychology, including but not limited to psychotherapy.

Supervision – Interns will demonstrate knowledge of evidence-based supervision models and practice and apply the knowledge in direct or simulated practice.

Consultation and Interprofessional/Interdisciplinary Skills – Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Our goal is to produce graduates who are prepared to assume roles as postdoctoral fellows or entry-level professional psychologists.

The program training objectives and aims stated above describe the general competencies that we feel are essential. Evaluations are necessary to guide and determine our progress in obtaining program training objectives and ensuring general competencies. Each evaluation will include some form of live observation.

A formal letter summarizing the rotations and respective evaluations will be sent to each intern’s graduate school Director of Training after completion of the internship. Additional items such as progress letters and other evaluations requested by the graduate programs will be honored.

Completion of the internship requires verification that the intern not be found to have engaged in any significant unethical behavior and meets broad and general
preparation for entry level independent practice (which in California is readiness for postdoctoral fellowship or its equivalent) on each of the competencies described above: Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills. Evaluations are discussed with interns and may be modified by mutual agreement before being placed in the training files.

**Internship Hours & Allocation:**

The internship is a 12-month, full-time (40-44 hours per week) training commitment equaling approximately 2080 supervised hours. Successful completion of the internship requires a minimum of 1500 hours of supervised training; therefore, most interns will complete many more hours. Completion of all training days minus allowable holidays (13 days/104 hours) and vacation leave (80 hours) would result in 1896 hours of supervised training. Interns who, in addition, need to use allowable sick leave (80 hours, if needed), and professional leave days (8 days/64 hours, if needed) would complete 1,752 hours of supervised professional experience.

**Leave & Sick Time Policy:**

1. **Personal Leave:** All interns have a total of 160 hours (equivalent to four 40-hour weeks) of personal leave days during the internship year.
   a. 80 hours of vacation
   b. 80 hours of sick time
2. **Professional Leave:** All interns can take 8-10 days for professional leave activities as follows:
   • Defend dissertation: 1 day or 2 days if out of state
   • Attend Graduation: 1 day or 2 days if out of state
   • Attend conferences and professional presentations: Maximum of 3 days
   • Postdoctoral Interviews: 3 days
3. **Dissertations:** The internship program does not provide dedicated time for interns to work on dissertations, as the APA Office of Accreditation considers dissertations a graduate school activity as opposed to an internship activity. Additionally, interns may not take professional leave to work on the dissertation. However, interns may use other formal leave time (i.e., vacation) to work on or defend dissertations.
4. **Prior Approval of Leave:** Leave should be requested well in advance. Procedures for LEAVE REQUESTS are as follows:
   • Discuss with your primary supervisor at least two weeks ahead of time
• Discuss with each of your supervisors and clear any outstanding paperwork or client responsibilities
• Submit Leave Request Form (sample below) to the Director of Training for final approval based on your leave balance
• Submit this form at least 2 weeks before leave begins
• Email supervisors, administrative staff and relevant seminar leaders 1 day prior to day of leave as a reminder.

5. **Avoiding August Leave:** Leave during the last two weeks of August is not permitted due to the need to ensure coverage of professional responsibilities and completion of work

**Supervision Policy**

1. **Adherence to APA Standards and Regulations:** The internship program adheres to the supervision requirements issued by the APA Commission on Accreditation through its Guidelines and Principles of Accreditation and corresponding Implementing Regulation [C-15(b)].

2. **Definition:** Supervision within the internship is defined in the following ways:
   a. The internship has adopted the APA/COA definition of supervision, which is as follows: “Supervision is characterized as an interactive educational experience between the intern/resident and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009).”
   b. In applying the above definition, the internship program will deem a professional relationship to be supervisory if: (a) the faculty member or other professional has authority over some aspect of the fellow’s work; and (b) that work is an essential element of the intern’s internship experience.
   c. Supervision is distinguished from personal psychotherapy of the supervisee by maintaining the focus of inquiry on the client/patient, supervisee reactions to the client/patient, and/or the supervision process related to the client/patient (Bernard & Goodyear, 2014; Falender & Shafranske, 2004). Mentoring is distinguished from supervision by an absence of evaluation or power differential, and by the mentor’s advocacy for the
protege’s professional development and welfare (Johnson & Huwe, 2002; Kaslow & Mascaro, 2007).

3. **Exclusions:** Supervision is distinct from educational sessions, such as traditional seminars, and from administrative and management sessions such as clinical team meetings and staff meetings.

From the perspective of the internship program, faculty members and other staff members may influence, consult to, and even direct the activities of an intern without being in a formal supervisory role. For example, attending physicians, unit chiefs are generally not considered formal supervisors. Non-psychologist leaders of teams on which fellows are placed may or may not be designated as supervisors at the discretion of the Training Director (or designee). Similarly, individuals consulting to interns on topics such as research may play a non-evaluative, non-supervisory, mentoring role or may function in an evaluative supervisory capacity.

4. **Resolving Questions About What Qualifies as Supervision:** Questions regarding whether an activity meets the APA/COA definition of supervision are resolved by the Director of Clinical Training. The APA/COA definition of supervision, reprinted above, will be used as the basis for resolving such questions.

5. **Supervision Requirements:** To review all of the requirements relating to Supervised Professional Experience (SPE), the Laws and Regulations for the California Board of Psychology book is available at the Board of Psychology (Board) website (www.psychology.ca.gov).

The following requirements apply:

* a. Each intern will receive a minimum average of four hours of supervision weekly
* b. The primary supervisor is a psychologist licensed by the Board. (Section 1387.1)
* c. A marriage and family therapist (MFT) or a licensed clinical social worker (LCSW) serves as a delegated supervisor. (Section 1387(c))
* d. The primary supervisor completed a six-hour course in supervision. This is required every two years. (Section 1387.1(b))
e. The primary supervisor is employed or on contract at the same agency with the trainee. (Section 1387(b)(6))

f. The primary supervisor is available to the trainee 100 percent of the time the trainee is accruing SPE. (Section 1387(b)(6))

g. The primary supervisor provides a minimum of one hour of direct, individual, face-to-face supervision every week during which the trainee accrues hours. (Section 1387(b)(4))

h. The trainee receives supervision 10 percent of the total of hours worked each week. (Section 1387(b)(4)) This 10 percent can include the one hour face-to-face with the primary supervisor.

i. The trainee does not pay or otherwise remunerate the supervisor(s) to provide supervision.

j. The trainee does not function under another mental health license (e.g., MFT, LCSW, etc.) while accruing SPE.

k. The primary and delegated (if any) supervisors ensure that all SPE, including recordkeeping, is in compliance with the APA Ethical Principles and Code of Conduct. (Sections 1387.1(e) and 1387.2(d))

l. The primary supervisor monitors the welfare of the trainee’s clients. (Section 1387.1(f))

m. The primary and delegated (if any) supervisors do not have a familial, intimate, business, or other relationship with the trainee that would compromise the supervisor’s effectiveness. (Sections 1387.1(j) and 1387.2(h))

n. The primary and delegated (if any) supervisors have education and training in the areas to be supervised. (Sections 1387.1(i) and 1387.2(g))

o. Supervisors and trainees are at all times in compliance with the Board’s laws and regulations and with the APA Ethical Principles and Code of Conduct. (Sections 1387.1(c), (d), (e), (j) and 1387.2(b), (c), (h))

p. The primary and delegated (if any) supervisors do not supervise a trainee who is now or has ever been a psychotherapy patient of the supervisor. (Sections 1387.1(k) and 1387.2(l))

q. The primary supervisor must monitor the supervision performance of all delegated supervisors that is required in Section 1387.1(n) of Title 16 of CCR.

r. The trainee maintains an SPE weekly log. (Section 1387.5) A Sample SPE log is below.
s. The primary supervisor ensures that each client or patient is informed, prior to the rendering of services by the trainee that (1) the trainee is unlicensed and is functioning under the direction and supervision of the supervisor, (2) the primary supervisor shall have full access to the client records in order to perform supervision responsibilities, and (3) any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer. (Sections 1387.1(g) and 1391.6)

6. **Supervisor Assignments:** At the beginning of the training year the Training Director will provide the intern with a written list of rotation supervisors. All supervisors must meet the definition outlined above, which means that they have a hierarchical relationship with the intern, responsibility for promoting and ensuring the intern’s professional functioning, complete formal evaluations of the intern and meet regularly for individual or group supervision with the intern, separate from clinical, team, or project meetings. The Training Director will inform all supervisors that they have been designated in a formal supervisory role, with the responsibilities and the authority outlined above. The Training Director will notify the intern and supervisors of any changes in supervisory assignments over the course of the year.

7. **Minimum Number of Supervisors:** Each intern will have a minimum of three supervisors who they meet with routinely.

8. **Supervision Guidelines:** The internship program adheres the Guidelines for Clinical Supervision in Health Service Psychology Approved by APA Council of Representatives in 2014, which capture optimal performance expectations for psychologists who supervise. (Refer to https://www.apa.org/about/policy/guidelines-supervision.pdf for a fuller description of each guideline.)

**Domain A: Supervisor Competence**

- Supervisors strive to be competent in the psychological services provided to clients/patients by supervisees under their supervision and when supervising in areas in which they are less familiar they take reasonable steps to ensure the competence of their work and to protect others from harm.
- Supervisors seek to attain and maintain competence in the practice of supervision through formal education and training.
- Supervisors endeavor to coordinate with other professionals responsible for the supervisee’s education and training to ensure communication and coordination of goals and expectations.
• Supervisors strive for diversity competence across populations and settings (as defined in APA, 2003).
• Supervisors using technology in supervision (including distance supervision), or when supervising care that incorporates technology, strive to be competent regarding its use.

**Domain B: Diversity**
• Supervisors strive to develop and maintain self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills.
• Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees.
• Supervisors recognize the value of and pursue ongoing training in diversity competence as part of their professional development and life-long learning.
• Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients/patients.
• Supervisors aspire to be familiar with the scholarly literature concerning diversity competence in supervision and training. Supervisors strive to be familiar with promising practices for navigating conflicts among personal and professional values in the interest of protecting the public.

**Domain C: Supervisory Relationship**
• Supervisors value and seek to create and maintain a collaborative relationship that promotes the supervisees’ competence.
• Supervisors seek to specify the responsibilities and expectations of both parties in the supervisory relationship. Supervisors identify expected program competencies and performance standards, and assist the supervisee to formulate individual learning goals.
• Supervisors aspire to review regularly the progress of the supervisee and the effectiveness of the supervisory relationship and address issues that arise.

**Domain D: Professionalism**
• Supervisors strive to model professionalism in their own comportment and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism.
• Supervisors are encouraged to provide ongoing formative and summative evaluation of supervisees’ progress toward meeting
expectations for professionalism appropriate for each level of education and training.

**Domain E: Assessment/Evaluation/Feedback**
- Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors promote openness and transparency in feedback and assessment, by anchoring such in the competency development of the supervisee.
- A major supervisory responsibility is monitoring and providing feedback on supervisee performance. Live observation or review of recorded sessions is the preferred procedure.
- Supervisors aspire to provide feedback that is direct, clear, and timely, behaviorally anchored, responsive to supervisees’ reactions, and mindful of the impact on the supervisory relationship.
- Supervisors recognize the value of and support supervisee skill in self-assessment of competence and incorporate supervisee self-assessment into the evaluation process.
- Supervisors seek feedback from their supervisees and others about the quality of the supervision they offer, and incorporate that feedback to improve their supervisory competence.

**Domain F: Professional Competence Problems**
- Supervisors understand and adhere both to the supervisory contract and to program, institutional, and legal policies and procedures related to performance evaluations. Supervisors strive to address performance problems directly.
- Supervisors strive to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner allowing for opportunities to effect change.
- Supervisors are competent in developing and implementing plans to remediate performance problems.
- Supervisors are mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems.

**Domain G: Ethics, Legal, and Regulatory Considerations**
- Supervisors model ethical practice and decision making and conduct themselves in accord with the APA ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.
• Supervisors uphold their primary ethical and legal obligation to protect the welfare of the client/patient.
• Supervisors serve as gatekeepers to the profession. Gatekeeping entails assessing supervisees' suitability to enter and remain in the field.
• Supervisors provide clear information about the expectations for and parameters of supervision to supervisees preferably in the form of a written supervisory contract.
• Supervisors maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development.
DUE PROCESS IN ACTION: THE IDENTIFICATION AND MANAGEMENT OF TRAINEE PROBLEMS & GRIEVANCES

Introduction
This section provides MCTP trainees and staff with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally, however if this can not occur, this document was created to provide a formal mechanism for the MCTP to respond to issues of concern. This Due Process Document is divided into the following sections:

I. Definitions: Provides basic or general definitions of terms and phrases used throughout the document.

II. Procedures for Responding to a Trainee’s Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Also includes the steps for an appeal process.

III. Grievance Procedures: Provides the guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by MCTP of the trainee.

I. Definitions

Trainee
Throughout this document, the term “trainee” is used to describe any person in training who is working in the hospital including a practicum student, predoctoral intern or postdoctoral fellow.

Training Program
The term “Training Program” is used to describe and used interchangeably with Child and Adolescent Services Multicultural Clinical Training Program (MCTP)

Training Director (TD)
Throughout this document the term “Training Director” refers to the faculty member who oversee all clinical training for the Child and Adolescent Services Multicultural
Clinical Training Program (MCTP) for practicum students/externs, predoctoral interns and postdoctoral fellows.

**Rotation Training Lead (RTL)**
The term “Rotation Training Lead” is used to describe the staff/faculty member who oversees training in a specific rotation or program of clinical services.

**Training Committee (TC)**
The “Training Committee” is comprised of the Rotation Training Leads for each of the major rotations or programs of clinical services and the Training Director.

**Rotation Supervisor (RS)**
The term “Rotation Supervisor” is used to describe a primary or delegate supervisor within a rotation or program of clinical services. The Rotation Supervisor may also be the RTL.

**Program Director**
The term Program Director is used to describe the staff/faculty member who directly oversees all clinical operations within a clinical service in the hospital.

**Due Process**
The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific procedures, which are applied to all trainees' complaints, concerns and appeals.

**Due Process Guidelines**

1. During the orientation period, trainees will receive in writing MCTP’s expectations related to professional functioning. The TD and members of the TC will discuss these expectations in both group and individual settings.
2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.
3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.
4. MCTP’s TD will communicate early and often with the trainee and, when needed, the trainee’s home program if any suspected difficulties that are significantly interfering with performance are identified.
5. The TC will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this program’s action.
7. MCTP’s due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the program’s implementation.

8. When evaluating or making decisions about a trainee’s performance, MCTP staff/faculty will use input from multiple professional sources.

9. The TD will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning.

It is a professional judgment when a trainee’s behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics, which while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior typically become identified when one or more of the following characteristics exist:

1. The trainee does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training;
3. The quality of services delivered by the trainee is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The trainee’s behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Procedures to Respond to Problematic Behavior

A. Basic Procedures
If a trainee receives a “below expectations” rating of “1” or “2” from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another trainee has concerns about a trainee’s behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the TD will be warranted. This decision is made at the discretion of the staff or trainee who has concerns.

2. If the staff member who brings the concern to the TD is not the trainee’s RS, the TD will discuss the concern with the Rotation Supervisor(s).

3. If the TD and RS(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought the complaint.

4. The TD will meet with the TC to discuss the concerns and possible courses of action (as listed in II B below) to be taken to address the issues.

**B. Notification Procedures to Address Problematic Behavior or Inadequate Performance**

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee’s training group, the training staff, other hospital personnel, and the campus community. All evaluative documentation will be maintained in the trainee’s file. At the discretion of the Training Director (in consultation with the TC) – the trainee’s home academic program will be notified of any of the actions listed below.

1. **Verbal Notice** to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion.

2. **Written Notice** to the trainee formally acknowledges that the:
   a. TC is aware of and concerned with the behavior,
   b. Concern has been brought to the attention of the trainee,
   c. TC will work with the trainee to rectify the problem or skill deficits,
   d. Behaviors of concern are not significant enough to warrant more serious action.

3. **Second Written Notice** to the trainee will identify possible sanction(s) and describe the remediation plan. This letter will contain:
   a. A description of the trainee’s unsatisfactory performance;
   b. Actions needed by the trainee to correct the unsatisfactory behavior;
c. The time line for correcting the problem;
d. What sanction(s) may be implemented if the problem is not corrected; and
e. Notification that the trainee has the right to request an appeal of this action. (see Appeal Procedures - Section II D)

If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal (see Appeal Procedures - Section II D)

C. Remediation and Sanctions

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TC, RS(s), and relevant members of the training and specific clinical program staff such as Program Directors. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the traineeship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
   a. Increasing the amount of supervision, either with the same or additional supervisors;
   b. Change in the format, emphasis, and/or focus of supervision;
   c. Recommending personal therapy;
   d. Reducing the trainee's clinical or other workload;
   e. Requiring specific academic coursework.

The length of a schedule modification period will be determined by the TC in consultation with the TD and rotation supervisor(s). The termination of the schedule modification period will be determined, after discussions with the trainee, by the TD in consultation with the TC, and rotation supervisor(s).

2. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning state. Probation
defines a relationship in which the TD systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement that includes:

a. The specific behaviors associated with the unacceptable rating;
b. The remediation plan for rectifying the problem;
c. The time frame for the probation during which the problem is expected to be ameliorated, and
d. The procedures to ascertain whether the problem has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the trainee's behavior to remove the Probation or modified schedule, then the TD will discuss with the TC and rotation supervisor(s) possible courses of action to be taken. The TD will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the TD will communicate that if the trainee's behavior does not change, the trainee will not successfully complete the training program.

3. **Suspension of Direct Service Activities** requires a determination that the welfare of the trainee's client(s) or the campus community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TD in consultation with the TC, the trainee's rotation supervisor(s) and Program Directors. At the end of the suspension period, the trainee's Rotation Supervisor(s) in consultation with the TC and Training Director will assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed.

4. **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges at MCTP. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The TD will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.
5. **Dismissal from the Training Program** involves the permanent withdrawal of all hospital responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the TC the possibility of termination from the training program or dismissal from the hospital. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. The TD will make the final decision about dismissal.

6. **Immediate Dismissal** involves the immediate permanent withdrawal of all hospital responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s), which generates grave concern from the TD, the TC, RS(s), or Program Directors, the TD may immediately dismiss the trainee from MCTP. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a trainee has been dismissed, the Training Director will communicate to the trainee's academic department that the trainee has not successfully completed the training program.

If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement **Appeal Procedures (Section II D).**

**D. Appeal Procedures**

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the Training Director. The trainee must submit this appeal within 5 workdays from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
2. Within three workdays of receipt of a formal written appeal from a trainee, the TD will consult with members of the Training Committee and then decide whether to implement a Review Panel (see Section III.B, Review Procedures/Hearing) or respond to the appeal without a Panel being convened.

3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Training Director, then that appeal is reviewed by the Training Director in consultation with the TC and the Division Director of Infant Child and Adolescent Psychiatry. The Training Director in consultation with the TC and the Division Director of Infant Child and Adolescent Psychiatry, who as an ex-officio member of the Training Committee will be familiar with the facts of the appeal and grievance review, will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld.

III. Grievance Procedures

A. Trainee Grievances

We believe that most problems are best resolved through face-to-face interaction between the trainee and supervisor (or other staff), as part of the on-going working relationship. Trainees are encouraged to first discuss any problems or concerns with their rotation supervisor. In turn, rotation supervisors are expected to be receptive to complaints, attempt to develop a solution with the fellow, and to seek appropriate consultation. If trainee-supervisor discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the trainee.

1. Informal mediation

Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the fellow and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment or make some other alteration in their learning contract in order to maximize their learning experience.

a. If the issue cannot be resolved informally, the trainee should discuss the concern with the TD who may then consult with the TC, other staff members if needed. If the concerns involve the TD the trainee can consult with any member of the TC.
b. If the TD or TC cannot resolve the issue of concern to the trainee, the trainee can file a formal grievance in writing with all supporting documents, with the TD or TC.

2. Formal Grievances

When the TD or TC has received a formal grievance, within three work days of receipt, the TD or TC will implement Review Procedures as described below and inform the trainee of any action taken.

a. The TD will notify the relevant Rotation Supervisor and Program Director of the grievance, and call a meeting of the Training Committee to review the complaint. The trainee and staff/faculty will be notified of the date of the review and given the opportunity to provide the TC with any information regarding the grievance.

b. Based upon a review of the grievance and any relevant information, the Training Committee will determine the course of action that best promotes the fellow’s training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in clinical placement.

c. The fellow will be informed in writing of the Training Committee’s decision, and asked to indicate whether they accept or dispute the decision. If the trainee accepts the decision, the recommendations will be implemented. If the fellow disagrees with the decision, they may appeal to the Director of Infant Child and Adolescent Psychiatry, who as an ex-officio member of the Training Committee will be familiar with the facts of the grievance review (see section II.D). The Training Director will render the appeal decision, which will be communicated to all involved parties and to the Training Committee.

d. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Training Director may be submitted directly to the Director of Infant Child and Adolescent Psychiatry for review and resolution in consultation with the Training Committee.

e. Any findings resulting from a review of a grievance that involves unethical, inappropriate or unlawful staff behavior will be submitted to the Division Director of Infant Child and Adolescent Psychiatry for appropriate personnel action.

B. Review Procedures / Hearing

When needed, a Review Panel will be convened by the TD to make a recommendation to the TD and TC about the appropriateness of a Remediation Plan/Sanction for a Trainee’s Problematic Behavior OR to review a grievance filed by the trainee.
• The Panel will consist of three staff/faculty members selected by the TD with recommendations from the TC and the trainee who filed the appeal or grievance. The TD will appoint a Chair of the Review Panel.
• In cases of an appeal, the trainee has the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern.
• In response to a grievance, the trainee has a right to express concerns about the training program or MCTP staff member and the MCTP program or staff has the right and responsibility to respond.
• Within five (5) workdays, a Review Panel will meet to review the appeal or grievance and to examine the relevant material presented.
• Within three (3) workdays after the completion of the review the Review Panel will submit a written report to the Training Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
• Within three (3) workdays of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the recommendation, the Training Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
• If referred back to the Review Panel, a report will be presented to the Training Director within five (5) workdays of the receipt of the Training Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken and informs the TC, RS(s) and Program Directors if needed.
• The Training Director and or TC informs the trainee, staff members involved and necessary members of the training staff of the decision and any action taken or to be taken.
• If the trainee disputes the Training Director's final decision, the trainee has the right to appeal through following steps outlined in Appeal Procedures (Section II. D).
Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 8/21/2018

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

The UCSF Child and Adolescent Services Multicultural Clinical Training Program (MCTP) at Zuckerberg San Francisco General Hospital (ZSFGH) offers an APA-accredited, one-year pediatric clinical psychology internship, based on the Scholar-Practitioner Model. Thus our program is grounded in serving the needs of the local community with a commitment to research that is taught and valued particularly, though not exclusively, in the service of clinical practice. The internship program is embedded in the Division of Infant Child and Adolescent Psychiatry at ZSFGH in UCSF’s Department of Psychiatry. ZSFGH is a Level 1 trauma center and public service hospital committed to serving low-income and diverse ethnic and cultural minority populations and those from marginalized communities. Clinical services are linked to the Community Behavioral Health System of the San Francisco Department of Public Health.

The internship program is designed to train clinical psychologists who are committed to serving children, youth and families from low-income and diverse ethnic and cultural minority groups. Over the last several years, 80% of our graduates have obtained positions in academic health centers or hospital centers providing care to underserved children and families.

The training program provides specialized training and leadership in multicultural psychology and works to break down barriers that patients often encounter in their attempts to access culturally appropriate, high-quality evidence-based care.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

- Total Direct Contact Intervention Hours [ ] N [ ] Y Amount: N/A
- Total Direct Contact Assessment Hours [ ] N [ ] Y Amount: N/A

Describe any other required minimum criteria used to screen applicants:

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

<table>
<thead>
<tr>
<th>Benefit provided</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$24,133.00</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>80</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>80</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>

Other Benefits (please describe): N/A

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table*
### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Position</th>
<th>2014-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>15</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td></td>
</tr>
<tr>
<td>Community mental health center</td>
<td>PD 2 EP 0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Military health center</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>PD 9 EP 0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>PD 3 EP 0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>School district/system</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>PD 1 EP 0</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Other</td>
<td>PD 0 EP 0</td>
</tr>
<tr>
<td>Unknown</td>
<td>PD 0 EP 0</td>
</tr>
</tbody>
</table>

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

Child and Adolescent Services (CAS)

Barbara Stuart, Ph.D.: Training Director
Dr. Stuart is a licensed psychologist and Clinical Associate 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 Deputy Director of the Division of Infant Child and Adolescent Psychiatry and the Training Director of the APA accredited CAS Multicultural Clinical Training Program. Dr. Stuart received her doctorate in clinical science 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 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.

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.

**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
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.

**Lindsey Bruett, Ph.D.**
Dr. Bruett is an assistant clinical professor of psychiatry at UCSF School of Medicine and is an attending psychologist in the Eating Disorders Program at Langley Porter Psychiatric Institute and Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). At Child and Adolescent Services at ZSFG, Dr. Bruett leads the Eating Disorders Service and is a primary supervisor for predoctoral interns. She has extensive experience in the assessment and treatment of youth and young adults with eating disorders, depression, anxiety, and disruptive behavior, and providing parent-related interventions. Dr. Bruett specializes in providing evidence-based treatments including family-based treatment (FBT), cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), parent-management training (PMT), and parent-child interaction therapy (PCIT). She received her Ph.D. in clinical psychology, with an emphasis in developmental psychopathology, from Temple University. She completed her internship and postdoctoral fellowship at Stanford University.

**Gladys Vilchez, LCSW**
Ms. Vilchez is a bilingual, bi-cultural, licensed clinical social worker at CAS. She received her BA in Latin American Studies and Master's in Social Welfare from the University of California, Berkeley. Prior to obtaining her Master's degree, Ms. Vilchez provided case management services to survivors of domestic violence with young children who were recent immigrants from Latin America at Instituto Familiar de la Raza, Inc. Ms. Vilchez later completed her post-master's training at the UCSF Child Trauma Research Program and practiced Child Parent Psychotherapy (CPP) with a diverse set of families who had experienced traumatic events. Later, Ms. Vilchez provided individual psychotherapy, case management services, co-facilitated the Intensive Outpatient Program, and co-facilitated a multifamily group for patients with Schizophrenia and their family members at Kaiser Permanente. Ms. Vilchez utilizes a variety of treatment modalities and interventions including: Motivational Interviewing, Cognitive Behavioral Therapy, Mindfulness, and Child Parent Psychotherapy. Ms. Vilchez is passionate about
serving children and families who are overcoming challenges with homelessness, trauma, anxiety, and depression.

**Jamie Salas, MFT**
Ms. Salas is a bilingual (Spanish and English speaking), bicultural, licensed marriage and family therapist and clinical supervisor with CAS. She has years of experience providing community-based services to Latinx families in the Los Angeles and Bay areas with an emphasis on adolescent mental health. She received her BA in psychology from CSU Long Beach and her MSc 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 and caregiver groups, trauma-informed consultation, and therapy to Latinx immigrant youth & families with systems involvement. She is passionate about family specific interventions for adolescents dealing with adjustment difficulties, identity concerns, traumas, depression and anxiety.

**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.

**Lauren Marie Haack, PhD**
Lauren Marie Haack, PhD is a licensed clinical psychologist whose work focuses on cultural influences to mental health conceptualization, assessment, and treatment, and accessible and culturally appropriate evidence-based services for vulnerable youth and families. She serves as Assistant Professor and Attending Psychologist in the
Justine Underhill, LCSW

Justine Underhill is a graduate of Brown University, holds a Master’s degree in Social work from San Francisco State University as well as a Master’s degree in Education from Harvard University. She is the Chief Program Officer at Edgewood Center for Children & Families, where she oversees the programs and services for this comprehensive mental health agency for children and families. Prior to working at Edgewood, she spent a decade working in the UCSF Department of Child & Adolescent Psychiatry, where she began as a family therapist, and then directed the Intensive Family Therapy program, before becoming the Clinical Director for the Young Adult & Family Center, overseeing the operations of five clinical programs for adolescents and young adults as well as the Clinical Director of the UCSF Eating Disorders program. Justine remains on the clinical faculty at UCSF, where she teaches family therapy classes and lectures annually in different departments. She is a member of the Academy of Eating Disorders and the National Association of Social Workers. Along with her colleagues at UCSF, Justine’s research on the use of Reflecting Teams in family therapy was recently published in the academic journal, Family Process. Prior to her 10 years at UCSF, Ms. Underhill trained at Zuckerberg SF General Hospital and at San Mateo County Mental Health and worked as a clinician in Edgewood’s day treatment and community-based programs.

Lynn Dolce, a family therapist by training, is the Chief Executive Officer for Edgewood Center for Children and Families. For over 25 years she has been recognized in the San Francisco Bay Area as a leader in the field of children’s mental health. Ms. Dolce served as the Foster Care Mental Health Director at the San Francisco Department of Public Health where she provided exemplary leadership for all behavioral health services in San Francisco. She is the co-founder of the trauma-informed system of care
curriculum that is now considered a national model for organizational change. Previously, Ms. Dolce developed and advanced an APA approved multi-cultural clinical training program for doctoral students interested in pediatric mental health services for children at UCSF, San Francisco General Hospital. In partnership with the San Francisco General Hospital Department of Pediatrics and Psychiatry, she developed and oversaw outpatient mental health services. She has served as clinical faculty at UCSF since 2005.

**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 St. John, PhD, MFT

Dr. St. John is an associate clinical professor with the UCSF Department of Psychiatry and Co-Director of Training for the Infant-Parent Program. 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’s areas of expertise include infant-parent psychotherapy, diversity and inclusion, and reflective supervision. Dr. St. John is licensed as a marriage and family therapist and completed her doctoral training in the UC Berkeley Department of Rhetoric, an interdisciplinary critical studies program. She 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. She is a core member of a collaborative group that publishes and trains on the Diversity-Informed Tenets for Work with Infants, Children, and Families, which are being disseminated via the Irving B Harris Foundation, Zero to Three: the National Center for Infants, Toddlers and Families, and the World Association of Infant Mental Health. Dr. St. John holds a private practice in Oakland.

Lea Brown, L.C.S.W., has been a clinical supervisor of both infant-parent psychotherapy and daycare consultation for the past nine years and serves as field instructor/field placement liaison for social work students who train at the Infant-Parent Program. Ms. Brown also provides direct services in infant-parent psychotherapy and early childhood mental health consultation, as well as training both within the Infant-Parent Program/Daycare Consultants Program and to local and regional infant mental health and early intervention programs and agencies. Training has focused on dyadic and consultation specialties as well as interdisciplinary reflective practice and advanced supervision skills. Ms. Brown came to the Infant-Parent Program with twenty years of experience encompassing individual, child, and family psychotherapy, having worked in a number of clinical venues including the Center for the Family in Transition, Ann Martin Center, Travis Air Force Base Medical Center, and Napa State Hospital. Her most recent teaching has focused on Coalition of Clinical Social Workers: Foundations of Clinical Practice through San Francisco Center for Psychoanalysis.

**Child Trauma Research Program (CTRP)**

Alicia F. Lieberman, Ph.D.

Alicia F. Lieberman, Ph.D., 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.

**Ann Chu, PhD**

Ann Chu, PhD is a Clinical Assistant Professor in the Department of Psychiatry at UCSF. She received her PhD in Clinical Psychology from the University of Denver and is a Licensed Clinical Psychologist. She completed her pre-doctoral clinical internship and post-doctoral fellowship with the Clinical Psychology Training Program at UCSF. Currently, as Associate Director of Dissemination for Child Parent Psychotherapy (CPP)
at the Child Trauma Research Program, she works with the CPP Dissemination and Implementation Team to train community providers in CPP, standardize CPP training model components, and develop dissemination tools that can further the implementation of CPP. She is interested in bringing trauma-informed principles and CPP-based interventions to child serving systems such as primary care, childcare/early childhood education, and child welfare. Dr. Chu’s research has examined how trauma impacts vulnerable populations such as young children, youth in foster care, and survivors of childhood sexual abuse. She has previously held a faculty position at the University of Denver and served as Program Director at A Better Way, a non-profit agency providing services to children and families involved in the child welfare system in the San Francisco Bay Area.

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

http://www.appic.org/match/match-policies

UCSF NON-DISCRIMINATION POLICY

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

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

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

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

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

Nyoki Sacramento, JD
**Assistant Vice-Chancellor & Director**
**Office of Diversity and Outreach**
3333 California Street Suite S-16
San Francisco, CA 94143-1249
415-476-7700
DiversityOutreach@ucsf.edu

**INTERNSHIP ACCREDITATION**
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 regarding our accreditation, please contact:

Office of Program Consultation and Accreditation American Psychological Association
750 First Street, NE Washington, DC 20002-4242
Phone: 202-336-5979
Fax: 202-336-5978 TDD/TTY: 202-336-6123
Web: [www.apa.org](http://www.apa.org)
Receipt of Internship Handbook

☐ I have carefully reviewed the Agency Internship Handbook, which includes performance and general guidelines.

☐ I agree to abide by those guidelines while carrying out my responsibilities with the Agency.

Name of Doctoral Intern


e-Signature of Doctoral Intern


Date


Name of Primary Supervisor


The California Board of Psychology allows a maximum of 44 hours per week to be counted toward license. Logs should reflect vacation, holidays, & other time off.

Signature of Supervisor attests to completion of a maximum of 44 hours per week, including supervision for 10% of the total time worked each week. Signature of Training Director attests to the accuracy of above information.
LEAVE REQUEST FORM

- Discuss with your primary supervisor at least two weeks ahead of time
- Discuss with each of your supervisors and clear any outstanding paperwork or client responsibilities
- Submit the form to the Director of Training for final approval based on your leave balance
- SUBMIT THIS FORM AT LEAST 2 WEEKS BEFORE LEAVE BEGINS.
- Email supervisors, admin. and relevant seminar leaders 1 day prior to day of leave as a reminder.

NAME:

DATE OF REQUEST:

1a. □ I am planning to take vacation leave. Read page 2.
   From ___________________________ Through ___________________________
   Total working days requested (excluding holidays/weekends): ______

1b. □ I am requesting educational/professional leave. Read page 2 for definitions:
   From ___________________________ Through ___________________________
   Total working hours/days requested: [hours/days (circle one)]
   For the following activity: □ Dissertation defense □ Graduation
   □ Presenting at conference □ Postdoctoral interview
1c. □ I am taking/have taken sick leave:
   From ___________________________ Through ___________________________
   Scheduled (Requested at least (7) days before actual date of leave.
   Unscheduled (Requests should be submitted the day upon returning to work.

Supervisor Initials:
   ______ Primary Supervisor _______ Delegated Supervisor
   ______ Assessment Supervisor ______ Other Supervisor ______ Other Supervisor

Tasks to be completed in for leave to be granted:

________________________________________________________________________

Training Director’s Signature ___________________________ Date __________

3. APPROVAL: □ Approved □ Not Approved (see reason below)

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>VAC DAYS USED</th>
<th>VAC DAYS REMAINING</th>
<th>SICK DAYS USED</th>
<th>SICK DAYS REMAINING</th>
<th>PROF. LEAVE USED</th>
<th>PROF. LEAVE REMAINING</th>
</tr>
</thead>
</table>

Form last updated: 9/28/2018
Page 1 of 2
## Sample Seminar Schedule

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>9:00 AM -10:30 AM Diversity and Trauma Seminar</td>
<td>9:30 AM -10:30 AM Professional Development Seminar</td>
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<td></td>
<td>10:30 AM-11:50 AM CAS Consultation Team</td>
<td>10:30 AM-11:50 AM Assessment Seminar/Lab</td>
<td>9:00 AM-10:30 AM Family Therapy Seminar</td>
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<tr>
<td></td>
<td></td>
<td>12:00 PM-1:00 PM Child Psychiatry Grand Rounds (Twice monthly)</td>
<td>11:00 AM-12:30 PM CTRP Seminar/Case Review -</td>
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</table>
EVALUATION OF CLINICAL SUPERVISOR BY TRAINEE

Name of Clinical Supervisor:

Name of Trainee:

Evaluation Date:

Type of Supervision: Individual, Group or Rotation (specify):

Q36 Supervision was based on:

<table>
<thead>
<tr>
<th>Direct Observation (1)</th>
<th>Audiotape (2)</th>
<th>Videotape (3)</th>
<th>Therapist's report (4)</th>
<th>Other (5)</th>
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<tr>
<td>Put an &quot;X&quot; next to all that apply (1)</td>
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</table>
Q20 1. The amount of time spent in supervision was sufficient.

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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Q21 2. My supervisor demonstrated an appropriate command of the field (e.g. knowledge of literature, clinical skills, techniques, etc.)

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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<td>Click button (1)</td>
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Q22 3. I have developed as a psychologist through supervision.

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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Q23 4. My supervisor was available when needed.

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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Q24 5. My supervisor was reliable (on time, regular meetings, etc.)

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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Q26 6. Supervisor is able to give constructive feedback (e.g., able and willing to give feedback in a manner that is helpful; understands my level as a psychologist in training; helps me identify future goals, etc.):  

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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Q27 7. Supervisor encourages self-reflection (e.g., encourages creative and theoretical thinking about cases; willing to process relational issues that may interfere with therapy):  

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
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Q28 8. Supervisor is supportive (e.g., conveys respect and caring; not overly critical; puts me at ease in supervision):  

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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Q29 10. Supervisor gives useful suggestions (e.g., able to delineate useful suggestions for therapy; facilitates a learning process in supervision):  

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
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</table>
Q30 11. Supervisor handles disagreement well (e.g., able to accept a different perspective; willing to work through disagreements regarding case management, responds to constructive feedback)

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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Q31 12. Supervisor enjoys supervision (e.g., appears to enjoy supervision; puts time and energy into it)

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
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Q32 13. Supervisor is a role model (e.g., conveys respect and professionalism in supervision)

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<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
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</table>

Q33 14. Supervisor is invested in my development as a psychologist (e.g., encourages opportunities for professional training; provides feedback on public talks)

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Neutral (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
<th>Not Applicable (6)</th>
</tr>
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</table>

Q34 Please list the strengths and areas of growth of your supervision experience:

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Q28 Intern/Fellow and the Supervisor should sign below.

End of Block: SURVEY INSTRUCTIONS

Start of Block: Block 5
## SUPERVISOR EVALUATION OF TRAINEE

**Start of Block: Default Question Block**

1 Trainee

- Choose

2 Activity

- Choose

3 Period

- Choose

4 Evaluator

- Choose

---

6 Training Level

- Choose

---

7 Optional: The following skill areas are targeted in this evaluation, choose one to skip to that section only if you intend to evaluate on a particular section.

- Choose A. ETHICAL AND LEGAL STANDARDS (1) ... H. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS (B)
8 Mode of supervision: (check all that apply)

☐ Individual (1)

☐ Group (2)

9 Type of supervision: (check all that apply)
Note: Evaluation should be based in part on at least one instance of direct observation.

☐ Direct Observation - In Person Observation (1)

☐ Direct Observation - Live Video Streaming (2)

☐ Direct Observation - Video Recording (3)

☐ Audio Tape (4)

☐ Post hoc Discussion (5)

☐ Review of Written Work (6)

☐ Comments from Other Staff (7)
10 Type of cases: (check all that apply)

☐ Psychological Testing (1)

☐ Individual Therapy (includes intake/diagnostic assessment & case management) (2)

☐ Dyadic Treatment/Family Therapy (3)

☐ Group Therapy (4)

☐ Consultation-liason (5)

☐ Other (6) __________________________________________

11 Theoretical Orientation:

________________________________________

Page Break
12

RATINGS AND COMPETENCIES for Section A

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings below or above expectations require more detailed explanation in the comment section below the question table.

For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.
For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
### A. ETHICAL AND LEGAL STANDARDS

Responds professionally in increasingly complex situations with a greater degree of independence across levels of training, in accordance with the APA Ethical Principles and Code of Conduct and relevant laws, regulations, rules, policies, standards, and guidelines.

<table>
<thead>
<tr>
<th></th>
<th>A1 - Substantial supervision needed/remediation needed (1)</th>
<th>A2 - Close supervision needed (2)</th>
<th>A3 - Supervision needed (intern entry level) (3)</th>
<th>A4 - Minimal supervision needed (intern level) (4)</th>
<th>A5 - No supervision needed (postdoc/exit level) (5)</th>
<th>A6 - Advanced practice (equivalent to newly licensed psychologist) (6)</th>
<th>A7 - Remarkable (equivalent to licensed psychologist with 5 years experience) (7)</th>
<th>N/A Unable to evaluate (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is knowledgeable and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct. (1)</td>
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<tr>
<td>2</td>
<td>Is knowledgeable and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and relevant professional standards and guidelines. (2)</td>
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<td>3</td>
<td>Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. (3)</td>
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</table>
4. Conducts self in an ethical manner in all professional activities. (4)

---

**14 Section A Comments:** Any ratings "below expectations" or "remarkable" require a detailed explanation. Please specify the item to which the comment refers.

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Page Break
RATINGS AND COMPETENCIES for Section B

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings below or above expectations require more detailed explanation in the comment section below the question table.

For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.
For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
**B. INDIVIDUAL AND CULTURAL DIVERSITY** Demonstrates the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation (CoA) defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible. Trainee demonstrates:

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<thead>
<tr>
<th>B1 - Substantial supervision needed/remedia</th>
<th>B2 - Close supervision needed</th>
<th>B3 - Supervision needed (intern entry level)</th>
<th>B4 - Minimal supervision needed (intern level)</th>
<th>B5 - No supervision needed (postdoc/exit level)</th>
<th>B6 - Advanced practice (equivalent to newly licensed psychologist)</th>
<th>B7 - Remarkable (equivalent to licensed psychologist with 5 years experience)</th>
<th>B N/A Unable to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. (1)</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>2. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. (2)</td>
<td>O</td>
<td>O</td>
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<tr>
<td>3. Ability to independently apply their knowledge and approach to working effectively with the range of diverse individuals during the internship. (3)</td>
<td>O</td>
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<tr>
<td>4. Demonstrates ability to apply a framework for working with areas of individual and cultural diversity that she or he has not previously encountered. (4)</td>
<td>O</td>
<td>O</td>
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</tbody>
</table>
5. Applies knowledge of the role of cultural and individual diversity in assessment, treatment, consultation, and research. (5)

17 Section B Comments: Any ratings “below expectations” or “remarkable” require a detailed explanation. Please specify the item to which the comment refers.

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18
RATINGS AND COMPETENCIES for Section C

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings below or above expectations require more detailed explanation in the comment section below the question table.

For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.
For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
### C. Professional Values, Attitudes, and Behaviors

Demonstrates ability to respond professionally in increasingly complex situations with increasing independence across levels of training.

<table>
<thead>
<tr>
<th>C1 - Substantial supervision or remediation needed (1)</th>
<th>C2 - Close supervision needed (2)</th>
<th>C3 - Supervision needed (intern entry level) (3)</th>
<th>C4 - Minimal supervision needed (intern level) (4)</th>
<th>C5 - No supervision needed (postdoc or exit level) (5)</th>
<th>C6 - Advanced practice (equivalent to newly licensed psychologist) (6)</th>
<th>C7 - Remarkable (equivalent to licensed psychologist with 5 years experience) (7)</th>
<th>C N/A Unable to evaluate (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. (1)</td>
<td>o</td>
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<td>2. Engages in self-reflection regarding his/her personal and professional functioning: engages in activities to maintain and improve performance, wellbeing, and professional effectiveness. (2)</td>
<td>o</td>
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<tr>
<td>3. Actively seeks and demonstrates openness and responsiveness to feedback and supervision. (3)</td>
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<td>4. Aware of own competence and limitations. (4)</td>
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</tbody>
</table>
5. Acts to understand and safeguard the welfare of others. (5)

6. Shows accountability, dependability, responsibility, and initiative. (6)

7. Written work is prepared in an accurate and timely manner. (7)

8. Demonstrates development of emerging professional identity as a "psychologist". (8)

20 Section C Comments: Any ratings "below expectations" or "remarkable" require a detailed explanation. Please specify the item to which the comment refers.

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Page Break
RATINGS AND COMPETENCIES for Section D

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings **below** or above expectations require more detailed explanation in the comment section below the question table.

For *Doctoral Interns*, the competency goal at the end of the training year is 4 or higher within each category.
For *Postdoctoral Fellows*, the competency goal at the end of the training year is 5 or higher within each category.
**D. COMMUNICATION AND INTERPERSONAL SKILLS** Responds professionally in increasingly complex situations with a greater degree of independence across levels of training. Communication and interpersonal skills are foundational to education, training, and practice in health service psychology, and are essential for any service delivery/activity/interaction.

<table>
<thead>
<tr>
<th>D1 - Substantial supervision needed/remediation needed (1)</th>
<th>D2 - Close supervision needed (2)</th>
<th>D3 - Supervision needed (intern entry level) (3)</th>
<th>D4 - Minimal supervision needed (intern level) (4)</th>
<th>D5 - No supervision needed (postdoc exit level) (5)</th>
<th>D6 - Advanced practice (equivalent to newly licensed psychologist) (6)</th>
<th>D7 - Remarkable (equivalent to licensed psychologist with 5 years experience) (7)</th>
<th>D N/A Unable to evaluate (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervises and those receiving professional services. (1)</td>
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<td>2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. (2)</td>
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<td>3. Demonstrates a thorough grasp of professional language and concepts. (3)</td>
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<td>4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well. (4)</td>
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<td>5. Develops productive and respectful relationships</td>
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with patients, peers/colleagues, supervisors, and professionals from other disciplines. (5)

23 Section D Comments: Any ratings “below expectations” or “remarkable” require a detailed explanation. Please specify the item to which the comment refers.

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Page Break
RATINGS AND COMPETENCIES for Section E

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings below or above expectations require more detailed explanation in the comment section below the question table.

For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.
For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
**25 E. ASSESSMENT**
Responds professionally in increasingly complex situations with a greater degree of independence across levels of training and demonstrates competence in conducting evidence-based assessment.

<table>
<thead>
<tr>
<th>E1 - Substantial supervision needed/remediation needed (1)</th>
<th>E2 - Close supervision needed (2)</th>
<th>E3 - Supervision needed (intern entry level) (3)</th>
<th>E4 - Minimal supervision needed (intern level) (4)</th>
<th>E5 - No supervision needed (postdoc/exit level) (5)</th>
<th>E6 - Advanced practice (equivalent to newly licensed psychologist) (6)</th>
<th>E7 - Remarkable (equivalent to licensed psychologist with 5 years experience) (7)</th>
<th>E N/A Unable to evaluate (8)</th>
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1. Selects and applies assessment methods that draw from the best available empirical literature, and that reflect the science of measurement and psychometrics. (1)

2. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. (2)

3. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making.
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**26 Section E Comments**: Any ratings “below expectations” or “remarkable” require a detailed explanation. Please specify the item to which the comment refers.
RATINGS AND COMPETENCIES for Section F

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings below or above expectations require more detailed explanation in the comment section below the question table.

For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.
For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
### 28. F. INTERVENTION

Demonstrates competence in evidence based interventions. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems.

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<th>F6</th>
<th>F7</th>
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<tbody>
<tr>
<td>Substantial supervision needed/remediation needed (1)</td>
<td>Close supervision needed (2)</td>
<td>Supervision needed (intern entry level) (3)</td>
<td>Minimal supervision needed (intern level) (4)</td>
<td>No supervision needed (postdoc/exit level) (5)</td>
<td>Advanced practice (equivalent to newly licensed psychologist) (6)</td>
<td>Remarkable (equivalent to licensed psychologist with 5 years experience) (7)</td>
</tr>
</tbody>
</table>

1. Establishes and maintains effective relationships with the recipients of psychological services (i.e., working alliance). (1)  
2. Develops evidence-based intervention plans specific to the service delivery goals. (2)  
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. (3)  
4. Demonstrates the ability to apply the relevant research literature to clinical decision-making. (4)
5. Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking. (5)

6. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation. (6)

29 **Section F Comments:** Any ratings "below expectations" or "remarkable" require a detailed explanation. Please specify the item to which the comment refers.

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Page Break
30
RATINGS AND COMPETENCIES for Section G

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings below or above expectations require more detailed explanation in the comment section below the question table.

For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.
For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
31 G. SUPERVISION

Supervision is grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

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<thead>
<tr>
<th>G1 - Substantial supervision needed/remediation needed (1)</th>
<th>G2 - Close supervision needed (2)</th>
<th>G3 - Supervision needed (intern entry level) (3)</th>
<th>G4 - Minimal supervision needed (intern level) (4)</th>
<th>G5 - No supervision needed (postdoc/exit level) (5)</th>
<th>G6 - Advanced practice (equivalent to newly licensed psychologist) (6)</th>
<th>G7 - Remarkable (equivalent to licensed psychologist with 5 years experience) (7)</th>
<th>G N/A Unable to evaluate (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates knowledge of supervision models and practices. (1)</td>
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<tr>
<td>2. Applies knowledge supervision models and practices in direct simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. (2)</td>
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<td>3. Provides constructive feedback to supervisees. (3)</td>
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32 **Section G Comments**: Any ratings “below expectations” or “remarkable” require a detailed explanation. Please specify the item to which the comment refers.

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RATINGS AND COMPETENCIES for Section H

Below Expectations: 1-2
Meets Expectations: 3-5
Above Expectations: 6-7

Any ratings below or above expectations require more detailed explanation in the comment section below the question table.

For Doctoral Interns, the competency goal at the end of the training year is 4 or higher within each category.
For Postdoctoral Fellows, the competency goal at the end of the training year is 5 or higher within each category.
### 34 H. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals and groups to address a problem, seek to share knowledge, or promote effectiveness interprofessional activities.

<table>
<thead>
<tr>
<th>H1 - Substantial supervision needed/remediation needed (1)</th>
<th>H2 - Close supervision needed (2)</th>
<th>H3 - Supervision needed (intern entry level) (3)</th>
<th>H4 - Minimal supervision needed (intern level) (4)</th>
<th>H5 - No supervision needed (postdoc/exit level) (5)</th>
<th>H6 - Advanced practice (equivalent to newly licensed psychologist) (6)</th>
<th>H7 - Remarkable (equivalent to licensed psychologist with 5 years experience) (7)</th>
<th>H N/A Unable to evaluate (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates knowledge and respect for the roles and perspectives of other professionals. (1)</td>
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</tr>
<tr>
<td>2. Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior (this may include peer consultation or consultation to other trainees). (2)</td>
<td>○</td>
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</tr>
<tr>
<td>3. Develops and maintains collaborative relationships and respect for other professionals. (3)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
</tbody>
</table>
35 Section H Comments: Any ratings "below expectations" or "remarkable" require a detailed explanation. Please specify the item to which the comment refers.

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SEMINAR EVALUATION

This seminar was effective at meeting my learning needs.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Strongly Agree

KEEP
What did you like about the seminar? What do you think it should keep doing?

STOP
What did you not like about the seminar? What do you think it should stop doing or do differently?

START
What do you think the seminar should start doing more of in the future?