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San Francisco



**ZUCKERBERG
SAN FRANCISCO GENERAL**
Hospital and Trauma Center

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



TABLE OF CONTENTS	
PROGRAM BACKGROUND	1
APPLYING FOR 2019	4
TRAINING PHILOSOPHY	6
GOALS AND OBJECTIVES	8
CLINICAL TRAINING PROGRAM OVERVIEW	9
CORE CLINICAL ROTATIONS	10
TRAINING DIDACTICS	21
SOCIALIZATION INTO THE PROFESSION	25
SUPERVISION	31
MENTORSHIP	32
DOCTORAL INTERNSHIP POLICY & PROCEDURES	
EVALUATION OF INTERN’S COMPETENCIES POLICY	33
ADMINISTRATIVE ASSISTANCE POLICY	37
RECORDS POLICY	38
INTERNSHIP HOURS & ALLOCATION POLICY	39
COMPENSATION AND BENEFITS POLICY	39
LEAVE AND SICK TIME POLICY	40
POLICY REGARDING MOONLIGHTING	41
POLICY ON TEACHING	41
PAID PARENTAL LEAVE POLICY	41
SUPERVISION POLICY	42
ICAP DOCUMENTATION AND PROCEDURES	49
AFFIRMATIVE ACTION/NONDISCRIMINATION IN EMPLOYMENT	
POLICY	54
SEXUAL VIOLENCE PREVENTION AND RESPONSE POLICY	48
DUE PROCESS IN ACTION: THE IDENTIFICATION AND MANAGEMENT OF	
TRAINEE PROBLEMS & GRIEVANCES	60

CAMPUS SERVICES	72
INTERNSHIP ADMISSIONS, SUPPORT & INITIAL PLACEMENT DATA.....	73
CORE FACULTY & STAFF	76
APPIC MATCH POLICIES	91
UCSF NON-DISCRIMINATORY POLICY	91
INTERNSHIP ACCREDITATION	93
RECEIPT OF MCTP HANDBOOK SIGNATURE PAGE	94
 APPENDIX	
SPE LOG	96
LEAVE REQUEST	97
SAMPLE SEMINAR SCHEDULE	98
EVALUATION OF CLINICAL SUPERVISOR	99
COMPETENCY EVALUATION OF TRAINEE BY CLINICAL SUPERVISOR	104
SEMINAR EVALUATION FORM	117

PROGRAM BACKGROUND

The Multicultural Clinical Training Program (MCTP) is embedded in Child and Adolescent Services (CAS) in the Division of Infant Child and Adolescent Psychiatry (ICAP) at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFGH) in the University of California, San Francisco (UCSF) Department of Psychiatry.

The **University of California, San Francisco**, is one of ten campuses of the University of California, and the only one devoted solely to the health sciences. The principal teaching missions of the campus are the education of health practitioners in dentistry, medicine, nursing, pharmacy, the allied health professions, and the graduate education of research investigators and teachers in the biological and social sciences. A large and outstanding university, UCSF employs about 22,000 people, and regularly ranks as one of the top medical schools in the country in amount of research funds received from the National Institutes of Health. In addition to serving the local communities, patients are referred to UCSF from throughout California and all over the world for consultation, diagnosis, and treatment when these patients require highly specialized knowledge or procedures because of the seriousness or complexity of their illness.

UCSF Psychiatry conducts its clinical, educational and research efforts at a variety of locations in Northern California, including **Zuckerberg San Francisco General Hospital and Trauma Center (the main training site of the MCTP)**, Langley Porter Psychiatric Hospital and Clinics, UCSF campuses at Mission Bay and Laurel Heights, UCSF Medical Center, UCSF Benioff Children's Hospitals, the San Francisco VA Health Care System, and UCSF Fresno, where UCSF faculty and staff have full responsibility for teaching, research, and patient care. The UCSF Department of Psychiatry and the Langley Porter Psychiatric Institute are among the nation's foremost resources in the fields of child, adolescent, adult and geriatric mental health. Together they constitute one of the largest departments in the UCSF School of Medicine and the UCSF Weill Institute for Neurosciences, with a mission focused on research (basic, translational, clinical), teaching, patient care and public service. Our faculty and staff members are recognized for their leadership roles in state-of-the-art, comprehensive and compassionate patient care, pioneering research, excellence in training the next generation of leaders, advancing public policy to advance mental health and commitment to diversity. We are dedicated to advancing mental health across the lifespan for the people

of the Bay Area and the world. In addition to internship and postdoctoral training in clinical psychology, the department has clinical training programs in psychiatry, nursing and rehabilitation therapies, and academic training programs in several social science areas. The multidisciplinary faculty of the department includes both full time faculty and clinical staff and a large volunteer clinical faculty.

As part of UCSF, the Child and Adolescent Services Multicultural Clinical Training Program shares in the educational resources of the Schools of Medicine, Dentistry, Nursing, and Pharmacy, and of the graduate programs in the life sciences. The University maintains a large medical library within a state-of-the-art facility that contains excellent collections in psychiatry, psychology, and related fields. Its computer-based catalog and interlibrary loan service provides Interns with access to libraries at the ten campuses of the University of California system.

The main training site for Child and Adolescent Services Multicultural Clinical Training Program is: **Zuckerberg San Francisco General Hospital and Trauma Center.**

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFGH) is a 281-bed Level I trauma center committed to serving diverse ethnic and racial minority and low-income populations of San Francisco. 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.

The **Division of Infant Child and Adolescent Psychiatry** (ICAP) is part of the Department of Psychiatry at Zuckerberg San Francisco General Hospital and Trauma Center. Its mission is to provide quality, culturally tailored, and trauma-informed mental health services for youth (from birth to age 24) and their families as part of a comprehensive, coordinated approach to care across the developmental age spectrum. ICAP programs and services encompass clinic and

community-based direct care and consultation services (within ZSFGH clinics, daycares, schools, and other community-based settings), training, and research.

ICAP Clinical and Consultation Services:

- Child and Adolescent Services (CAS) - Program Director: William Martinez, PhD
- Infant-Parent Program (IPP) Clinical Services - Program Director: Kadija Johnston, LCSW
- Pediatric Primary Care Behavioral Health (Pediatric PCBH) - Program Director: Kathryn Margolis, PhD
- UCSF Family and Community Psychiatry Program (FCPP) - Program Co-Director: Melanie Thomas, MD, MS
- UCSF Healthy Environments and Response to Trauma in Schools (HEARTS) – Program Director: Joyce Dorado, PhD

ICAP Training:

- Child and Adolescent Services Multicultural Clinical Training Program - Director of Clinical Training: Barbara Krishna Stuart, PhD
- Intensive Practice-Based Training in Multicultural Infant and Early Childhood Mental Health - Program Director: Maria St. John, PhD, MFT

ICAP and ICAP Affiliated Research:

- Juvenile Justice Behavioral Health Research Team - Director: Marina Tolou-Shams, PhD
- Child Trauma Research Program (CTRP) - Director: Alicia Lieberman, PhD

As part of ZSFGH Psychiatry, Division of Infant Child and Adolescent Psychiatry, **Child and Adolescent Services (CAS)** has been offering clinical psychology training since 1998. CAS is the internship program's principal training site; therefore, all interns must rotate through CAS. More information about Child and Adolescent Services is in following sections of this Handbook. 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

Stipends:

Stipends for fiscal year 2019-20 are \$24,133 for a full year for doctoral interns and \$50,772 for a full year postdoctoral fellows. The 2019-20 training year is scheduled to begin September 3, 2019 and end August 31, 2020.

Affirmative Action/Nondiscrimination in Employment:

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 a full-time 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 wellbeing 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.

Increasing the number of women and ethnic minority leaders in health centers providing care to underserved children and families is also a major goal of our program. During the last ten years, 78% of our Interns have been women, and 68% have been ethnic minorities.

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 Lief 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.

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.

Core 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 Latinx (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 for the 2019-2020 year is approximately 8 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 doctoral 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

The internship year is first and foremost a supervised, intensive, experiential learning opportunity focused on the delivery of psychological services. Socialization into the profession is achieved via the following components of the internship program:

Supervision-

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.

Evidence-based Teaching Approaches-

Learning is planned, sequenced, and graded in complexity over the course of the year. Learning is competency-based with explicit articulation of the competencies to be developed and demonstration that those competencies are achieved during the training year. An apprenticeship model is used in which interns observe faculty and staff psychologists modeling the competencies and faculty and clinical staff members observe interns mastering the competencies. The internship experience is learner-driven with interns playing an active role in identifying, through self-assessment, their strengths, learning needs, and progress in mastering the competencies. In keeping with adult learning principles, learning is problem-oriented, focused on the challenges experienced by the interns in the course of their internship responsibilities. Classroom learning is directly linked, to the extent possible, to program-based and community-based experiential learning opportunities.

Diversity, Equity and Inclusion Practices-

Diversity is integral to the training experience and valued among faculty/staff, interns, and the children and families served with respect to gender, race, ethnicity, sexual orientation, socio-economic status, culture, geography, country of origin, and disability status. 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. Diversity is valued among faculty/staff and interns with respect to professional interests, activities, and work setting. Diversity is also valued with respect to theoretical perspectives and interventions used in caring for youth and their families, and incorporated into the work of clinical services. Diversity is valued with respect to the use of cultural and linguistic adaptations of evidence-based practices.

Professional Development Practices-

The broad range of experiences that comprise the internship foster the development of interns' sense of professional identity. Ethical issues in psychological practice are examined and discussed throughout the internship. Intensive interactions with other disciplines and professions help interns define the essential characteristics of psychology as a discipline and recognize those attributes that are shared in common with other healthcare professions. A competency in interdisciplinary and team-based practice is mastered. The unique life histories, diversity of professional and personal interests, and expertise among the interns create a community of peers who learn from each other. A planned sequence of educational opportunities combined with individual mentoring helps each intern explore and pursue their professional development and post-internship career opportunities. 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 clinical cases and areas of specific interest for the Doctoral Intern.

Interns will also be required to share professional articles of interest and be encouraged to contribute to the literature when opportunities are present.

Planned professional 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)

September Orientation-

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, bingeing 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.

Building a Supportive Professional Community-

Through professional and social group meetings and formal Division, Department and Program specific gatherings a community is formed that serves as the interns' psychological and social home for the training year. A high value placed on creating

supportive relationships that help interns excel professionally while maintaining a balance between the professional and the personal, and developing skills in self-care.

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 topics such as the effects of environmental violence on child development.

DOCTORAL INTERNSHIP POLICIES & PROCEDURES

Evaluation of Interns' Competencies Policy

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 APA accreditation requirements, we have identified clear minimum levels of achievement:

In order for Interns to maintain good standing in the program they must:

- For the midyear evaluation, obtain ratings of at least a "3" ("Meets expectations; Supervision needed; Intern entry level") for all competencies on the evaluations.
- Not be found to have engaged in any significant unethical behavior

In order for Interns to successfully complete the program, they must:

- By the end of year evaluation period, obtain ratings of at least a "4" ("Meets expectations; Minimal supervision needed") or "5" corresponding to sound clinical judgment regularly demonstrated ("No supervision needed; Intern exit/ postdoc entry level") for all competencies on the evaluations.
- Not be found to have engaged in any significant unprofessional or unethical behavior

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, "Basic Procedures to Respond to Problematic Behavior" will be initiated (see Section II of Due Process in Action section of this Handbook.)

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

1) *Research/Science* - Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level. Interns will demonstrate an understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Interns will demonstrate respect for scientifically derived knowledge, display critical scientific thinking; will use the scientific literature and implement scientific methods.

2) *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 American Psychological Association's (APA) Ethical Principles and Code of Conduct and relevant, laws, regulations, rules, policies, standards, and guidelines. The APA Ethical Principles of Psychologists and Code of Conduct (or

Ethics Code) is reviewed with all interns. The Ethics Code can be found at <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

3) *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. Interns will demonstrate awareness of diversity and its influence, develop effective relationships with culturally diverse individuals, families, and groups, apply knowledge of individual and cultural diversity in practice and pursue professional development about individual and cultural diversity.

4) *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. Interns will display professional behavior, engage in self-assessment, demonstrate accountability, demonstrate professional identity and engage in self-care essential for functioning effectively as a psychologist.

5) *Communication and Interpersonal Skills* – Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships. Interns will communicate effectively, form positive relationships with others; manage complex interpersonal situations and demonstrate self-awareness as a professional.

6) *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. Interns will conduct clinical interviews; use evidence-based assessment tools (e.g., screening instruments, rating scales, and tests that assess risk, development, personality, psychopathology, cognitive functioning, and organizational functioning), collect and integrate data and summarize and report data.

7) *Intervention* – Interns will demonstrate competence in evidence-based interventions within the scope of health service psychology, including but not limited to psychotherapy. Interns will formulate case conceptualizations and treatment plans, implement evidence-based interventions and monitor the impact of interventions.

8) *Supervision* – Interns will demonstrate knowledge of evidence-based supervision models and practice and apply the knowledge in direct or simulated practice. Interns will seek and use supervision effectively, use supervisory feedback to improve performance, facilitate peer supervision/consultation and provides individual supervision (if applicable).

9) *Consultation, Interprofessional/Interdisciplinary Skills and Systems-Based Practice* – Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Interns will provide consultation (e.g. case-based, group, organizational systems), engage in interprofessional collaboration and engage in systems-based practice. Systems-based practice refers to all the processes in the health care system that operates to provide cost effective care to individual patients and to populations. It includes the appointment system and referral process all the way to the governmental organization of health care. It also includes the way patients and providers engage with the community. It identifies multiple layers of influence beyond the individual patient that impact a patient's health. It is important for interns to understand these different layers and their impact on care delivery. Interns must demonstrate an awareness of and responsiveness to the larger context and systems of health care and the ability to call on system resources to provide care that is optimal.

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: Research/Science, 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.

Administrative Assistance Policy

MCTP has a Training Administrative Associate who supports the interns administratively. This individual assists interns in navigating university, hospital, department, and program level systems and tasks. These include, but are not limited to the following: Providing information to trainees on housing resources, completing background checks, accessing the UCSF Campus Life Services, Office

of Graduate Medical Education and MyAccess, registering for health benefits, obtaining a UCSF ID, obtaining telephone and computer access, completing online mandatory training, program and seminar documents, and submitting supervision tracking documentation. The Training Administrative Associate is available five days per week to respond to questions and concerns from interns. Additionally, the Department of Psychiatry has a designated Information Technology specialist available to address for interns any IT related problems that arise with UCSF IT systems and UCSF computers. The ICAP Data Analyst and the ICAP Compliance Analyst both available to interns 5 days/week also support interns in understanding and implementing procedures and documentation related to clinical service delivery such as client registration and the management of medical records and meeting training and compliance requirements of the San Francisco Department of Public Health (DPH).

Records Policy

Overview: A record will be created for each trainee admitted to the internship program. The format can be either electronic or hard copy.

Security: Hard copy records will be stored in a locked file. Electronic records will be stored on a password-protected device.

Retention: All records will be stored permanently.

Contents:

- Full APPIC application
- CV submitted at the time of application
- Activity Logs for the year
- Primary and Delegate Supervisor evaluations
- Copy of Certificate of Completion

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.

Compensation and Benefits Policy

Checks are mailed to the intern's home address and are scheduled to arrive by the first of the month. Payment is on the first day of the month following the month worked. For example, for the month of July, interns will be paid on the first of August. Direct deposit is available, interns will need to provide a voided check and see the Training Administrative Associate for form. It takes approximately 4-6 weeks to get it activated so the first check will be mailed and the following ones will be deposited electronically. For payroll purposes, interns are considered employees and therefore all the usual payroll taxes apply to them. Interns will receive a W-2 at the end of the year.

The departmental contact for payroll questions is Sabrina Ho at 415-476-7521.

MCTP trainees have health benefits, including primary care and hospitalization. Doctoral Interns and Postdoctoral Fellows may contact Sabrina Ho (415-476-7521) for specific details on coverage, and can browse through this link for general information: <http://medschool2.ucsf.edu/gme/residents/benefits.html>.

In addition to a medical plan, doctoral interns and postdoctoral fellows will automatically be enrolled in dental, vision, life insurance and AD&D (accidental death and dismemberment), and disability insurance plans. Initial Eligibility Period (IEP) applies to any changes to your benefits.

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

Policy Regarding Moonlighting

Clinical moonlighting is not permitted. The internship is a full-time commitment. Interns are expected not to provide clinical services outside of the internship context.

Policy on Teaching

In keeping with the mission of the program, we are supportive of interns who wish to pursue teaching opportunities that are not otherwise available through the MCTP or the UCSF campus. However, the faculty also recognizes that interns have rather demanding schedules and that taking on additional teaching responsibilities outside of UCSF is generally unadvisable. Therefore such activities must involve careful planning to ensure that interns can continue to meet their training goals as outlined in the MCTP Handbook. In consultation with their Primary Supervisor and the Training Director, an intern can propose teaching outside UCSF as long as it does not interfere with their clinical or research duties or takes them away from routine program meetings.

Paid Parental Leave Policy

Interns in the MCTP receive a level of full support equal to their compensation at the time of their leave for a period of two weeks for the birth or adoption of a child. Either parent is eligible for this leave. Interns can augment this paid period with vacation and sick leave based on their balance at the time. In accordance with the Family and Medical Leave Act (FMLA), leave can extend to twelve (12) workweeks. Maternity leave extending beyond 30 days may qualify as a disability.

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)] and to the Guidelines for Clinical Supervision in Health Service Psychology (APA, 2014). The Guidelines for Clinical Supervision in Health Service Psychology outlines guidelines for supervision of students in health service psychology education and training programs. It “capture[s] optimal performance expectations for psychologists who supervise [and] it is based on the premises that supervisors a) strive to achieve competence in the provision of supervision and b) employ a competency-based, meta-theoretical approach to the supervision process (APA, 2014).”

(See American Psychological Association. (2014). Guidelines for Clinical Supervision in Health Service Psychology. Retrieved from <http://apa.org/about/policy/guidelines-supervision.pdf>)

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 intern'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 & Mascaró, 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 interns 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.

ICAP Documentation and Procedures

The Division of Infant, Child and Adolescent Psychiatry (ICAP) provides one modality of what Behavioral Health Services (BHS) and the San Francisco

Department of Public Health considers **specialty mental health services** that are **medically necessary**. Specialty mental health services are indicated when there is moderate to severe dysfunction related to a mental health diagnosis.

Specialty mental health services are services provided to individuals whose mental health care needs cannot be treated effectively by their primary care physician. Thus, a referral for ICAP/CAS/IPP services is analogous to a referral for any other medical sub-specialist (neurologist, dermatologist, etc.). ICAP services are available to residents of San Francisco who receive Medi-Cal benefits and San Francisco Health Plan members.

Programs that have contracts with BHS, including the Infant-Parent Program (IPP) and Child and Adolescent Services (CAS), are required to maintain a hybrid behavioral health record, which includes both electronic and paper forms and documents. The Electronic Health Record (EHR) software system used by BHS is called **Avatar**.

Current interns are directed to the ICAP Documentation and Procedures Manual at

*<https://wiki.library.ucsf.edu/display/ICAP/ICAP+Documentation+and+Procedures+Manual> for detailed instructions on the following documentation and procedures related to the delivery of **specialty mental health services** in ICAP/CAS/IPP:*

A) Overview of ICAP Services

- Specialty Mental Health
- Medical Necessity
- List of Non-Reimbursable DSM 5 Diagnoses
- Reimbursable Procedure Codes
- Non-Medi-Cal Reimbursable Procedure Codes

B) Referral and Assessment Process: CAS Referrals and IPP Referrals

- Initial Phone Contact with the Family and TIMELY ACCESS
- Preparing for the initial meeting with the family/client
- Steps to take after the initial meeting (initial meeting = Day 1)
- Billing during the Assessment Period

C) Progress Notes

- Types of Progress Notes
- Progress Note Timeline
- How to Document a Service Involving Two or More People
- Assessment Period Progress Notes
- Progress Note to Bill for the CANS/ANSA Assessment Form
- Plan Development Notes
- Treatment Period Progress Notes
- Individual Therapy Services (INDTPY)
- Family Psychotherapy (90847)
- Collateral Services (ICOLL)
- Crisis Services (CRISIS)
- Case Management/Brokerage Services (T1017)
- Group Psychotherapy Services (GRPTY)
- Administrative Progress Notes
- Independent Notes
- Edit Service Information
- Modifier Codes
- Documenting Use of Interpreter Services

D) Child And Adolescent Needs and Strengths/Adult Needs and Strength Assessment (CANS/ANSA) & Clinical Formulation

- Purpose of the Assessment
- Timeline of Assessment Activity
- Important Points to Remember
- Clinical Formulation
- Suggested Outline for the Clinical Formulation
- Examples of Clinical Formulations
- CANS 2.0 Materials
- Pediatric Symptom Checklist 35-item Parent Version (PSC-35) Materials

E) Treatment Plan of Care

- Key Points of Treatment Plan of Care (TPOC) Documentation
- Timeline of the TPOC
- Guidelines & requirements for each section of the TPOC

F) Planning for Time Away

G) Closing a Case

- Closing an Un-opened Referral
- Closing a Case that has been opened in Avatar
- Closing a Service but Remaining Open in Avatar (CAS Only)

H) Psychological Testing

- General CBHS Documentation Requirements for Psych Testing
- Comprehensive Psychological Evaluations (CPE)
 - Initial Contact and Scheduling
 - Timely Access
 - Intake Protocol
 - Progress Notes & Billing
 - Closing Protocol
 - Bilingual CPEs
- ECDC Pre-Adoptive Evaluations
 - Guidelines
- Diagnostic Assessment Clinic (DAC)
 - Overview of Structure
 - Schedule
 - Detailed Procedures
 - Billing
 - DAC Personnel
 - Supervision
 - Attendance, Reminder Calls, and No Shows
- Test Materials and Raw Data

I) 6B Space Policies and Procedures

- Treatment Room Reservations
- Treatment Room Session Maintenance
- Treatment Room Weekly Clean-Up
- 6B Unit Entry
- Waiting Room
- Chart Room
- Trainee Offices and Workstations

- Bathrooms
- Kitchen
- Library
- Games Cabinet
- Video Recording (CAS)
- Videoconferencing (Zoom)
- Interpreter and Translation Services Resources

J) Emergency Protocols

- Personal Safety
- Clinic Safety
- Clinical Coverage (CAS Only)
- Managing Clinical Crises (CAS Only)
- Managing Crises in the Community
- Follow-Up to Emergency Situations and Critical Incidents
- Other Clinic Emergencies or Alerts
- Medical Emergencies
- Clinic Alarms
- Other Hospital Emergencies or Alerts
- Shelter-in-Place
- Area Protests

K) Appendix

- Action Words for Use in Progress Note Interventions
- AVATAR Treatment Plan of Care Vimeo
- CAS Book Library
- CAS Client Contact Log
- CAS Closing Letter Templates
- CAS Disposition Form
- CAS External Referral Form
- CAS PURQC Flow Chart CAS
- CBHS and ICAP Approved Abbreviations
- Chart Arrangement Form
- Clinical Review Form for PURQC & Case Review
- DAC Parent Summary Letter

- ICAP Outpatient Mental Health Service Codes
- List of Psychological Tests and Measures Available at CAS
- Memorandum on Non-Medi-Cal Billable Codes (NM Codes)
- SF DPH Documentation Manual
- SF DPH Group Progress Notes User Guide

Affirmative Action/Nondiscrimination in Employment Policy

In accordance with applicable laws and regulations, the University has established a policy to provide equal employment opportunities to all individuals, and to undertake affirmative action for qualified members of groups underrepresented in the workforce.

Definitions

Affirmative Action: Result-oriented steps taken to recruit, employ, and promote qualified members of groups formerly excluded from the workforce (as defined by federal and state laws: minorities (American Indians, Asians, African Americans/Blacks, Hispanics), women, persons with disabilities and covered veterans.[1])

[1] Covered veterans includes veterans with disabilities, recently separated veterans, Vietnam era veterans, veterans who served on active duty in the U.S. Military, Ground, Naval or Air Service during a war or in a campaign or expedition for which a campaign badge has been authorized, or Armed Forces service medal veterans.

Discrimination: Illegal treatment of a person or group (either intentional or unintentional) on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age (over 40), sexual

orientation, citizenship, pregnancy[2] or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)) [3].

[2] Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth.

[3] Service in the Uniformed Services, as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services, as well as state military and naval service.

Underutilization: Employment of members of a race, ethnic, or gender group at a rate below their availability (representation in the labor market).

Policy

A. UCSF shall provide equal employment opportunities to all individuals without regard to race, color, national origin, religion, sex, gender, gender expression, gender identity, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age (over 40), sexual orientation, citizenship, pregnancy, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)).

B. UCSF employees or applicants for employment shall be treated equitably and fairly in all matters related to employment, including recruitment, selection, transfer, promotion, demotion, reclassification, compensation, benefits, training and development, separation, and social and recreational programs. No employee or applicant for employment shall be discriminatorily harassed or differentially treated in UCSF's employment programs and activities. This prohibition includes all forms of harassment, including sexual.

C. University policy prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment. Retaliation is also prohibited 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.

D. To ensure that applicants and employees have the right to equal employment opportunities, UCSF has established a comprehensive written affirmative action personnel program that shall be vigorously utilized, conform to all legal requirements, be consistent with University standards of quality and excellence, and be specific in identifying areas of underutilization and disparity and in prescribing corrective measures. In accordance with applicable laws and regulations, UCSF shall undertake affirmative action for minorities (American Indians, Asians, African Americans/Blacks, and Hispanics), women, persons with disabilities, and covered veterans to ensure that members of groups, who, in the past, may have been victims of employment discrimination are given opportunities to compete for jobs through fair assessment of their application.

Responsibilities

A. The Chancellor is responsible for the final implementation and monitoring of UCSF's affirmative action plan and nondiscrimination programs and activities.

B. All unit heads are responsible for the implementation of UCSF's nondiscrimination and affirmative action policies within their units.

C. The Director- Affirmative Action, EEO, ADA, & Title IX Compliance is responsible for monitoring and evaluating UCSF's nondiscrimination/affirmative action programs and activities. Questions and comments may be directed to the Office of Diversity and Outreach [3].

Related Policies

- 150-28 - Americans with Disabilities Act (ADA) Barrier Removal [4]
- 150-26 - Employee Disability/Reasonable Accommodation [5]
- 300-18 - Independent Consultants (retired) [6]
- 150-19 - Nondiscrimination Regarding Language Spoken in Workplace [7]
- 150-13 - Sexual Harassment and Sexual Violence [8]

References

- Academic Personnel Manual [9], Office of the President:
 - Affirmative Action and Nondiscrimination in Employment (APM 35) [10]
- Collective Bargaining Agreements [11]
- Nondiscrimination and Affirmative Action Policy Statement for University of California Publications regarding Employment Practices [12]
- *Personnel Policies for Staff Members (PPSM)* [13], Office of the President:
 - PPSM-12: Nondiscrimination in Employment [14]
 - PPSM-14: Affirmative Action [15]
- Regents Policy 4400: Policy on University of California Diversity Statement [16]
- University of California Policy - Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment [17]
- UCSF Campus Code of Conduct [18]
- UCSF Office of Diversity and Outreach [3]

Source URL: <https://policies.ucsf.edu/policy/150-12>

Links

- [1] <https://policies.ucsf.edu/policy/150>
- [2] <mailto:SVCPOLICIES@ucsf.edu>

- [3] <http://diversity.ucsf.edu/>
- [4] <https://policies.ucsf.edu/policy/150-28>
- [5] <https://policies.ucsf.edu/policy/150-26>
- [6] <https://policies.ucsf.edu/policy/300-18>
- [7] <https://policies.ucsf.edu/policy/150-19>
- [8] <https://policies.ucsf.edu/policy/150-13>
- [9] <http://www.ucop.edu/acadadv/acadpers/apm/>
- [10] http://ucop.edu/academic-personnel-programs/_files/apm/apm-035.pdf
- [11] [http://ucnet.universityofcalifornia.edu/labor/bargaining-units/\[12\]](http://ucnet.universityofcalifornia.edu/labor/bargaining-units/[12])
<http://ucnet.universityofcalifornia.edu/tools-and-services/administrators/docs/nondiscrimination-policy-statement-publications-may-2014.pdf>
- [13] <http://policy.ucop.edu/manuals/personnel-policies-for-staff-members.html>
- [14] <http://policy.ucop.edu/doc/4010391/PPSM-12>
- [15] <http://policy.ucop.edu/doc/4010392/PPSM-14>
- [16] <http://regents.universityofcalifornia.edu/governance/policies/4400.html>
- [17] <http://policy.ucop.edu/doc/4000376/NondiscrimAffirmAct>
- [18] [http://chancellor.ucsf.edu/sites/chancellor.ucsf.edu/files/Code of Conduct.pdf](http://chancellor.ucsf.edu/sites/chancellor.ucsf.edu/files/Code_of_Conduct.pdf)

Sexual Violence Prevention and Response Policy

MCTP adheres to the Sexual Violence Prevention & Response policy of the University of California, as follows:

The University of California is committed to creating and maintaining a community dedicated to the advancement, application and transmission of knowledge and creative endeavors through academic excellence, where all individuals who participate in University programs and activities can work and learn together in an atmosphere free of harassment, exploitation, or intimidation. Every member of the community should be aware that the University prohibits sexual violence and sexual harassment, retaliation, and other prohibited behavior ("Prohibited Conduct") that violates law and/or University policy. The University will respond

promptly and effectively to reports of Prohibited Conduct and will take appropriate action to prevent, to correct, and when necessary, to discipline behavior that violates this Policy on Sexual Violence and Sexual Harassment (hereafter referred to as Policy). This Policy addresses the University of California's responsibilities and procedures related to Prohibited Conduct in order to ensure an equitable and inclusive education and employment environment free of sexual violence and sexual harassment. The Policy defines conduct prohibited by the University of California and explains the administrative procedures the University uses to resolve reports of Prohibited Conduct.

The **UC Sexual Violence and Sexual Harassment Policies** can be found at <https://sexualviolence.ucsf.edu/policies>

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/extern, doctoral intern and 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, doctoral 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 program 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 programs 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. A disproportionate amount of attention by training personnel is required; and/or
5. 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 faculty/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 faculty/staff or trainee who has concerns.
2. If the faculty/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 faculty/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 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. The trainee's doctoral program, the UCSF Office of Graduate Medical Education and UCSF Human Resources will be notified of remediation and sanctions at the discretion of the Training Director.

1. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning professional 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 primary 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 professional 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 professional 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 MCTP program 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 training program. 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, which impairs or interferes with professional functioning and performance. The TD will make the final decision about dismissal.

6. Immediate Dismissal involves the immediate permanent withdrawal of all MCTP training program 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, which impairs or interferes with professional functioning and performance. 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/faculty), 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 trainee, 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. In addition to the options listed below, a trainee may choose to discuss their concerns with the Office of the Ombuds (415-502-9600; <https://ombuds.ucsf.edu/>). The Ombuds will listen and review matters; help identify options; make inquiries and make referrals as appropriate; and/or facilitate resolutions in an impartial manner. This is an informal, but confidential option.

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 trainee 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 faculty/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 intern'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 trainee 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 trainee 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 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 faculty/staff member and the MCTP program or faculty/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).

CAMPUS SERVICES

UCSF Campus Library

Your campus photo I.D. can be used as a library card. The UCSF library system, which includes a large modern library on the main UCSF campus and a branch at the ZSFG campus, provides inter-library loan services for written materials as well as computer terminals with internet access. There is also direct access to the UCSF library catalog to all of the libraries in the entire ten campus UC system as well as access to Melvyl and Medline literature search tools. You are also eligible to open a Galen account as well as VPN access to university resources from home. Your UCSF email account information packet should have instructions in setting this up.

Electronic Mail

The default email account for trainees at UCSF is (firstname.lastname@ucsf.edu) unless the account is already taken, the account is linked to your appointment start and end dates, it will be turned off the day after the end of your appointment. Each intern will have a computers assigned to them where they can access their email.

UCSF Shuttle

There is a free shuttle service between UCSF sites, including ZSFG. Go online to <http://www.campusliveservices.ucsf.edu/transportation/shuttles/> to obtain the latest schedule in pdf. Interns must make sure you wear their UCSF ID when riding the shuttle

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	<input checked="" type="checkbox"/> N	<input type="checkbox"/> Y	Amount: N/A
Total Direct Contact Assessment Hours	<input checked="" type="checkbox"/> N	<input type="checkbox"/> 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*

Annual Stipend/Salary for Full-time Interns	\$24,133.00	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	80	
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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)

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

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 Clinical 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 State University. Ms. Friedling works from a family-focused, strengths-based perspective. Goals of her work include helping children to overcome the acute symptoms of trauma while, in the process, helping them strengthen their inner resources and external support systems. Her work also focuses on improving family functioning, increasing client self-esteem and increasing individual and family resilience.

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 doctoral 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. Vichez 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 UCSF Department of Psychiatry and Weill Institute for Neurosciences. After completing her doctoral training in clinical psychology at Marquette University and doctoral internship at UCSF, specializing in evidence-based psychosocial services for youth with Attention-Deficit, Hyperactivity/Impulsivity (ADHD), she received a Ruth L. Kirschstein National Research Service Award (NRSA) for Individual Postdoctoral Fellows with a project entitled "Culturally Sensitive School-Home Behavioral Program for Latino Children with ADHD" funded by the National Institute of Mental Health (NIMH). Most recently, her work adapting, implementing, and evaluating school-home behavioral services for Latino youth of Spanish-speaking families were recognized with an ISRCAP Scholarship and a World ADHD Congress Young Scientist Award in 2017.

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.

Ken Epstein, PhD: Dr. Epstein has worked within family and youth service programs since 1981 as a line worker, clinician, program director, professor and chief executive officer. Dr. Epstein is a Licensed Clinical Social Worker with a Ph.D. in clinical social work from Smith College and an MSW from UC Berkeley. Dr. Epstein currently works for East Bay Agency for Children and as a consultant helping organizations promote and achieve culture change by improving organizational practices and workforce development. Previously he directed the Children, Youth and Family 'System of Care for San Francisco County Behavioral Health Services in the Department of Public Health. In this capacity he developed and lead the vision and implementation of Trauma Informed Systems, which has become an organizational promising practice and has been spotlighted by SAMHSA. In addition, he served as the Principal Investigator for Trauma Transformed a

regional SAMHSA grant. Beginning in 1990 Dr. Epstein has specialized in developing, supervising, teaching and practicing couples and family therapy. He is the founding director of the Intensive Family Model Clinic that he replicated at UCSF as well as other organizations. Dr. Epstein has focused his career on working with High Conflict couples and families and building effective services and programs to serve this population.

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.

Miriam Silverman, PsyD is a licensed clinical psychologist and Infant-Family and Early Childhood Mental Health Reflective Practice Facilitator Mentor. She works at the Infant-Parent Program at University of California, San Francisco where she provides infant-parent psychotherapy, developmental assessments, mental health consultation to childcare programs, consultation to residential drug treatment for women and their drug-exposed infants, consultation to Certified Nurse Midwives and Public Health Nurses in the Nurse Family Partnership Program and therapeutic playgroups for toddlers and preschoolers. She is on the faculty of West Ed's Program for Infant-Toddler Caregivers where she teaches nationally on early childhood social-emotional development and home visiting. She is involved in training and supervising interns and professionals in Infant and Early Childhood Mental Health. Prior to coming to the Infant-Parent Program, Dr. Silverman provided home-based developmental assessments for the zero-to-three program, infant-parent psychotherapy with young children and their families in the child welfare system and clinical supervision to Early Head Start home visitors. She has created and implemented outpatient drug treatment programs for adolescents, worked as a lead counselor at a residential drug treatment program for women

and their drug exposed infants and toddlers, provided school-based psychotherapy for elementary school children and group therapy services for women and teen girls involved in violent relationships. In addition to her current work at the Infant-Parent Program, Dr. Silverman is in private practice specializing in work with young children with disorders of learning and communicating and their families.

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 Trinkka 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.

Griselda Oliver Bucio, MFT, studied psychology and a Post Graduate Course in Infant Psychopathology, in Mexico City. She obtained her Master's degree in Clinical Psychology from San Francisco State University. She received training at the UCSF-Child Trauma Research Program doing Child Parent Psychotherapy and at the UCSF-Infant Parent Program performing dyadic work with children under 3 and their caregivers. During the past 15 years she has worked at UCSF- Child Trauma Research Program. Her first years were spent as a researcher, the last 12 years in a clinical position. Griselda's specialty is working with children 0-5 exposed to trauma in Child Parent Psychotherapy (CPP). She also has specialized experience working with pregnant women exposed to domestic violence and with trauma-exposed young children and their families. Griselda has been invited to present in Chile and at multiple Post Graduate Virtual Courses led by the Mexican National Institute of Public Health, and the Anahuac University (UA) in Mexico City. Griselda holds certification as a Registered Circle of Security Parent Educator, and registered facilitator in Attachment Vitamins. She was trained on the Newborn Behavioral Observations system, developed by the Brazelton Institute, and received Level 1 and Level 2 certification from Fussy Baby Network® developed by the Erikson Institute. She is an active member of the National Child Traumatic Stress Network where she participates in the cultural consortium and translation review committee. She is the co-producer and director of translation of the video "Vale la pena recordar," a Spanish translation and adaptation of a video for caregivers of children who have experienced traumatic loss. She has participated in several Spanish translations for important documents and measures related to her field. Griselda published in The National Child Traumatic Stress Network Newsletter (NCTSN) Quarterly publication, *Contribution to Spotlight on Culture*, "Helping Latin-American Immigrant Pregnant Women Exposed to Trauma: Reflections on Mirroring", and coauthored the article "Making Sense of the Past Creates Space for the Baby: Perinatal Child-Parent Psychotherapy for Pregnant Women with Childhood Trauma" in the journal *Zero to Three* (2016).

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

Any person who believes he or she has been subjected to discrimination, including harassment and retaliation, on the basis of a protected category may contact the Office for the Prevention of Harassment and Discrimination (OPHD).

Contact Office of Prevention of Harassment and Discrimination (OPHD)
[Conflict Resolution and Complaint Processing](#)
OPHD@ucsf.edu, (415) 502-3400

Any person who believes he or she has been subjected to discrimination on the basis of a protected category may contact the Office of Civil Rights (OCR), U.S. Department of Education. OCR advises that a potential complainant may want to explore and utilize the institution's grievance process to resolve the complaint prior to filing a complaint against an institution. However, individuals are not required by law to use the institutional grievance process before filing a complaint with OCR.

Seek resolution through the [Office of Civil Rights \(OCR\), U.S. Department of Education](#)

Voice: (415) 486-5555, TTY: (877) 521-2172

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

Receipt of MCTP 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

APPENDIX

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
CAS MULTICULTURAL CLINICAL TRAINING PROGRAM AT ZSFGH
SUPERVISED PROFESSIONAL EXPERIENCE WEEKLY LOG OF ACTIVITIES

Supervisee's Name:	Work Setting in Which Supervision Took Place:					
Hours for weeks of:	8/1/2019 - 8/2	8/5/19	8/12/19	8/19/19	8/26/19	TOTALS
SUPERVISION & TRAINING						
Face to Face, Individual Supervision with Primary Supervisor						0
Group Supervision with Primary Supervisor						0
Face to Face, Individual Supervision with Delegated Supervisor						0
Group Supervision with Delegated Supervisor						0
TRAINING ACTIVITIES						
(e.g., Didactics, Trainings, Seminars, Grand Rounds)						0
PROFESSIONAL SERVICES PERFORMED (Direct Service Hours)						
Individual Psychotherapy						0
Couples or Family Therapy (with or without child)						0
Group Psychotherapy						0
Testing & Assessment						0
Professional Consultation (e.g. to peds providers)						0
Collaterals (e.g., with indiv family members, treatment providers, school)						0
Other Work Performed						
Administrative Duties (e.g., Paperwork, progress notes, report writing, process notes, charting)						0
Other Admin and Clinic Meetings						0
Other Prof. Activities (e.g., Formal Presentations, Community)						0
Total Number of Hrs. Supervised Exp. Each Week:	0	0	0	0	0	0
Total number of hours of SPE performed satisfactorily:						

The California Board of Psychology allows a maximum of 44 hrs/week to be counted toward licensure. Logs should reflect vacation, holidays, & other time-off.

<p>Delegated Supervisor's Printed Name & Psych. Lic #</p> <hr/> <p>Delegated Supervisor's Signature & Date</p> <hr/> <p>Delegated Supervisor's Printed Name & Psych. Lic #</p> <hr/> <p>Delegated Supervisor's Signature & Date</p> <hr/> <p>Primary Supervisor's/Mentor Printed Name & Psych. Lic #</p> <hr/> <p>Primary Supervisor's/Mentor Signature & Date</p>	<p>I certify that the information on this form accurately represents the training activities of:</p> <p>_____ (supervisee)</p> <p>at _____ UCSF /ZSFGH (work setting).</p> <p>Barbara Krishna Stuart, Ph.D. Lic# PSY23415 Training Director's printed name and psychology license number</p> <p>_____ Training Director's signature and date</p>
--	--

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.

UCSF Child & Adolescent Services, ZSFGH Department of Psychiatry
 Multicultural Clinical Training Program
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

VAC DAYS USED	VAC DAYS REMAINING	SICK DAYS USED	SICK DAYS REMAINING	PROF. LEAVE USED	PROF. LEAVE REMAINING

Sample Seminar Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
		9:00 AM - 10:30 AM Diversity and Trauma Seminar	9:30 AM - 10:30 AM Professional Development Seminar	
	10:30 AM- 11:50 AM CAS Case Conference / Consultation Team	10:30 AM- 11:50 AM Assessment Seminar/Lab	11:00 AM- 12:30 PM CTRP Seminar/Case Review -	9:00 AM- 10:30 AM Family Therapy Seminar
		12:00 PM- 1:00 PM Child Psychiatry Grand Rounds (Twice monthly)		

MCTP EVALUATION OF CLINICAL SUPERVISOR BY TRAINEE

Name of Clinical Supervisor:

Name of Trainee:

Evaluation Date:

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

Supervision was based on:

	Direct Observation (1)	Audiotape (2)	Videotape (3)	Therapist's report (4)	Other (5)
Put an "X" next to all that apply (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. The amount of time spent in supervision was sufficient.

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. My supervisor demonstrated an appropriate command of the field (e.g. knowledge of literature, clinical skills, techniques, etc.)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I have developed as a psychologist through supervision.

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. My supervisor was available when needed.

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. My supervisor was reliable (on time, regular meetings, etc.)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Supervisor encourages self-reflection (e.g., encourages creative and theoretical thinking about cases; willing to process relational issues that may interfere with therapy)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Supervisor is supportive (e.g., conveys respect and caring; not overly critical; puts me at ease in supervision)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Supervisor is flexible (e.g., able to adopt different approaches or perspectives if needed)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Supervisor gives useful suggestions (e.g., able to delineate useful suggestions for therapy; facilitates a learning process in supervision)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Supervisor enjoys supervision (e.g., appears to enjoy supervision; puts time and energy into it)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Supervisor is a role model (e.g., conveys respect and professionalism in supervision)

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (6)
Click button (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Intern/Fellow and the Supervisor should sign below.

End of Block: SURVEY INSTRUCTIONS

Start of Block: Block 5

**UCSF CHILD AND ADOLESCENT SERVICES (CAS)
MULTICULTURAL CLINICAL TRAINING PROGRAM (MCTP)**

COMPETENCY EVALUATION OF MCTP TRAINEE BY CLINICAL SUPERVISOR

Trainee Name: _____

Activity

- CAS
- Assessment
- Group Intervention
- CTRP
- IPP

Period of Evaluation

- Mid-year
- End of year

Evaluator/Supervisor _____

Training Level:

- Predoctoral Intern
- Postdoctoral Fellow

Mode of supervision:

- Individual
- Group

TYPE OF SUPERVISION: (check all that apply)

Note: Evaluation should be based in part on at least one instance of direct observation.

Option

- Direct Observation - In Person Observation

_____ Direct Observation - Live Video Streaming

_____ Direct Observation - Video Recording

Audio Tape

Post hoc Discussion

Review of Written Work

Comments from Other Staff _____

Type of cases:

Assessment

Case Management

Individual Therapy

Family Therapy

Group Therapy

Other _____

Option

Psychological Testing

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

Dyadic Treatment/Family Therapy

Group Therapy

Consultation-liaison

Other _____

Theoretical Orientation:

Please rate the Trainee on each competency using the following scale. Any ratings below or above expectations require more detailed explanation in the comment section below.

Competency Goal

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.

- 1 - Substantial supervision needed/remediation needed
- 2 - Close Supervision needed
- 3 - Some supervision needed (intern entry level)
- 4 - Little Supervision needed (intern exit/postdoc entry level)
- 5 - No supervision needed (postdoc exit level)
- 6 - Advanced practice (equivalent to newly licensed psychologist)
- 7 - Remarkable (equivalent to licensed psychologist with 5 years experience)

ETHICAL AND LEGAL STANDARDS	<i>Below Expectations</i>		<i>Meets Expectations</i>			<i>Above Expectations</i>		N/A
	1	2	3	4	5	6	7	
<i>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.</i>								
1. Is knowledgeable and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct.								
2. 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								
3. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.								
4. Conducts self in an ethical manner in all professional activities.								

INDIVIDUAL AND CULTURAL DIVERSITY	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
<p><i>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.</i></p> <p><i>Demonstrates 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:</i></p>								
<p>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.</p>								
<p>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.</p>								

3. Ability to independently apply their knowledge and approach to working effectively with the range of diverse individuals during the internship.							
4. Demonstrates ability to apply a framework for working with areas of individual and cultural diversity that she or he has not previously encountered.							
5. Applies knowledge of the role of cultural and individual diversity in assessment, treatment, consultation, and research.							

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS	<i>Below Expectations</i>		<i>Meets Expectations</i>			<i>Above Expectations</i>		
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>N/A</i>
<i>Demonstrates ability to respond professionally in increasingly complex situations with increasing independence across levels of training.</i>								
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.								
2. Engages in self-reflection regarding his/her personal and professional functioning; engages in activities to maintain and improve performance, wellbeing, and professional effectiveness.								

3. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.								
4. Aware of own competence and limitations.								
5. Acts to understand and safeguard the welfare of others.								
6. Shows accountability, dependability, responsibility, and initiative.								
7. Written work is prepared in an accurate and timely manner.								
8. Demonstrates development of emerging professional identity as a "psychologist".								

COMMUNICATION AND INTERPERSONAL SKILLS	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
<i>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.</i>								
1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervises and those receiving professional services.								
2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.								

3. Demonstrates a thorough grasp of professional language and concepts.								
4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.								
5. Develops productive and respectful relationships with patients, peers/colleagues, supervisors, and professionals from other disciplines.								

ASSESSMENT	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
<i>Responds professionally in increasingly complex situations with a greater degree of independence across levels of training and demonstrates competence in conducting evidence-based assessment.</i>								
1. Selects and applies assessment methods that draw from the best available empirical literature, and that reflect the science of measurement and psychometrics.								
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.								

<p>3. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing between the aspects of assessment that are subjective from those that are objective.</p>								
<p>4. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner.</p>								
<p>5. Understands and appreciates the use of the DSM-5.</p>								
<p>6. Demonstrates good clinical interviewing skills.</p>								
<p>7. Able to assess patient's clinical state and intervene appropriately.</p>								
<p>8. Makes appropriate recommendations for treatment planning and disposition.</p>								
<p>9. Conducts suicide and violence risk assessments appropriately.</p>								

INTERVENTION	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
<i>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</i>								
1. Establishes and maintains effective relationships with the recipients of psychological services (i.e., working alliance).								
2. Develops evidence-based intervention plans specific to the service delivery goals.								
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.								
4. Demonstrates the ability to apply the relevant research literature to clinical decision-making.								
5. Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.								

6. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.								
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SUPERVISION	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
<i>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 those skills. Supervisors act as role models and maintain responsibility for the activities they oversee</i>								
1. Demonstrates knowledge of supervision models and practices.								
2. Applies knowledge of supervision models and practices in direct or 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.								
3. Provides constructive feedback to supervisees.								

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS	<i>Below Expectations</i>		<i>Meets Expectations</i>			<i>Above Expectations</i>		N/A
	1	2	3	4	5	6	7	
<i>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</i>								
1. Demonstrates knowledge and respect for the roles and perspectives of other professionals								
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).								
3. Develops and maintains collaborative relationships and respect for other professionals								

RESEARCH AND SCIENCE	Below Expectations		Meets Expectations			Above Expectations		N/A
	1	2	3	4	5	6	7	
<i>Demonstrates substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including host institution), regional, or national level.</i>								
1. Understands cognitive-affective bases of behavior and development across the lifespan.								
2. Demonstrates respect for scientifically derived knowledge								
3. Values and applies scientific methods to professional practice.								
4. Applies theoretical and research knowledge relevant to practice of psychology.								
5. Applies knowledge and understanding of evidence-based practice.								

MCTP SEMINAR EVALUATION FORM

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?